

Exploring Spirituality With Older People: (2) A rigorous process

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ABSTRACT [100 words]

Exploring Spirituality With Older People is a research project which has aimed to develop a valid assessment tool for understanding more of the spirituality of older people living in an aged care facility. A qualitative methodology using semi-structured interviews was chosen as the most appropriate way to explore spirituality which led to addressing the question of what constitutes validity and reliability in such a study. An approach involving reflection on the process at four phases of the project by three different groups of people – consultants, participants and participant interviewers, was seen to be suitable and would best serve the process of achieving a rigorous approach in the move towards validity.

Key words: aging, spirituality, qualitative, validity, nurses, nursing, midwifery, research, assessment, rigor

This paper is the second of two with the main title *Exploring Spirituality With Older People (ESWOP)*. The first, *Exploring Spirituality With Older People: (1) Rich experiences*, described the basis on which exploring spirituality can take place and defined the *Connect - Explore Model* developed

for this research. This second paper describes in detail the process adopted to move towards validity of the methodology for the research. For contextualisation, readers are encouraged to also view Paper 1.

Introduction

Spirituality is a complex concept because it relates to the inner feelings and experiences of every human being. Humans are all different and we are all spiritual in some way. We have a central core that helps us to develop purpose and meaning in our lives. There are many dimensions of our lives which help to give us peace and to lift (transcend) us above everyday experiences and bring into focus elements of our spirituality.

A well-accepted inclusive definition of spirituality was formulated at two linked conference workshops:

Spirituality is a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose, and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant or sacred. Spirituality is expressed through beliefs, values, traditions, and practices (Puchalski, Vitillo, Hull, & Reller, 2014).

This is a generalized statement that needs a more detailed consideration of its components to be of practical value in a number of different settings.

The context for this complete research study, *Exploring Spirituality With Older People (ESWOP)*, was an increased emphasis on the quality of aged care in Australia (Australian Government, 2019). It is recognized that the aging population in Australia, along with other Western countries, is increasing (Australian Government, 2019; Sytsma et al., 2018). There is a need to ensure that older persons in Australia, in receipt of aged care services, receive high quality, holistic aged care. Australia's peak organisation assisting in the development of spiritual care in aged care is *Meaningful Ageing Australia*. This organisation was responsible for developing *National Guidelines for Spiritual Care in Aged Care* (Meaningful Ageing Australia, 2016) in partnership with Spiritual Health Victoria and the National Ageing Research Institute. The development of this document was

funded in part by the Australian government. *Meaningful Ageing* also developed a screening tool *ConnecTo* (Meaningful Ageing Australia, 2017) which would enable staff to have an initial spiritual conversation when a person enters an aged care facility. The screening provides a preliminary overview which can then be used to support the older person's spirituality through the intervention or support of spiritual carers and other healthcare workers.

Spirituality can make an important contribution to older people's overall health and well-being (Goh et al., 2012). As MacKinlay puts it: "Spiritual care can no longer be an optional extra component of care." (2006, p.69). Spiritual care in an aged care facility often begins with spiritual assessment in an effort to understand the older person's spiritual beliefs and practices. The Australian *National Guidelines for Spiritual Care in Aged Care* (Meaningful Ageing Australia, 2016) address the spiritual implications for older people receiving care and support in varying circumstances. Spiritual care is important for all older people, including those with chronic and/or acute illness and people with a disability (Cobb, Puchalski, & Rumbold, 2012). Older people face substantial health-related and lifestyle changes when they access aged care facilities.

