



Integrating Spirituality into Healthcare Plan of the Aged – A Case Study of the Agogo Presbyterian Hospital, Ghana

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ABSTRACT

Many older people are known to stick to their faith or become more spiritual as they age. Scholars have argued that spirituality increases as people grow older and get nearer to exiting this world. Thus spirituality plays a crucial role in the lives of the aged and provides the necessary support to navigate through this challenging phase of life. The aged cannot live a prolonged life of enduring challenges of pain and deterioration of health. Meanwhile, their natural adherence to their faith and spirituality remains a valuable asset to improve their wellbeing. How can their spirituality be improved to make their lives better and promote quick recovery from ill-health? Again, how can the healthcare system of the country properly and intentionally integrate spiritual care into the health and healing system of the aged? Quickly to add here is what appears to be a conspicuous neglect of what used to be a link between health and spirituality, a design by the creator. These emanated research into the role of health workers in Agogo Presbyterian Hospital in their care of the aged. Through an interview with these practitioners and a questionnaire designed for the aged in their care, an integration of health and spirituality became appealing. Although the facility has no structure in place detailing how spirituality is to be integrated into aged healthcare, it is on the surface being practiced for all ages. The nation stands to gain if the health and spirituality of the aged are well integrated since failure to address the spiritual needs of the aged during medical treatment can increase healthcare costs.

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INTRODUCTION

Many older people are known to stick to their faith or become more spiritual as they age. Balboni *et al.* have argued that spirituality increases as people grow older and get nearer to exiting this world.¹ Thus spirituality plays a crucial role in the lives of the aged and provides the necessary support to navigate through this challenging phase of life.² The aged cannot live a prolonged life of enduring challenges of pain and deterioration of health. Meanwhile, their natural adherence to their faith and spirituality remains a valuable asset to improve their wellbeing. How can their spirituality be improved

¹ Tracy A. Balboni et al., "Religiousness and Spiritual Support Among Advanced Cancer Patients and Associations With End-of-Life Treatment Preferences and Quality of Life," *Journal of Clinical Oncology* 25, no. 5 (February 10, 2007): 555–60, <https://doi.org/10.1200/JCO.2006.07.9046>.

² Elizabeth Mackinlay, "Spirituality and Religion in Older Adults: Building Knowledge in an Emerging Discipline," *International Psychogeriatrics* 27, no. 5 (2015): 701–3.

to make their lives better and promote quick recovery from ill-health? It is worth noting that before 1900, spirituality/religion was a part of health and mental health treatment. During this period, many healthcare institutions had religious orders influencing various forms of health treatment.³ It came to a point thus from 1920 to 1980 in the history of medicine that academic discussion, research and practice among health professions relegated spirituality as part of healthy development. This shocking blow was because of Sigmund Freud's writings, which depicted spirituality as potentially neurotic and hysterical from 1907 to 1939. Again, there was a massive shift towards the medical model of care and the request of an empirical movement, which demanded a substantive investigation of spirituality prior to integration into health. The trend has now changed, currently, through a growing body of research, there has been a renewed interest in spirituality in health due to its benefits in the lives of patients in the coping and healing process.⁴ The elderly are among the patients who in most cases have received these benefits of the incorporation of health and spirituality in healthcare. Besides prayers, the use of songs and scriptures that are efficacious to their recovery during ill-health, end-of-life decision-making remains another area of unique interest.⁵ For instance, end-of-life decisions will require the depth of one's spirituality in choosing from possible options. The aged who are prone to pain, suffering and loss of consciousness, at times, have to make these decisions.

It is here that a built-in spirituality becomes a key determinant in making decisions during the end of life. Such a complex process of making decisions either for or with the aged near the end of life is not only a preserve of healthcare providers and families but from a careful spiritual reflection combined with adequate counselling from a pastor or a chaplain thus the exit of the aged would be more peaceful, dignified and fulfilling. The mainline church popularly referred to as the Orthodox churches in the bid to provide holistic health care in Ghana established not only hospitals but also purposely placed chaplains in these hospitals. Harold Koenig indicates this religious involvement in healthcare and posits that religious bodies first established healthcare facilities in the West. The clergy often served as physicians and the other members of staff were mainly church officials.⁶

The reason for this is the understanding that spirituality can offer an additional arm for total healthcare in their facilities. This should serve as the basis for thinking about the proper integration of spirituality into healthcare. The study seeks to reveal how spirituality can be integrated into the healthcare of the aged. Patients at Agogo Presbyterian Hospital who were aged having received the benefit of some spiritual resources such as prayers, music and the word God and testified of their efficacy were engaged.⁷ The health workers became the agents in administering or encouraging the utilization of these resources by the aged. Through interviews and the use of questionnaires the necessary information was gathered and by the use of SPSS received the needed interpretation.

Historical Overview of Health and Spirituality of the Aged

Scholars have acknowledged that humans are spirit beings who are constantly in search of purpose and accomplishment. Spirituality and religion, therefore, play a major role in the process of self-actualization.⁸ History links health to religion. In various literature on religion, it is evident that various religions have played a role in disseminating health care. Ugueux asserts that medicine and religion are key to the preservation of human life.⁹ Irudayadason clearly submits that it is only in recent years that studies have come to prove that spirituality has the potential to prevent diseases and also for persons to cope with diseases or be cured. He stresses that such a growing concern for this idea of

³ Harold G. Koenig, "Religion, Spirituality, and Health: The Research and Clinical Implications," *ISRN Psychiatry* 2012 (December 16, 2012): 1, <https://doi.org/10.5402/2012/278730>.

