

The Role of Spiritual Nursing Interventions on Improved Outcomes in Older Adults With Dementia

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Dementia is a devastating condition that takes a toll on all involved. This integrative literature review focuses on the role of spirituality/spiritual nursing interventions in the improved health outcomes of older adults with dementia. Dementia treatments are constantly being explored and current findings are promising. Older persons with dementia, respond best to holistic care that includes the spiritual aspects of their lives. Not only is attention to spirituality beneficial to the patient, but to caregivers and nurses/healthcare providers as well. Research indicates that the memory needed to explore one's spirituality may be spared the effects of dementia. This preservation of memory allows older adults with dementia to benefit from spiritual nursing interventions, especially music and rituals. However, further investigation examining the phenomenon of spiritual interventions as treatment is warranted. **KEY WORDS:** *holistic dementia care, spiritual nursing interventions, spirituality and dementia*

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The advent of innovation and technology has allowed health care to keep pace with the progression of many diseases. However, one chronic condition that has posed formidable problems for health care has been dementia in older adults. Dementia is a potentially fatal cluster of neurodegenerative disorders manifested by progressive decline in patient function (ie, memory and attention deficits, greater need for assistance with activities of daily living increased agitation and disruptive behavior, and loss of language abilities).¹ Currently, very little is understood about the prevention of dementia and a cure is not available. The variable course of dementia has prompted health care professionals to explore interventions aimed at maintaining improved patient outcomes. Standard interventions that prevent further decline with dementia involve drug therapy, most commonly, cholinesterase inhibitors and memantine.² Recently,

psychosocial models to manage dementia symptoms are generating considerable momentum.

The concept of spirituality in health care have gained increasing attention over the last decade, as evidenced by the increasing number of conceptual and empirical articles published.³ There is widespread agreement among nursing scholars that spiritual care is a valued and integral component of quality holistic nursing care.⁴ However, there is virtually no consensus with regard to a definition of spirituality. Often, spirituality and religion are used interchangeably. However, the distinct difference lies in the fact that the religion mainly provides structure and principles for expression of faith and certain aspects of spirituality. The definition of spiritual nursing care has often been defined as what occurs when nursing care and spirituality are integrated⁵; or simply put, spiritual nursing operationalizes spirituality. As a result, it is difficult, at best, to separate the 2 concepts.

Consequently, the 2 terms are used to represent each other through the text. Spirituality/spiritual nursing care has also been defined as “the activity and way of being that brings spiritual quality of life, well-being and function to clients.”^{4(p163)} Spiritual nursing care is intuitive, altruistic, interpersonal, and integrative.⁶

The purpose of this article is to review spiritual nursing care as a viable option in improving health

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outcomes for older adults with dementia. Following a discussion of the interface between dementia and spirituality, nurses as spiritual care providers will be explored. The many positive outcomes of spiritual interventions in health care will be discussed, as well as implementing spiritual nursing interventions. The article will review literature in each of these areas and also discuss implications for nursing practice and future research.

DEMENTIA AND SPIRITUALITY

Dementia and Alzheimer's disease (AD) are often treated synonymously. Alzheimer's disease is the most common form of dementia in the elderly. Nearly up to 80% of patients classified as dementia are actually diagnosed with AD.⁷ All the dementia syndromes (AD, Parkinson disease, Lewy body, vascular, and frontotemporal dementias) share the same characteristics related to cognitive decline. However, excluding AD, the prevalence of all other dementia syndromes combined only constitute 20% of the cases of older adults with dementia.⁷ Consequently AD will provide the lens through which the remaining overview of dementia is viewed.

During the literature search process, spirituality's impact on several chronic conditions (eg, cancer) was readily available. However, there was very limited research that specifically looked at spiritual nursing interventions and dementia. A substantial amount of the literature focused on individuals who were indirectly affected by dementia. Snyder⁸ noticed that the existing research has focused largely on caregivers with much less attention given to those afflicted with the disease. Gaps in this research area were also cited by other experts on the subject area. Lenshyn⁹ discusses that one topic that is often neglected in the literature on working with persons who have AD is that of meeting their spiritual needs. This sentiment is echoed by Roff and Parker¹⁰ stating the need for future research is to examine the role of spirituality in effective care of AD patients.