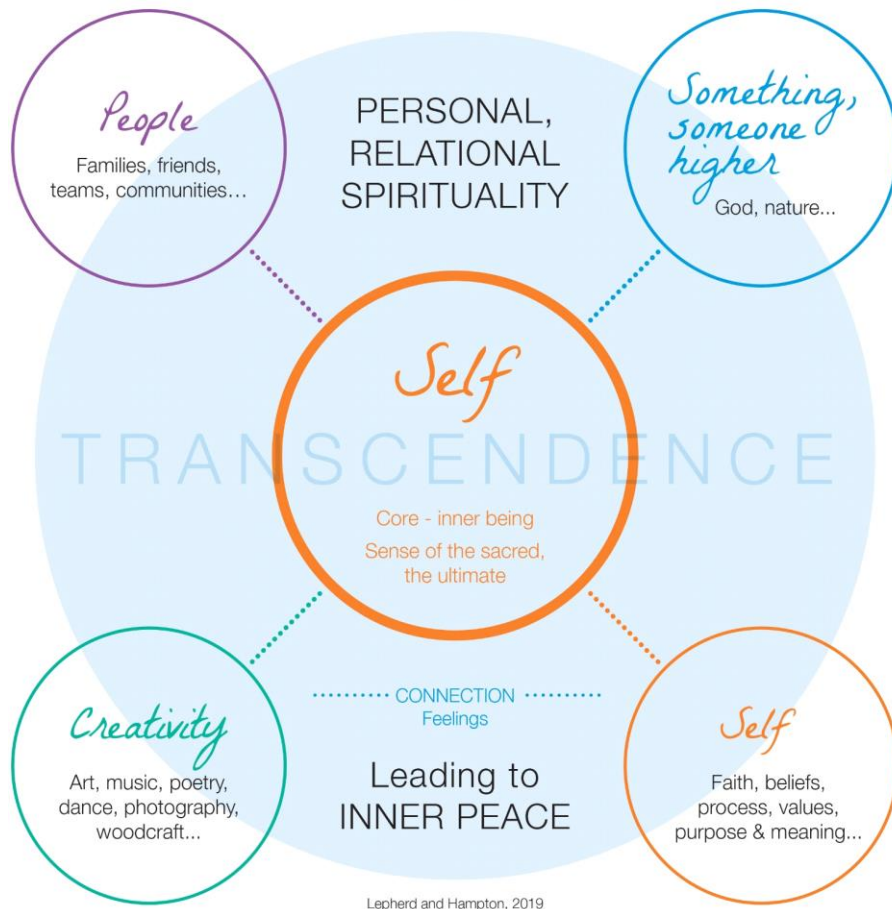
Part of the *Guidelines* developed by *Meaningful Ageing* drew attention to the need for a valid spiritual assessment tool which would go further than the screening process of *ConnecTo* and be able to explore an older person's spirituality in greater depth. This was the catalyst for the development of the *Connect - Explore Model* used in this research project. (See Figure 1.)

Figure 1

Connect – Explore Model

The influence of the publications of Fletcher (2016), Meaningful Ageing Australia (2017) and Lephherd (2015) on the development of this Model is acknowledged.

Connect-Explore Model



Spirituality - a brief description

This figure demonstrates the principle elements of spirituality. At its centre is the **inner being** of the person. An essential issue in spirituality is that of **connection**. In the development of this Model it was considered that there were four dimensions of spirituality that were connected to the inner being

of a person. One is **self-connection**, the ability of a person to relate to and connect to their inner self. Other connections are of those to **people**, **creativity**, and **a higher being**. All these dimensions are interconnected and fall under the total concept of the Model. One of the main elements of spirituality is **transcendence** - the ability of a person to rise above the everyday, mundane events of life. The Model also demonstrates that spirituality is both **personal** and **relational**. It is personal in that it reflects on the purpose and meaning and substantial inner parts of a person's life. It is relational in that dimensions involved interrelationships, usually between people.

A final aspect of the *Connect - Explore Model* is that it is recognised that spirituality can lead to **inner peace**. This is a major aim of fostering a healthy spirituality. However, spirituality will not always lead to inner peace. If there are broken connections within the dimensions of spirituality, this can lead to spiritual distress. A more detailed explanation of this Model is given in Paper 1 (Blinded, Pending). Paper 1 also provides is further detailed information about the concept of spirituality, spiritual care, and spirituality and feelings.

