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Exploring spirituality with older people: (1) rich experiences

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ABSTRACT

With an increasing aging population worldwide, there is a need for greater focus on the spirituality of older people, to better support them and lead them to an enhancement of their inner peace. This pilot research used a qualitative approach (with semi-structured interviews) in exploring spirituality with older people in residential aged care to understand more about the factors related to a sense of personal belief and connection that helped them in their daily lives. The research involved developing a rigorous exploratory process. The twenty-five (25) participants provided information about their rich experiences and their connections in four dimensions: (1) people, (2) creativity, (3) something bigger or higher than themselves and (4) their own inner being.

Introduction

When older people access residential aged care, they are typically facing substantial health-related and lifestyle changes when the focus of 'active aging' has diminished from enabling autonomy and augmenting the potentials for self-sufficiency to maintaining a quality of life which focuses on dignity, human rights and social, physical and emotional care provided by others (WHO, 2002). Finding effective ways to work with older people to recognize and support their coping strategies and development of inner peace in the face of such change and adversity is an important focus of holistic person-centred health care. Holistic healthcare requires the health professional to focus on the person's 'dignity, culture, values, beliefs and rights' (NMBA, 2016) which intersect with spiritual needs (Goh et al., 2012). Spiritual care is sometimes provided by spiritual or pastoral carers, but all

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This paper is the first of two with the main title *Exploring Spirituality With Older People*. This first describes the basis on which exploring can take place and defines the *Connect - Explore Model* developed for this research. The second, *Exploring Spirituality With Older People: (2) A rigorous process*, describes in detail the process adopted to move towards the validity of the research.
Color versions of one or more of the figures in the article can be found online at www.tandfonline.com/wrsa.

health and caring professionals have a role to play. It is a core aspect of holistic care (Adegbola, 2006; Aldridge, 2005; Hanson, Usher, Williams, Rawlings, & Daaleman, 2008). Spiritual care may assist older people to cope better with their transition to residential aged care and in their longer-term residency. Spiritual care can begin with spiritual assessment, which aims to understand the older person's unique spiritual beliefs and practices.

This research was designed to answer the question:

> How do older people describe their spirituality and its relevance to assisting them during their residence in an aged care facility?

Two papers

This complete project is described in two papers. This first paper addresses the question posed above. A second paper addresses the issue of the rigor associated with the process involved in answering the first question (Pending). To avoid excess repetition, this paper provides the background of the issue of exploring spirituality with older people, indicates the framework for the study and shows the *Connect – Explore Model*, and the process that was developed. It then provides the findings of the study and presents some conclusions. The second paper assumes a familiarity with the first and specifically addresses the way in which the research was rigorously pursued so that the exploring process can be regarded as moving towards greater validity.

Explanation

There are alternative views 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. There are also different views about the word 'tool' which normally implies an implement, or, in research terms, often a questionnaire. In these papers the terms 'explore' and 'process' are often used. Similarly, the word 'data' implies objects and facts whereas 'information' can be more appropriate for describing participants' discussion of their spirituality. However, for the purpose of these papers, and in the interests of avoiding confusion and becoming side-tracked over semantics, the more conventional research terms are used.

About spirituality and religion

Spiritual care in Australia and other western nations has traditionally adopted a largely religious, chaplaincy, God-centred approach, with a focus on Judaeo-Christian religions (McSherry & Cash, 2004). In the 2016 Australian census, 30% of people indicated they had 'no religion', with 52% of Australians indicating

that they were Christian (down from 88% in 1966). Older age groups, particularly those aged 65 years and over, were more likely to report Christianity. The percentage of Australian residents indicating they were Muslims, Buddhists, Hindus and Sikhs increased (Australian Bureau of Statistics, 2017). The traditional Judeo-Christian focus has now become broader in contemporary religious and spiritual understandings. With the relative decline of organized Christianity, it is no longer reasonable for spiritual carers, nurses or other health professionals to assume that most older people will have a Christian faith (Giske & Cone, 2015).

Health researchers have also been slow to understand these rapidly evolving views on religion. In the twentieth century, researchers focussed on religion, and mostly Christianity, rather than spirituality, *per se*. Mills (2002, p. 1) observes that the word 'spiritual' could not be found in the Medline data base until the 1980s. However, the understanding of spirituality has, over recent years, shifted from a largely God-centred approach towards a broader understanding of its dimensions (Heelas & Woodhead, 2005; Kharitonov, 2012).

This project was based on the view that spirituality has many dimensions, which may, but do not need to be, expressed through religion. There is currently a gap in the literature relating to qualitative studies of the spirituality of older people in a variety of circumstances. Spiritual assessment might best be served through a process that involves exploration of a person's spirituality using their own words and clarified where necessary in discussion (Rumbold, 2007).

About spirituality and older people

The Australian *National Guidelines for Spiritual Care in Aged Care* (Meaningful Ageing Australia, 2016a) recognize changes that will take place in the provisions for an Australian aging population by addressing spiritual implications of older people receiving care and support through home care packages for aging people as well as those living in aged care facilities.

The older population in many nations will increase over the next few decades (Sytsma et al., 2018). This increase will also occur in Australia (de Boer, 2010). Population projections are that the proportion of people aged 65 years or over in the total population will increase from 15% as at 30 June 2017 to between 21 and 23% in 2066 (Australian Government, 2019). People aged 85 years or over will then make up 5% to 7% of Australia's population, compared to only 1.6% in 2007 (Australian Bureau of Statistics, 2010).

Understood broadly, spiritual care is important for all older people, including those who have good health, people with chronic and/or acute illness and people with a disability – mobility issues, hearing, sight and/or speech (Cobb, Puchalski, & Rumbold, 2012). In addition, the *National Guidelines for Spiritual Care in Aged Care* (Meaningful Ageing Australia, 2016a) recognize people with many special needs whose spirituality should be considered in relation to their

circumstances. These needs may include people of diverse cultural backgrounds, people with dementia, and those with mental health issues. The *Guidelines* provide a list of 12 categories of people with special needs (Meaningful Ageing Australia, 2016a). Consideration of how people from such different backgrounds may vary in their beliefs, perceptions and spiritual practices underpins the need for individualized spiritual assessment.

Value of spirituality

Spirituality can be of considerable importance for the older person's physical wellness (Baldacchino, 2008; Taylor, 2013). At the same time, it can impact significantly on their quality of life (Puchalski & O'Donnell, 2005). The World Health Organisation (WHO) (1998, p. 17) describes quality of life as a complex concept that includes physical, psychological and social beliefs and contends that there are six broad domains that identify core aspects of the quality of life. One of these domains is personal beliefs/spirituality (meaning in life). They further assert that the domains of health and quality of life are complementary and overlapping. This clearly implies that WHO sees a distinct correlation between spirituality and general wellness. Later research using the WHOQoL field test instrument has also demonstrated the importance of this nexus (Rusa et al., 2015; Skevington, Gunson, & O'Connell, 2013). In a project of the Australian Aged Care Quality Agency (2015) it was found during conversations with participants that, "Psychological and spiritual wellbeing and social inclusion were regularly cited as key factors in quality care" (p. 6).

