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EMPIRICAL RESEARCH QUALITATIVE

A qualitative hermeneutical understanding of spiritual care in old age when living in a nursing home: The residents' voices

Linda Rykkje RN, MSN, PhD, Professor[1] | Marianne Morland RN, MS, PhD Student[2] | Kristin Ferstad RN, MS, Assistant Professor[2] | Britt Moene Kuven RN, MSN, Associate Professor[2]

[1]Institute of Health, Faculty of Health Studies, Bergen, Norway

[2]Institute of Nursing, Faculty of Health Studies, Bergen, Norway

Correspondence
Linda Rykkje, Institute of Health, Faculty of Health Studies, Bergen, Norway.
Email: linda.rykkje@vid.no

Abstract

Aim: To explore and gain a broader understanding of residents' viewpoints and experiences of spiritual care when living in a nursing home.

Design: A qualitative hermeneutical interview study inspired by Gadamer's philosophical hermeneutics.

Methods: Thirty-eight individual interviews of 14 male and 24 female residents; of these, 24 had a dementia diagnosis. The setting was one large Norwegian nursing home providing long-term care. FACIT-Sp-12 was used as a guide for the interview, in addition to two open-ended questions about thriving and spiritual care.

Findings: The older residents' voices portray a broad and diverse understanding of spiritual care, and four themes emerged: (1) Spiritual at-homeness, (2) Spiritual awareness, (3) Philosophy of life and (4) Interconnectedness.

Conclusion: Accepting one's life situation in a nursing home can foster a feeling of belonging, leading to feeling more at-home. Spiritual well-being, including finding purpose, spiritual awareness and beliefs, was found to be interconnected with spiritual at-homeness in the nursing home.

Implications for the Profession and/or Patient Care: This study provides insights into older nursing home residents' viewpoints on spiritual care, including persons living with dementia.

Impact: The study addressed the limited evidence regarding how older residents themselves experience and express spiritual care. Listening to older nursing home residents' voices provides a unique contribution to the research field. As several individuals with dementia contributed to the findings, this study mirrors the current population of residents in nursing homes. The findings may inform healthcare provision and policymakers and impact upon spiritual care in the field of older people nursing and dementia care services.

Reporting Method: The COREQ guideline.

Patient or Public Contribution: Participation through interviews of nursing home residents.

KEYWORDS
dementia, hermeneutics, nursing home, older people, qualitative, residents, spiritual care

1 | INTRODUCTION

The population of older people is expected to increase, and the development of sustainable high-quality, and cost-effective long-term care services has become a priority for governments worldwide. In Norway, which has universal health and social coverage funded primarily by general taxes (Saunes, 2020), approximately 3.3% of older people reside in nursing homes and more than 80% of residents have dementia (Public Health Report Editorial Group, 2016).

Spirituality is part of a multidimensional view of the patient and is a requirement for providing dignified care services (Rykkje & Råholm, 2014). Humans are spiritual in the sense that they seek meaning in life; therefore, patient care must include their whole being: the body, soul and spirit (Bergbom et al., 2021; Eriksson, 1997; Jones, 2020). The spiritual dimension is vital because connecting with one's own inner space can provide health, wholeness, peace and calm (Rykkje & McSherry, 2021).

Spiritual care has a long history in nursing but has also been a vague, elusive and contested concept (Swinton & Pattison, 2010). The evidence is still low regarding the recognition of spiritual needs and spiritual care provision in residential services, with little research regarding dementia (Gautam et al., 2019). This makes spiritual care for older people a necessary area of research.

Spiritual care is challenged as nursing home staff are often unaware of residents' wishes and needs (Haugland & Giske, 2021) and older people might have trouble expressing themselves (Toivonen et al., 2023). Both caregivers and residents can find it difficult to find words to express spiritual care needs, so awareness of spiritual issues is key (Morland et al., 2022; Toivonen et al., 2023). Furthermore, spirituality is personal and individual for each person; thus, knowing the older person's life stories and spiritual background is necessary to be able to meet their spiritual needs (Ødbehr et al., 2017). Attentiveness to spiritual matters can also be achieved by asking residents about thriving, because this concept is related to spirituality through connectedness with others and having meaningful experiences in the lived environment (Baxter et al., 2021). Another useful approach is through addressing spiritual well-being (Jones, 2020).

The purpose of this study was to explore and gain a broader understanding of spiritual care in old age when living in a nursing home, by asking residents about their viewpoints and experiences.

What does this paper contribute to the wider global community?

- The findings point to the significance of asking about residents' own opinions about spiritual care. Being asked about their individual preferences and wishes were recognised as fundamental to feel respected and be valued as a human being.
- Spiritual care was viewed as connected to being in the moment, feeling safe, meaningful activities, religious services and relationships with others.
- The study contributes with knowledge to support healthcare professionals in providing tailored spiritual care services in nursing homes.

2 | BACKGROUND

Spiritual care means that the whole person, including their spiritual needs, will be given attention (Cone & Giske, 2022); it involves caring for the human being through compassionate care, presence, listening, touch and facilitating socialising and activities (Eriksson, 1997; Rykkje & McSherry, 2021). Research points to nurses not being adequately prepared for spiritual care, so there is a need to develop specialised knowledge and skills if we are to succeed in achieving high-quality residential care for older people (Cone & Giske, 2022; Ødbehr et al., 2017; Pennbrant et al., 2020).

This study does not lean towards one definition but acknowledges the existence of multiple ways of understanding spirituality, as expressed by an older participant in a Norwegian study (Rykkje, 2019):

> There are so many varieties of spirituality … a good conversation. To go outside – a morning, birds sing, it is quiet … and this with the children, of course. Otherwise – good conversations with friends … When you think about spirituality, then I think somehow of God.