⁴ H. K. Oxhandler et al., "The Integration of Clients' Religion and Spirituality in Social Work Practice: A National Survey," *Social Work* 60, no. 3 (July 1, 2015): 228–37, <https://doi.org/10.1093/sw/swv018>.

⁵ Seth Oteng Ofori and John Kwaku Opoku, "The Role of Spirituality in the Healthcare of the Aged: A Case Study of Elderly Health Care at the Agogo Presbyterian Hospital – Ghana," *E-Journal of Religious and Theological Studies*, December 12, 2022, 287–300, <https://doi.org/10.38159/erats.20228102>.

⁶ Koenig, "Religion, Spirituality, and Health: The Research and Clinical Implications."

⁷ Ofori and Opoku, "The Role of Spirituality in the Healthcare of the Aged: A Case Study of Elderly Health Care at the Agogo Presbyterian Hospital – Ghana."

⁸ Nishant A Irudayadason, "Exploring the Nexus between Spirituality and Health," *MOJ Yoga & Physical Therapy* 3 (2018): 34–38.

⁹ Irudayadason, "Exploring the Nexus between Spirituality and Health."

spiritual values and life goals contributing to both physical and mental health is now undeniable in research.¹⁰

Malone and Dadswell also acknowledge this fact as continuous investigations have revealed that religion and spirituality are linked with the quality of health and life. They directly limit their assertion to how people cope or deal with ill-health and the challenges that come with it.¹¹ With this combined system of healing, Koenig indicates however that there has been a separation in recent times. This separation is visible in developed countries. Historically, healthcare, health and religion in the developed world have collaborated. This is because the first hospitals were established by religious movements.¹² Puchalski brings to light a reality of the world today as technological reforms have paved the way for medical advancement and have hence prolonged the lives of many. Physicians in recent times have however attempted to provide a balance and therefore recognize that there is a link between spirituality and health care.¹³ In these past few years, there has been very much interest among academic physicians regarding spirituality in medicine. The United States of America for example, in 1992 could boast of only one formal medical school that had an elective course in spirituality and medicine. Today there are more than 70 schools that offer courses in spirituality and medicine. These courses are required and even integrated into the entire medical school curriculum.¹⁴

Medical research has therefore provided the means for one to age graciously and this has revolutionized the concept of care. There has been an increasing awareness of the importance of spirituality and how it contributes to the well-being of the elderly over the last three decades by both gerontologists and psychologists. It is this positive orientation due to scientific progress in medicine and health sciences that has given the needed impetus to the study of the aged. The capacity of the world to deal with infectious diseases that cause life-threatening ailments has largely mitigated health risks and prolonged lives. Since the 1980's there has been an improvement in healthcare where people can now grow old without facing any debilitating diseases which is known as normal and successful ageing.¹⁵ Normal ageing, in this case, refers to the natural process of growing old without the devastating effects of diseases, and successful ageing is the capacity to live a vital and productive life even in old age.¹⁶ Wong indicates that successful ageing may be differently explained by different people. However, there remained some agreement on the need to move from the emphasis on the medical model and physical components of ageing to physical and spiritual components.¹⁷ It is therefore not a surprise that currently, the importance of meaning and spirituality in the psychological and physical health of the elderly has received considerable recognition.

METHODOLOGY

The information reported here is based on a study of 50 elderly patients who were admitted to the Agogo Presbyterian Hospital¹⁸ for medical treatment and were 60 years of age or older. A semi-structured questionnaire was administered to each of these elderly people. They were completely filled out, with assistance from a nurse, per the researcher's specifications. FICA¹⁹ and HOPE²⁰ questions which were spiritual assessment instruments designed to gauge people's spirituality in a medical setting were included in the questionnaire. The FICA asked about elderly spirituality on their; Faith and belief, Importance, Community and Address in care. The HOPE also sought responses from them using

¹⁰ Irudayadason, "Exploring the Nexus between Spirituality and Health," 34.

¹¹ Joanna Malone and Anna Dadswell. "The Role of Religion, Spirituality and/or Belief in Positive Ageing for Older Adults." *Geriatrics (Switzerland)* 3, no. 2 (2018): 1–16. <https://doi.org/10.3390/geriatrics3020028>.

Malone and Dadswell, "The Role of Religion, Spirituality," 1–16; Joanna Malone and Anna Dadswell, "The Role of Religion, Spirituality and/or Belief in Positive Ageing" ¹² Koenig, "Religion, Spirituality and Health."

¹³ Christina M Puchalski, "Spirituality and Health: The Art of Compassionate Medicine," *Hospital Physician* 37, no. 3 (2001): 30–36.

¹⁴ Puchalski, "Spirituality in Health," 487–504.

¹⁵ Paul Wong, "Spirituality and Aging CSA 2010," n.d.

¹⁶ Wong, "Spirituality and Aging CSA 2010."

¹⁷ Wong, "Spirituality and Aging CSA 2010."

¹⁸The Agogo Presbyterian Hospital is Ghana's oldest mission hospital, having been established on March 21, 1931, by the Basel Mission.

¹⁹Faith and Belief, Importance, Community and Address in Care.

²⁰Sources of Hope, Organized religion, Personal spirituality and practices and Effects on medical care and end-of-life issues.

similar strategies as their; sources of Hope, Organized religion, Personal spirituality and practices and Effects on medical care and end-of-life issues. When these methods were combined, it became clear not just how spiritual the elderly were, but also how important their spirituality was to their wellness. To confirm the notion of health and spirituality among the elderly, a quantitative approach to this research became possible through the use of the Statistical Package for the Social Sciences (SPSS).