Qualitative research rigor

The research team associated with *Exploring Spirituality With Older People* determined that the most appropriate way to develop a deeper understanding a person's spirituality was through designing an information (data) collection process that would explore the principal dimensions of spirituality. The team also aimed to develop a method for exploring spirituality that would meet the needs of the Australian community as expressed in the *National Guidelines* and produce a valid assessment tool.

Aims

The entire study had two aims. The first was to explore what comprised spirituality for older people covered in Paper 1 (Blinded, Pending). The second aim was to determine the validity of the exploratory process which was expressed in the following terms:

How do older people accessing aged care services, and their spiritual and health carers, describe the appropriateness of the spiritual assessment tool used in this research, as a mechanism for considering the older person's spirituality?

Assessment tools

There are many spirituality assessment tools available but most are quantitative in nature (McSherry & Ross, 2010). The researchers determined that, because of the human and individual nature of spirituality, and considering its importance and its individual focus, a qualitative approach should be adopted. We intended that older people should be encouraged to express their spirituality in their own words.

This decision on taking a qualitative approach led to the issue of validity, and to a lesser extent, reliability. What are validity and reliability in qualitative research, and how can a valuable assessment tool be developed to be part of a useful process in exploring the spirituality of older people?

Qualitative validity and reliability

These issues have been discussed considerably since the advent of qualitative research. In a positivist, quantitative methodology, researchers used a statistical approach to developing validity and reliability, and these have become refined over some decades. The positivist approach assumes an existence or world that can be measured and understood objectively (Carpiano and Daley, 2006). It is facilitated by a belief in the absolute veracity of research covering statistical procedures and involving generally large cohorts of study participants. A smaller cohort is not seen as desirable because the results may be less generalizable or applicable to a wider population.

Qualitative research, on the other hand focuses on smaller cohorts and does not aim to measure associations or trends, rather is it more appropriate to explore human experience. Without the ‘cover’ of a larger sample, the question naturally arose in relation to how we would know that our research project involving a smaller number of participants is valid, that is, how would we know that our research findings had appropriately explored spirituality in older persons? Secondly, how would we know that our research findings were reliable; that is that our methods were robust and replicable, and hence our study could be replicated with a different group with conceptually similar results, even if those results would vary (Leung, 2015).

The initial use of the assessment tool produced a widely disparate understanding of what spirituality was for the participants. In what might be termed ‘inverse reliability’, a repetition of using the assessment tool should produce the same results, that is, the information about spirituality coming from participants would be widely disparate. If this occurs, the assessment tool could be regarded as being reliable. If it produced *exactly* the same results, then it could be regarded as being unreliable. The essence of this research was that the characteristics of spirituality vary from one person to another. Although, there are similar dimensions, they are expressed differently according to the individual characteristics of the participants.

Qualitative rigor, reflexivity and authenticity

The issue of rigor in qualitative research has been debated since qualitative research commenced. There are acknowledged differences between quantitative and qualitative research paradigms. While quantitative paradigms include the epistemological positions of positivism and objectivism and have been relatively stable over a number of years, the nature of qualitative studies, in which the epistemological positions based on subjectivist and co-created findings related to direct human expressions, has been far less stable. [Cf Lincoln, Lynham, & Guba, (2011, p. 100) for a description of basic beliefs of alternative inquiry paradigms.] It was Denzin and Lincoln in 2005 who argued that concepts of validity and reliability were different

between the two paradigms. They preferred to introduce the notions of trustworthiness and authenticity to distinguish between the two (Denzin & Lincoln, 2005).

A number of different qualitative paradigms have been postulated. Rolfe (2006) argued that there is no single, unified research paradigm for qualitative research. He believed that to attempt to establish a set of generic criteria for making qualitative judgements in qualitative studies is futile. He further contended that it is problematic to try to establish the set of qualitative criteria and that there is a need to acknowledge that the quantitative and qualitative research positions should be regarded as a continuum. He also suggested that there is a need to understand that because each research study is different, there is no value in trying to produce predetermined criteria for assessing the quality of research studies (pp. 304-305).