In nursing homes, spiritual care is closely related to approaching the residents as a valuable *person*, giving comfort, being present and giving hope and meaning. Therefore, activities and coming together and sharing something important can strengthen the sense of mutual connectedness in the older person (Gautam et al., 2022; Harrington et al., 2019; Ødbehr et al., 2017). Thus, it is important to support and sustain *connectedness*, to a faith community, to self and to others.

Religion, relationships, nature and art can support spirituality in people with dementia (Toivonen et al., 2023). Furthermore, it is essential to recognise the resident's need for meaning in life through activities adjusted to the individual person, including those that might seem insignificant to the nursing home staff, for example having a cup of tea or looking at the sunshine (Ødbehr et al., 2017). Spiritual

or religious-based rituals and traditions can also be significant for residents' experiences of stability and to create a familiar and safe framework for their everyday life (Ødbehr et al., 2017; Toivonen et al., 2023).

Another approach is supporting the residents' spiritual well-being, which entails a sense of spiritual connectedness, a fulfilment and acceptance of ones lived life and a hopeful state for the present and future (Jones, 2020). Palmer et al. (2022) state that spirituality can be experienced in different ways for people with dementia as they may suffer from fear of the future and the incurable nature of the disease, the loss of self and the reduced ability to access faith, all of which can cause spiritual distress. Well-being is a broad concept and older people do not only leave their homes, but also part of their existence when they change residence (Tsai et al., 2022). Lifshitz et al. (2019) suggested that encouraging older people to develop their personal spirituality can increase their sense of well-being. If residents do not experience spiritual well-being, it might be appropriate to refer to such experiences as spiritual suffering.

Although there is no consensus on a definition for spiritual suffering, suffering on a spiritual level is still recognised, especially in palliation (Bahrain et al., 2019). Spiritual suffering can be described as related to anxiety for the future and loss of meaning and sense of worth (Hirakawa, 2014). The core of compassionate care based on Eriksson's theory is care which is directed towards the alleviation of suffering in the other human beings (Bergbom et al., 2021).

3 | THE STUDY

3.1 | Research question

In search of a new and broader understanding of spiritual care from the viewpoint of older people themselves, the research question was as follows: *How do nursing home residents understand and experience spiritual care?*

4 | METHODOLOGY

4.1 | Design

This is a qualitative interview study inspired by Gadamer's (2004) philosophical hermeneutics. Gadamer's philosophy has been utilised in nursing research for decades (Pascoe, 1996). The ideas in Truth and Method (Gadamer, 2004) are useful for exploring nursing phenomena because Gadamer discusses how human beings understand experiences and the world around us through interpretation (Corcoran & Cook, 2023). However, interpretation and understanding are intertwined and temporary as it is dependent on our pre-understanding and shifting contextual conditions. To gain a new understanding of spiritual care in nursing home residents in this study, there was a dialectic process of reading the transcripts, coding and interpretation and an emerging understanding in accordance with the hermeneutical circle (Debesay et al., 2008). A vital part of hermeneutic reading is the dialogue with the text and what happens when the text speaks to us. Therefore, the researcher needs to be open to listen to what emerges; that which is not immediately there but still one can be able to see whether one opens one's heart and mind. This is what Gadamer (2004) calls moments of truth, that the meaning of the text can resonate something central to life itself; thus, being applied to our own lives.

4.2 | Theoretical framework

The study framework was Eriksson's caritative caring theory, where the human being is understood as an indivisible unity of body, soul and spirit (Bergbom et al., 2021). This is in line with the hermeneutical methodology, as Eriksson (2010) built their research on an Gadamerian approach and highlighted evidence which includes 'envisioning, seeing, knowing, attesting and revising'. Caritas and compassion motivate the nurse's actions and provide courage to care for the patient through listening, sensitivity and presence, and to bear responsibility for the alleviation of the other persons' suffering. According to Eriksson, the spiritual dimension is connected to changes in health and suffering. The human being can experience oneself as a healthy and 'whole' person—a unity, and this feeling presupposes that the human being has contact with its innermost core, religiousness and spirituality. This experience of the spiritual phenomena can be understood as both existential and religious (Bergbom et al., 2021; Eriksson, 1997).

4.3 | Study setting and recruitment

The study setting was one larger Norwegian nursing home providing long-term care. The leaders asked residents that they considered eligible in accordance with the inclusion criteria. After accepting the invitation for an interview, the researcher approached the participant. Interviews were conducted by four female researchers in October 2021, interrupted by the visiting-restriction due to the COVID pandemic, and recommencing when nursing homes re-opened February 2022.

4.4 | Inclusion criteria

To be included, the resident should be willing and able to partake in a conversation about spiritual care. Criteria for non-participation were cognitive or functional frailty that made an interview difficult or not possible.

4.5 | Data collection

Interviews were individual and face-to-face with each participant, asking questions about thriving and spiritual care. In addition, we

had permission to use the FACIT-Sp-12 version 4 in Norwegian (Haugan, 2015), which has 12 items and three sub-domains and can be scored as part of an interview.

The participants were instructed to answer only the questions they wanted to, thus, the interviewer paused to let the resident think before deciding. Many participants skipped the FACIT-Sp-12 questions that they thought were hard to answer. About half of the participants answered all questions, while others answered some of the questions. Answering the FACIT-Sp12 led to reflections about their life situation as residents in a nursing home, as well as experiencing spiritual issues after living a long life. The interviews were conducted at the nursing home, lasted for 15–35 min and were audio-recorded.

