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Spiritual Needs of Older Residents in Long-Term Care Facilities: A Concept Analysis

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Abstract

The aim of this study was to explore and define the spiritual needs of older residents in long-term care facilities (LTCFs) using the Walker and Avant (2019) approach. In this regard, the keywords “spiritual needs”, “old adults” and “long-term care facilities” were searched through PubMed, EBSCOhost, and Google Scholar electronic databases between the years 2000 and 2023 along with hand searching of reference lists extracted from more than 135 articles. Finally, 11 articles that had inclusion criteria were examined based on the eight stages mentioned in Walker and Avant’s concept analysis approach. Through the systematic application of Walker and Avant's eight stages concept analysis approach, this paper provides a nuanced understanding of the spiritual needs of elderly residents in long-term care facilities. The results are serves as a valuable tool for guiding caregivers, healthcare professionals, and policymakers in developing strategies that cater to the spiritual well-being of this demographic, ultimately fostering a more holistic and compassionate caregiving environment.

Keywords: spiritual needs, older residents, long-term care facilities

1. Introduction

With the advancement of medical technology, the aging society has been increasing. In the latest report on the global older population published by the United Nations (United Nations; UN, 2019), listing the countries and regions with the fastest growing in the proportion of the world’s older population from 2019 to 2050, Taiwan ranks third in the world after South Korea and Singapore. In recent years, due to social structural changes such as aging population, declining birthrates, and small families, the chances of older adults being admitted to long-term care facilities (LTCFs) due to loss of self-care capabilities have increased. Many older adults are not only facing physical deterioration, but also need to re-examine their spiritual development and explore the meaning and integration of their personal life. In LTCFs, the spiritual needs of older residents emerge as a pivotal and deserving subject for thorough examination.

Humanistic Psychologist Maslow (1976) argues that spirituality is part of the essence of human existence and the defining characteristic of human beings, without it, human beings are no longer complete. Spiritual development comes with the development of personality, and there must be spirituality in a complete personality. The global nursing community actively advocates holistic nursing that focuses on the care of whole person, which encompasses physical, mental, social, and spiritual aspects (International Council of Nurses; ICN, 2021). Spirituality has long been acknowledged as a basic human need associated with quality of nursing care (Shih et al., 2009).

Spiritual needs express an individual's expectations of comfort and inner peace that satisfy his or her perception of the meaning and purpose of life, the ability to love and being loved, feelings of peace and gratitude, and a sense of belonging and hope (Cheng et al., 2023). While the research on spiritual needs of patients with chronic and life-threatening diseases increases, there is limited knowledge about psychosocial and spiritual needs of elderly living in residential or nursing homes (Erichsen and Bӧssing, 2012).

Since spiritual needs are a basic need for every human being, however, there is currently a lack of detailed

definition regarding the concept of spiritual needs for the older residents in LTCFs.Therefore, concept analysis of older adults' spiritual in LTCFs can help us to distinguish the concept from other similar borderline concepts, describe it in the spiritual needs' domain, and prove a foundation for further research. So, this study to explore and define the spiritual needs of older residents in LTCFs using the Walker and Avant (2019) approach. It is hoped that this will help caregivers, healthcare professionals, and policymakers to have a new understanding of the concept of spiritual needs of the elderly, and to widely apply this concept in clinical care situations to achieve the goal of whole-person care.

2. Selection and Aims of the Concept Analysis

The increasing demand for holistic nursing care, the emergence of personalized care, and the need for healthcare to move away from traditional academic stereotypes require more evidence-based (empirical) thinking and effective clinical reasoning. All this requires should keep pace with the times to provide more complete and appropriate health care, which this concept has not been clarified yet.

In this study, after reviewing the literature and based on the researcher's interest and the increasing role of spiritual care in nursing, the concept of spiritual needs of older adults in LTCFs was selected. It should be noted that researchers have paid little attention to this concept in the field of healthcare. Therefore, this analysis will help us to achieve a better understanding of this concept in this field.

The aim of this study was to present the concept analysis of spiritual needs of older adults living in long-term care facilities and identify attributes, antecedents, and consequences.