Also, eleven health professionals who have been working directly with the elderly at the hospital underwent an interview with a separate set of questions. This included one chaplain, five nurses, and five medical officers. One psychiatrist, one surgeon, two general physicians, and the hospital's medical administrator made up the medical officers. One public health nurse and four general nurses were also placed together since they frequently interacted with elderly patients in the wards. Their health techniques which have been supportive of the elderly were looked into through the interview. This semi-structured interview with healthcare providers also aimed to learn how elderly religious patients had been responding to care. Last but not least, a review of published literature in the fields of aged health and spirituality included the utilization of secondary sources of data.

RESULT AND DISCUSSION

Table 1: Effect of spirituality on medical care and the end of life issues.

Items	Responses	
	F(50)	P(100%)
Does your current situation affect your ability to do things that usually help you spiritually?		
Yes	35	70
No	15	30
I wish for my doctor to help me access the resources that usually help me spiritually.		
Strongly Agree	16	32
Agree	26	52
Uncertain	7	14
Disagree	1	2
Strongly Disagree	0	0
Do you want your doctor to be aware of some practices or restrictions in your spiritual life?		
Yes	45	90
No	5	10
I want my doctor to be aware of these practices or restrictions in my spiritual life		
Extreme unction (if you are a catholic)	6	5
Deliverance	21	17.6
Blood transfusion	6	5
Communion	38	31.9
Baptism	38	31.9
Confession of guilt or sins	10	8.4
Others (specify)		
I have been benefiting health-wise from the morning devotions and church services being organized at the hospital in the following ways.		
My source of skipped morning devotion at home	37	21.3
My source of encouragement and motivation	43	24.7

My source of hope, peace, and comfort	43	24.7
My means of enriching and strengthening my faith in the Lord	38	21.8
My source of receiving miraculous healing	6	3.5
My means of having trust in medical practice and system	7	4
Others(Specify)	0	0
In case of critical condition, how would you want your doctor to care for you in a few days, weeks and months before passing on?		
Should call in my pastor	43	30
Should call in the hospital chaplain	38	26.6
Should call in my family members	35	24.5
Should provide me with palliative care	27	18.9
Others (specify)		
With reference to question 6 above, what are your reasons for calling the hospital chaplain or your pastor?		
So that I can die peacefully	39	28.7
So that I can die being assured of my salvation	32	23.5
So that I can be prayed for before I die	42	30.9
So that I can get my last communion before I die	23	16.9
Other (specify)		

Source: fieldwork (2021)

Table 2: The Need For Spiritual Assessment By A Doctor.

Items	Responses	
	F(50)	P(100%)
Will you desire that your doctor inquire about your religious beliefs or spirituality?		
Yes	48	96
No	2	4
I would desire for this inquiry because;		
Spirituality is part of my life	41	27.3
Spiritual health can affect my physical health	37	24.7
Doctors are agents of God and work for him	38	25.3
Human beings are spiritual beings since they possess a soul	34	22.7
Other	0	
Would you want your doctor to pray with you while seeking physical care at this hospital?		
Yes	48	96
No	2	4
Why would you wish for prayer?		
So that I can obtain miraculous healing through the prayer	39	33.6
So that I can have hope, comfort and peace of mind	41	35.3
So that I can have trust in the doctor and the medication being prescribed for me	35	30.2
Others	1	0.9
Will you desire that your doctor consider your spiritual needs in your medical care?		
Yes	49	98
No	1	2

Why would you desire that?		
Because I have spiritual needs to be met	39	35.2
Because the doctor must know them and consider them in my treatment	42	37.8
Because my spiritual needs if addressed will affect my physical health	30	27
Others	0	0
I would consider these as my spiritual needs when I come to the hospital.		
The need to come to terms with my dreams	18	9.4
The need to be prayed for	43	22.6
The need to be loved	42	22.1
The need to hear the word of God	37	19.5
The need to be forgiven or forgive someone	34	17.9
The need for reconciliation	14	7.4
Others	2	1.1

Source: Fieldwork 2021

Clinicians Support for Spiritual Needs in the Aged in a Clinical Setting

The study revealed that the majority of the aged representing 70% cited that their current situation of ill health and the fact that they are aged affect their ability to do things that usually help them spiritually. Some of these forms of spiritual activities being denied them could be their prayer life; whether personal or corporate, reading the bible, attending church, or being involved in singing and dancing. There are obvious reasons why the intensity and consistency of these spiritual resources might have eluded most of them. Aside from the fact that they are sick and in confinement at the hospital, being aged comes with a lot of complications. However, the affinity of the aged to spirituality remains unchanged amid these worrying circumstances.

The aged, despite their state, are still connected to their God and the church wherever they find themselves. Certain spiritual resources such as prayer, scriptures and music have been studied to be helpful to the healthcare of the aged.²¹ Through other verified research also, the role that some of these spiritual disciplines play in the healing process of the aged has been revealed. It, therefore, becomes a matter of concern to see how these aged can be helped within a clinical setting so that their spirituality becomes a major boost to their recovery and living healthy at all times. It is within this clinical set-up that there are doctors, nurses and sometimes chaplains. Mostly the doctors are mandated as part of their clinical duties to diagnose a condition while the nurses play their part in assisting doctors to provide care for the aged. However, in most cases, the aged happen to be in the hands of the nurses especially when admitted. The chaplain intermittently pays a visit to those on admission and offers them brief spiritual support. These clinicians, thus doctors and nurses can play a major role in supporting these spiritual needs of the aged in a hospital.