Stuckey and Gwyther¹¹ advised there are critical spiritual needs among those with dementia that must be met to promote overall well-being. In a recent study, Kaufman et al¹² commented that although spirituality has been associated with better outcomes in many disorders, the impact on rate of cognitive decline in dementia calls for further investigation. Given the immaturity of this topic, it is without

question that ample opportunities for research are available.

NURSES AS SPIRITUAL CARE PROVIDERS

Research suggests that nurses who implement spiritual interventions are spiritual individuals and have a solid understanding of spiritual work as a prerequisite. However, Sawatzky and Pesut⁶ suggest that nurses do not need to have a perfect understanding of spiritual work, but rather the nurse should have openness to spiritual considerations. Puchalski and Guenther¹³ recognized that spirituality is beneficial to the health care professional when it is a regular and integral part of life.

Spirituality also helps health care professionals cope with the challenges of working with dementia patients. Wright and Neuberger¹⁴ noted that spirituality is the key to improving nurse's ability to cope under pressure and remain compassionate to others. It is an essential element in the well-being of nurses. Roff and Parker¹⁰ suggested that specialized education for professionals could help enhance their own spiritual resources enabling them to provide better care for their dementia patients. The nurse or health care provider who incorporates spirituality into their practice and life is likely to pay attention to the spiritual needs of the dementia patient and caregivers which has yet additional benefit. Stuckey and Gwyther¹¹ revealed that patients and their family caregivers benefit greatly from clinicians and other care and service providers who respect and acknowledge the role of religion and spirituality in their clients' lives.

POSITIVE OUTCOMES OF SPIRITUAL INTERVENTIONS

Research has revealed that there are a number of positive outcomes related to spiritual interventions as summarized in Table 1. Snyder⁸ discovered, spirituality has been known to provide dementia patients with guidance, hope in the afterlife, and assistance with acceptance, and relief of anxiety. Vance et al¹ explained in their research that the use of procedural and emotional religious activity therapy can decrease agitation and increase quality of life at any stage of AD. Also, Katsuno¹⁵ found a significant

TABLE 1. Overview of Research Relative to Spirituality/Spiritual Nursing Care and Dementia

Reference	Country	Sample	Setting	Design	Focus	Findings
Katsuno ¹⁵	United States	Persons with early-stage dementia (n = 23) 5 men 18 women; mean age 79/66-91; education yrs 11/5-15; MMSE 21/18-28; race W-18, AA-3, H-1, A-1; religion Catholic- 10, Protestant-8, Judaism-5	Dementia adult day care center within a residential facility	Triangulation Quantitative: MMSE to measure cognitive status, SBI-15R to measure spirituality and QLI to measure quality of life Qualitative: structured and semistructured interviews.	Describe spiritual experiences of people with early stage dementia and explore relationship between personal spirituality and quality of life	Those with early stage dementia find spirituality important in coping with their disease; and it is associated with their perceived quality of life; The Correlation between SBI-15R and QLI total scores $r = 0.44$ $P < .05$ Higher levels of spirituality & religious practice associated w/slower progression of AD; Correlation between spirituality & decline $r = -0.315$ $P < .05$
Kaufman et al ¹²	Canada	Patients with probable AD (n = 70) 22 men 48 women; mean age 78/49-94; education years 12/5-20; MMSE 24/13-30; marital status 69% married	Behavioral Neurology Clinic	Quantitative: Longitudinal study using the MMSE to measure cognitive decline, DUREL to measure spirituality and QOL-AD to measure quality of life	Testing of AD patients' quality of life and rate of cognitive decline as related to their spirituality	There are spiritual interventions (eg, presence, touch, humor, music) that health care providers can use that foster growth in patients w/AD
Lenshyn ⁹	Canada	Persons with AD (n = 15) 15 women	Hospital units, homes, office	Qualitative: prior research, and use of patient story	Focuses on the non rational/ cognitive paradigms for the delivery of spiritual care to persons with AD	The use of spiritual rituals (eg, praying, scriptures, and hymns) can aid in jogging memory and decrease anxiety in patients w/AD
Mooney ¹⁶	United States	Patients with advance-stage AD (n = 2) 2 women; ages 82 and 65	Special care dementia unit of a nursing home	Qualitative: case study	Focuses on exploration of the bible to serve as memory aids	The use of spiritual rituals (eg, praying, scriptures, and hymns) can aid in jogging memory and decrease anxiety in patients w/AD
Pope et al ¹⁷	United States	Persons with AD (n not given)	University research center	Qualitative: prior research and anecdotal accounts	Focuses on use of spirituality as a means to slow the progression of AD	Use of rituals (eg, music and prayer) at any stage of AD can reduce agitation & foster personal connections (continues)

