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Spiritual Care for the Elderly: Reflection Tracks Inspired by a Research Project in the Canton of Vaud (Switzerland)

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Abstract: Studies tell us that more than 50% of the Romanian people age 65 and older live in rural areas. At the same time, among people living in rural areas, the elderly are vulnerable to isolation and loneliness in contemporary Romania. Studies also us that, for Romanian seniors who do not live in senior care facilities, coverage for major needs (especially financial, material, and health-related needs) is often insufficient or inaccessible. However, material or health aspects alone do not determine quality of life. The religious or spiritual dimension also contributes to well-being, according to numerous studies. This is why the spiritual care of elderly people living at home is important; it contributes to their well-being. In this work, we describe a research project carried out in Switzerland, in the canton of Vaud. The elderly people living in care facilities and others benefiting from home care serve as a source of inspiration as we contemplate how to integrate the spiritual dimension when caring for elderly people living at home, especially in rural areas.

Keywords: *Evangelizing, pastoral theology, laics mission, koinonia, parish life, catechesis*

As part of this international conference on the Romanian village, our aim is to draw your attention to the elderly who live in the countryside. We begin by portraying in

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broad strokes the aging of the population in Romania, especially in the villages. Then we briefly recall how religion and spirituality most often have a positive impact on health, well-being, and quality of life. Next, we present some results from recent research in Switzerland on elderly people living in care facilities, with a focus on the spiritual needs of these people and the implications of establishing a coordinated arrangement for spiritual care. Finally, we offer some reflections on the spiritual care of elderly people living in Romanian villages today.

Aging in Rural Areas of Romania

More than 50% of the Romanian people age 65 and over live in rural areas.[3] To this, we add that while the proportion of elderly is increasing in Romania, as everywhere else in the world, "demographic ageing in Romania is more obvious in the countryside than in town".[4] This trend is even more pronounced in "the majority of the counties in Moldova and the Romanian Plane, where higher ageing rhythms can be witnessed."[5] This can be explained by the low fertility rates in deep rural areas and the emigration of many young people.

At the same time, primary care in Romania is often very poor in rural areas: "There is unequal distribution of health care providers and reduced accessibility of health care services in rural communities."[6] This is a direct consequence of the way the healthcare system is organized:

> Primary health care is provided by the family physician chosen by the patient. … Until recently, the activity of family physicians was only focused on medical assistance provided in their own office for those covered by medical insurance, and less on home visits or on taking actions that could lead to the identification of public health problems. In addition, there are

[3] United Nations, Economic Commission on Europe. *Older Persons in Rural and Remote Areas*. Policy Brief on Ageing no. 18, UN ECE/WG.1/25 (March 2017), 2. http://www.unece.org/population/ageing/policybriefs.html.

[4] Daniela Violeta Nancu, Liliana Guran-Nica, and Mihaela Persu, "Demographic Ageing in Romania's Rural Area," *Human Geographies: Journal of Studies and Research in Human Geography* 4 (2010): 36.

[5] M. Epure and L. Guran-Nica, "Socio-Economic Characteristics of the Elderly Population in Romania," in *ICESBA Procedia of Economic and Business Administration [Proceedings of the International Conference on Economic Sciences and Business Administration (ICESBA), Bucharest, 24-25 October 2014]*, 132. Available online at www.icesba.eu.

[6] D. Rotar Pavlič et al., "Romania," in *Building Primary Care in a Changing Europe: Case Studies*, ed. by Dionne S. Kringos, Wienke G.W. Boerma, Allen Hutchinson, and Richard B. Saltman (Copenhagen, Denmark: European Observatory on Health Systems and Policies, [2015]), 227.

> many situations where patients or people who cannot prove the payment of medical insurance are excluded from the family physician list, and do not have permanent medical assistance.[7]

This situation has had a major impact on elderly people living in Romanian villages. Many villages do not have a family physician's office. Family doctors do not visit home-based patients. Moreover, some seniors are even excluded from the lists of family physicians.