4.6 | Data analysis

The analysis was a hermeneutical dialogue between reading each transcribed interview text and the emerging themes based on the understanding of the whole material (Binding & Tapp, 2008). The authors met regularly during the analysis phase. To be familiar with all interviews, coding of the transcripts in NVivo were distributed so that each author was responsible for interviews conducted by others in the team rather than their own. After coding a few interviews, we met to discuss and calibrate the coding process. Preliminary themes and the drafting of the findings were discussed on several occasions. The dialectic between the emerging findings as a whole and each interview text was repeated by evenly distributing the original transcripts between the authors for a second reading; this represents the hermeneutical circle (Debesay et al., 2008; Gadamer, 2004). The authors then met to agree on the final themes and sub-themes; the fusion of our horizons was now made.

4.7 | Ethical considerations

The Regional Committee for Medical and Health Research Ethics approved the study (Number 256815). Initially, the researchers and nursing home leaders met to ensure a joint understanding of who to invite and reasons for non-participation. The decision of inclusion was taken by the personnel who knew the residents. Participation was voluntary, information about the study and withdrawal was given to participants, and oral and written consent was obtained.

The researchers were trained in older people and dementia care. The conversations were adjusted according to the residents need for pauses, repetition, clear speech and explanation. As an example, the FACIT-Sp-12 questions and scoring sheet were printed with large letters and numbers; if grasping the question was difficult, being able to read the text enhanced the residents' potential for understanding each question. During the interview, the researcher looked for signs regarding whether the participants felt uncomfortable or wanted to stop. We kept the conversations short to not exhaust the resident. Participants were asked whether they had anything they would like the researcher to pass forward to the nursing home staff; they were also offered a follow-up conversation with the nursing home priest or someone from the personnel.

4.8 | Methodological considerations

To open the conversations about spiritual care, it was helpful to use connected words such as thriving (Baxter et al., 2021) and well-being (Jones, 2020). Thriving was as an opening question as this is a commonly used word in Norway. Well-being is not a word that can be translated to a single Norwegian word; thus, we found the translated version of FACIT-Sp-12 (Haugan, 2015) questionnaire to be a helpful tool in conversations about spiritual issues.

The researchers agreed upon how to explain spiritual care in the interview to ensure that the same words and phrases were used. After a few interviews, we met and adjusted our approach. It was important to be a sensitive listener and help the participant to converse about spirituality through using words that are familiar to everyday life, such as what they enjoyed or was meaningful and if they missed anything related to thriving and spiritual care.

To promote trustworthiness, the team discussed how to interview residents, the coding and preliminary themes. The hermeneutical circle was a way to become familiar with the data material, as the team shifted between reading each transcript and the emerging findings based on the whole data material. Credibility is supported by providing text quotes to underpin the presentation of our findings. The consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups (Tong et al., 2007; Appendix S1) were used to support the research process and thus transferability.

5 | FINDINGS

The three first themes portray aspects of spiritual care, and the fourth theme represents tensions and connections between these aspects. Themes and sub-themes are presented in Table 1.

5.1 | Characteristics of participants

Thirty-eight of the 90 residents, 14 males and 24 females, participated; of these, 24 had a dementia diagnosis. An overview is presented in Table 2. In addition to the qualitative findings, descriptive analyses of FACIT-Sp-12 are presented in Table 2 (sum scores) and in Table 3 (mean, standard deviation and missing data).

5.2 | Spiritual at-homeness

The first interview question asked if and in what ways the participants were thriving in their current life situation; the majority replied that they were thriving in the nursing home. Whether the residents

TABLE 1 Themes and sub-themes.

Themes	Sub-themes
Spiritual at-homeness	• Belonging and feeling at-home • Longing and not feeling at-home
Spiritual awareness	• Understanding what spiritual care might be • To comfort the older person and spiritual support when thinking about the future
Philosophy of life	• Reflections about purpose in life and a reason for living • To believe or not and the significance of faith
Interconnectedness	• Belonging, feeling at-home and spiritual well-being • Longing, not feeling at-home and spiritual suffering

were thriving or not seemed connected to their willingness to accept the present life situation. Experiencing belonging or longing represented tension, and acceptance was interconnected with feeling at-home or not at the nursing home. Thus, an overall interpretation is that thriving is related to spiritual at-homeness which reflects existential insideness; this represents a profound feeling of attachment to place and at-home.

5.2.1 | Belonging and feeling at-home

The participants without dementia were more able to elaborate on their experiences and feelings. Kristine was thriving at the nursing home although remarking that some co-residents disturbed her with their behaviour. This was uncomfortable, yet she seemed accepting of this and said: 'this is how it is in a nursing home'. Although the personnel differed, they were nice, and she spoke warmly about one person who took them cycling in the activity room. She was one of few that did not like the food that much, as it was very different from what she was used to eating. However, she was able to negotiate with the personnel and obtained food of her likings. She found a way to adjust to the nursing home life and tried to make it her home. As an example, Kristine talked about her dialogue at bedtime:

> Those on nightshift say they can help me when it suits me… Some residents must go to bed, you know, they leave at ten o'clock, the evening shift… then I imagine that they want most of us to be in bed… That is great… because I cannot go to bed at half past nine.

For Ingveig, it took a while before she was okay with being at the nursing home. Moving there included selling her belongings; this was upsetting. Thus, it took some time before she started thriving and said: 'Now, it is… no, this is as good as it can be… in such a home'. She recently lost her husband, but her family supported her and came to visit.