Rolfe also believed “that the quality of a research study is not only revealed in the writing-up of that research, but also that it somehow resides in the research report, and is therefore, in Sandelowski’s terminology (1993), subject to the wise judgement and keen insight of the reader” (p. 309). Sandelowski herself suggested that researchers applying rules in analysis can lead to rigor mortis, as distinct from softening an understanding of rigor to include “playfulness, soulfulness, imagination, and technique we associate with more artistic endeavours” (Sandelowski, 1993, p. 8). It is this exploratory, interpretive approach by the ESWOP research team this latter approach was seen as best suited to the nature of the inquiry.

Reflexivity

The research team was well aware of the value of reflexivity in developing a qualitative approach to the research questions. As qualitative research involves a wide variety of responses to questions posed during the data collection process, there is a need for the researchers to reflect carefully on these data because they can contain contradictions, and other conflicts that need to be welcomed and thought about, not glossed over or minimized (Wren, 2004, p. 475).

Reflexive researchers accept that social science research is always an interpretative activity: information explored will always be (re)constructed in the analysis and in the statement of the outcomes (Attia and Edge, 2017). For the reflexive researcher, data in social science are not 'facts'. The information emerging from a study serves as one of numerous arguments favoring a specific interpretation (Alvesson & Sköldberg, 2018).

Authenticity

As noted earlier, reliability and validity may be regarded as constructs within the positivist research tradition. However, authenticity remains an important issue for qualitative researchers. It may be achieved through alternative concepts such as trustworthiness (Lincoln & Guba, 1985), or truth (Scott, 2007). "While there is no perfect truth, a focus on reliability, validity and triangulation should contribute to an acceptable level of authenticity sufficient to satisfy both researcher and reader that the study is meaningful and worthwhile." (Bush, 2012, p. 11)

In qualitative analysis, through the careful management of data, i.e. reading, analysing, disassembling and then reassembling, researchers can discern new insights and learning. The process of participation, understanding multiple meanings and devising usefulness can add significantly to understanding data being considered.

Our design

Methodological approach - qualitative

Within the spirituality framework provided above and in our first paper, and considering the issues discussed in the foregoing, the team decided that a qualitative approach using a semi-structured questioning methodology was the most appropriate way of obtaining data for this study. As we all agreed, spirituality is a deeply human and personal experience and difficult to explore in any depth using a quantitative perspective.

We embraced the suggestions of Morse et al. (2002) who believed that validity and reliability are achieved when the researcher rigorously follows a number of verification strategies during the course of the research process. They believe that validity is achieved through consensus on each individual study rather than by the blanket application of predetermined criteria.

Sample/Participants

The team decided that for practical and pilot study purposes, it would be appropriate to carry out the research in a limited geographical location. Participants numbered 25 older people in the care of the Darling Downs Hospital and Health Services, Queensland (DDHHS). Once ethics approval had been granted, the Director of Nursing (DON) in a facility was approached to seek access to possible research participants who meet inclusion criteria, which were:

- (1) Older adults - 65 years and over;
- (2) Living in a DDHHS aged care facility;
- (3) Cognitively able to participate in the process; and,
- (4) Willing to participate. No financial or other incentives were offered.

This screening took place before a potential participant was approached. Once potential participants had been identified, using a standard project description information sheet, they were asked by the individual interviewers if they would like to participate. If they agreed a suitable interview time and place was arranged. The interviews were audio recorded and the interviewer provided the audio recording to the designated transcriber.

The interviewers recognised that they would themselves be participants in the research when they were invited to provide feedback on the process. The interviewer involvement was described in the **Process**.

The designed semi-structured interview questions enabled participants to express their feelings about their connection to the major spiritual dimensions identified in the *Connect - Explore Model* above (Figure 1). Explanatory and question terms were expressed in plain language.

In this research, the interview questions that were developed by this project team (Table 1) were brief and plainly expressed and took into consideration the likely variations in cognitive and other capacities of participants. The semi-structured interview enabled flexibility in questioning to allow participants to express themselves more freely and in greater depth when being interviewed, using appropriate follow up sub-questions (prompts).