Therefore, it is easy to understand that among the inhabitants of rural areas, elderly people are especially vulnerable to isolation and loneliness in contemporary Romania. Often, major needs identified by noninstitutionalized Romanian seniors (especially financial, material, and health-related needs) are "insufficiently covered by existing social benefits and services."[8]

The Contribution of Religion and Spirituality to Well-Being and Quality of Life

In the context of health care, the term "spirituality" tends to take on a broader meaning than the term "religion," which is understood as a subcategory of spirituality:

> The terms religion and spirituality are often used synonymously but are actually separate, yet related, aspects of life experience. As the term is generally used, *spirituality* refers to one's connection to realities larger than oneself or larger than the material universe. It is an umbrella concept under which the specific category of *religion* is subsumed. The tendency to believe that there is more to existence than the material – that life has a spiritual element – is codified in various religions through beliefs and related historical events, or tenets, that are usually documented in written form (scriptures). Religions formalize what the spiritual individual experiences. Religious expressions include cognitive elements (beliefs and theology) and behavioral elements, such as ritual and spiritual experience (e.g., prayer and religious services.). Religious expressions are typically codified and as such are inevitably tied to specific traditions.[9]

This definition contrasts with the fact that, in the context of religious traditions, spirituality is generally considered to be subsumed under the term "religion."

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[7] Rotar Pavlič et al., "Romania," 230.

[8] Simona I. Bodogai and Stephen J. Cutler, "Aging in Romania: Research and Public Policy," *The Gerontologist* 54, no. 2 (2013): 149. DOI:10.1093/geront/gnt080.

[9] Allan M. Josephson and Irving S. Wiesner, "Worldview in Psychiatric Assessment," in *Handbook of Spirituality and Worldview in Clinical Practice*, ed. by Allan M. Josephson and John R. Peteet (Arlington, VA: American Psychiatric Publishing, 2004), 16.

Literature reviews on health and religion or spirituality (R/S) show that religiosity is often associated with longer life and better physical and mental health.[10] For example, a study conducted with 340 seniors between the ages of 80 and 84 in Switzerland (Valais and Geneva) concluded that "Those who pray and participate more in religious services are more likely to survive in the months following the interview than others, and this is true for both Catholics and Protestants."[11]

Such observations encourage sustained attention to the spiritual care of the elderly, because as Zimmer and colleagues say:

> It is because population aging and religiosity are both pervasive global phenomenon that the potential salutary effect of religiosity and spirituality is so important for global health. Evidence suggests that older persons tend to be more religious than younger ones; an association that has proven robust in both cross-sectional and longitudinal data.[12]

In other words, Spiritual Well-Being (SWB) takes on greater importance for the elderly. SWB was defined in 1975 by the National Interfaith Coalition on Aging as "the affirmation of life in a relationship with God, self, community, and environment that nurtures and celebrates wholeness."[13] As a consequence of these observations, we recognize that efforts must be made to improve spiritual care for the elderly.

Spiritual Needs of Elderly Living in Care Homes: Some Results from Recent Research in Switzerland

We recently conducted an exploratory study in two senior care facilities in urban areas of the canton of Vaud (Switzerland).[14] The first had a 115 bed capacity, the majority of rooms were private (one bed per room). The second facility had 50 beds; two thirds of these were situated in semi-private rooms (two beds per room).

In this study, we collected 66 questionnaires. Fifty-one residents of the care facility (46 long-term residents and 5 short-term residents) completed the questionnaire. We also drew participants (15) from people living in apartments attached to one of the care

[10] Zachary Zimmer et al., "Spirituality, Religiosity, Aging, and Health in Global Perspective: A Review," *SSM-Population Health* 2 (2016): 373-381.

[11] Dario Spini, Christian J. Lalive d'Epinay, and Stéphanie Pin, "Pratique religieuse et survie dans la grande vieillesse," *Médecine & Hygiène* 2368 (2001): 2262.

[12] Zimmer et al., "Spirituality, Religiosity, Aging, and Health," 375.

[13] As cited by A. Ai in "Spiritual Well-Being, Population Aging, and a Need for Improving Practice with the Elderly: A Psychosocial Account," *Social Thought* 19, no. 3 (2000): 3. DOI: 10.1080/15426432.2000.9960265.