Spirituality – what is it?

Spirituality has escaped a precise, universally agreed definition (Monod et al., 2015). Many people have attempted to describe its parameters but almost every definition has some point of difference with another. Nevertheless, there are some points of agreement and some indications of its value:

- It refers to a person's 'core' or their inner being (Cobb et al., 2012, p. viii; Miner-Williams, 2007, p. 1218; The Bible, 2011).
- It has a number of aspects, facets or dimensions (Egan et al., 2011; McSherry, 2006; Murray, Mitchell, Meredith, Wilson, & Hutch, 2007).
- It involves connections with and between the person and these spiritual dimensions (Fitchett, 2002a; Meaningful Ageing Australia, 2016a).
- It can lead to human expression in different ways (Davies, 2012, p. 163; Puchalski & Romer, 2000, p. 129).

- It can involve transcendence and a sense of the sacred (Plante & Sherman, 2001; Puchalski & Romer, 2000; Swinton & Pattison, 2010, p. 234).
- It can involve purpose and meaning in life (Hodge, 2001; J. Taylor, 2013).
- It can lead to resilience in changing circumstances (MacKinlay, 2006; Pearce, 2010, p. 156).
- It can lead to peace of mind (Baldacchino, 2006; Culliford, 2002).

Most of these themes are encapsulated in a consensus definition of spirituality developed in 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 definition provides a useful framework for a discussion of spirituality. Within this framework it is necessary to identify dimensions that help render the concept more practical for understanding the role of spirituality in everyday living.

Dimensions of spirituality, and connection: connect – explore

One model, *ConnecTo*, refers to five domains centred on connectedness with self, something bigger (including religion), others, nature and creativity (Meaningful Ageing Australia, 2017). MacKinlay (2006) understands spirituality to refer to 'ultimate meaning' that is mediated through relationships – intimacy with others and/or God; religion – worship, prayer, reading of Scripture and meditation; and the arts – music, art, poetry, drama and dance. Fitchett (2002b) has expressed spirituality as a number of clusters. He refers to seven aspects of the spiritual dimension of life: belief and meaning; vocation and obligations; experience and emotions; doubt (courage) and growth; ritual and practice; community; and authority and guidance. Lips-Wiersma and Morris (2017) assert that there is a relationship between the elements of meaning that involves wholeness and integration. Their research showed that, to live meaningfully (ergo, spiritually, because meaning in life is closely associated with spirituality), it is necessary to recognize how elements relate to each other (p. 73).

Connection and relationality are two concepts that are evident in considerations of spirituality. The *Connect – Explore Model* below (Figure 1) endeavours to encapsulate many of these concepts. This will facilitate the practical exploration of spirituality.
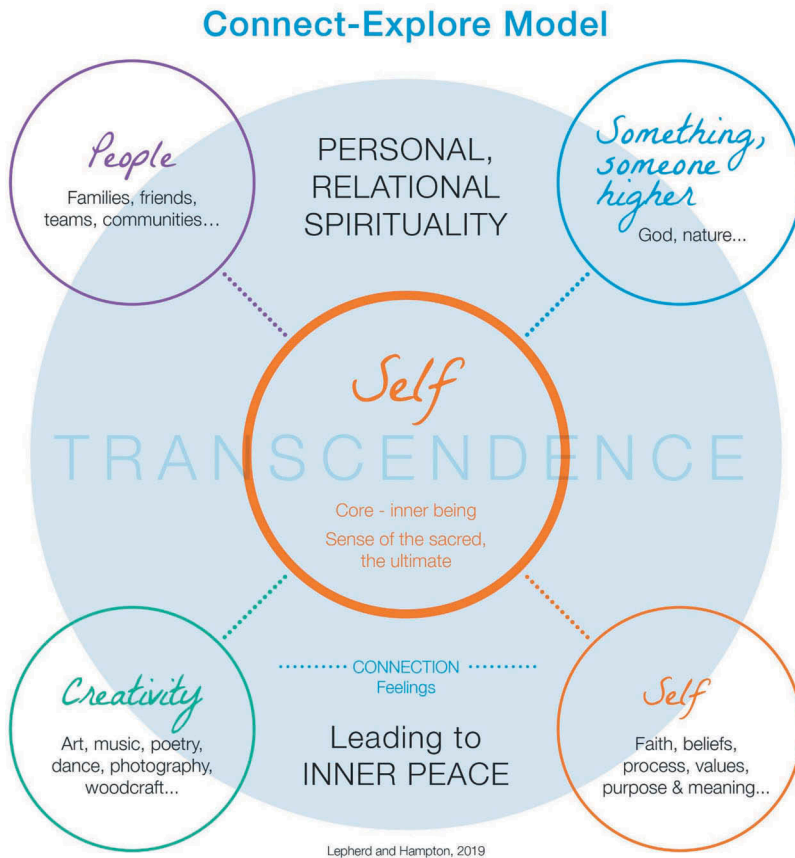
Connect-Explore Model

Figure 1. Connect – explore model.
The influence of the publications of Fletcher (2016), Meaningful Ageing Australia (2017) and Lepherd (2015) on the development of this Model is acknowledged.

The fundamental assumption of this Model is that, for an individual person, spirituality is at their core, involving the transcendence of self and, on a practical level, finding value in things and people outside of the self (Fleming, 2018, pers. comm. 3 April). Spirituality is about the element of life that lifts people above (transcends) the mundane. It is about the sense of the sacred in a person, the ultimate aspect of life, which, paradoxically, has the potential to revitalize every-day life and to give meaning and purpose to the mundane.

One important principle is that spirituality involves **connection**, or, as it is frequently known – connectedness (de Souza, 2014; Fisher, 2011). A number of different studies have indicated various aspects of connection to the dimensions or domains of spirituality. Nolan, et al. for example, stated, "Spirituality is the dynamic dimension of human life that relates to the way persons (individual and community) experience, express and/or seek mean-ing, purpose and transcendence, and the way they connect to the moment, to self, to others, to nature, to the significant and/or the sacred" (Nolan,

Saltmarsh, & Leget, 2011, p. 88). In another study the authors concluded that well-being was "positively predicted by spirituality experienced through connectedness with the transcendent and through connectedness with others" (Thauvoye, Vanhooren, Vandenhoeck, & Dezutter, 2018, p. 2167)

Another important principle is that spirituality is also **relational**. Descriptions of this term are varied (Love, Moore, & Warburton, 2017), but it can refer to the search for the sacred being united with "the search for human relationships" (Mahoney, 2013, p. 368).