Table 1 Exploring Spirituality With Older People (ESWOP)

A pilot study in spirituality and spiritual assessment

Question outline for each interview

Interviewer please note:

You may help the participant feel more comfortable in accepting your invitation to participate if you avoid using the term *spirituality* and simply use the concept of *connection with aspects of their life, or, how they feel within themselves about*

Please treat the interview as a conversation. Do not hesitate to follow up any particular line of discussion if the participant would like to move this way.

1 Demographic questions

Name; Year of birth; Ethnicity; Gender; Date of entering the aged care facility or receiving home package.

2 People

How do you **feel** within yourself about your connection with people? This may include Family, loved ones, friends, carers or helpers, anyone else?

3 Creativity

How do you **feel** within yourself about your creativity? Creative interest might be art, music, photography; cinema; movies, literature - including books, poetry, plays, woodwork, metalwork, needlecraft, cooking, sport, gardening, anything else?

4 Yourself

How do you **feel** within yourself about your ... faith, belief, purpose in life, meaning in life, hope, what makes you tick?

5 Something or someone higher than yourself

How do you **feel** within yourself about your connection with someone, something higher, beyond or bigger than yourself? This might include God, nature, religion, place or space, something else.

6 General

1 How important are these aspects of your life at this specific time of your life? (Specific circumstances need to be stated - aged care facility admission, length of time in residence or length of time receiving home care.)

- 2 In what way, if at all, do you feel at peace with yourself as the result of your connections?
 - 3 What would you say provides you with the greatest lift in your life, something that takes you higher than your normal, everyday living, something that is sacred or very special to you?
 - 7 Some questions about this process**
 - 1 In what ways do you think my exploring aspects of various connections you have in your life have been useful for you?
 - 2 What were the parts of the exploring process that helped you? In what way?
 - 3 What were the parts of the exploring process that did not help you? In what way?
-

In order to obtain consistency in interviewing between the 14 health and spiritual carers conducting the interviews, a protocol was established. This indicated how the interview was to be approached, including an explanation of the concept of spirituality used in the data collection, and the manner and substance of questioning (questions and prompts).

Ethical considerations

The DON in the aged care facility was asked in writing for their assistance in identifying potential participants. This was followed by the seeking of interaction between that DON and the data collector in which the project was explained in more detail.

Data collectors were members of the research team and spiritual carers or nurses who volunteered for the collection. All collectors had qualifications and experience in healthcare and understood, after training, the more contemporary description of spirituality, as per this project. Participants gave their consent at the time of the project information being given to them.

Within the Morse et al. framework, the four phases of review were:

Phase 1: (Consultants) Action and Review

Phase 2: (Participants) Action and Review

Phase 3: (Interviewers) Action and Review

Phase 4: (Consultants) Action and Review

Findings

The following include selected comments made by the relevant contributors to the research in each Phase.

Phase 1: (Consultants) Review (Table 2)

The first Phase consisted of inviting five leading academic consultants to view the whole project, including the assessment tool, before its use.

Table 2 - Comments from consultants at the beginning of the project

| |
|---|
| The spiritual assessment component of this study is particularly interesting and useful, both regionally and internationally, as it will help inform the next steps in improving the lives of our rapidly increasing aging population. |
| Generally, the research methodology is good and highly appropriate to the study. |
| The section on 'spiritual assessment' is very well covered, including an excellent analysis of the tools designed for this purpose. The conversational approach, using the older person's own words, gives the project a worthy emphasis in comparison with other studies. The methodological rationale for the qualitative approach is well described in terms of the subject matter being 'a deeply human and personal experience'. |

Without an introduction the questions are likely to be very difficult to understand. I don't think many people will be able to respond meaningfully to 'How do you feel about your connection with yourself?' without a clear introduction to what connectedness means.

These quotes from the consultant group reflect their initial views of the project and were considered when the project was being developed.