Justification for Health Workers' Involvement in Aged Spirituality to Hasten Their Health

To unravel this, the researcher conducted an assessment of their role with respect to the aged's desire to see some level of spirituality inculcated in their care. It should not come as a surprise truly to see a health professional come in like this. A doctor in this study remarked, "Whatever someone believes in is key to healing, hence belief and trust in God is important". Another also pronounced that in their training as doctors, matters about the spirituality of the patient happen to be a foundational part of it. For the nurses as well, one is to be reminded by Whitehead that the nursing profession was founded on a spiritual and religious heritage in which spirituality was regarded as integral to nursing practice.²²

²¹ Seth Oteng Ofori, "Health And Spirituality: Towards The Care Of The Aged; A Case Study Of Asante Akyem Agogo" (Kwame Nkrumah University of Science And Technology, 2022), 129-139.

²² Dean Whitehead, "Incorporating Socio-political Health Promotion Activities in Clinical Practice," *Journal of Clinical Nursing* 12, no. 5 (2003): 668-77.

Therefore, a call on them to utilize the other side of their expertise is in the right direction in promoting the good health of the elderly. Again, from the study more than half of the aged also agree and wish their doctors to help them access the resources that usually help them spiritually. Also, to further give impetus to this call, 90% of these aged cited that they would want their doctors to be aware of some practices or restrictions in their spiritual life. Some of these practices or restrictions they cited were communion, baptism, deliverance, Confession of guilt or sins and also as well as extreme unction and blood transfusion, in their respective order of importance to them.

A doctor seeking holistic care for the aged cannot ignore these but must as a matter of necessity consider them. At a point in their care, they would call for communion to be given to them to enrich their relationship with their maker. Equally, they can call in for baptism to also cement their union with their Lord. They can as well depending on the severity of their situation wish for deliverance. They must be assisted by health personnel either directly or indirectly.

The Psychiatrists confirmed sometimes call on their pastors if these aged make such an appeal. This is a step in the right direction. It is a known fact that confession of guilt happens to be a common feature among the aged since they are getting nearer to their grave and would not want to die with an offense from their neighbour. Even if they will die, they desire to die empty without grudges toward anyone. Medically, some causes of depression among the elderly are caused by one's inability to forgive or a hidden truth that needs to be told. This aspect of their spirituality is critical to them. It is also at this stage of 65 years and above that Erickson's stage theory of psychological development sets in. Here a feeling of despair comes on board, especially if a reflection on one's life is that of regret, without achieving their goals.²³

An ageing life becomes full of bitterness and would need a health professional who in this case can be a nurse, a psychologist, or a doctor to unearth such deep-seated feelings. A doctor who has a pastoral background confirmed helping these aged during consulting. He does this, particularly after realizing consistently elevated blood pressure among his aged clients. He helps them go through this hurting moment and where the need is, affords them the opportunity to do confession. He later prays for them and assures them of God's forgiveness. He pointed out that he has observed that they come back better during their subsequent visits. Blood transfusion is seen to be a restriction to some of the aged spirituality, although hard to accept medically. But such concerns if raised ought to be considered within an appropriate context of understanding that the care of the aged does not exclude spirituality.

Furthermore, Table 2 heightens health workers' involvement in the spiritual care of the aged to enhance their healthcare. In this table, the majority of the aged desire their doctors to inquire about their religious beliefs or spirituality. They heavily cited the fact that spirituality is an integral part of their life. They also further affirmed that doctors are agents of God and work for Him. They have also realized that spiritual health can affect their physical health as well as agreed that human beings are spiritual beings since they possess a soul. For these stated reasons, doctors need to embrace an approach where the spiritual assessment of the clients becomes a reality. Similarly, the study revealed that the aged desire to see their doctors pray for them while seeking physical care at this hospital. Their motive hugely is due to the hope, comfort and peace of mind that prayer brings. Moreso, they have the belief that as these medical officers pray with them they can obtain miraculous healing. Even so, such prayers by doctors as cited by the aged can cause them to have trust in the doctors and the medication being prescribed for them.

Lastly, health workers are demanded to offer spiritual support to the aged who come to the hospital since the aged agreed to have spiritual needs. In this way, many of them would wish that their doctors consider their spiritual needs in caring for them medically. These needs should be part of the treatment that would be offered to them. These spiritual needs are existential realities of life and if addressed will affect their physical health. In order of most felt needs, the aged outlined these as some of their needs as they come to the hospital; the need to be prayed for, the need to be loved, the need to hear the word of God as well as the need to be forgiven or forgive someone respectively. Their spiritual needs could be more than these but the researcher made room for these just to prove the point

²³ Saul McLeod, "Erik Erikson's Stages of Psychosocial Development," *Simply Psychology* 3 (2018).

that they have needs that must be met by health professionals. Interestingly, the need to be prayed for and the need to feel loved ranked the topmost positions among the needs. The aged are just like children who would not only need to be respected and dignified by health personnel but also pampered. Their cooperation with clinicians becomes positive whenever they feel loved and accepted during treatment. Therefore demonstrating love towards the aged through prayer for them is an excellent venture to be practised by health workers in the hospital.

The Role of Health Workers in the Spiritual upkeep of the Aged

The first is to establish a basic spiritual enquiry into the spiritual life of the aged. Currently, there is no proper layout for this act of enquiry in the hospital. Out of the five doctors interviewed, only two of them admitted to practising some spiritual assessment during consultation. Even with these two, one does it to know the kind of religion that the aged belongs to as part of social history and the other doctor does not do it always. Another doctor only delves into spiritual issues when these aged bring up their dream state. They all believe that understanding their spiritual lives can affect the treatment that will be given. A doctor has observed that sometimes those who belong to certain Christian sects send their medications to their spiritual leaders to pray over them before they can take them.