TABLE 1. Overview of Research Relative to Spirituality/Spiritual Nursing Care and Dementia (Continued)

Reference	Country	Sample	Setting	Design	Focus	Findings
Snyder ¹⁸	United States	People w/ dementia (n = 27) 9 women 18 men; race W-22, AA-2, H-2, A-1; religion. Catholic-6, Protestant-11, Judaism-6, Buddhism-1, NA-3	California (no other information provided)	Qualitative: verbal and written statements focus group interviews	Focuses on the role of spirituality and religion in persons with dementia	Spirituality aided individuals w/AD cope more effectively by giving hope, relieving anxiety, and helping to accept diagnosis
Stuckey and Gwyther ¹¹	United States	Patients with dementia, their family and their clinicians (n not given)	United States (no other information provided)	Qualitative: review of prior research	Focuses on the role of spirituality in the holistic dementia experience	Spirituality is a significant resource for all—patient, family, clinician—dealing with dementia
Vance et al ¹	United States	Persons with AD (n not given)	University research center in Alabama	Qualitative: descriptive research	Focuses on use of PERAT as a useful intervention for people w/AD	Use of PERAT at any stage of AD can reduce agitation & increase quality of life for patients and family members

AA indicates Asian American; AD, Alzheimer disease; DUREL, Duke university religion index; QLI, quality of life index, QOL-AD, quality of life in AD; MMSE, mini mental state examination; NA, non religious; PERAT, procedural emotional religious activity therapy; SBI, system of belief inventory.

positive correlation between SBI-15R total scores and QLI total scores ($N = 21$, $r = 0.44$, $P < .05$). These findings indicate that the more persons with early-stage AD used spirituality to help them with the disease, the better their quality of life was perceived to be.

Kaufman et al¹² discovered that high levels of spirituality among dementia patients are correlated with lower morbidity and mortality. Using partial correlation statistical analysis, the researchers demonstrated that higher levels of religious and spiritual activities predict slower cognitive decline in patients with dementia ($N = 70$, $r = -0.315$, $P < .05$). In addition, these practices contributed to longer survival and better health behaviors.

Spiritual rituals, which will be discussed in detail in the next section, have even shown to positively impact mortality for dementia patients. Pope et al¹⁷ showed that persons with dementia who applied their spirituality such as attending church regularly have a higher life expectancy of 7 to 8 years than persons who do not. It should be noted that research gave little attention to the role of race or denomination as they pertained to spiritual rituals. This could suggest that patients would benefit regardless of religious or ethnic background.

Glueckauf et al¹⁸ reported that there is growing recognition of the importance of integrating spirituality into the fabric of psychological interventions, especially for family caregivers of persons with disabilities. Coping through spiritual means has been found to be a significant source of support to family members and others who give care to people with dementia. Paun¹⁹ found that caregivers of AD patients revealed that spirituality kept them going and was a source of strength. Hebert et al²⁰ found that [spirituality] served as a protective factor for family caregivers of persons with dementia and that it predicted better mental health during caregiving. Pope¹⁷ stated that physically isolated family caregivers of dementia patients have benefited from spiritually based programs. The benefits of healthy caregivers are realized in people with dementia. Roff and Parker¹⁰ encourages this viewpoint, indicating there is a growing body of research that links caregivers' spirituality to improved health outcomes. Stuckey and Gwyther¹¹ noted that caregivers believed that religious and spiritual beliefs had a positive impact on their caregiving experiences. Clearly, not only do caregivers profit from embracing spirituality, the extent of caregiver support appears to

be closely linked to patient progress. The same notions hold true from the clinician viewpoint also.

SPIRITUAL INTERVENTIONS

Given the evidence of positive outcomes of spirituality on dementia, it would be beneficial to implement spiritual interventions whenever possible. Table 2 provides examples of spiritual nursing interventions commonly reported in the literature.