Phase 2: (Participants) Action and Review (Table 3)

During the three-month life of the interviewing period, Phases 2 and 3 were sometimes concurrent in that some participants were interviewed, transcripts returned and checked, and interviewers made their own comments before others had started the process. Member-checking, a process that contributes to the rigor of a qualitative research study (Taylor, Kermode, & Roberts, 2006) did not always take place because some participants (4) were either not available subsequently, or, in one case, the resident could not remember having done the interview. During the study it was decided to ask the review questions at the end of the first interview. In this iterative way, small changes were made as necessary to the questions and the protocol in response to comments made by participants and interviewers. This reflected the continuous validation concept. It was found that after such changes, there was an improvement with the participants understanding questions that had been difficult for earlier participants.

Table 3 - Comments from participants during the collection of data

| |
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| Oh, yes, they (the questions) were appropriate. |
| It's all individual; you and everyone has different views on things. |
| I think you've presented very well, and it's been very clear and precise. Sometimes it's probably my brain that doesn't tick over that well. |
| Ah, yes, definitely appropriate. |

| |
|---------------------------|
| First class, first class. |
| Don't know. |

Member-checking. In all but the cases mentioned above, the transcripts were returned to the participants for checking within 3 or 4 days. There were no cases when participants wanted to change their responses. There were only two cases when a participant wished to add something to illustrate further what they had already said.

Phase 3: (Interviewers) Review (Table 4)

Interviewers were very enthusiastic about providing feedback on their interviewing experiences. (The Compendium, discussed below, was a document provided to all interviewers that contained an explanation of the project, interviewing protocols, and explanatory and consent documents for the participants and themselves. As feedback was requested from the interviewers, they then became participants and were requested to complete a consent form.)

The following are indicative of some of the interviewers' responses.

Table 4 - Comments from Interviewers during the collection of data

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|--|
| General |
| <i>Recruitment process</i> |
| Two of the residents felt that they did not want to share their feeling and that it was a private area. One resident felt that it would bring up too many memories and would be upsetting. |
| <i>Compendium</i> |
| I think it was explained very well and met my expectations. |
| There was a bit of confusion about the word spirituality and about religion. |
| <i>Protocol</i> |
| Once I actually sat and read the instructions, I found it made sense, though the briefing before interviewing was very helpful. |
| The form with the 'verbal instructions' regarding introducing the purpose of the interview was fairly wordy, so I found myself paraphrasing it for the participant I was interviewing. |
| <i>Explanation of spirituality</i> |
| Spirituality for someone like Betty was a difficult concept to understand. Religion seems to come to mind easily but actual spirituality and connection seems to be a little bit foreign. |
| I felt the explanation of 'spirituality' good. The person I interviewed fully understood the explanation and was able to relate her life and beliefs to the questions. |
| I found that the concept of 'spirituality' did not make any sense and ended up using the term 'gives you meaning' or 'meaningfulness' or 'connection'. |
| The word spirituality was a little confronting for some of them. I wouldn't start with spirituality but start with 'you the person' and bring in spirituality later. |
| It was fine, I just rephrased it in a way that I thought my interviewee would find meaningful. |
| <i>Process as a whole</i> |
| I loved the process of getting to know the person and contemplate how this information could be used to support them and develop relevant care and activity. |
| I found it very meaningful and actually a little bit spiritual! |
| This was the best part of the lot! I enjoyed the conversation and the sharing / listening with the participant. It was a very meaningful time. |
| The experience could be enhanced by encouraging more flexibility in skilled carers to enable participants to follow and expand on a particular key word more fluently. |
| Lovely and challenging at the same time...hard to get my interviewee to reflect deeply but great to be able to have the conversation. |
| Dimensions |
| <i>Creativity</i> |
| I felt this would be an easy to grasp area - however the participant I interviewed could not really see the link between creativity and spirituality. |
| <i>People</i> |
| I found this was the area that was most easily responded to. |
| That was really good. I enjoyed doing that part because I found out more about the residents I was caring for. |
| <i>Self</i> |
| Self is often a difficult concept for older people also. Perhaps these terms are not something that they have explored in their life. |
| I wonder if this was a difficult area - this may well depend on the participant being interviewed. The further questions into 'purpose in life' etc were perhaps more understandable. |
| <i>Something Higher</i> |
| I think this was a concept that was more easily grasped – however, the need to differentiate it from formalised religion is important. |
| People had a hard time answering that. I think they looked into it a bit too much. |
| All of those who I interviewed enjoyed considering each of these aspects. |

As noted in their quotes above, the interviewers were actively engaged and reflective in their own right, adding to a participatory reflexivity across the many actors in the process.