Other sects will prohibit some medical procedures, especially blood transfusion from being done on them. Despite this awareness, the reality is that there is no established rule for the aged spiritual assessment at the hospital. The reason for this is the fact that doctors are usually confronted with the pressure of time. They have to take care of a long queue of patients, and thereby just concentrate on their health issues. Also, some clinicians normally do not believe spirituality necessarily has an impact on what they do and as a result, give the least concern on the evaluation of their patients. They normally find it (spirituality) not material in the diagnosis and have stuck to the scientific approach. A nurse working in the consulting room with doctors noted that she has realized that most of the doctors are not concerned about the spiritual life of their clients (in this case the sick aged). She made this revelation that; “only a few are interested in their spiritual life. Most doctors believe the aged are afraid of death, and as a result, want to hide behind God.”²⁴ If this notion persists in their mind, it becomes a big challenge to draw the divine resources in these aged to help them in their healing. Again, another nurse has noticed that doctors shift into aged spirituality when these patients believe that their condition is spiritual and thereby need a spiritual solution. On a daily basis, unless they have issues that require spiritual attention, health workers do not dive into the spirituality of the aged patients. Sometimes, when they come to their wits end in a critical condition of their clients, whereby the scientific approach cannot offer the needed solution, they shift to spiritual approaches. Spirituality has a definite role in their clinical care and cannot be undermined when it comes to the care of the aged. How can this enquiry be made to offer this spiritual support for the aged health?

Scholars in this area of study have proposed an acronym FICA for eliciting a spiritual history from the patient.²⁵ An aged who is a patient can be asked about his/her faith or spirituality during consultation. Questions such as; “How important or what is the influence of your faith? Is the patient part of a faith community and does it contribute to supporting the patient? How should these issues be addressed?”²⁶ This type has been known to provide privacy to the patient. Another spiritual assessment tool is the use of CSI-MEMO.²⁷ This comes with possible Comfort or Stress and Influence of beliefs. It goes further to enquire about membership of a faith community and whether the patient can be assisted in any other way.²⁸ If the answer is affirmative, then a health professional comes with the appropriate spiritual help that can be necessary. This kind of enquiry enhances the doctor-patient relationship and it also becomes a source of kindness and optimism for the aged. This is particularly

²⁴ Interview with a Senior Registered General Nurse, Agogo Presbyterian Hospital, March 25, 2021.

²⁵ Christina Puchalski and Anna L Romer, “Taking a Spiritual History Allows Clinicians to Understand Patients More Fully,” *Journal of Palliative Medicine* 3, no. 1 (2000): 129–37.

²⁶ Marius Swart, “Spirituality and Healthcare,” *Lategan, LOK & Van Zyl, GJ (Eds.)*, 2017, 113–28.

²⁷ Comfort or Stress and Influence of beliefs, Membership Of a faith community

²⁸ Dan Taylor et al., “Spirituality within the Patient-Surgeon Relationship,” *Journal of Surgical Education* 68, no. 1 (2011): 36–43.

so when the aged find themselves in a desperate situation. This enquiry can be done during the consultation but doctors must admit the challenges that come with this.

Again, those at home with chronic conditions and who come regularly to the hospital for reviews can connect more with their pastors and spiritual leaders through the help of clinicians. A surgeon believes that it is something clinicians can do and must encourage, as it will help the aged. He further proposed that clinicians could also offer opportunities for those on admission to connect to God spiritually by arranging for them. This they can do by organizing and allowing their pastors and spiritual leaders to visit them and pray with them as they are on admission with them.

Also, besides the referral and alternative arrangements made for pastors to assist them spiritually, health workers can do their bidding by actually doing it for them. That is with their most requested spiritual need like prayers. It is observed that most elderly request for prayers to be said when going for surgery. It is therefore mandatory for health workers to develop their spirituality well so that they can be the helping hand for God to use to help these aged spiritually. Although a chaplain has been trained to perform some of these spiritual activities in the CHAG²⁹ facilities, the exigencies of time will not permit him or her to be at every place. Therefore, augmentation from clinicians is required. A prayer from a doctor can lead to an eruption of joy in the heart of the aged, they need it so badly. Last but not least having known the importance of spirituality to the welfare of the aged, doctors who are highly respected can encourage these aged to take their spiritual life seriously. They can be encouraged to pray, read their Bible and attend church if for any reason they have defaulted. These encouragements on the need to rekindle their faith in God will offer not only an avenue for spiritual growth but also their total well-being. When these are done judiciously, it makes them (aged) open up to the doctors, telling them about their fears and concerns.

Finally, the end of life of the aged comes with additional spiritual support. The aged at this final stage need special care, as due to chronic ill health or acute sickness death becomes a certainty. The aged in Table 1 were asked the question of whom they would call upon when in this critical condition. The data revealed that most of the aged would prefer clinicians to call in their local pastors, followed by the hospital chaplain in that order. The first two choices by the aged, which happen to be spiritual heads, give credence to the fact that the aged value the role of spirituality in their life. Their reason for calling in either of these men of God first revolves around; being prayed for before they die, to die peacefully, being assured of their salvation and lastly receiving their last communion before they die. What happens when these men of God are not there? Does it mean that the above reasons are going to elude them in this critical time? A clinician must owe it as a duty to step in to perform some of these spiritual roles so that these aged will be assured before they go to rest in the bosom of their maker. They can at least offer a befitting prayer, a topmost priority for them. This prayer can provide a blessing of God's presence with them before they peacefully die. For the aged who are about to die, the devotion, love, and care shown by these doctors, and nurses will cause them to know the beauty of life as they prepare to exit the earth. The Ghanaian values the family system, especially at an old age, when a lot of knowledge and understanding has been gained over time in culture. It is therefore not a surprise for the family members to become the third point of call at this stage in the life of the elderly.