Directly related to **connections** are feelings and emotions. It is often through a person's feelings that they are able to connect to the dimensions of their spirituality (Egan et al., 2011; Hodge & Sun, 2012). A person may feel a great deal of love for one member of their family, and less love for another member. A person may feel close to God, or very close to nature. A person may feel unhappy about their purpose in life – they may not have one, drifting aimlessly; or they may feel very buoyed by the direction they are taking.

The dimensions indicated in the Model above are all **interrelated**. While the dimensions are compartmentalized in the Model, in life there is overlap between them. While connection is part of the spiritual process, people may feel **disconnected** with some dimensions and this is where they may need assistance to reconnect. It must be remembered, however, that in some dimensions people may not wish to be connected with aspects of that dimension. If they do wish to be connected but are not, this can lead to spiritual distress, another aspect of spirituality.

There are four clusters of dimensions that are connected to self. One of the most important of these is connection of **self with self**, or 'self-reflection'. What are a person's feelings about their faith, beliefs and values? What is their purpose and meaning in life? Are they living with integrity (with coherence in relation to their fundamental beliefs and values)? What is the impact, purpose, meaning and function of their spirituality?

Another dimension relates to **something or someone higher** than the person themselves. This may take the form, for example, of belief in God, or the immanence of nature. In the case of Australian indigenous people, it can take the form of The Dreamtime (Love et al., 2017). It may be expressed through connection with a religion, where religion is an organized collection of people with the same spiritual beliefs (Burkhardt, 1989).

Connection with **people** is an important spiritual dimension where a person's connection with their family, work colleagues, clubs, groups and friends may be a considerable element in their spirituality. For many indigenous cultures, the centrality of interconnectedness equally between people and place; between land, forest, sea and rivers; and between groups (tribes/iwi), all need to be acknowledged as central to their spiritual awareness and wellbeing (Moewaka Barnes et al., 2019; NiaNia, Bush, & Epston, 2019).

Many people have connection with aspects of **creativity** that are important to their inner self. Most people have connections with music, for example. It permeates their daily lives through radio and TV, among other things. Its ability to assist in stress and anxiety reduction is also acknowledged (Horne-Thompson & Grocke, 2008). Connection can also be with visual arts formally in art works, and more frequently informally through, for example, images in films and newspapers. Some people connect with creative elements of wood-working and other crafts, and others with sport. Connection with creativity occurs in both passive and active ways – a person can look at and appreciate a work of art, or they can actively create it.

Further considerations regarding the dimensions of spirituality are the **outcomes** of a person's spiritual development. **Inner peace** has associated concepts of harmony, comfort and the alleviation of suffering, suffering that can be both physical and psychological (Baldacchino, 2006; Culliford, 2002; Miner-Williams, 2006). One of the world's eminent spiritual leaders, the Dalai Lama, shows that joy, peace, and serenity are basic spiritual qualities that are vital in a person's life (Dalai Lama, 1999). The outcome of a developed spirituality in older people can be equally important as it is to people of other ages. However, inner peace may not always be possible. The role of health and spiritual carers is to work with people to try to help them achieve inner peace, particularly at the end of life (Egan et al., 2017).

Spirituality and feelings

Spirituality and feelings are often regarded as being associated (National Cancer Institute, n.d.; Taylor, 2013). Spirituality is characterized by positive and negative depth of feelings (Ho & Ho, 2007). In searching for meaning and purpose in life it is asserted that people have experiences and feelings associated with that search (Peterman, Fitchett, Brady, Hernandez, & Cella, 2002). Feelings are also related to comfort (Zavala, Maliski, Kwan, Arlene Fink, & Litwin, 2009) and peace in association with their spirituality (Albaugh, 2003). Within the framework of these studies, it is justifiable to include expression of feelings in older people when they are exploring their own spirituality.

It is acknowledged that spirituality, and consequently spiritual care, is important in older people (MacKinlay, 2012), and in both Australian indigenous and non-indigenous cultures (Love et al., 2017). It should be recognized, however, that the value of spirituality in healthcare has not always been accepted as useful. Egan et al. (2011) drew attention to a number of criticisms evident in the literature. These included that "some scholars were trying to rescue spirituality from religion" (Sinclair, Pereira, & Raffin, 2006, p. 467), and that literature in the hospice movement "undermines the value of religion" (Garces-Foley, 2006, p. 132). These views suggest there was a danger that the broad nature of

spirituality was losing its acceptance because of some adherents to the value of religion and that, conversely, contemporary understandings of spirituality could minimalize the value of religion. These and related positions need to be recognized and counteracted when health carers encounter them during their work (Hodge, 2018).

Spiritual assessment

A comprehensive, reliable and valid spiritual assessment process facilitates a spiritual carer or other health professional carer's insight into an older person's spirituality. This is of importance to nurses, doctors, allied health professionals and all other workers involved in caring for older people (Murray et al., 2007).

Spiritual assessment aims to understand the spirituality of people with a view to helping them connect with the personal and relational aspects of their inner self and can also include exploration of external dimensions to their lives. Spiritual assessment has a long history of practice. Many assessment tools have been developed that seek to measure the spirituality of people with a view to helping them understand their personal and relational aspects (McSherry & Ross, 2010).

A scoping review of available instruments measuring spirituality and religiosity in clinical settings (Austin, Macdonald, & Macleod, 2018) studied some 25 instruments developed between 1989 and 2018. In almost all cases they were quantitatively based and only two instruments included elderly people. No instruments reviewed were dedicated to the exploring of spirituality in older people using a qualitative approach. Harrington (2010) draws attention to a number of assessment instruments available in an Australian context but these were not considered to be sufficiently comprehensive to achieve the greater depth of spirituality in older people that was deemed to be necessary for this research project. Many tools use numerical responses to questions rather than utilizing participant conversation about their spirituality. There does not appear to be sufficient justification to use any of the available tools discretely in an aged care (residential or community) context in Australia.

Meaningful Ageing draws attention to the need for spiritual assessment in the National Guidelines which call for valid/reliable assessment tools (Meaningful Ageing Australia, 2016b) to assist people working in aged care and beyond to begin to understand the spirituality of those accessing their services. Meaningful Ageing has developed a screening tool ConnecTo based on the work of Julie Fletcher (Meaningful Ageing Australia, 2017). The tool is deliberately designed for people in a range of roles, once they are trained.