Although some residents with dementia thought of the past and missed their former life, they accepted their situation and spoke about thriving. Jostein missed his wife and children; although he could not remember, he trusted that they visited him: 'I hope they show up, at least one or two'. Kjell reflected about his struggles living with dementia but described that he enjoyed the food and being with others: 'I've enjoyed many good times and have no reason not to be thriving'. Svanhild was a resident who liked the food and thought she received good care; she had nothing to complain about. Although she recognised staff as being busy, Svanhild believed they followed up as 'best they can, that is for sure'. She loved being able to walk outdoors and joining activities: 'That is very important. I believe it helps me in many ways'. Her remarks were like others; one being Hildur who had recently moved to the nursing home. She also enjoyed the food and activities provided but missed talking more to others. However, she liked talking to the staff and said that it also had to do with herself and her attitude; that she was in a good mood and not grumpy towards others. She did not refer to a longing for the past; rather, she seemed content with the present situation. Thus, she seemed able to accept her life situation and feel at-home.

5.2.2 | Longing and not feeling at-home

Some of the residents with dementia were not able to speak about thriving in a straightforward dialogue as they often were not aware of place or time. One example was Ellen, and she thought she was young and living in a nursing home did not make sense to her. Nevertheless, she was able to recognise that the staff were helpful, and she liked her bed: 'It's nice. If I lay down here, then they must help me'. Another was Clara who also recognised being well cared for. She was able to understand that she was living in a nursing home, although her thoughts were drifting, and her response about thriving was that she was longing for her former home and felt homesick.

A few participants spoke about not thriving at the nursing home. Kari found it hard to belong to the place and missed talking to others, meaning co-residents without dementia. She was very much longing for her former home:

> I am longing so much that I become quite unwell. It is no wonder, we had our own home all those years… and then suddenly we are somewhere else, and it is a whole other way of living. Then it's no wonder that we are homesick… and all our belongings are gone you know.

Also, Bertine was a resident who struggled with accepting her situation and expressed that she was often sitting by herself not doing much. She missed her former apartment and said: 'It is very difficult as, you know, settling in a place like this … I kind of longing to go back home'. These residents were not accepting of their situation and did not feel at-home.

TABLE 2 Overview of participants including FACIT-Sp-12 sum scores.

			FACIT sum scores			FACIT subscores			
Fictious name	Sex	Age	Sum	*N*	Mean	Meaning	Peace	Faith	Total score
Alfhild[a]	F	75	4	9	.44	4.0	.0		4.0
Turid	F	83	17	12	1.42	8.0	5.0	4.0	17.0
Kristine	F	76	21	12	1.75	13.0	6.0	2.0	21.0
Ingveig	F	97	23	11	2.09	11.0	9.0	4.0	24.0
Ellen[a]	F	91	18	8	2.25	11.0	7.0		18.0
Clara[a]	F	90	28	12	2.33	10.0	4.0	14.0	28.0
Margit	F	91	17	7	2.43		10.0		10.0
Frida[a]	F	89	21	8	2.63	13.3	6.7		20.0
Gerd[a]	F	88	8	3	2.67				
Bertine	F	93	19	7	2.71		12.0		12.0
Kari	F	95	33	12	2.75	15.0	6.0	12.0	33.0
Dagny[a]	F	79	14	5	2.80			13.3	13.3
Agnes[a]	F	92	34	12	2.83	16.0	7.0	11.0	34.0
Vigdis[a]	F	94	32	11	2.91	11.0	12.0	12.0	35.0
Tuva[a]	F	92	37	12	3.08	14.0	14.0	9.0	37.0
Martha[a]	F	83	28	9	3.11	12.0	13.0		25.0
Oline[a]	F	96	29	9	3.22	11.0	15.0		26.0
Hanna[a]	F	95	23	7	3.29	16.0			16.0
Ragnhild[a]	F	82	33	10	3.30	16.0	12.0		28.0
Venke[a]	F	92	27	8	3.38	14.0	13.0		27.0
Svanhild[a]	F	89	39	11	3.55	14.0	15.0	13.3	42.3
Hildur[a]	F	92	18	5	3.60	14.7			14.7
Solveig[a]	F	79	45	12	3.75	14.0	16.0	15.0	45.0
Ruth	F	95							
Jens[a]	M	93	17	9	1.89	9.3	10.7	2.7	22.7
Olav[a]	M	80	18	9	2.00	8.0	7.0		15.0
Yngve[b]	M	94	29	12	2.42	10.0	9.0	10.0	29.0
Eirik	M	79	30	12	2.50	13.0	9.0	8.0	30.0
Truls	M	91	24	9	2.67	12.0	9.0		21.0
Hans	M	106	33	12	2.75	15.0	10.0	8.0	33.0
Bjarne[a]	M	89	34	12	2.83	10.0	10.0	14.0	34.0
Arne[a]	M	87	29	10	2.90	13.0	10.7	10.7	34.3
Rolf[a]	M	93	36	12	3.00	16.0	8.0	12.0	36.0
Geir	M	83	38	12	3.17	12.0	10.0	16.0	38.0
Jostein[a]	M	91	40	12	3.33	11.0	13.0	16.0	40.0
Kjell[a]	M	90	40	12	3.33	13.0	15.0	12.0	40.0
Martin	M	93	33	9	3.67	16.0	14.7	13.3	44.0
Petter	M	93	48	12	4.00	16.0	16.0	16.0	48.0

Note: FACIT sum scores are based on given answers (*N* = number); Mean is sum score divided by *N*. FACIT subscores are calculated based on the 3-factor FACIT-Sp-12 scoring template 07.06.10 (Meaning items 2, 3, 5, 8; Peace items 1, 4, 6, 7; Faith items 9–12); calculated if 3–4 items are answered. FACIT total score range is 0–48 (total of subscores). The higher the score, the better the spiritual well-being. Blanc spaces = missing data.