Phase 4: (Consultants) Review (Table 5)

The following are relevant excerpts from the observations made by the consultants after the draft paper, results and discussions were written.

Table 5 – Comments from Consultants after the writing of the Draft Paper 1

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|---|
| <p>I appreciate that 'spirituality' is regarded as a 'slippery concept' and has, thus far, been open to a variety of assessments and tools. I think you've made a very worthy effort to tighten up the process, while allowing for the idiosyncratic views of older people and the changing nature of the subject matter itself. The <i>verbatim</i> comments form a bank of rich data for your pilot research. I believe the interesting, varied, informative comments from participants shows the validity of the tool, prompting encouragement to 'dig deeper' via the larger project.</p> |
| <p>I think the project has been successful in developing a set of questions that can be validly and usefully used by care staff to explore the spiritual aspects of the lives of the respondents. However, I am not sure about describing the final product as an 'assessment tool'. For me the term 'assessment tool' brings with it a sense of measurement, evaluation and, even, judgement. I am not at all sure that these concepts are relevant to this exercise. The term 'exploratory process' seems to me to be much more appropriate, albeit a bit clunky.</p> |
| <p>Given that this model is called 'Connect explore' it is not surprising that you then asked interviewers on the Question outline to 'simply use the concept of 'connection...'. However, it could also be argued that it was a leading question and therefore the fact 'connection' appeared in your results is not surprising at all. That is, the questions were set up so that you got that result. You may then have to argue that across the literature the concept of 'connection' is common and therefore reasonable to go in this direction.</p> |
| <p>The lit review is extensive and I think that the qualitative results are very interesting. It may be rural Queensland but I was interested in how people in your sample were not self-reflective and inarticulate in some areas relating to religion and God.</p> |

The consultants drew attention to a number of matters arising from the research. The team noted the observation re 'connection' and addressed this in Paper 1 and in the Compendium to be used in the subsequent national study. Another consultant drew

attention to the absence of self-reflection among many of the participants. The possibility of this occurring in the national and other future projects will also be noted in the Compendium to alert interviewers to the possibility of this recurring, and to consider the need to explore some dimensions more fully with participants.

Discussion

In terms of the striving for rigor in the process used in this research project, the above comments have provided the research team with first-hand experience at the use of the spirituality assessment process. It should also be mentioned that the research team was constantly involved in collecting information during the project by interviewing participants, but also reviewing the contribution of others.

While it is noted that in the various observations made above, a number of complimentary comments were made, there were also occasions where interviewers found it challenging to address some of the conflicts which were observed during the course of the interview. Attention has been drawn previously to the view that qualitative research is interpretive. The essence and the beauty of a qualitative study is that there is the interaction between human beings. Human beings are informed by their experiences. This is specifically observable in such a study as this one.

While some of the interviewers had no difficulty with the protocol and the various elements of it, others did. This can often reflect the differences between the experiences and understandings of both interviewers and participants. This is the substance of qualitative analysis. One of the essential observations arising from this process was the need to emphasise to interviewers that they were carrying out a conversation involving some guided questions which help participants explain their feelings about relevant matters. Early in the data collection it was noticed that interviewers often resorted to simply asking the questions as opposed to actively immersing themselves in the

relationship. The opportunity was taken after the observation and receipt of some of these interviews to request later interviewers to focus less on the asking of the question and more to engage in conversation. In the later interviews, this helped participants gain more confidence encouraged them to express their inner feelings more deeply.

In terms of issues raised by the participants, interviewers and the consultants, the following are some of the actions which were taken by the research team to follow the Morse et al. (2002) suggestions on reviewing and adapting the process during the course of the project life itself.