Both the National Guidelines and ConnecTo are very useful for understanding spirituality. In the spirit of further development, especially to cover a wider range and greater depth of spiritual dimensions and circumstances, this pilot project aimed to recognize these documents and develop the

concepts further so that a more comprehensive spirituality exploratory process can be developed for older people living or being supported in a variety of circumstances. Such a process will enable trained spiritual carers to provide better quality care through being more informed about an older person's spirituality.

Exploring spirituality

In summary, this project involved exploring the spirituality of older people. It also involved the development and trialling of a process that recognizes a broader understanding of spirituality (not just in a religious sense) which would be applicable to aging people and would be commensurate with the dynamic changes that have taken place more recently in the understanding of spirituality. Exploration was based on the concept of spirituality indicated in the *Connect – Explore Model* (Figure 1).

Design and methodology

Methodological approach – qualitative

A qualitative research approach using semi-structured questioning was deemed by this research team as the most appropriate way of obtaining data for this study.

Denzin and Lincoln (2005a) suggest that qualitative research embraces humanistic perspectives. Semi-structured questioning is an approach enabling participants to provide answers to questions, thus expressing themselves and their feelings in their own words (DiCicco-Bloom & Crabtree, 2006). This form of questioning includes questions focussed on 'domains' that allow probes and the opportunity for the interviewers to diverge slightly from the script (McIntosh & Morse, 2015). The current research questions were based on the dimensions of the *Model* and included prompts to enable sub-sections of the dimension to be elaborated upon. (See Table 1.) Williams (2014) also indicates that part of the semi-structured interview protocol includes a 'schedule' that provides an introduction to the purpose and topic of the interview, a list of topics and questions about each topic, suggested probes and prompts, and closing comments. This schedule was developed and followed in the current research where the introduction was provided to the participants, the questions and prompts were based on the dimensions and the concluding comments provided an opportunity for the participants to comment on the process.

Table 1. Connect – explore process.

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?

Participants, and recruitment strategies

The team decided that for practical and pilot study purposes, it would be appropriate to carry out this research in a limited geographic location. Participants numbered twenty-five (25) older people in the care of the Queensland Government-owned Darling Downs Hospital and Health Services (DDHHS) residential facilities located in a regional area. Once ethics approval had been granted (see end of paper) the Director of Nursing (DON) in a facility was approached to seek access to possible research participants who met 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.

A variety of different spiritual circumstances was also sought with the possibility of including different religions (e.g. Judaism, Christian, Islam, Hindu, Buddhism), different life perspectives such as atheist, pantheist, feminist …, as well as those who do not identity with any group or tradition. In reality, those who were interviewed were Anglo-Saxon, a reflection on the broader community profile.

Screening took place before a potential participant was approached. The DON in a facility was asked in writing to determine who might be approached. The DON was aware of the character of each potential participant and who might readily converse on the dimensions of their life. In this way, very few rejections were encountered. Thirty older people were invited to participate. The five who declined either expressed their own lack of confidence in their ability to contribute or did not wish to discuss something that was so personal. Once potential participants had been identified, they were asked by the individual data collectors (interviewers), using a standard project description information sheet, if they would like to participate. If they agreed, a suitable interview time and place was negotiated. The interviews were audio recorded and, once completed, the collector provided the audio recording to the designated transcriber.

The interviewers recognized beforehand that they would themselves be participants in the research as they were invited to provide feedback on the process. Details of their involvement was described in the interviewer protocol.

Ethical considerations

Data collectors were either spiritual carers, nurses or members of the research team who volunteered for the task. All collectors had relevant 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. The information provided them with assurances about the care that would be taken in the event of them becoming stressed during the interview.

Data collection

Semi-structured interview questions were designed to enable participants to express their feelings in a conversational way about their connection to the major spiritual dimensions identified in the *Connect- Explore Model* above (Figure 1) above.

In order to obtain consistency in interviewing between the fourteen (14) interviewers, 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).

Process and rigor

The issue of process and rigor is discussed briefly here. It is discussed in more detail in a subsequent paper (Pending).

Principles

Validity and reliability are terms often used to determine the rigor of a research study. They are normally associated with quantitative research. When considering the issue of reliability and validity in qualitative research, Lincoln and Guba asserted (reported in Denzin and Lincoln 2005b, p. 184) that the terms were best replaced by 'trustworthiness' and 'authenticity' and these terms then became more closely associated with qualitative research. However, Morse, Barrett, Mayan, Olson, and Spiers (2002) argue that the term 'trustworthiness' is more often associated with verifying research at the end of the project, whereas it would be more appropriate to verify the research throughout the project. In this way, they assert that any problems evident during the course of the project can be corrected before the next phase is reached rather than recognizing them at the end when it is too late to do anything about it. They also prefer to continue using the terms 'reliability' and 'validity' because they are appropriate whatever the underpinning methodology is, i.e. quantitative or qualitative. It is this approach to validity (achieving what the research set out to achieve) and reliability (the degree to which a test can produce consistent results) that is used in this project.

The authors recognize the dilemma facing researchers in using these terms when distinguishing between the quantitative and qualitative paradigms. However the terms are applied, the authors of this study believe that the important issue is ensuring that there is rigor in the procedure adopted in designing and pursuing the collection of information and its analysis.

Practice

In keeping with the position of Morse et al. (2002) indicated above, three groups of involved people were used in moving towards the validating (and verifying) of this research. The participants were invited to comment on the process and the questions. The interviewers were also asked to comment on aspects of their involvement. Finally, a reference group of six leaders in aging and research was established to help shape the process associated with the assessment and assist in the consideration of validity and reliability.

The concept of ongoing validation involving reflexivity was realized through the conducting of interviews over a period of three months which meant that the team received comments from participants and interviewers continuously over the period of data collection. These comments were reviewed, and changes made to the assessment tool as appropriate during

the course of the data collection. Members of the consultative group were consulted twice during the project – at the beginning before data collection commenced, and at the end. They received a draft copy of this paper that included the analysis of results and conclusions. The team reviewed all observations collected and made adjustments to the process as necessary.

Data management

The collected audio files were transcribed into text format. The files were de-identified but with a master identification sheet that enabled the interviewer to return the file to the participant for member-checking. After this, the participant could only be recognized by a pseudonym. Documents identifying the participants were stored in a password protected computer.

Data analysis

The information provided by participants through their answers to questions was subjected to thematic analysis to determine not only a view of the spirituality of individuals but also to observe, over the full cohort of participants, themes emerging indirectly as the result of their interviews. Thematic analysis is "a method for identifying, analysing and reporting patterns (themes) within data" (Braun & Clarke, 2006).

NVivo software was used to manage the collected data. Nodes (dimensions) were created based on the questions asked during interviews. Additional nodes were created when indirect themes were identified in manual analysis. This was also carried out whereby transcripts of all interviews were read up to four times by members of the research team to identify themes relating to the stated concept of spirituality that were not identified directly in the dimensions.