[a]Dementia diagnosis.

[b]Lost recording of interview.

5.3 | Spiritual awareness

The second interview question was inviting to reflect upon spiritual care. Spiritual issues were found to be present in later life, as well as thoughts about spiritual needs regarding the future. Many participants struggled to converse about spiritual care, and there were great variations in their views on the content of the concept. One example was Arne who found it hard to grasp what spiritual care is: 'What does it mean, you must explain… spiritually… how to, really?' The overall interpretation is that awareness of spiritual issues is key to be able to speak about spiritual needs and address issues regarding spiritual well-being.

TABLE 3 FACIT-Sp-12: mean, standard deviation (SD) and missing data.

Items FACIT-Sp-12 (English, version 4, 16.11.2007)	Total participants (38)				Females (24)		Males (14)	
			Missing data					
	Mean	SD	*N*	%	Mean	SD	Mean	SD
1. I feel peaceful	2.41	1.301	1	2.6	2.35	1.369	2.50	1.225
2. I have a reason for living	3.03	1.237	5	13.2	3.05	1.268	3.00	1.240
3. My life has been productive	3.58	.732	2	5.3	3.64	.658	3.50	.855
4. I have trouble feeling peace of mind[a]	2.82	1.336	4	10.5	2.75	1.482	2.93	1.141
5. I feel a sense of purpose in my life	2.67	.994	8	21.1	2.56	.922	2.83	1.115
6. I am able to reach down deep into myself for comfort	2.48	1.271	9	23.7	2.22	1.263	2.91	1.221
7. I feel a sense of harmony within myself	2.47	1.261	4	10.5	2.45	1.317	2.50	1.225
8. My life lacks meaning and purpose[a]	3.06	1.153	4	10.5	3.05	1.276	3.07	.997
9. I find comfort in my faith or spiritual beliefs	2.96	1.338	13	34.2	2.69	1.494	3.25	1.138
10. I find strength in my faith or spiritual beliefs	3.04	1.296	15	39.5	2.92	1.505	3.18	1.079
11. My illness has strengthened my faith or spiritual beliefs	2.29	1.301	14	36.8	1.92	1.311	2.67	1.231
12. I know that whatever happens with my illness, things will be okay	2.37	1.334	11	28.9	2.13	1.457	2.67	1.155

Note: Missing data are reported: *N* (number) and % of total. Missing data are not included in mean and SD.

[a]Item is reverse scored. The instrument is based on a 5-point scale ranging from 0 (Not at all) to 4 (Very much).

5.3.1 | Understanding what spiritual care might be

Several residents like Jens, Solveig, Martha, Bertine, Ellen and Venke found it hard to say anything about spiritual care, whereas Gerd, Hanna, Ragnhild, Oline, Kristine, Ingveig and Margit said they had never heard or thought about spiritual care before. Even though Kjell was familiar with spiritual care, he expressed some challenges when describing the content of the concept: 'That something is spiritual, that is easy … But I cannot explain so that… it's quite elusive and difficult to understand'.

Those who were able and willing to reflect upon spiritual care found it to be an important aspect of their present life situation. However, there were differences in opinion, like Truls who said that spiritual care was not important. Olav had heard about spiritual care and explained: 'I don't think it has any such special value… One lives a good and decent life and … that's really it'.

Typically, many participants, like Hildur, Petter, Bertine, Kari and Tuva, immediately connected spiritual care with religion. The participants with a Christian affiliation talked about needs according to their faith. However, the significance of religious practices in their everyday life differed. One example was Clara who thought spiritual care was believing in God and she felt the nursing home milieu was supportive of her faith. She prayed 'Our Father' every day. As a reply to the question if there is something she thought was important to pass onto the staff, Clara uttered: 'Yes, that people are good to each other. We need each other'. Other residents also reflected upon their values, like Ruth who thought of the importance of staff treating all patients as equal; Hanna valued being with others, happiness and being friendly, while Eirik thought it was most important that people are smiling and there is a good atmosphere between people, and Svanhild talked about spiritual care as safety and being cared for.

5.3.2 | To comfort the older person and spiritual support when thinking about the future

Spiritual care includes comforting the residents and providing support according to their wishes, belief systems and values. Experiences of talking with the nursing home priest were mentioned by several participants. One was Rolf who missed more contact with the priest: 'I miss that there's someone who can tell us how life should be lived and preach to us'. Kari appreciated such talks explaining how she missed more religious meetings as she often got up from bed too late to join in. Another resident, Ruth described the importance of talking with the priest as follows:

> It would be good to have him coming. There are many things you might think about when you … you become old; you know there's not so much time left … So, I'm soon ninety-six. We must take one day by day and year by year. There is nothing else one can do.

Both talking with staff members, friends and family were appreciated alongside the priest. The need to speak to others was explained by Petter: 'Well, when I have come this far, I must recon every day as my last … So, there are a few serious thoughts that … arise'.

Gratefulness was expressed by some residents. Svanhild appreciated feeling safe because she knew the staff were present and there

for her. Agnes missed her family and said she felt alone. She thought the staff could not help with this matter; however, she appreciated receiving help with practical matters like getting in and out of bed. Others felt gratefulness towards being able to uphold their health status. Oline's greatest wish was to stay healthy in terms of not become bedridden, Olav's only worry was ill health or accidents, while Gerd and Kristine emphasised the importance of being able to walk. Ragnhild's thoughts about the future were related to appreciating being healthy and vigorous, enjoying being outdoors and just 'an ordinary life'.