[14] Pierre-Yves Brandt et al., "Vieillir en institution en Suisse romande: La prise en compte de la spiritualité pour favoriser le bien-être," Working paper n°12, ISSR, Université de Lausanne, Lausanne Switzerland, 2017. https://www.unil.ch/issr/files/live/sites/issr/files/shared/Publications/WP_WorkingPapers/WorkingPaper_12_ISSR_FTSR_UNIL.pdf.

facilities. Thirty of these participants agreed to participate in an in-depth interview. The participants generally self-identified as Protestant or Catholic. When asked "What is your religious affiliation?" 46 people (71%) said they were Protestant, 10 (15%) said they were Catholic, 2 (3%) said they were non-believers, 1 self-identified as Orthodox, 1 as Evangelical, 2 called themselves both Protestant and Catholic, 1 identified as a member of a Protestant faith who includes other religious or spiritual contributions in practice, 2 indicated that they mix different religious contributions, and 1 person did not provide answer for this question. Regarding the role given to religious faith and spirituality in the lives of seniors, the results clearly indicate that these dimensions are of great importance for a large part of our sample. Eighteen people (27%) considered these facets extremely important (maximum score of 10) and 20 people (30%) consider them important (score of 7 to 9). Eighteen people (27%) considered faith and spirituality moderately important (score 4 to 6). Two residents (3%) rated these dimensions as not very important, two (3%) consider religion to be irrelevant in their lives, and six people (9%) did not answer this question.

We also collected approximately ten interviews with the staff (the director, nursing staff, activities personnel, and chaplains) at the first facility that we visited. When it came to describing the spiritual needs of residents, a chaplain said, "I could notice—this is my own personal observation—I noticed that the common need of all residents is a human presence."

Here, our study converges with a study conducted by Lin and colleagues on spiritual requirements of elderly in rural areas of southern Fujian, China.[15] They conclude that the core spiritual need of the elderly lies in social integration. Because of their finding, they advocate an architectural refurbishment of the spatial environment.

In the same vein, Edwards and colleagues conclude from their meta-study of qualitative research that Spiritual Care (SC) is primarily about maintaining meaningful relationships.[16]

- SC is defined by the way somatic care is given
- Offering a presence
- Journeying together

[15] Maiqi Lin et al., "Research on the Transformation Model of Spiritual Requirements in Elderly-Oriented Design," in *Advances in Human Factors in Architecture, Sustainable Urban Planning and Infrastructure: Proceedings of the AHFE 2019 International Conference on Human Factors in Architecture, Sustainable Urban Planning and Infrastructure, July 24-28, 2019, Washington D.C., USA*, ed. by J. Charytonowicz and C. Falcão, Advances in Intelligent Systems and Computing, vol. 966 ([Berlin]: Springer, 2020). DOI: 10.1007/978-3-030-20151-7_43 (Accessed online 12 December 2019).

[16] A. Edwards et al., "Review: The Understanding of Spirituality and the Potential Role of Spiritual Care in End-of-Life and Palliative Care: A Meta-Study of Qualitative Research," *Palliative Medicine* 24 (2010): 753-770. DOI: 10.1177/0269216310375860.

- Listening
- Engaging in reciprocal sharing.

In line with this observation, chaplains of the senior facilities we studied identified their main mission as *being with people*. However, this understanding of purpose is not unique to the chaplains. Nurses made similar statements. One nurse indicated that a feeling of security, an understanding that they are cared for and that their needs will be met, is the main need of residents; another spoke of the need for human contact.[17] These two respondents indicated to us that nurses meet the residents' need for human interaction. Thus, the main task chaplains assign to themselves is apparently not at all specific to them, because other personnel at the residential facility suggested that this is a main function of their position, as well. Nevertheless, the residents themselves apparently do distinguish between the presences of different caregivers. For example, one of the participating nurses indicated that residents make distinctions between the way they respond to the presence of a chaplain or the presence of a nurse. She gave the example of a woman who "refused to tell us [the nursing staff] about her life story and her experiences, but while with a chaplain she did tell her life story." The nurse further explained that this refusal extended to the entire health care team. The nurse viewed the resident's decision as a means of protecting her personal privacy. That is, some residents may feel that the chaplain would protect the person's shared communications of their intimate life to a greater degree. This could be a way that residents express their belief in the role of the chaplain as confessor; residents may perceive that the presence of the chaplain provides the sanctity of the confessional, as well as human interaction.

Chaplains who participated in our study considered themselves specialists in personalized listening and believed that the exercise of this role is not restricted to traditionally Protestant or Catholic residents but extends to all. In fact, in a society where the traditional religion is losing ground, a transformation of the role of the chaplain is inevitable.