3. Method

Walker and Avant's (2019) approach was used as the framework for this concept analysis. This approach provides a pragmatic framework that emphasizes the conceptual aspect of the concepts (Chinn & Kramer, 2004). Walker and Avant's approach to concept analysis are consists of the following eight stages: 1) select a concept, 2) determine the purpose of the analysis, 3.determine the definition attitudes of concept, 4) identify all uses of concept that can discover, 5) identify a model case, 6) identify borderline cases, related cases, and contrary cases, 7) identify antecedents, consequences, and 8) define empirical referents.

The concept was searched using keywords "spiritual needs" and "older adults or elderly or geriatric or geriatrics or aging or senior or seniors or older people or aged 65 or 65+" incredible databases such as PubMed, EBSCOhost, and Google Scholar during 2000–2023, with hand searches of reference lists, and the search process was completed using the dictionary.

More than 135 articles were extracted. After removing duplicate items (11 items), examining the relevancy of titles (removing 113 items), reviewing the relevancy of the subject, and the validity of the source, the remaining 11 articles were examined. Exclusion criteria included irrelevant, duplicated articles and lack of access to the article in English. A total of 11 extracted articles were independently reviewed by two researchers HRL and SYL. In general, in analyzing the concept, the quality of studies is not examined using common tools. However, an attempt was made to select the closest and the most authoritative studies in terms of methodological quality from reputable journals and peers' review. Finally, the required data were extracted from the preliminary studies (see Figure 1).

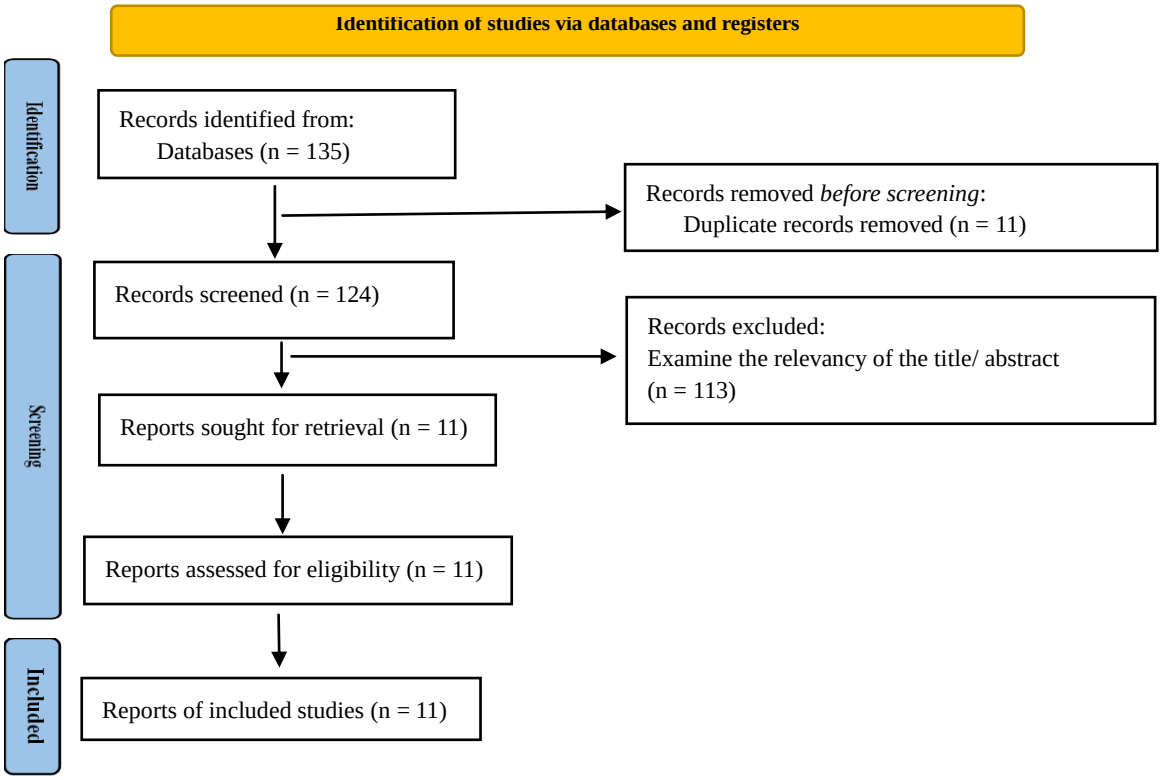

Figure 1. PRISMA 2021 Flow Diagram (Page et al., 2021)