This combined process of NVivo data management and manual analysis identified directly specific elements of spirituality for each individual (and collectively) associated with the dimensions identified in Figure 1. Themes arising indirectly were also identified in this way.

In addition, member-checking was included as the final phase of the interview process by returning the transcript to the participant within three or four days of the interview taking place. Taylor, Kermode, and Roberts (2006) discussed some of the elements of member checking and drew attention to its potential value in validating data.

It is recognized that interviewing involves the interaction of two people – the interviewer and the interviewee. To some extent, the interviewer participation is consistent between interviewees in that the initial questions have been prepared within a recognized and consistent framework. However, the nature of semi-structured interviews means that at some time, the interviewer is likely to be informed by his/her own beliefs and values during the interview. The extent to which this happens can be identified during the

thematic analysis in that the complete conversation between the interviewer and the interviewee is transcribed and analysed.

The analysis ultimately determined the answers to the research question. The analysis provided insight into the spirituality of the pilot cohort of older people.

Findings

The study resulted in participants providing rich data and experiences. The findings given below are directly related to the dimensions of Figure 1. Other indirect themes emerging from the study are also discussed. It is emphasised that there is a direct relationship between the findings arising directly from the dimensions and those arising indirectly. Almost all of the questions posed by the interviewers were prefaced with "How do you feel about your connection with … ?" All findings arose through the use of the questions associated with the Model. The age of each participant is provided in Table 2, below. In the following, participants' comments are italicized.

Direct findings – connections with dimensions

Figure 1 indicates that connections or relationships relating to various dimensions of a person's life can help to make up their spirituality. The following dimensions were explored: connections with people, creativity, something or someone higher or bigger, and the connection within self.

People

Participants felt that their connections to people were important but reported the need for personal time and space alongside opportunities for connection with others. Isabel indicated that she got on well with people, even though she did not always become involved in the activities of other residents. As she put it, *if I don't enjoy the activity I don't want to sit there like a zombie.* Betty had a similar frame of mind. Paul indicated that he was happy with his own company. He had lived for some time *in the bush* (outback Queensland) but when he came back *into civilization*, into the aged care facility, he found it a bit hard sometimes to mix – *but I'm getting there.*

Table 2. Name (pseudonym) and age of participants.

Barbara 86	Anne 98	Isabel 88	Marion 90	Ray 80	Alma 75
Billy 70	Wendy 82	Bob 93	Sarah 89	Margaret 85	Beatrice 88
Ken 85	Shirley 84	Moira 88	Dave 95	Paul 75	Jean 90
Mary 77	Mary-Anne 68	Doreen 84	Arthur 65	Stevo 75	Betty 90
Weir 90					

Carers, and family

Observations about their connection with their carers was very positive. Ray said that connections with other residents, staff and family were *very important to me*. Ken said of carers, *they all make you feel as if you're having Christmas every day*. Barbara had a similar view.

Family and loved ones featured prominently in the more detailed statements about their important connections. Sometimes these connections had been lost, particularly when the participants were older. Arthur commented that his Mum and Dad had 'gone' as well as one of his brothers. *They were the closest to me.*

Stevo drew attention to the realities of the modern age when he indicated that he loved his family, especially his grandchildren, coming to visit him but that they were always *on the iPad when they're here.*

The separation between husband and wife that can occur in aged care facilities was noted by Beatrice. She was in the facility, but her husband had to go to live with his son and daughter-in-law who were some 300 km away *and I will miss him.*

Friends in an aged care facility

While making friends in a facility was generally accepted by most participants, there was the occasional reticence for participants to become too involved. Ken said, *I value friendships but I'm wary of some*. Mary stated that most of her friends now were family, *I have outlived most friends.*

Creativity

This proved to be an area where participants conversed readily. The term 'creativity' lends itself to being very broadly understood. In this study no attempt was made to distinguish between those who actively participated in being creative, and those who were satisfied to be passive. Most people were more involved in creative things passively, that is, they were involved 'spectators' rather than active participants. This was largely due to their increasing age and their inability to participate more actively. There was no doubt however, that many valued their creative abilities as leading to a fulfilment of their life.

The areas of creativity where participants were involved were varied. Betty said, *knitting and cooking, and writing letters? I feel good doing it*. She was still active. For Doreen *making garments and things like that, that's creativity for me.*

For some, creative work was somewhat aesthetic: *I would rather reflect on and visualize the beautiful things* (Barbara). For others, it was pragmatic. *I just pick up the newspaper and read for something to do* (Billy). There was some poignancy about being creative for other participants. Moira said, *I love reading, but I can't read any more because I can't see.*

Sport was another area of creative activity but again, the ability to participate had decreased significantly for most participants as they became older.

Self

Some participants found the concept of connecting within themselves was difficult to discuss. (Billy, *Oh, that's a stupid question!*). However, when the interviewers explored this concept 'within yourself' more fully, there were some very perceptive responses.

Faith – beliefs. Most participants in this cohort regarded faith and belief as being somewhat related to religion. Ken observed that *you gotta have faith in something, I suppose. I am not strong in a religious sense.* Mary observed *but you don't have to be in church to say prayers, you can say them at home, can't you?*

There was evidence of analytical thinking in the minds of some participants. Moira observed: *I am a Christian, and I go to church, but I can't believe that there is a heaven really.*

Hope. There were two different ways in which participants responded to the concept of hope. Some thought of hope in the long-term future, even if they would not be alive to be part of it, while the hope of others was tied to their perceptions of their current circumstances and reflection on their life achievements. For example, Billy was typical of those who had an immediate hope. *Well, put it this way, I'm in good hands. I've got my own house, my own car – I have everything I want.* Dave simply wanted to clean up his garden shed in the home he had not far away. Weir probably made the most profound statement on his concept of hope: *I feel at ease with my purpose in life. You hope that you left something behind that was good, that I was good, and kind and they learned something from me. You need hope.*

Purpose and meaning. Consideration of purpose and meaning in life provided some participants with an opportunity to reflect on the past, and for many, this reflection was an important element in their consideration of their spirituality and their connections. Others had not thought about it.