1. One of the main challenges was the use of the word *spirituality*. While it was noted by some interviewers that the explanation for them was quite satisfactory, others had difficulties in understanding what it meant. The decision was taken reasonably early in the data collection process that we would avoid using the word spirituality when talking directly to participants but explain that their life involves connections to dimensions of their existence. While it was noted by one of the consultants that the word ‘connections’ was not described fully, this has now been addressed through explaining the concept in more detail in Paper 1.
2. Another finding of the challenges associated with the process was the question relating to a person’s connection with themselves. This was noted in one particular interview where the interviewer, before she had the chance to explain spirituality and what this connection might mean, was greeted with a response, ‘Oh, that’s a stupid question!’ Because the interviewing process took place over a period of about three months, it was possible to make adjustments to the protocol and the questions during that time so that the interviews taking place later were easier for the interviewers to conduct.

3. The team recognized the reservation expressed by one consultant about use of the term 'assessment' in relation to spirituality because assessment can imply evaluation and 'marking', concepts that cannot be applied realistically to such a human phenomenon as spirituality. It was also recognized that the word 'tool' normally implies an implement or, in research terms, often a questionnaire. However, in the interests of avoiding confusion and becoming side-tracked over semantics, the more conventional research terms are used in this paper.
4. In the development and review process, there was recognition of recommendations in the *National Guidelines for Spiritual Care in Aged Care* (Meaningful Ageing Australia, 2016) that language used in spiritual care reflected a balance between the 'art' of care that recognized warmth, empathy and connection in meaningful ways, and the more technical and clinical measurement of the aspects of care that are the province of 'science'. It is anticipated that the 'art' aspects of care using appropriate conversation will provide a more meaningful basis for further spiritual development in a person than will a ranking/scale measurement.

Ultimately, the final processes involved in information collection for this pilot study have been refined to enable the main, national study, which follows this pilot research (100 participants) to proceed in a more informed manner.

Conclusions

The research team set out to develop a valid assessment tool to understand more of the spirituality of older people so that carers of people in a residential facility can have a greater understanding of the people in their care. The project developed a considerable bank of information that will help carers in the pursuit of their profession. At the same time, it is anticipated that the future national study will benefit from the processes which

have been used in this project. The research team was able to develop an exploratory process that understand more of the spirituality of older people. By use of the Morse et al. (2002) suggested process of validating a qualitative enquiry, the team has been able to refine the process by which the information was collected.

It is emphasised that while the team has prosecuted the notion of rigor in its research, it cannot at this stage declare that the process that it has developed has been entirely valid. This is because it was carried out with a limited number of people in limited circumstances, as described below in the under the heading of Limitations.

Putting aside the vexatious issue of what constitutes validity, the team believes that we have demonstrated rigor so that we can be confident that people using this process will understand more about what constitutes spirituality of older people, and of a very useful way in which the information can be collected. It is hoped that by explicating these processes above, other researchers may understand how we went about understanding and 'reaching for' rigor so that it may better inform their own future research.

Limitations

There were limitations to this study. These included that there was only a small cohort (25) of participants. They were all residents in residential aged care facilities in the Darling Downs region. This is a rural area of Queensland where the participants lived in aged care facilities in towns (average) of approximately 7,500 people, except for the city of Toowoomba that has 118,000 people. The result of this was that most often, the catchment area for these people meant that they had spent a lot of their lives in small rural towns or in more isolated rural areas. Despite the wish of the team, the participants were solely Anglo-Saxon in ethnicity and were either Australians by birth, or had moved to Australia from other places, mostly the United Kingdom. Unfortunately, despite inviting

senior health care managers in the facilities to include where possible volunteer participants who were of a different background, in reality such people did not exist in the facilities. It is hoped that in the national research study which follows this pilot, that this variety of people can be more appropriately addressed.

Ethics

Approval for this research (HREC/18/QTDD/37) was granted by Queensland Health Human Ethics Research Committee on 31 May, 2018. Subsequent Governance approval SSA/18/QTTD/40548, was granted on 5 November, 2018.

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Conflict of Interest statement

There were no conflicts of interest in this Pilot Study.

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