4. Results

4.1 Defining Concept Attributes

Defining attributes of the concept include descriptive attributes that are used frequently while discussing the concept and play a major role in differentiating between concepts (Walker & Avant, 2019). Spiritual needs are composed of two words “spirituality” and “needs”. Literally, the English word "spirit" (spirit, spiritual) originates from the Latin word spiritus, spiral (Greek: pnuema, French: pnuema) espirit (German Geist), its literal meaning is breath (breathe), breath (to breathe) and blow (wind), which refers to the breath that gives life; it refers to the greater existence that is different from matter and includes matter. Being this spirit transcends the opposition between subject and object. Stallwood and Stoll (1975) proposed the Conceptual model of nature of humans, who have the following three domains: physiological and external body parts are the outermost layer, which contacts the outside world through the five senses; psychological and social, through emotions and intelligence, moral values and willingness to express self-awareness and personal characteristics; the innermost part is spirituality.

Needs basically refer to a state of physical or psychological scarcity. When this state of scarcity reaches a certain level, the individual himself will feel the existence of this need. Definition in psychology: Human beings meet the basic conditions to maintain life functions or a sound mind. Humanistic psychologist Maslow's (1943)"Hierarchy of Needs Theory" mentions the basic human needs into seven levels from low to high: physiological, safety, love and belonging, respect, self-actualization, cognitive and aesthetic needs. Maslow divided basic human needs into seven levels from low to high: physiological, safety, love and belonging, respect, self-realization, cognition and aesthetic needs. By 1960, Maslow had realized that the theoretical framework of needs was incomplete and believed that "self-actualization needs" could be divided into two different levels.

Maslow (1960) proposed that transcendental experience and non-transcendental experience are very important factors in basic needs and reclassified them into three levels of theory: Theory X (physiological needs, safety needs), Theory Y (love and belonging) The need for feelings, the need for respect), Theory Z (the need for self-actualization, the need for spirituality or transcendence). Maslow (1976) stated more clearly that spiritual life is part of the essence of existence and a defining quality of human beings without which human beings cease

to be fully human; spirituality is part of self-identity, inner core, and a fulfilling life, and it can be cultivated.

Spiritual needs are a dynamic process, it may differ due to changes in time and actual conditions. In the past two or three decades, many scholars have begun to explore the true appearance of "spiritual needs" in modern times. Many scholars put forward relevant spiritual needs based on the definition and connotation of spirituality, researchers comprehensively summarized the literature and concluded that spiritual needs include the following five domains (Stallwood & Stoll,1975; Renetzky, 1979; Highfield & Cason, 1983; Shelly & Fish, 1988; Shelly, 2000; Wright, 1998), 1) meaning and purpose of life: Frankl (1963) proposed that life is a task, but people face this task in different ways, which affects their ability to handle crises and find meaning and purpose in life during times of suffering; 2) the need of love and belonging: it is met through important relationships, there may be different ways to express love, but the need for love does not disappear just because the child grows up, instead, it may become stronger; 3) the need of hope: hope encompasses many elements, future direction, setting of goals, actions consistent with those goals, and most importantly, relationships between people; 4) the need of God or religious relationship: Believe in the existence of God, integrate personal beliefs and institutionalized religious beliefs, follow and practice the ideas of a religious organization system, and obtain physical and mental comfort and peace from the gods and religions you believe ins; 5)the need of forgiveness: by receiving forgiveness from God, self and other (see Table 1).

Table 1. Spiritual needs domains

domains author (year)	meaning & purpose	love & belonging	hope	God or religious relationships	forgiveness
Stallwood & Stoll（1975）	◎	◎	◎	◎	◎
Renetzky（1979）	◎		◎	◎	
Highfield & Cason（1983）	◎	◎	◎		
Shelly & Fish（1988）	◎	◎			◎
Wright（1998）	◎		◎		◎
Shelly（2000）	◎	◎	◎		◎

The article to identify and describe clients' perceptions of their spiritual needs in health care settings used qualitative meta-synthesis (N=11 studies) by Hodge and Horvath (2011), the results revealed six interrelated themes: 1) meaning, purpose, and hope; 2) relationship with God; 3) spiritual practices; 4) religious obligations; 5) interpersonal connection; and 6) professional staff interactions. The above summarizes the spiritual needs of ordinary people, but are the spiritual needs of the elderly in long-term care institutions the same? Hodge et al. (2011) conducted a qualitative meta-synthesis (N=9 studies) to identify and describe older adults' perceptions of their spiritual needs in healthcare settings, five interrelated categories were found: 1) spiritual practices; 2) relationship with God; 3) hope, meaning and purpose; 4) interpersonal relationships; 5) professional interactions.