At the age of 90, Betty was one of the people who still had a significant purpose in her life and felt contented about this. She expressed it this way: *I'm very happy … I've got a purpose in life; cooking and having family.* Ken was similarly satisfied with his purpose and meaning, particularly in relation to his family: *They've been brought up on the right path; and the three children have been great. I will just take every day as it comes.* Others were confused. Alma exemplified this: *I don't know. I just want to be … I don't know. I'm not …*

Within yourself. Feelings were mixed. For example, of her inner feelings Marion said *Well, I'm 90 years old. There is nothing much left to hang onto.* Ann provided a contrasting view. She wanted to maintain her *mental capacity and interest in the world around* her. Margaret was very pragmatic. *I just take each day [one] at a time; hopefully, I'm here for the next one.*

Something higher

Many of the participants had a very loose understanding of what something or someone higher than themselves might mean. Some were more specific. For example, Wendy said, *I'm interested in religion and God. I have a strong connection and it is very, very important.* Shirley was more concise but even in this, it seems that she preferred not to expand on her concept. *I think God covers it.*

Some participants' concepts of Christianity varied considerably. On the one hand Bob intimated: *My connection is with my Lord, I am a Christian, therefore the things I do in the way I treat people are very important to me.* On the other hand, Barbara believed that *we must have faith in a greater force that shapes our lives in order to come to terms with things that happen to us.*

God

Responses to believing in, or understanding God were varied. Barbara reflected, *God is a very hard concept for me, always has been, because, to have created this world, how can we imagine a world, so, so huge and immense; so wonderful?* Her understanding of God was something she thought about often. Others (Mary-Anne and Mary) had a simple understanding. Arthur opined, *Basically, if there is a God you'll find out when you're dead.*

Nature

Concepts of nature in this cohort were largely divided between understanding nature as gardening, and the broader concept of birds and animals and 'the bush'.

Doreen believed, *Well I like nature and it should be part of our lives.* Arthur had more immediate understandings of nature in our current world. *I'd like to see a bit more thought put into land clearance and stuff like that.* Paul's farming background had helped him form his view of nature in his spirituality. *I've worked on the land growing grain and with cattle and it's just my second nature.* Mary had a very strong connection with nature: *Oh, I love nature and all the birds, animals and things like that.* Stevo seemed to be unmoved by nature. *When I look out at the trees, flowers and birds and things, I appreciate them, but they are not important to me.*

Place

Reactions to the concept of a special place were varied. For Sarah it was *Just here in my room, looking out my window. That's marvellous, that. It does wonders for me*. For Moira, *This room is my special place at the moment. I suppose I'll be here for a while*. Arthur's response to the question of whether he had a special place was, *Probably not. I'm still searching for it. But I don't know what I'm searching for*. Billy, in a response to the question "Is there somewhere you would really like to be?", replied, *I would like to walk into a (news) paper shop and buy a casket (lottery) ticket. I won something once!*

Religion

Responses to consideration of participants' connections to a religion were varied and individual. A number of participants were staunch in their religious affiliations, while others had a very unique approach to their personal religion. Of those who were staunchly religious, comments included *I always went to church. I just felt that we cared for each other*, (Jean). Betty said, *I'm very staunch with it. Religion is important to me and always has been. I feel good when I go to church.*

Ann had reservations about religion: *I respect people's belief in the churches but I find it hard to accept*, while Alma was very private: *Well, I'm just a person who prefers not to talk about religion but I know how I feel in myself.*

Connect – explore

The above questions and responses related to the dimensions of the *Connect – Explore Model* of Figure 1. The figure also indicated two other important elements. One, that spirituality is also related to transcendence, and two, that spirituality can also lead to inner peace. Two separate questions were asked on these issues towards the end of each conversation between the interviewer and the participant.

Transcendence

This term was not used in the assessment tool or the questions because it can be a difficult concept to articulate and understand. The question relating to transcendence was expressed in this way:

> 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?

Responses

Responses were again varied. They encompassed the participants' connection with individuals, nature, and reminiscences. The following have been loosely grouped according to the character of the response.

Lift

With respect to people and *lift*, Doreen reflected that it was *the company. They are all nice people here, you have to admit that. They are not just any old people*, while Jean was more expansive: *I love it when people care enough to have enough time, just a quarter of an hour, to take me out and let me enjoy a breath of fresh air*. Ray's response was tinged with reality but sadness: *I get a lift when I see my family here but it's not very often now*.

Nature was helpful in providing a lift for some residents. For Margaret, it was just *birds and everything like that*. Paul's lift was similar: *It's good. I'm not just sitting around doing nothing, I'm outside every couple of days watering. It's the birds and the plants and all of those things*.

Other participants identified a variety of circumstances that helped lift them. For Bob it was *I know that my God is with me*. Mary-Anne's lift was her *operant conditioning*. (She explained that she applied it to dieting and why this was relevant to her reward system.)

Sarah could not decide. *I don't know. I don't know. … Everything!* Arthur was more philosophical. *I feel that the world is in the circle, and I am outside of it. Sometimes I get into that circle, and shortly after I get thrown out again. And then I can get into it again. That gives me a lift!*

Inner peace

Responses to the question regarding inner peace were again varied, according to individual characteristics, and also very largely related to the participants' connections to the various aspects of their life indicated in their responses to the dimension questions above. Some responses were very thoughtful and fulsome. For example, Ken said: *Well I look forward to having my scotch of the night! Every morning when I wake up and say, "Thank you God for today"*. (Interviewer: Would you say that you feel happy?) *I always try to look on the bright side. I just don't like people who look on the dull side of things*. Betty responded: *Well I always try to do the right thing all my life, and I hope I have done the best I could anyway. It does give me peace of mind at this stage of my life*.

Some responses were more concise. For example, Ann stated: *I do feel peace when I come to a decision, and it's quite pleasant. It's important*, while Moira simply stated *I think I'm quite at peace really* and Dave emphatically stated *Yeah, yeah, I do feel at peace*.

Another response to peace of mind was very realistic and reflects the ups and downs which many people experience at any stage in their spiritual lives.

Isabel: *I have been very happy. Sometimes I just get down on myself. I am sick of me. I just get down on myself. I guess a lot of people feel like that.*

Weir saw a relationship between lift and peace. *I'm at peace with everybody and with myself and contented with myself. That gives me a great lift.*

Indirect findings – emerging themes

There were a number of indirect themes observed in this study. These arose out of people's discussion around the dimensions and their connections. These themes were gratitude, and reminiscence of their current situation. There were also broken connections, illness, loss and death that imply some spiritual distress.

Gratitude

The concept of being grateful for their circumstances underpinned the majority of interviews. It ranged from appreciation of staff, *They all make you feel as if you're having Christmas every day* (Ken), to family, *My family have been beyond all my imagining. They have been so supportive* (Barbara), and to writing a book about it, *it is about remembering and counting your blessings* (Ann). It also permeated general feelings – *as soon as I stepped in that front door, I knew I was in the right place*, (Bob), and *I'm getting older and I'm lucky to be here*, (Beatrice).

Reminiscence

Almost every resident at some stage during their interview reminisced on past events and activities. These involved travel recollections, good friends, work experiences, family activities and their involvement in the practical activities of creativity and sporting activities. They also included instances of religious experiences – both pleasant and unpleasant.

