Nursing homes were originally developed by Judeo-Christian organizations with a strong focus on providing comfort and spiritual support for the dying.12 Spiritual care is a key to the quality of life of nursing home residents. Each individual has his or her own dynamic approach to spirituality, which is a compilation of multiple experiences gained during his or her lifespan.3 These experiences influence the person’s interpretation of a higher power and play an important role in determining the person’s perception of the meaning of life and acceptance of death. Spirituality has been found to be the most significant predictor of hope for persons in long-term care.4 The ability of older nursing home residents to overcome losses in later life is based predominantly on their own beliefs on the meaning of life, integrated with their relationships to others and a higher being.5

In a study in Boston nursing homes, 54% of residents rated religion as very important, whereas only 19% rated religion as not important.5 Persons who perceived religion as important were more likely to have increased psychological wellbeing. Interestingly, families feel residents with dementia are more likely to die peacefully if they reside in a religious-affiliated facility.7 A need for “inner peace” is of high concern among nursing home residents,8 and the concept of “inner peace” has been found to be highly related to religiousness and fatigue. This makes it all the more important for physicians to focus on the treatment of fatigue, which is a key component of the frailty syndrome.9–14 In Germany, nursing home residents identified being spiritually connected along with a desire to maintain control and retain physical comfort as key needs for those who had not entered the active dying phase.15 In nursing homes in the Czech Republic, the most frequently used activity for spiritual support during the dying phase was treating the individual with “dignity and respect,” while “praying with the individual” was the least frequently used activity.16

Families rate the quality of care provided in facilities as higher in persons who received spiritual support from facility staff and in those who were assisted with individual devotional activities.17 In general, in faith-based facilities, residents perceive that they receive moderately high levels of spiritual care.18 Examples of spirituality mentioned by residents include arranging visits by religious personnel, kindness, respecting the needs of residents, and listening to the residents. Similarly, nurses expressed spiritual care as developing deep personal relationships, holistic care, and support for residents.19 In the United Kingdom, care home administrators felt that it was their responsibility to arrange spiritual care for residents and were uncomfortable about the ability of the staff to develop appropriate spiritual care routines.20 They felt that spiritual care was best provided by religious services and visiting religious personnel. Furthermore, at the time of death they recognized the need for increased spiritual activity to meet the resident’s needs. One Brazilian study found that nurses’ aides played a large role in the dying process and that it was common for nurses’ aides to pray with their residents.21 Unfortunately, a study in Dutch nursing homes found that physicians failed to actively address spiritual issues22 and did not communicate with spiritual counselors. At the time of active dying in these nursing homes, nurses stepped in to provide an informal spiritual care process, which included rituals, music, and cuddling. These activities were not included in the medical record.

Reminiscence care has been shown to have both therapeutic effects and improve the quality of life.23–27 These activities can be particularly useful in long-term care residents with dementia.28–30 A study of spiritual reminiscence small groups suggested some positive effects of this approach.13 Spiritual reminiscence can utilize a number of meaningful activities such as working a religious scene jigsaw puzzle, or building a “manger scene” or a “Noah’s Ark.”32 Group singing of well-known spiritual songs represents another method to engage residents in a meaningful spiritual activity. However, care needs to be taken to recognize religious differences when these activities are developed. The aging of the Muslim and Hindu populations in the United States raises the potential need to establish nursing homes aimed at providing care for these groups of older persons, similar to the Judeo-Christian religious homes.33

A wonderful way to incorporate spirituality into the weekly nursing home activities is the “Postcards to God” project.34 In this project, nursing home residents make a postcard and include a brief message to God. This has been found to be an excellent opportunity for residents to express their spirituality and allow prayerful thoughts and is a great way to facilitate spiritual expression. One of our nursing homes developed a “spiritual cart” that contains a relaxing picture, religious music, religious texts, and other appropriate religious symbols that the staff can use to interact with a dying person. In addition, the presence of the picture on an easel at the bedside informs other staff that the resident is actively dying.

Providing quality end of life care in long-term care settings requires careful attention to spirituality.35 Because of the busy schedules of carers in the nursing home, one way to enhance spirituality for...
end of life care is the introduction of hospice care.\textsuperscript{36} Hospice care is particularly useful for persons with dementia though this is often associated with longer than 6 months on hospice.\textsuperscript{37} It has been shown that nursing home certified nurses’ aides and volunteers often have limited knowledge of how to approach psychosocial support for end-of-life care.\textsuperscript{38} Hospice organizations may be the missing link needed to provide the appropriate in-depth education for certified nurses’ aides to help improve their interactions with patients and their spiritual needs.\textsuperscript{39} Certified nurses’ aides have the potential to play important roles in assisting residents and families in developing advanced directives. They should also be aware of the decision aids available to help residents and families determine appropriate care for end-stage dementia.\textsuperscript{40} Excess use of feeding tubes in demented nursing home residents (approximately 20%) who die in nursing homes.\textsuperscript{44} One of the most af

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