Based on the main purpose, in this study spiritual needs were defined, and the concept of older residents' spiritual needs in LTCFs was analyzed and developed. According to the literature review, definitions, and general conclusions, it is known that spiritual needs are a dynamic process that will vary based on each period and environment. The concept of spiritual needs of the older adults living in LTCFs can include the following four defining characteristics:

1) perceiving subjective spiritual needs in oneself.

2) affirming the value of self-existence: positively embracing the meaning and purpose of one's own life.

3) embracing a mindset of acceptance toward all relationships: loving oneself and others, approaching the surroundings, environment, universe, and all thing with sincerity.

4) harnessing the energy of inner resource: personal life principles and sources of life's strength, including self-awareness and the source of personal inner energy, and support from social and religious sources.

4.2 Constructing Cases

Constructed cases illustrate the concept by incorporating the attributes, antecedents, and consequences (Walker & Avant, 2019).

4.2.1 Model Case

A model case is a specific example of the intended concept that should have all the features of that concept (Walker & Avant, 2019). Such a model case is discussed below:

Mrs. Li, 81 years old, has lived in Renai long-term care facility for 10 years. She often talks to the caregivers: People should happily live every day without worrying about death (hope, meaning, and purpose), everything is left to the Buddha to arrange (relationship with God). She has already planned for her death with her husband. She recites Buddhist scriptures in the ward every day (spiritual practices). During holidays, family members often accompany and take care of them, and they have a harmonious relationship (interpersonal relationships). Although sometimes mobility is inconvenient due to physical deterioration, the effects of aging can still be alleviated by chanting Buddhist sutras. Get along well with caregivers (professional interactions) and other residents in LTCFs (interpersonal relationships).

The aforementioned example is a model of spiritual needs of older adults living in LTCFs in which Mrs. Li showed subjectively believes that she still has spiritual needs in the face of difficulties and gives new meaning to spiritual needs. She can face all relationships with an accepting attitude and gain inner strength through chanting Buddhist scriptures.

4.2.2 Borderline Case

Borderline case includes some of the attributes embracing the concepts that are often mistakenly used instead of the concept (Walker & Avant, 2019). Here's an example of case:

Mr. Lai is a 78-year-old terminally ill with rectal cancer who has been admitted to a long-term care institution for 6 years due to colostomy. He was very clear about his condition. He always says, "For someone like me, death is always around, so I choose to live each day happily. Worrying is pointless!" Occasionally, he would recite Buddhist scriptures (spiritual practices) in the ward when he felt annoyed. During his stay in the institution, Mr. Lai only had his wife visiting. When questioned by the nursing staff, Mr. Lai helplessly conveyed that many years ago, his son developed a chronic gambling habit, accumulating significant debts that led to the breakdown of their father-son relationship. This is the most regrettable thing for him.

4.2.3 Related Case

Related case in concept analysis consists of the defining attributes of the concept being studied, but not all of them (Walker & Avant, 2019). An example of the related case can be found below:

Mr. Zhuang, a 79-year-old widower, lost his wife five years ago. Since then, he often cries and complains at home, expressing that the heavens took his wife away too soon and questioning why he wasn't taken along. He frequently forgets the way home when he goes out, prompting concerned passersby to report to the police, who then locate his family. Due to family members working in another location, he was eventually placed in a nearby long-term care facility. The facility has a Buddhist Hall, where he often goes to recite scriptures. When asked if he used to do this at home, he replied, "Seeing others doing it here, I came along, and it's a way to pray for my wife too." Occasionally, family members visit Mr. Zhuang on holidays. At times, he remembers who they are, but he also gets angry and questions why they haven't taken better care of his wife. However, he is friendly towards the caregivers and other residents within the facility.

4.2.4 Contrary Case

This case was completely contrary to the defining attributes and lack of all core attributes of older residents' spiritual needs living in LTCFs.