This is the perspective of the chaplains. What is the perspective of the residents? Do they have spiritual care expectations and, if so, what are they? For this question, we looked particularly at the responses of the 46 residents for whom this would be most significant, those who were in a long-term care situation. Of these, 19 (41%) reported having spoken to the chaplain about personal matters, among them 11 (24%) did so on a regular basis. For the remaining respondents, some said they did not need to converse about these matters, others preferred to address the pastor of the religious community or parish in which they had previously participated and to which they remained attached. Reading the comments provided by the questionnaire respondents, we also note that for some of those who regularly met with the chaplain, the visits were actually initiated by the chaplain. This is a significant observation. Some people who appreciate visits by the

[17] Brandt et al., "Vieillir en institution en Suisse romande," 9.

chaplain would not dare to request them. It is therefore important that the chaplain knows how to initiate a visit.

This study allowed us to identify existential needs in the elderly: the need for presence and the need to be able to talk about intimate questions with someone you trust. Chaplains can meet these needs. Nurses can partially fulfil these needs. We have shown elsewhere that relatives (husband, wife, children, nephews and nieces, friends, etc.) can also fulfil this need and be the preferred person of trust, especially when it comes to talking about end of life issues.[18]

The needs identified here are not unique to elderly people who live in senior care facilities. They are also the needs of the elderly who live at home, especially those who are no longer fully mobile and who receive healthcare. Upon whom can these elderly people call to meet their needs and thus contribute (for these people) to their spiritual well-being defined as "the affirmation of life in a relationship with God, self, community, and environment that nurtures and celebrates wholeness"?[19] One might think that it is the priests and pastors of the parishes where these elderly people live. However, the proportion of people who no longer consider themselves to belong to a parish is constantly growing in Switzerland. Thus, more and more seniors have become disconnected from church visitation. With the migration of younger people away from rural areas, many elderly people are left at home, alone, without visits, even from their relatives. The only people with whom they have regular contact are staff members from a home care center, if they receive healthcare at home. It is to these staff members, then, that the elderly would turn with their existential, religious, and spiritual questions. However, these staff members rarely trained to offer spiritual care, and they lack time. For this reason, we have started a research project in the canton of Vaud to develop a spiritual care concept that offers supervision and training for the staff members of home care centers, spiritual assessments for elderly people at home, and connection with religious communities (parishes or others) in order to coordinate spiritual care for people who need and want it.

Spiritual Care of Elderly People Living in the Romanian Villages Today

The situation of the Romanian village today is very different than it used to be. We have seen that the population is aging and that the progressive depopulation of Romanian villages increases the proportion of elderly people—especially those who are alone—in rural areas. When we make the assumption that the need for presence and the need to be able to speak with someone you trust are both universal and especially important when you are old, the question arises: What we have learned about the

[18] Pierre-Yves Brandt, "Spiritual Care for the Elderly: Offering the Opportunity to Talk about Death."

[19] Ai, "Spiritual Well-Being," 3.

spiritual care of the elderly in Switzerland, particularly about the role of the chaplain in care homes, that we can transposed to the Romanian village?

First, it is necessary to take into account not only the possible loneliness of some elderly people, but also the general isolation of many rural areas. On this point, the Romanian village is no different from many rural areas in the world. For example, in their *National Guidelines for Spiritual Care in Aged Care* published in 2016, the NGO "Meaningful Ageing Australia" writes:

> Older people living in rural and remote areas of Australia face particular challenges. These older people often do not have access to health and social care professionals and specialist services. They may also be separated by distance from people and places that are meaningful to them. Therefore, spiritual care activities that attempt to bridge this separation are important. Conversely, often people living in rural and remote areas have a deep affinity and connection with the land, their local community and district. There is often a possibility of long-standing relationships and family ties between older people and staff. Therefore, spiritual care activities and strategies that strengthen these connections are important.[20]

In Romania, too, people living in villages have difficulty accessing primary care services. Therefore, the proposal to introduce, for example, nurse-led short term life-review intervention in the home palliative care setting, with the aim of enhancing spiritual well-being (as demonstrated in Hong Kong by Kwan et al. [21]) is not feasible in the near future in rural areas of Romania. We must resort to other resources.