Broken connections

There were numerous instances of broken connections that led to degrees of spiritual distress. Breaks were caused through various circumstances, including general circumstances, loss and illness.

General circumstances. One break occurred because of the change from home living to facility living, *When I first came here I hated the joint* (Ray). There was also loss of independence, *I can't go to town* (Beatrice), and separation divorce, *I wept because it was the end of the road,* (Ray).

Loss. This included mobility, *My arms are too sore. I miss the use of my arms a lot*, (Isabel), *I had to give it (table tennis) away when my legs got bad* (Mary), sight -

but then I lost the sight in my eye so that stopped my painting, (Mary-Anne), and, loss of family connections, *they've all gone now* (Weir).

Illness. For some, this led to losing purpose in life, *I feel I lost my purpose in life*, (Barbara).

Death

Few residents talked about death. Those who did accepted that it was going to happen – *That doesn't worry me at all. The actual going, the passing may be a little traumatic* (Barbara). At the same time, almost flippant comments may have masked some anxiety. *I find out that way* (by reading the newspaper) *who's died and who hasn't, who I'm going to meet up there, or down below!* (Mary), and Isabel, *When the 'doc' comes I'm, right, I'm ready to go. Everything is done.*

Discussion

This research sought to understand more about the spirituality of older people living in an aged care facility. It also sought to determine the extent to which the process involved in exploring their spirituality (the assessment tool) was appropriate.

A major assumption was that the spirituality Model used as the basis for exploring encapsulated the essence of spirituality in a broad sense. It is believed that the *Connect – Explore Model* fulfilled this need because it was based on relevant literature. A related publication (*ConnecTo*) (Meaningful Ageing Australia, 2017) had been used by many clients of Meaningful Ageing Australia in the previous two years.

A premise of the study was that the work of spiritual carers and other healthcare workers who become involved in spiritual caring could use one-to-one interviews successfully in order to understand more of an older person's spirituality. This meant that the older people were able to express themselves more personally in their own words. Interviews are frequently used in qualitative data collection (Cortazzi, 1993; Hove & Anda, 2005). In addition, Fontana and Frey (2005) suggest that interviewing is one of the most powerful ways in which people can understand one another (pp. 697–698).

The results of the data (information) collection demonstrated two key issues. One was that each individual was very distinct in his or her expressions. This observation is consistent with findings of studies in which religion and spirituality are related to individuals' personality factors (Saroglou & Muñoz-García, 2008). The other key issue was the relatively straight-forward, and sometimes brief, expressions of spirituality amongst those who participated, possibly due to spiritual illiteracy, despite each interviewer explaining the dimensions of spirituality used in this research to each participant before

their interview. There were occasions when a small number of participants went into a little more detail about their connections, however this was not typical of the participant group. Whether this observation would be true in a wider sample would be useful to discover.

The dimensions directly identified in the Model are now used as headings for further discussion. Indirect dimensions that arose during the analysis are then discussed.

Dimensions

Direct themes

The semi-structured nature of the interviews meant that information associated with spirituality was readily identifiable because it consisted of responses to direct questions and various prompts.

People. Most interviewers found that the participants easily talked about their connections with people, and with creativity. This is consistent with the observations of Fisher (2011) who contended that there were four domains of human relationships. Two of these included relation with self, in the Personal domain, and relation with others, in the Communal domain (p. 21). It was found that, for the participants in this research, people were central to their lives. They relied increasingly on their relationships with the people in the same facility, and their families. Their families were very important to them, consistent with the views expressed by Burr, Marks, and Day (2011) that religion and spirituality can be important elements in families. Families also provide "an important – perhaps the most important – context for aging" (Waite & Das, 2010, p. S87).

Aged care professionals and other staff were of considerable importance to participants who commented positively on the relationships they developed with those staff. Caring consists not only of the physical act of caregiving, but also the relational exchanges between carer and the cared for, and the connections between these practical and emotional aspects of the process (Walsh & Shutes, 2013, p. 295). In almost all instances, the participants commented that their carers were very helpful and compassionate. The participants did not distinguish between different kinds of professional carers – nurses, orderlies, therapists. Three of the participants commented that sometimes the staff can be *a little grumpy* but in each case, they recognized that this is consistent with their normal living and working conditions. The expression of this as the norm may be due to a conditioning or reduction in their autonomy within the residential setting. It may also be due to a difference in values. Carers, particularly nurses, are well situated to model language and self-awareness which embed a values-based philosophy (Kemp & Howard, 2017). Nurses and carers who co-create

reciprocally with their participants are better placed to see the other as a unique individual with personal values rather than hold on to their own assumptions and patterns of behaviour (Ashcraft & Anthony, 2006; Gilfoyle, 2017).

Interpersonal relationships within an aged care facility can be important to participants. In an Australian study it was found that "fostering friendships with fellow residents" was important to older people who participated in that study (Thomas, O'Connell, & Gaskin, 2013). This was the case in the current study. The participants' comments, however, while indicating their appreciation of friendships they developed in the facility, were still reflective of their individual discernment. They maintained their own ability to make friends or not make friends as the case may be. Their comments usually indicated that they did not feel pressured into developing friends and that they chose their own path as they felt best suited them.

Creativity. Creativity was another area that participants were very happy to talk about. It was important in their connections. This importance is reflected in the observations of studies referred to by Sadler and Biggs (2006). "Spirituality … was positively related to more self-orientated sources of well-being (personal growth, creativity, and wisdom)" (p. 274). In the current study, the notion of creativity was very wide and the prompts in the interviews gave each participant an opportunity to dwell on what was most applicable to them. People of this age either reflected on their work that they had done themselves or, reflected on their appreciation of the creative work of others. Many were in the very practical area of cooking, sewing and creating artworks. Their main significant drawback was their lack of physical ability to be able to continue with these creative pursuits. Associated with creativity was reminiscence. Participants became quite nostalgic at times when they realized that they had achieved a lot in their life in the creative areas.

Self. This was the most challenging area in which to encourage discussion during the interviews. This is not an unusual phenomenon. Sinnott (2009) draws attention to the complexities of aging adults in understanding themselves. She argues that a person can "have a sense of being somehow larger than his or her local aging and dying body, mind, behavior, and relationships", and if this happens, "a potential crisis due to awareness of one's personal aging and death can be averted" (p. 159). As a whole, the participants did not exhibit major personal crises because they kept a broader perspective on their lives.

It was quite clear that people in this cohort did not always think about themselves and their connection with their beliefs and faith. For example, when asked, they indicated that they had such connections, but it was evident

that few of them had thought much about it. It seemed that they just wanted to live life and accept things as they were.