Arlian, a 67-year-old woman, originally lived alone. Later, she was referred to a long-term care institution due to welfare policies, and this transition occurred approximately 2 years and 6 months ago. She is a Christian. During a routine health check, she was diagnosed with breast cancer, and the doctor recommended surgery. Upon receiving this news, she couldn't accept it, refusing visits from the pastor and fellow church members. She began to feel life was meaningless, stopped praying, and lived each day in depression. Additionally, she frequently vented her frustrations on the caregivers at the facility, complaining about the perceived unfairness of God towards her.

4.3 Identifying Antecedents and Consequences of the Concept

Walker & Avant's (2019) iterative process of concept analysis defines antecedents are situations, events, or phenomena that precede the occurrence of a phenomenon, and the main concept occurs due to their presence. It helps to refine the concept. Figure 2 describes about antecedents, attributes, and consequences of the older residents' spiritual need in LTCFs.

4.3.1 Antecedents

The spiritual needs of older adults in LTCFs are premised on self-understanding and understanding of their own role in society or relationships, but spiritual needs are subjective feeling that only the person concerned knows, so it is difficult to compare them with the spiritual experience of others.

4.3.2 Consequences

Consequences are caused following the occurrence of a phenomenon (Walker & Avant, 2019). The consequence of the spiritual needs of the older adults in LTCFs is that a person feels clam, happy, and purposeful in life, and can constantly break through and grow themselves, so that the life is full of motivation on overcome various difficulties, and he or she is able to make good use of them inner resources and maintain the health of his or her soul.

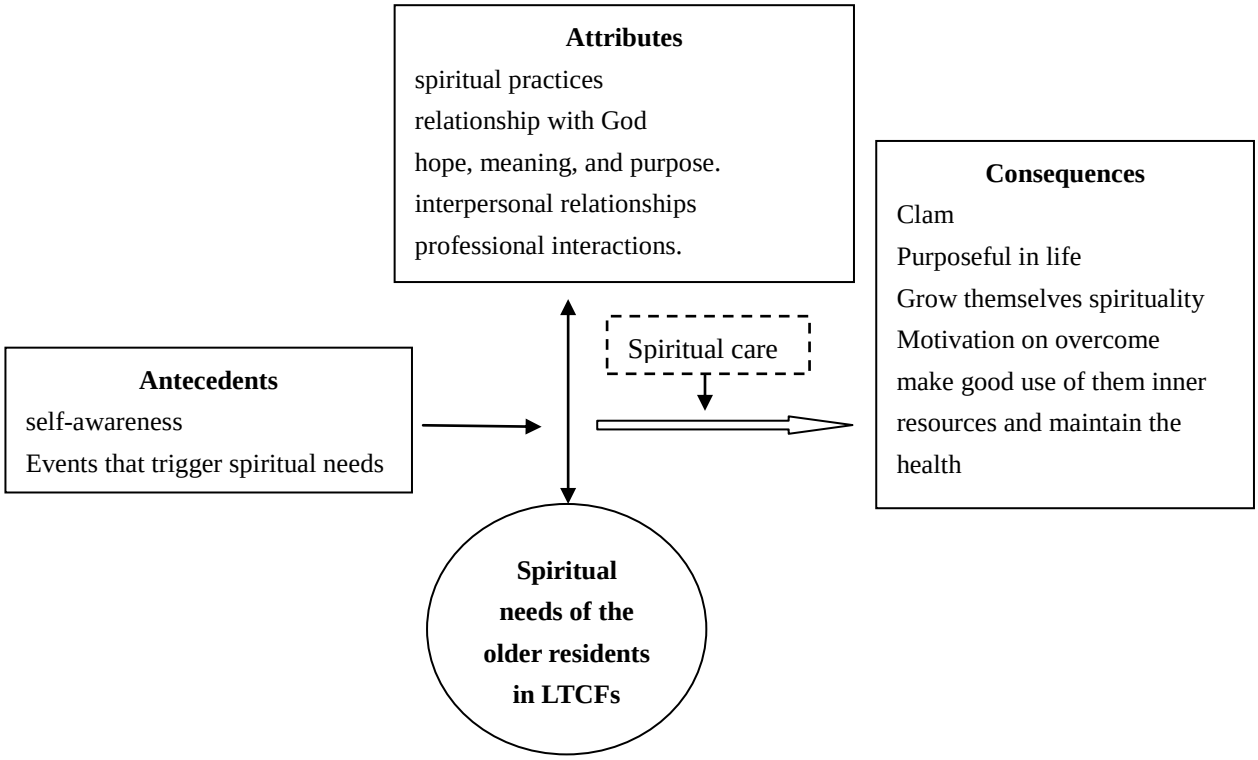

Figure 2. Results of concept analysis of the older residents' spiritual needs in LTCFs