Many residents, like Martha, Ingveig, Oline, Olav, Margit, Kristine and Hildur, disclosed having a positive outlook on the future and that things most likely would be fine, at least to a certain extent. In contrast to that, Tuva said that she did not believe at all that everything will be okay in the future. However, she was seemingly referring to her practical life and did not worry: 'I just drift along … Nothing else works'. This was in line with others, like Gerd who said she did not think about the future and 'just let life go by'.

Kjell was not afraid of the future as he was sure about an afterlife after death, while Truls' opinion was as follows: 'When it is over it is over, no matter what'. Vigdis thought of death as something she wished to happen sooner rather than later:

> Now I have lived so long that I'm satisfied. … You don't have strength anymore, I'm sick and tired of being like that. I hope our Lord takes me away from here soon. I hope he waits for me and wants me.

Even so, Vigdis also thought she had a reason to live, thinking about her children and grandchildren; then, she would like to live a bit longer, after all.

5.4 | Philosophy of life

Several participants found that the FACIT-Sp-12 questions about spiritual well-being were challenging to answer. In most conversations, these questions incited participants' reflections and dialogues about spiritual themes such as purpose and philosophy of life, and for many residents talking about faith was meaningful.

5.4.1 | Reflections about purpose in life and a reason for living

Many participants answered that their lives were purposeful, they felt inner peace and harmony and thankfulness towards others who made life enjoyable, and most of them had little to complain about. As an example, Ragnhild was grateful to 'be alive' and being healthy most of her life. Purpose in life was not something the participants were used to think about, and Frida admitted: 'This is the first time I think about that, but it was a good thought'. Svanhild said that she lived a good life and felt a reason for living, she uttered: 'I do want to live as long as I can'.

It was challenging to grasp the idea of having a reason for living. Several participants reflected upon how their closest family members were of great importance and that their support meant a lot. Tuva replied as follows:

> That is difficult, because we cannot really answer completely honest … But… I believe my family will mourn the day I die… So, for them I would very much like to be here a little while longer.

For Kjell, stating inner peace was no trouble, but a reason to live was harder to convey: 'When you are ninety years there is a chance to live on… A reason can be discussed, but I feel great joy about my closest family, that is for sure… That means a lot'. Also purpose in life was something he pondered about: 'Yes… the purpose… that I don't understand much. We all have that, but … still, it is so strange because what did our Lord mean when he created this [dementia]… Yes. Why should I live?' Nevertheless, his view of life was that it is a gift one receives.

Some participants were more ambivalent in their reflections, like Alfhild, Turid and Jens, who were hesitant about having a reason for living. Others found that their spouse or children were reasons for living, or that life was meaningful at least to some extent. Kari told she had a strong reason for living and related this to a conflict she tried to solve: 'I would like to live longer so that I do not have enemies when I leave from here'. Bertine found the question about a reason for living troublesome, and it made her reflect about her life and current situation:

> I kind of don't have - a special reason. Of course, I would like to live. No, that was a tricky question … So, if I had someone to live for; I think family, children, grandchildren, I don't have that. Unfortunately… I was supposed to have a child, but it went wrong. So, if it had been like that… then you have more, probably, to live for … but I have no family here. So, but that doesn't mean the same as that I don't want to live. So, it's really … I don't know how I should answer that.

5.4.2 | To believe or not and the significance of faith

The questions related to faith (sp9-12) were non-relevant to some participants and their philosophy of life. Both Martha, Oline, Margit, Gerd, Olav and Venke stated having no faith. What was important to Margit was being connected with her family. Martha did not have a particular view of life and had never been interested much about such matters, while Oline's life-view was to let life happen and hope that all goes well. Truls said: 'I have faith in the way that… there is something behind everything'. Likewise, Erik believed there is something out there that he can ask for support: 'When you become ill, you can feel that you are helped… I feel a kind of safety, and that my hardship makes me stronger'.

Others like Bertine, Ingveig, Hanna and Ragnhild referred to their childhood faith, or what they were taught as children. Ragnhild explained: 'I do not nurture it, but I follow it… It is there'. While Hanna was able to find strength in her faith, Ragnhild found no strength nor comfort related to faith; what comforted her was to be living and being able 'to get up each morning'. Also, Bertine said that her faith did not bring her comfort and clarified: 'Faith has accompanied me all the time… but I have been disappointed many times and then… I must say that I am not… absolutely sure about that'. She let us understand more about her struggles with faith when answering the question about her illness and if she thought everything will be okay: 'Ouch! No, it will not be okay for me, because I'm paralysed and I will never be well again … So that will not be okay'.

The majority, like Tuva, Frida, Clara, Kari, Turid, Agnes, Bjarne, Vigdis, Dagny and Geir, found comfort and strength in their faith. Dagny said: 'I think it's safe… that there is a Lord who looks after us and wishes us well'. Vigdis remarked:

> I went to Sunday school when I was little, and I'm married in the church, went to Christian meetings… Yes, so I've sort of leaned onto believing in God and a life after this. This is clear to me. There is nothing to object to.

Clara told her faith in Jesus Christ supported her and had become stronger during her illness and believing made life a bit easier: 'It's a little better when we get scared and anxious'.