Researchers find that holistic care does not neglect any aspect of the dementia patient. Roff and Parker¹⁰ supported this position by stating that information about the spiritual needs of a person with dementia may be as important as information about physical health, psychosocial functioning, and social supports for the health care professional designing the comprehensive care plan for the patient with dementia. Thus, to implement spiritual interventions, a holistic assessment must first be implemented. This can be then followed by the implementation of the interventions suggested in Table 2. Among the most researched and perhaps easiest to implement spiritual interventions for practitioner or layperson are rituals and music.

TABLE 2. Spiritual Nursing Interventions

Active listening	Instilling hope
Animal-assisted therapy	Listening to music
Bibliotherapy (reading scriptures)	Meditation
Caregiver support	Mood management
Creating trusting environment	Practicing presence
Distraction	Praying with or for another
Demonstrating empathy and commitment	Recreation therapy
Emotional support	Reminiscence therapy
Encouraging spiritual environments	Self-awareness enhancement
Facilitating meetings w/religious services	Showing kindness
Facilitating relationships with others	Simple relaxation therapy
Family support	Therapeutic touch
Helping to forgive	Truth telling
Humor	Values clarification
Instilling faith	Visitation facilitation

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Rituals

Spiritual rituals (eg, praying, attending church, paying tribute, etc) are essentially rehearsed or routine reminders of morality. Although not exclusive to any specific formal denomination, they are often associated with religious practice. Rituals help dementia patients connect to deeply embedded unforgettable past memories. Mooney¹⁶ postulates that rituals are important mechanisms of enhancing some degree of orientation to reality, calming emotions, and decreasing agitated physical behaviors in dementia patients. The use of rituals can serve as a powerful medium in the AD patient. Participating in spiritual rituals is often reported as being a centering experience that restores a sense of control and connection for the person with AD. Roff and Parker¹⁰ indicated that as the disease progresses and cognitive declines become more pronounced, long remembered rituals may provide significant comfort and reassurance. Pope et al¹⁷ found the act of praying with someone with AD can soothe by transcending the space and time disorientation that people with AD frequently suffer from. Specifically, Lenshyn²³ has found the 23rd Psalm in particular to be deeply embedded in many people's emotional memory, thus bolstering further connections with dementia patients.

Music

The use of music with dementia patients has garnered much attention. Goodall and Etters²⁴ found that music has been shown to have remarkable effects on those with dementia in decreasing behavioral problems. Music has the ability to invoke a sense of comfort, derived from the memory or nostalgia ingrained with certain spiritual songs. Goodall and Etters²⁴ noted that music is accessed and processed by many parts of the brain and offers a greater chance of activating intact neurological pathways. Noting the effect of music on people with dementia, Mooney¹⁶ observed that spiritual hymns have the ability to shift mood and reduce agitation and can be both stimulating and calming. Witzke et al²⁵ found that the use of familiar music (eg, Amazing Grace) with patients who have AD can lead to decreased agitation.

DISCUSSION

The 8 studies presented in Table 1 reported improved outcomes for patients living with dementia. For 6 of them, the improvements included either improvement

in behaviors, which were often measured by reduction in adverse behavior, or decline in disease progression (Kaufman et al,¹² Lenshyn,⁹ Mooney,¹⁶ Pope et al.,¹⁷ Snyder,⁸ Vance et al¹). The remaining 2 studies focused mostly on spirituality as a beneficial coping strategy for dementia patients.

In the articles that were reviewed, there were some strengths and weaknesses that were found. Katsuno¹⁵ and Kaufman et al¹² both used highly reliable instruments for data collection in their quantitative experimental designs. In addition, both studies were unique in their scope with relevant findings and scholarly contributions. The remaining 6 studies were qualitative in scope, which personalized dementia and described actual experiences and practical implications. In addition, the authors for those studies were cited frequently throughout the literature, which provided credibility to the articles.

For all of the studies reviewed and where it was provided, the sample sizes were considered small ranging from a low of 2 to a high of 70. Pope et al¹⁷ and Stuckey and Gwyther¹¹ did not provide sample sizes. Given the small sample sizes, the degree to which these findings can be generalized is lessened. Half of the 6 qualitative studies (Snyder,⁸ Lenshyn,⁹ Pope et al.¹⁷) relied on patient report and anecdotal experiences for their articles. Given the patient population is patients with dementia, problems relating to the reliability and validity of the information provided can arise. Mooney's¹⁶ case study was conducted on 2 women, who there appears to have prior long-standing work relationship with the women who can potentially impact how findings are interpreted.