4.4 Empirical Referents

Empirical referents are recognizable attributes of the concept whose emergence signifies the existence of the concept. Empirical referents are more important, especially when concepts are abstract and difficult to measure. It aims to identify the concept and facilitate its measurement (Walker & Avant, 2011). To address patients' spiritual needs in a standardized way that is easy to apply by health care professionals, and will not require specific (pastoral) competencies, the Spiritual Needs Questionnaire (SpNQ) was developed in 2009 (Büssing et al., 2010). These aspects of spirituality inspired the four core dimensions of the SpNQ (i.e., Connection, Peace, Meaning/Purpose and Transcendence) that relate to the categories of social, emotional, existential and religious needs (Büssing & Koenig, 2010)

The instrument differentiates four main factors, that is, 1) religious needs (Cronbach's alpha = .92), that is, praying for and with others, and, by themselves, participate at a religious ceremony, reading of spiritual/religious books, and turn to a higher presence (i.e., God, angels); 2) existential needs (reflection/meaning) (alpha = .82), that is, reflect previous life, talk with someone about meaning in life/suffering, dissolve open aspects in life, talk about the possibility of a life after death, and so forth; 3) need for inner peace (alpha = .82), that is, wish to dwell at places of quietness and peace, plunge into the beauty of nature, finding inner peace, talking with other about

fears and worries, and devotion by others; 4) need for giving/generativity (alpha = .74) which addresses the active and autonomous intention to solace someone, to pass own life experiences to others, and to be assured that life was meaningful and of value(Büssing, Balzat, & Heusser, 2010; Büssing et al., 2012).

The standardized SpNQ-20 Sum Score can be used to compare data from different religious and cultural contexts, when the respective culturally adapted versions may differ in terms of item numbers and factorial structure (Büssing, 2021). This tool has been widely used in different fields and translated into different languages, and its reliability and validity have been effectively measured.With this instrument, even health-care professionals who are not yet trained in spiritual care can easily assess their patients' unmet spiritual needs and can start communication about those concerns that are also important to patients during times of illness (Büssing, 2021).

In addition, Koenig (2002) and Meyer (2003) designed an interview outline for the Brief Assessment of Spiritual Resources and Concerns of older adults, with the following 6 items: 1. Does your religion/spirituality provide comfort or serve as a cause of stress? (Ask to explain in what ways spirituality is a comfort or stressor)，2. Do you have any religious or spiritual beliefs that might conflict with health care or affect health care decisions? (Ask to identify any conflicts)，3. Do you belong to a supportive church, congregation, or faith community? (Ask how the faith community is supportive)，4. Do you have any practices or rituals that help you express your spiritual or religious beliefs? (Ask to identify or describe practices)，5. Do you have any spiritual needs you would like someone to address? (Ask what those needs are and if referral to spiritual professional is desired)，and 6. How can we (health care providers) help you with your spiritual needs or concerns?

The above mentioned SpNQ and the interview outline for the spirituality of the older adults provide considerations of different cultures and languages. The use must still be selected according to the cultural and religious background of the case. For example, the case has no religious beliefs, but the religious attributes in the scale and interview outline are with too many items, such an assessment tool is obviously not valid and cannot present the issues and situations of the individual's true spiritual needs. The scale and interview outline partially echo the defining characteristics of this article.

Although religion is an internal resource power, it does not represent all internal resource power. Furthermore, the scale and interview outline pay little attention to personal life satisfaction, self-transcendence dilemmas, and harmonious relationships between oneself and the surrounding environment, and cannot present a complete and neutral concept of spiritual needs. In addition, the wording of the scale and the interview outline are relatively difficult to combine the abstract concept of spirituality with actual life situations. For example, in the title "Listen to me talking about spiritual concerns", but what is spiritual concern? Such abstract words make it difficult to understand the individual cases and make it difficult to answer the questions.