Some participants like Svanhild did not have a strong faith at all; nevertheless, her faith provided strength and comfort, and she stated: 'Yes, I absolutely believe in that, there is something there'. Hildur grew up in a Christian home and was a member of the church, but she was not practicing actively and admitted that talking about faith was not something she missed or found 'necessary'. Kristine also told that she was not practicing and found no comfort nor strength in her faith. Conversely, a few residents talked about their faith with great passion. One was Jostein who said that he often thanked the Lord for living and taking care of him. He sometimes talked with the nursing home priest but usually he managed by himself, and explained:

> I must bring a word of God, or something from my faith in the evening … Say my thanks for the day that past. And it's his will if I get to experience tomorrow. But many times, I'm so tired and exhausted that I just must go to bed.

Another was Kjell, who confirmed that to believe was a strength in his life, albeit he struggled a bit in relation to dementia: 'It's very tiring that he [God] takes everything … He takes everything that I see now, he takes that from me. It's a bit difficult for me losing the content in a conversation'. Nevertheless, he thought he needed to keep up his spirit and a strong faith: 'Without a doubt, believing in our Lord, that makes me not afraid of him'. The ambivalence was present though, as he said he could live with being ill but struggled with uncertainty as he did not understand the reason why.

5.5 | Interconnectedness

There were connections between spiritual care aspects of care concerning belonging, feeling at-home and spiritual well-being regarding the presence of spiritual issues, faith, meaning and purpose. The interconnectedness between aspects of spiritual care is illustrated through six participant cases.

5.5.1 | Belonging, feeling at-home and spiritual well-being

Petter scored the highest on the spiritual well-being scale. He accepted his life situation, using optimistic wordings like 'fabulous' and did not miss anything at the nursing home. He also gave an example of how he found new meaning in life:

> I thought the personnel… deserve acknowledgement and gratefulness for helping us. That is why I started to say, loud and clear, every time I leave the table: 'Thank you for the food.'… And now … almost all say thank you. And I thought; I accomplished something in my old days.

Petter said that his Christian faith was a significant part of his life and that gave him comfort and kept away sadness. He looked forward to coming to God after death and related much in life to his faith:

> I feel that my life has a purpose. Yes, it has. There's so little you can do when I'm that old. But based on my faith, I think that, maybe my life is so long because I should be able to pray for my family and everyone who wants me to. And that it is the purpose for which you live.

Martin was thriving, receiving good care and the personnel were fine. He misses his family, but they often come to see him. He described his childhood faith and how he enjoyed attending the services and talks with the nursing home priest. Martin said his faith had become strengthened and it provided him comfort. Furthermore, he describes spiritual care as meaningful including this: 'It is… all care … They are kind and friendly and… bring the food as they should… the food is good too. That… that's care'. About the future, he had no worries: 'I've become so old that I… I don't have anything that I… look forward to or something like that … We get food here and they look after me properly and… I'm healthy'.

Solveig was the female participant with the highest well-being scores. She thought that living at the nursing home was 'very nice', she missed nothing and said: 'It's good really to be here… I'm thriving very much … I feel comfortable here, I feel… well-being here, to use that expression'. Solveig confirmed having inner peace and a reason for living. She was content about her life and her former work in an office and did not express any struggles related to spiritual well-being. She said that her faith both gave her strength and comfort, and she believed that everything would be okay.

5.5.2 | Longing, not feeling at-home and spiritual suffering

Alfhild had the lowest well-being scores. She said how she missed her husband and her longing for the past. She also disliked being dependent on help from others and would have preferred to live elsewhere than the nursing home. Her longing was seen as an obstacle, making it difficult to adapt to her present life situation. Nevertheless, she was able to enjoy conversations with staff and visits by family and friends. Regarding spirituality, she was not particularly at ease in her current situation. She said that she did not believe, but still she considered herself as religious: 'Yes, I have a faith'. She reflected upon her situation and was not hopeful that everything will be okay. On several questions, she confirmed difficulties in finding life meaningful. She had no reason for living, saying: 'If I had the courage to do it, I would have ended it all … my life'. We understand that she was not content with her situation and would have benefited to talk more about her troubles. Alfhild confirmed having troubles finding inner peace and lacked purpose in her life and her low spiritual well-being scores indicated spiritual suffering.

Turid also talked about not being settled in her current life situation; she disliked the food and the nursing home routines, remarking: 'No, I do not settle her, no. Going to bed at seven in the evening, that fits me poorly… It's much too early'. She was longing for the past, although losing her husband many years ago, she did miss him terribly and often felt lonely and alone. Regarding spiritual well-being, she had little sense of purpose in life as she missed being at her former home. She said she seldom went to church but admitted that her faith was a comfort and strength, although it did not seem to be of particular importance for her. did not have a positive outlook on life and did not believe that the future would be better. Her reply on the question about everything being okay was 'nonsense'. Thus, we find that she was struggling and experienced low spiritual well-being or spiritual suffering.

The male participant with lowest score was Jens. He said he was okay in the nursing home as he was able to help co-residents, this giving some purpose in life. He also had his wife to care for, although she was not living with him; he called her often on the phone. Regardless of being satisfied with the facilities, he had several points of dissatisfaction and did not feel at-home there. In particular, he longed for being able to be more independent, and he felt that he was not able to go outdoors as often as he would like. There was a sadness in the way he described the situation and the lack of freedom to move: 'I have no chance because I'm locked here, I'm here in this room. I can't go to the floor below'. He was satisfied with the staff and enjoyed talking to them and having visits from friends. Jens was ambivalent about having reasons for living. He had no faith to rely on: 'Faith? Well, that is. I do not have anything like that. I have been closer before, not now'. Thus, he was not to hopeful regarding the future, and to some extent, he experienced spiritual suffering.