Those who did think about connections with their 'self' demonstrated very personal and effective means of realising their individual role in life. Most of the participants who had developed a sense of self-connection had based their connection on religion. The most general observation that might be made about the data collected from these participants was that their notion of self-connection was uncomplicated. It is noted from these participants that there is still a prominent view amongst some older people in our society that religion equates to spirituality.

Higher being. The participants' connection with a higher being or something higher, or to nature, was very diverse. There were those who had what might be termed a common understanding of religion and a connection with a higher being such as God. Even then, those who expressed deep thoughts about God were not always convinced of the details of God's 'nature' or God's role as a specific force in their lives. These people had a more clear-cut view of the relationship between a higher being and religion. Those who did not have a singular religious affiliation were more expressive of their thinking about who God was and who a higher power might be. While there was significant connection with nature, it was not always demonstrated that something higher in nature was a deeply felt spiritual experience. There were only two participants who recognized their connection with the 'land'. One talked about his connection with his parents and their connection with the land, and the other said he liked the 'bush' and felt connected to it.

Such a diverse understanding of what constitutes connection in spirituality, including connection with something higher or bigger, or nature, is the position held by many writers (Highfield & Cason, 1983; McEwen, 2005; Murray et al., 2007). In their study on assessing spiritual well-being in residents of aged care facilities, Hall and Beatty (2014) cite Gijsberts et al. (2011) as indicating that spiritual health is 'positively correlated with fighting fatalism, and negatively associated with hopelessness/helplessness, anxious preoccupation and cognitive avoidance'.

Place. Place can be recognized as being important in a person's spirituality (Lapierre, 1994). Henry David Thoreau is associated with Walden Pond, "The pond is simultaneously a representation of the natural, the sacred, and the human." (Saunders, 2000). However, place did not appear to be an important issue for many of the participants in this study. Most participants expressed a fondness for their room and its immediate access was very important for them.

Indirect themes

Through discussions of the questions in the Model participants expressed aspects of their lives beyond, but related to, the dimensions of the Model. In this way the dimensions were a catalyst for the additional themes.

Participant gratitude permeated their conversations. This extended to many aspects of their life. It was noted in this study that participants generally had positive experiences and gratitude, a position consistent with some research findings (Allemand & Hill, 2016, p. 32). Gratitude can have a positive effect on better health (Krause, 2006) and this was reflected in the contributions of the participants in this study.

At the same time, a number of less positive elements arose that indicated their humanity and realized the 'living' nature of their spirituality. Loss, illness and death are axiomatic to life. What is interesting is that these elements were not particularly different to similar elements of life within an aged care facility. What was evident was a relative acceptance of the participants' circumstances, even though there is evidence in some studies that sensory loss, for example, can lead to depression (Carrière et al., 2013; Cimarolli, Jopp, Boerner, & Minahan, 2018).

Conclusions

In the *Connect – Explore Model* of spirituality used for this research, it was asserted that spirituality is about connections. It is also about what may be generally understood by 'transcendence'. It alludes to the inner peace that can come to a person as the result of their productive connections. Using questions based around this Model, the data have shown that older people can have very rich spirituality and experiences based on their connections. Sometimes, their spirituality has the need for spiritual repair so that they can have a greater peace of mind. Such repair can be an important aspect of a health/spiritual carer's interaction with older people.

Every older person is an individual. Individuals differ and it is one of the features of the questions developed around this *Connect – Explore Model* that enabled older people to talk about the things that were central to their lives. In the process of these conversations about the dimensions, other elements of spirituality became evident. These elements were often integral with the dimensions. That indirect themes arose naturally from consideration of the direct questions during a 'conversation' suggests the usefulness of this approach and the value of exploring the dimensions in the Model. This can help spiritual carers in understanding more about the people they are caring for. The themes can be the basis for further exploration during longer-term, in-depth care.

There were some essential commonalities in the findings. These included people's connections with their families and loved ones, their undoubted connection with aspects of their creativity in many forms, some of which were active and some of which were passive. Many had a connection with a higher being but this was very diverse, especially in relation to God and religion. Finally, it was of some interest that each person's connection within themselves, their inner being, was also very diverse. Of particular interest was the observation that many older people did not necessarily spend too much time thinking about their relationship or the connection with their inner self. It is important that spiritual carers and other health carers be aware of the spiritual diversity of older persons in their care.

In addition to the observations on these four dimensions – self, people, creativity, something higher – there were other observations which included their gratitude, and their perceptions on loss and illness and their connection with their past (reminiscences).

The assessment tool used in this process of exploring spirituality could be used effectively by spiritual and other health carers in an aged care context, especially where carers can monitor a person's spirituality through its longitudinal use. Carers could be assisted in understanding more of the spirituality of the older people in their care and develop strategies which will enable them to become more connected with the dimensions of their spirituality over a period of time. This would help in achieving greater inner peace through reinforcing important connections and addressing connections that may be floundering.

One of the aims of this project was to establish a rigorously developed process for exploring spirituality. While the full extent of the rigor and ensuing validity has not been argued in this paper, it is hoped that enough information has been provided to indicate that the assessment tool, that is the *Connect – Explore* process, is a useful way of exploring spirituality that can assist carers supporting the continuing spiritual development of the older people. The researchers recognize that the *Connect – Explore Model* is subject to change because qualitative research is dynamic. It is anticipated that the following national study will uncover even more 'indirect themes' that will lead to a continued development of the Model and the probable inclusion of groups of indirect themes as outcomes of the exploratory process.

Connections of older people with fundamental aspects of their lives, can help in the ultimate achievement of a better quality of life for them. This can be achieved through them lifting themselves above (transcending) the everyday aspects of their lives and working towards an inner peace through their sense of what is sacred and of great importance to them.

The findings of this pilot study involving 25 older persons living in one rural and regional area of Australia provide insights into living well in older

age, despite significant health and other challenges requiring residential care. Participants reported, in the main, that their own unique spirituality provided a sense of inner peace, derived from valuing and accepting a simpler life, gratitude, connections with others and reflections on a life well-lived.

Limitations

There were a number of limitations to this study. 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. Most often, the catchment area for these people meant that they had spent much of their lives in small rural towns or in more isolated rural areas. Despite the wish of the research 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 different backgrounds, in reality such a variety was not available. It is hoped that in the national research study which follows this pilot, this greater diversity can be more appropriately addressed.

Another limitation concerning the small size of the sample was that of achieving validity. While qualitative research normally works with small samples, the limitations observed above mean that the concept of validity – verifying that the findings are consistent with what it was intended to explore – is harder to sustain. It is intended that this limitation be addressed in the larger, national subsequent study.

Disclosure statement

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Ethics

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