5. Implications for Nursing and Health Policy

Addressing the spiritual needs of older individuals in LTCFs involves considering individual differences. Here are some recommendations as followed: (a)*Understand Individual Needs*: establish individual conversations with each elderly resident to comprehend their religious beliefs, values, and spiritual needs, providing more targeted support; (b)*Religious Activities and Rituals*: organize regular religious activities, rituals, or worship sessions to meet faith-related needs while offering opportunities for participation; (c)*Spiritual Counseling*: provide spiritual guides or religious leaders to assist elderly individuals in addressing spiritual concerns, offering support, or providing counseling; (d)*Quiet Spaces*: establish a quiet, religiously neutral space for meditation, prayer, or reflection; (e)*Cultural Sensitivity*: respect and understand various religions and cultures, ensuring that services align with the elderly residents' religious beliefs and values; (f)*Community Engagement*: create an environment supportive of community engagement, encouraging participation in volunteer services and social activities to enhance social connections; (g)*Family Connections*: support connections with family members, assisting in arranging religious celebrations or events to allow elderly individuals to share important moments with loved ones; and (h)*Staff Training*: provide relevant training for caregivers to understand and respect the religious and cultural backgrounds of elderly residents, fostering more sensitive care.

Implementing these measures can enhance the spiritual well-being of older individuals in LTCFs, offering a more enriching and tailored life experience.

6. Conclusion

Against the backdrop of an increasingly aging population trend, the importance of spiritual needs in long-term care facilities is growing. With the rise in elderly populations, the pursuit of meaning, hope, and spiritual connection has become an undeniable issue in long-term care facilities. Spiritual needs, including the search for meaning, hope, peace, and connection, are crucial for overall well-being. Research indicates that meeting

residents' spiritual needs can enhance their quality of life and mental health, reducing the risk of depression and anxiety. However, current research still faces some limitations. One limitation is the lack of consistent definitions and measurement tools, making cross-study comparisons and assessments challenging. Additionally, most studies have not deeply explored the impact of spiritual needs on residents from different ethnic and cultural backgrounds, limiting our comprehensive understanding of the topic. Therefore, future research needs to focus more on the role of spiritual needs in long-term care facilities, as well as how to better meet these needs, particularly in the context of aging populations and their diverse ethnic and cultural backgrounds.

Since spiritual needs are a dynamic process and influenced by environment and culture, when considering that the assessment scale of spiritual needs is not individual or in-depth, it is recommended to employ in-depth interviews to gain deeper understanding of the essence of the spiritual needs of older residents living in LTCFs. This article through the systematic application of Walker and Avant's eight-stage concept analysis, to gain a nuanced understanding of the spiritual needs of older residents in LTCFs. The results can serve as a valuable tool for guiding caregivers, healthcare professionals, and policymakers in developing care strategies that are more responsive to spiritual care of this population, ultimately creating a more comprehensive, holistic, and empathetic healthcare environment.

Author Contributions

SYL conceptualized the study, designed the study, conducted quality check, and wrote the first draft of the manuscript. HRL conceptualized the study, designed the study, conducted quality check, and provided critical feedback and edited the manuscript. Both authors read and approved the final manuscript.

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Conflicting Interests

None

References

Büssing, A. (2021). The Spiritual Needs Questionnaire in Research and Clinical Application: a Summary of Findings. *Journal of Religion and Health, 60*(5), 3732-3748. https://doi.org/10.1007/s10943-021-01421-4

Büssing, A., & Koenig, H. G. (2010). Spiritual needs of patients with chronic diseases. *Religions, 1*, 18-27. https://doi.org/10.3390/rel1010018

Büssing, A., Balzat, H., & Heusser, P. (2010). Spiritual needs of patients with chronic pain diseases and cancer – Validation of the Spiritual Needs Questionnaire. *European Journal of Medical Research, 15*(6), 266-273. https://doi.org/10.1186/2047-783X-15-6-266

Büssing, A., Janko, A., Kopf, A., Lux, E., & Frick, E. (2012). Zusammenhänge zwischen psychosozialen und spirituellen bedürfnissen und bewertung von krankheit bei patienten mit chronischen erkrankungen [Associations between psychosocial and spiritual needs and interpretation of illness made by patients suffering from chronic diseases]. *Spiritual Care, 1*(1), 57-73.