We draw your attention to a study by Coleman et al. on elderly people living in rural areas in Romania and Bulgaria.[22] In both countries researchers conducted interviews with people 60 years and older in villages of similar socio-economic status (160 participants, total). They assessed depression, social support, physical functioning, and the presence of chronic disease, and they interviewed individuals to learn about their religious and spiritual beliefs and practices. Results showed high levels of expressed depressive symptoms, both in Romania and in Bulgaria. The researchers note that females expressed these symptoms more commonly than males did (in both countries), which is consistent with previous finding from studies undertaken in other countries.

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[20] Meaningful Ageing Australia, *National Guidelines for Spiritual Care in Aged Care*, ([Parkville, Victoria]: Meaningful Ageing Australia, 2016), 12).

[21] Cecilia Kwan et al., "The Effectiveness of a Nurse-Led Short Term Life Review Intervention in Enhancing the Spiritual and Psychological Well-Being of People Receiving Palliative Care: A Mixed Method Study," *International Journal of Nursing Studies* 91 (2019): 134-143.

[22] Peter G. Coleman et al., "Spiritual Belief, Social Support, Physical Functioning and Depression among Older People in Bulgaria and Romania," *Aging & Mental Health* 15 (2011): 327-333. DOI: 10.1080/13607863.2010.519320.

However, unexpectedly, the depression rates were significantly higher in Bulgaria than in Romania. To a large degree, this difference between Bulgaria and Romania can be attributed to a greater physical morbidity (number of chronic illnesses) and lower physical functioning. The percentage of widowed and the number of bereavements were much higher in the Bulgarian sample than in the Romanian sample. The percentage of people living alone was roughly double in Bulgaria (16% of males, 30% of females) when compared to Romania (9% of males, 19% of females). At the same time, we observe differences along national lines, with regard to religiosity measured by strength of beliefs and frequency of prayer. Participants from the Romanian sample registered higher levels of religiousity than participants from the Bulgarian sample were. As the authors say:

> The within countries cross-sectional analyses did not provide evidence of a strong protective relationship between strength of spiritual belief, religiosity (attending church) or spirituality (prayer) and avoidance of depression. Nevertheless, the importance of national differences in religiosity should not be discounted, since they have been associated with differential rates of protection against depression.[23]

For this reason, they conclude: "It is possible, therefore, that the greater religious and associated communal life of Romanian society may in itself offer protection against depression."[24]

If we take this statement seriously, we will recognize that the attention to the elderly must be a priority task for the representatives of the churches that serve the rural areas as their mission field. In other words, the main resource for the spiritual care of the elderly in the Romanian village of today is constituted by the parishes and the priests or pastors who are responsible for them.

I (Pierre-Yves Brandt) remember visiting a village in Romanian Moldavia on Christmas Eve. I accompanied the priest who was touring the village, visiting each house. We arrived at a very small house, a house with just one room. In the house lived an old woman who had terminal cancer. She had been sent home from the hospital. She was alone. The house was so small that I could barely stand upright; furthermore, the priest and I could not fit in the house at the same time. The woman received us on the doorstep. She had no one to look after her except the neighbors and the priest. With whom could she talk about what worried her? The visit of the priest seemed to be very important for this woman. I also remember a very old couple. The husband was lying in a bed in the overheated little kitchen. He was very thin, marked by the fragility typical of old age. He certainly could not get up and walk. His comfort was the presence of his wife who took care of him. Who will take care of her when he is dead?

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[23] Coleman et al., "Spiritual Belief," 332.

[24] Coleman et al., "Spiritual Belief," 332.

With this project, we seek to serve as ambassadors for these people, and to convey what we have learned about their needs.

When relatives are present and available, they may support their elders, but when the relatives are absent, who takes care of the elderly people? A priest can never replace relatives; the role of the priest is different. Nevertheless, I think that the role of priests, pastors, and volunteers committed to supporting elderly people is essential for the spiritual care of the elderly in Romanian villages today. This is a mission that churches need to address in Romania, now. It presupposes the training of priests and pastors: training them to listen, to teach volunteers to assist them, and to collaborate with public health and social services. This is how the church can witness the presence of Christ to the poor in a very concrete way. Following Mt 25:31-46, the purpose of the mission in the Romanian village is not so much to bring the Gospel, as it is to visit Christ. For instance, you may be a young priest and the elderly people you visit may have a much longer and perhaps deeper experience of living with and in God than you do. In this situation, the mission is not really to convert the people you visit, but to allow yourself to be open and receptive so that when you visit the elderly, you may have the experience of visiting Christ, Himself.