Few of them preferred to go in for palliative care at this stage which would be in the hands of health workers. This kind of care is defined by the WHO as the prevention and relief of suffering of adult and pediatric patients and their families facing the problems associated with life-threatening illnesses. The problem may include physical, social, psychological and spiritual suffering of patients and on the side of family members, there could be psychological, social and spiritual suffering.³⁰ Few people might have cited this care because this kind of care is not known in Ghanaian culture or the explanation for selection has not been explained to the aged. Palliative care will also reach in-depth spiritual resources as a way of helping the aged go through the process of death dignified and fulfilled. A clinician cannot be left out of this, he or she must bring his/her spirituality to bear upon the choice

²⁹ Christian Health Association of Ghana; The Presbyterian Health Services is a member.

³⁰ WHO, "Integrative Palliative Care and System Relief into Primary Care, a WHO Guide for Planners, Implementers and Managers," 2018.

and request of the aged. In some cases, health workers would be demanded by the aged to make their spiritual heads available to them.

The Benefit of Integrating Spirituality in Aged Healthcare

From the ongoing discussion in this study of spirituality in the healthcare of the aged, there is a glowing tribute to the impact of religion on the health of the aged. Therefore, the call to look at a properly constituted merger between the two is highly commendable. For that matter, Ian Barbour has established the way to go when it comes to religion and Science. Today, one can observe that much of the current research on the link between spirituality and health is in the form of dialogue and integration through the innovation of Barbour.³¹ Although Agogo Presbyterian Hospital is a mission hospital with religious orders, the idea of properly integrating spirituality into the health plan of the aged on all fronts at the hospital is non-existent. The hospital has a chaplain and a chaplaincy committee that deals with spiritual issues concerning all ages. The concept of spirituality in health remains a mirage although not many health professionals conduct their practice in view of this concept. There is no structure detailing how the chaplaincy and clinicians' roles in the care of the aged are integrated. In this regard, health workers agree to this integration, as it will help improve the spiritual life of the aged while improving their physical health. A comment from the medical administrator is encouraging for this integration. He stated ;

*“it is very important that spirituality and health be put together. This is because as I said, whatever disease is presented in the physical form, we use our physical form, like our orthodox way of treating people like giving drugs, preparations and everything to treat the person. The person himself must have the belief in what he is taking. In addition, because he believes in God and his religion and adds prayer to taking the drugs, it will enhance his well-being. Incorporation rather than just one thing is what is good. I mean, the two should always go together. For example, if a person is sick and he only thinks that prayers alone will heal him and on the other hand, if he thinks just taking his drugs will heal him, is not the best. So there should be a combination of the two, especially for the elderly.”*³²

This submission indeed confirms the call for healthcare providers to administer health to the aged with their spirituality in view.

Koenig in discussing the clinical implication of spirituality in health indicates eight rationales for this integration for consideration.³³ These rationales are hereby being referred to reflect this study and the Ghanaian clinical structure:

- It has been established in this study that many of these aged persons attach a lot of importance to their spirituality and have spiritual needs that are related to medical or psychiatric illness. These unmet spiritual needs can adversely affect their health and without attention can lead to mortality.
- Secondly, spirituality influences the aged patient's ability to cope with illness. Spirituality is a stimulus to their holistic care. It has been studied that poor coping skills have negative effects on medical outcomes. It actually increases their stay in the hospital and leads to death.³⁴
- Religious belief has been known to affect medical decisions. An aged who is sick would pose difficulty due to his or her religious inclination. Their stance can conflict with medical treatment. It had already been reported how these aged persons had to send their medication to their spiritual leaders for prayers before they could take it. Spirituality actually can influence compliance with treatment among the aged especially when it comes to those with chronic disease, particularly those who are to take their drugs daily.
- Studies show that health workers' own spiritual beliefs sometimes influence the medical decisions they make. This in turn conditions them on the type of care they give to their clients.

³¹ Ian G Barbour, *Religion and Science: Historical and Contemporary Issues* (San Francisco: Harper Collins, 1997), 77-105.

³² Interview with a Medical Administrator, Agogo Presbyterian Hospital, March 19, 2021.

³³ Koenig, "Religion, Spirituality, and Health: The Research and Clinical Implications."

³⁴ Koenig, "Religion, Spirituality, and Health: The Research and Clinical Implications," 13.

This can involve decisions about the use of pain medications, abortion, vaccinations, and contraception,³⁵ and particularly about the aged, euthanasia. It can be recalled from the discourse of a doctor who due to his religious background treated the aged with high blood pressure by offering a listening ear and aiding them to confess whatever is hurting them. At this point, the use of drugs to treat hypertension becomes irrelevant.