Cheng, L., Chen, H., Lin, L., Li, H., & Zhang, F. (2023). Spiritual needs of older adults with cancer: A modified concept analysis. *Asia-Pacific Journal of Oncology Nursing, 10*(11). https://doi.org/10.1016/j.apjon.2023.100288

Chinn, P. L., & Kramer, M. K. (2004). *Integrated knowledge development in nursing*. St. Louis, MO: Mosby.

Eillson, C. W., & Paloutzian, P. F. (1982). Loneliness, spiritual well being and quality of life. In L. A. Peplau, & D. Periman (Eds.), *Loneliness: A source book of current theory, research and therapy.* New York: John Wiley & Sons.

Erichsen, N. B., & Büssing, A. (2012). Spiritual needs of elderly living in residential/nursing homes. *Evidence-Based Complementary and Alternative Medicine*, 1-10. https://doi.org/10.1155/2013/913247

Frankl, V. E. (1963). *Man's* search for research: *An introduction to logotherapy.* New York: Alfred A. Knopf.

Georgesen, J., & Dungan, J. M. (1996). Managing spiritual distress in patients with advanced cancer pain. *Cancer Nursing, 19*(5), 376-83.

Highfiled, M. F., & Cason, C. (1983). Spiritual needs of patient: Are they recognized?. *Cancer Nursing, 6*(3), 187-192.

Hodge, D. R., & Horvath, V. E. (2011). Spiritual Needs in Health Care Settings: A Qualitative Meta-Synthesis of Clients' Perspectives. *Social Work, 56*(4), 306-316. https://doi.org/10.1093/sw/56.4.306

Hodge, D. R., Horvath, V. E., Larkin, H., & Curl, A. L. (2011). Older adults' spiritual needs in health care settings: A qualitative meta-synthesis. *Research on Aging, 34*(2), 131-155. https://doi.org/10.1177/0164027511411308

International Council of Nurse (ICN). (2021). Code of Ethics for Nurses, ICN, Geneva, Switzerland.

Koening, H. G. (2002). *Spirituality in patient care: Why, how, when, and what*. Philadelphia: Templeton Press.

Maslow, A. H. (1943). A theory of human motivation. *Psychological Review, 50*(4), 370-396. https://doi.org/10.1037/h0054346

Maslow, A. H. (1960). Theory Z. *Journal of Transpersonal Pyschology, 1*(2), 31-47.

Maslow, A. H. (1976). *The farther reaches of human nature*. New York, NY: Penguin Books.

Meyer, C. L. (2003). How effectively are nurse educators preparing students to provide spiritual care?. *Nurse Educ, 28*(4), 185-90.

Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., *et al.*. (2021). The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ, 372*, 71. https://doi.org/10.1136/bmj.n71

Renetzky, L. (1979). The fourth dimension: Applications to the social service. In D. O. Moberg (Ed.), *Spiritual well-being: Sociological perspectives.* Washington, DC: University Press of America.

Shelly, J. A. (2000). *Spiritual care: A guide for caregivers.* Downers Grove, Illinois: Inter Varsity Press.

Shelly, J. A., & Fish, S. (1988). *Spiritual care: The nurse's role* (3rd ed.). Downers Grove, Illinois: Inter Varsity Press.

Shih, F. J., Lin, H. R., Gau, M. L., Chen, C. H., Hsiao, S. M., Shih, S. N., & Sheu, S. J. (2009). Spiritual needs of Taiwan's older patients with terminal cancer. *Oncology Nursing Forum, 36*(1), E31-E38. https://doi.org/10.1188/09.ONF.E31-E38

Stallwood, J., & Stoll, R.I. (1975). Spiritual dimension of nursing practice. In I. L. Beland, & J. Y. Passos (Eds.), *Clinical Nursing* (3rd ed.). New York: Macmillan.

Stoll, R. (1979). Guidelines for spiritual assessment. *American Journal of Nursing, 9*, 1574-15777.

United Nations (UN). (2019). World Population Ageing 2019.

Walker, L. O., & Avant, K. C. (2011). *Strategies for Theory Construction in Nursing*. Prentice Hall, Englewood Cliffs, NJ.

Walker, L. O., & Avant, K. C. (2019). *Strategies for theory construction in nursing* (6th ed.). Boston: Prentice.

Wright, K. B. (1998). Professional, ethical, and legal implication for spiritual care in nursing. *The Journal of Nursing Scholarship, 30*(1), 81-83.