NURSING IMPLICATIONS

There are implications for both nursing practice and nursing research. Perhaps the most notable is the significance of implementing spiritual nursing practice as a part of holistic care for patients with dementia. Research has provided evidence of its positive effects when utilized. Nurses/health care providers must make certain that spirituality/spiritual nursing interventions are part of the treatment plan for the dementia patient. The use of rituals and music are 2 areas that can be done very easily with very little effort but yield a lot of benefit. Nurses/health care providers should also begin or continue to address their own spiritual needs as an essential part of their

role in general and when working with dementia patients in particular. This will offer them additional resources for coping and stress reduction in challenging profession. Educational programs that prepare nurses/health care professionals should ensure spirituality as an intervention is integrated into their curriculum so that health care professionals are well equipped to address patient's spiritual needs.

FUTURE RESEARCH

To improve understanding of dementia and spirituality, continued research is necessary. Much of the research pertaining to this topic uses a qualitative methodology. Qualitative research is an excellent means for understanding naturally occurring phenomena such as the role of spirituality on quality of life in older adults with dementia. As a result, many of the experiences are not recounted by laboratory data but by actual caregivers and patients diagnosed with dementia. Personal accounts put a humanistic spin on the experiences of those living with dementia. However, issues of credibility are introduced with regard to verbal reports from people suffering from dementia. The dilemma that may arise relates to the amount of stake that can be placed in the explanations of a demented person. Yet, research has shown that older adults with dementia are capable of providing insight into what constitutes quality of life for them.^{26,27} The design of quantitative research is more palatable for those researchers and practitioners who can only appreciate calculable and observable changes.

As previously mentioned, the definition of spirituality has frequently changed causing some researchers to question whether spirituality can be observed or measured.⁵ Part of this issue stems from the need for more instruments that measure spirituality as a construct. Buck³ stated that although there is sufficient interest in the area that may lead to a clarification of the construct, a lack of clarity regarding spirituality hinders theory development and research. This lack of objectivity in measuring spirituality has caused some researchers to become extremely frustrated. Koenig²⁸ suggested that either spirituality should be defined and measured in traditional terms as a unique uncontaminated construct, or it should be eliminated from use in academic research. It is important to note that not all researchers share this position.

Kaufman et al¹² state that further investigations are needed to replicate the present findings to better understand the meaning of the relationship between spirituality and cognitive decline. Furthermore, Stuckey and Gwyther¹¹ readily state that religion and spirituality are not panaceas for the dementia experience. Other researchers have asserted similar positions indicating that despite the consistency of findings [regarding spirituality and health], their meaning and significance are typically misstated and misinterpreted.²⁹

A topic deserving of further research is the investigation of how effective spiritual interventions are across different ethnic groups. It would be interesting to see if there would be any differences in the degree of health outcomes in ethnic groups that have a reputation for being considered very *religious* or *spiritual* (eg, African Americans). Compared with the current research area, this topic will likely be complex and perhaps more research is forthcoming. Undoubtedly, there is no shortage of research to be conducted in any of these areas.

CONCLUSION

Spirituality is integral in the lives of human being. Current findings related to spirituality and dementia reveal that spiritual practices established over one's lifetime are not only preserved at different stages of dementia but also these spiritual habits can lead to an increase in functional and social behavior in older adults with dementia. Evidence supports the notion that dementia patients benefit from the use of spiritual nursing interventions and are capable of providing reliable insight about their quality of life.

There is clear consensus that spirituality/spiritual nursing interventions must be considered in the holistic care of persons with dementia. Little, however, is known about the means by which spirituality produces its results in the people living with dementia. At present, the predominant method of collecting data, regarding this trend, is through qualitative research. The current status of this research area is slowly progressing with the use of both quantitative and qualitative methods of research. On the basis of preliminary results, spirituality/spiritual nursing interventions are sufficiently positioned to be a legitimate treatment modality for dementia in older adults. Continued effort and intellectual innovation

will make the experience of living with dementia as positive and manageable as possible.

As the population continues to age and the risk of dementia increases, the frontline of health care must be equipped with as many clinical pearls and skill sets as possible. Gone is the day of the monolithic approach to patient care. Multidisciplinary interventions are needed to promote spirituality and spiritual health across health care settings that care for dementia patients to improve patient outcomes.

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