- As indicated earlier, spirituality is connected with the physical health of an aged and affects medical outcomes. Therefore, to attain the best health for the aged, it is incumbent on a health professional to know all the factors that can influence the health of the aged. For instance, they need to be aware of an aged person who smokes or uses alcohol, etc. An outcome of this knowledge can help position the aged to receive the desired care.
- The kind of support system or care an aged receives once they return home from the hospital is largely influenced by religion/spirituality. Sometimes, the community of faith or the church must be involved to ensure that these aged come to the hospital to receive medical follow-ups. Visitations by the church to the homes of the aged are moments where they receive pieces of advice on the need to take their medication and go for these follow-up consultations.
- Research reveals that failure to address patients' spiritual needs increases healthcare costs. This is especially true towards the end of life,³⁶ which largely relates to the aged. This happens when the aged and families may insist on medical care which might be very expensive when other treatments have proven futile. On the other hand, families may be praying for a miracle or would want to take the aged out of the hospital after the futility of the medication. A doctor who has not conducted a spiritual history or enquiry, so that the aged/ families feel comfortable in discussing this alternative means openly, may deny the request. Moreover, if an aged is sick and is on life support, there is a depletion of medical resources, incurring a huge cost to the family and the state.

Finally, the patient's Charter-Ghana specifies that healthcare facilities are expected to be sensitive to patients' socio-cultural and religious backgrounds, age, gender and other differences as well as the needs of patients with disabilities.³⁷ In view of this, it is required that providers of health care show not only respect to the aged but must consider their cultural and personal values, beliefs, and preferences including their religion/ spirituality in caring for them.

RECOMMENDATIONS

The first is to consider taking the spiritual history of the sick aged by health professionals. This is an evaluation that should be for first-timers who come to the hospital. As previously discussed, in order to take this brief history, it is advisable to follow the guidelines provided, which may include the use of acronyms such as FICA and CSI-MEMO.

1. the aged religious background,
2. the role that spiritual beliefs or practices play in coping with illness (or causing distress),
3. beliefs that may influence or conflict with decisions about medical care,
4. the aged level of participation in a spiritual community and whether the community is supportive, and
5. any spiritual needs that might be present.³⁸

A clinician has to do this screening and refer to the chaplain issues that require pastoral attention. The history must be documented so that essential matters can be communicated to other staff of interest. A caution here to be avoided is the idea of simply recording the religious denomination of the aged and just referring them to the chaplain without taking a thorough spiritual history.

³⁵ Koenig, "Religion, Spirituality, and Health: The Research and Clinical Implications," 13.

³⁶ Koenig, "Religion, Spirituality, and Health: The Research and Clinical Implications," 13.

³⁷ The Patient Charter- Ghana, Nyaho Medical Center, www.nyahomedical.com. accessed August 19, 2021.

³⁸ Harold G Koenig, "An 83-Year-Old Woman with Chronic Illness and Strong Religious Beliefs," *Jama* 288, no. 4 (2002): 487–93.

Again, to avoid resistance and allow for compliance to medical treatment that would be given, health personnel must respect any spiritual belief that would be revealed during the recording of the spiritual history. The chaplain should be consulted if these beliefs conflict with the medical plan of the aged. It should be appropriate to accommodate all belief systems in clinical practice.

Additionally, it's important to recognize that not all medical professionals in the nation have received pastoral training, and as a result, they might not be competent or skilled in dealing with older people's spiritual concerns. Therefore, to address spiritual concerns, chaplains with this expertise and education are to be employed to handle any potential minor spiritual issues.

Furthermore, the spiritual history records at the hospital should be classified according to age and much attention should be placed on the aged category. Coercion should not be used in providing this spiritual intervention for them. The aged should be in control when revealing any information about their spiritual life. Similarly, the aged should feel free to dictate the kind of spiritual support, whether prayer, scripture medication or deliverance they desire. Religious freedom and tolerance in the country should offer staff the opportunity to ask the aged if they require any spiritual support. The least that can easily be considered here is the request to pray for them. This should come at all costs along with the healthcare of the aged at the hospital. The prayer can be a private prayer or an extended version depending on the preference of the aged patient. Alternatively, an aged person who desires to say his or her prayer can be allowed to do so. The clinician in the end confirms such prayer with a big Amen. Words of compliment such as God bless you, God be with you, God will heal you, and it will be well, etc., although not strictly a prayer can be said to the aged to edify them.

It is instructive to state that the non-belief in spirituality on the part of the health worker should not affect this spiritual history taking. It should not also influence any decision during the process. In this case, after the process, there should be a referral to the chaplain for pastoral services to continue helping the aged holistically. Sometimes, health professionals are not comfortable raising spiritual matters in practice. This might be due to their non-involvement in religion or spirituality. The piece of advice here for health workers is that since spirituality is gaining ground in the healthcare of the aged, it would be desirable for clinicians to imbibe themselves in it. Therefore, a little improvement in their religious status is required so that they can offer the needed helping hand to these aged persons when they are sick. In this regard, health personnel are encouraged to learn about spiritual beliefs of the different religious denominational fronts that can have a bearing on the health of the aged. Many of these beliefs and practices have an impact on the sort of care to be given to the aged.

Finally, a health professional who has initiated a referral to the chaplain must be responsible for following up. This is after spiritual needs have been identified and require pastoral support. The follow-ups are necessary to ensure that these identified needs of the aged are well attended to by the chaplain. Failure to do this will result in unmet needs, which is another problem of the aged and is likely to affect medical outcomes. In this way, it will be necessary for a spiritual discharge plan to be developed by the clinician (a social worker if any) in consultation with the chaplain. This plan should involve the aged community of faith (church) so that continuity of pastoral care can be done when the aged return home.³⁹

The integration of spirituality into the healthcare plan of the aged will require policy intervention. The Patient Charter of Ghana gives room for patients' socio-cultural-religious backgrounds and the CHAG facilities like the Presbyterian Hospitals have been built on Christian principles. Therefore a policy guideline to formally have the aged spirituality being looked into to facilitate their health should be designed as a matter of necessity. This, if done will ease clinicians off the rush during consultations of the aged since spending enough time to enquire of their spiritual background would be backed by a definite rule. Again, health professionals will be spared from being accused of proselytization since spirituality has officially been integrated into aged healthcare. It then behoves the ethics of the clinician to identify the religious faith of the aged and oversee the necessary spiritual intervention that will be of benefit to his or her clients.

³⁹ Koenig, "Religion, Spirituality, and Health: The Research and Clinical Implications," 14.

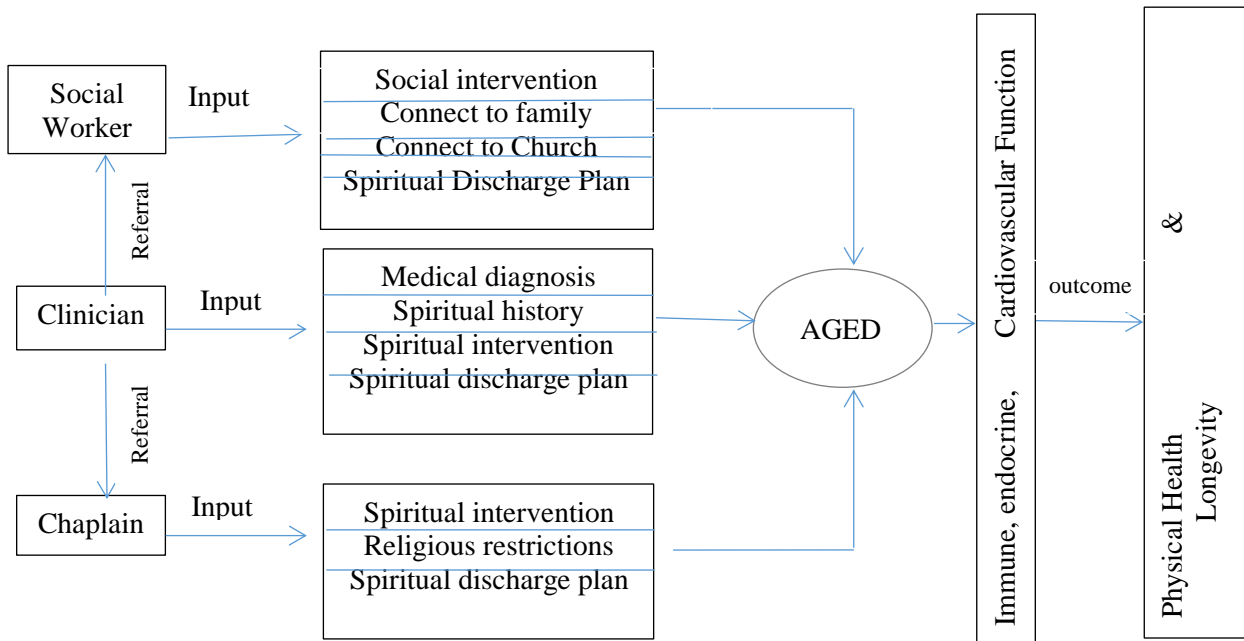


Figure 1: Framework of Arrangement for integrated care of the aged by caregivers in a clinical setting
Source: Author's Construct 2021.

This framework provides a pathway for ensuring comprehensive care of the aged in a hospital. The focus is to bring to the fore an integrated approach to their care which must revolve around social, physical and spiritual matters.

Fig. 1 gives a typical arrangement in a clinical setting with a clinician, a social worker and a chaplain having the duty of care for the aged. The clinician is the first point of call for the aged. The clinician must make a medical diagnosis of the elderly. He is also supposed to conduct a spiritual history or assessment to determine the impact of spirituality on the aged and see a possible remedy through spiritual intervention. The intervention could be prayer, deliverance, scriptural, etc. If he/she can administer that spiritual support, he can go ahead and if not refer to the chaplain to do it as officially mandated.

The clinician again is supposed to refer to the social welfare worker for issues bordering on social support, such as enrolment in any government subvention available. All of them must be involved in drafting and agreeing on a spiritual discharge plan for the aged. The aged with some religious restrictions or practices that are inimical to their health are to be referred to the chaplain for counselling. After the discharge from the clinician, the aged are referred to the social worker who by practice works with society. He/she, therefore, connects the aged to the family and the church. The church then assumes spiritual oversight and performs any other form of ministry for the support of the aged. These arrangements which are inputs on the care of the aged if judiciously done will culminate in successful outcomes. These outcomes as studied are the result of enhancement in the aged immune system, endocrine and cardiovascular function. The ultimate effect is an improvement in their physical health and eventual longevity.

CONCLUSION

Old age is a natural phenomenon for humanity in every part of the world. The deterioration of the body's reserves is an occurrence that has attracted researchers to help halt it and prevent its negative ramifications on human life. A gerontologist seeks to offer the needed care and support arising in the life of the aged through physical, social and spiritual challenges. Health workers among the aged caregivers have a germane role to play in enhancing the spirituality of the aged in the clinical setting. Besides their referrals to their spiritual heads or hospital chaplains, their involvement has been seen to

yield positive results. This should occasion an integration of spirituality into the healthcare plan of the aged. This integration must come with the mindset that the spirituality of the aged is closely related to medical outcomes. Therefore, a clinician who desires the best care for an aged client must embrace it to realize holistic care for the elderly.

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