6 | DISCUSSION

This study provides an understanding of older nursing home residents' thoughts and experiences regarding spiritual care.

6.1 | Spiritual at-homeness

Thriving is a more commonly used word than spirituality in the Norwegian language, and previous research states that older people tend to use other words for spiritual care to express how they feel; for example, uplifted, harmony, good feelings, interest and joy (Rykkje & Råholm, 2014). This entrance to spiritual issues was useful to converse about existential and spiritual care in relation to what was meaningful for the participating residents in their everyday life. We noted that asking about thriving engaged those participants who found the word spiritual difficult to grasp, and those who did frame spiritual care with religion but did not themselves adhere to having a strong faith.

This theme suggests that experiencing 'at-homeness' is vital for nursing home residents. It is reported in Scandinavian nursing research that feeling at-home as an existential dimension can be challenging for patients who struggle with illness, suffering and distress (Öhlén et al., 2014). To feel at-homeness is a significant part of human well-being and health and can be understood as how the person connects with their innermost core, and when patients feel at-homeness in the nursing home, they feel whole, as an entity of body, soul and spirit (Hilli & Eriksson, 2019).

Our overall understanding of the participants' reflections is that most of them felt that the nursing home was a safe and secure place to live, where they could thrive and feel at-home; this represents belonging. Feeling peace of mind, security and at-homeness are part of human spirituality and vital in experiencing spiritual wellness (Eriksson, 1997; Hilli & Eriksson, 2019). Our findings point towards the environment as well as connectedness to others and maintaining relationships as spiritual resources, may foster acceptance of the living situation (Gautam et al., 2022; Harrington et al., 2019; Ødbehr et al., 2017).

Furthermore, it seemed essential for residents to accept their situation, as longing for the former home could cause distress and negative feelings. There was a tension between feeling at-home and at

the same time missing what life was like before. Several participants expressed sorrow connected to leaving a house they loved; thus, we find that moving in some ways entails 'loosing oneself'. Indeed, moving to a nursing home may represent losing parts of one's existential being (Tsai et al., 2022). Therefore, we suggest that how the older person adapt to the nursing home life and if they feel at-home or not, are important aspects to integrate into spiritual care.

6.2 | Spiritual awareness

Although the participants found it difficult to talk about spiritual care, they tended to express that spiritual matters were significant and present in their lives. This did, however, require spiritual awareness. Norway is a secular country where spiritual care is often related to religion (Rykkje, 2019) and considered a private matter. The participants gave examples of aspects of spiritual care regarding the values that they lived by; religion and faith was important for some, while others mentioned an appreciation of relationships and friendliness, feeling safe or being taken good care of. We find that many aspects of spiritual care can be equal to what residents' view as part of 'good care'; similar opinions were found in an interview study of nursing home personnel (Morland et al., 2022).

Spiritual awareness also points towards the older person's ability to be in the moment and find joy in life. Some expressed spiritual needs regarding religious services (Ødbehr et al., 2017; Toivonen et al., 2023), while others underlined their gratefulness towards being in good health, enjoying daily activities and simply the fact that one is alive. Several participants reflected about death and an after-life, expressing mixed feelings about being close to the end of their life. There were a few residents who were not hopeful regarding their situation and the future. We urge caregivers to be especially aware of such residents, as they could need spiritual care conversations or talks with a religious leader or spiritual care provider.

An awareness of spiritual issues presupposes an ability to be with the residents in a way that acknowledges them and enables the nurse to open a space where these experiences can be shared and recognised. This requires comfort to be provided in caring relationships and the value of each individual resident being acknowledged (Gautam et al., 2022; Rykkje, 2019). Asking about previous experiences, preferences, life views and if they have a religious affiliation can enable nursing personnel to safeguard older people's spiritual care needs (Eriksson, 1997; Rykkje & McSherry, 2021). We believe an important way forward is to continue to educate nurses and other professionals about spiritual awareness and spiritual care for older people (Cone & Giske, 2022; Pennbrant et al., 2020); we must add that this includes what we interpret as 'good care'.

6.3 | Philosophy of life

Spiritual issues were recognised in the participants' philosophy of life. Having a faith and religious practices was a strength in the lives of many residents, although some spoke about faith with disappointment regarding their prayers not being heard. It was also some participants who lived with ambivalence related to faith; on the one hand, providing comfort and strength while on the other hand, pondering about the reason why God has created such a disease as dementia. These findings point towards fear of the future and losing oneself, as the dementia is progressive and incurable (Palmer et al., 2022). Consequently, we find it important that the residents' individual spiritual needs must be respected and valued (Ødbehr et al., 2017). Furthermore, we suggest that people with dementia should receive tailored support to help if they struggle with religious issues, and the nursing home priest or other spiritual care providers (SCP) could be approached as they possess valuable skills in the interdisciplinary team (Kuepfer et al., 2022). The choice of SCP must be according to their specific religious belief system.

Understanding spiritual care is as previously pointed to, in the necessity of thriving through having good relationships with others, fostering hope and a meaningful everyday life (Baxter et al., 2021; Gautam et al., 2022). Therefore, caregivers must be familiar with the individual older persons' past, their preferences and their philosophy of life, including religious affiliation (Bergbom et al., 2021; Eriksson, 1997; Jones, 2020). However, our findings highlight that a person's history and background do not always reflect the current spirituality of older people with dementia. This means that caregivers also must be sensitive to the 'here and now' and be aware of nonverbal expressions by interpreting body language as well as the general atmosphere in the care setting.

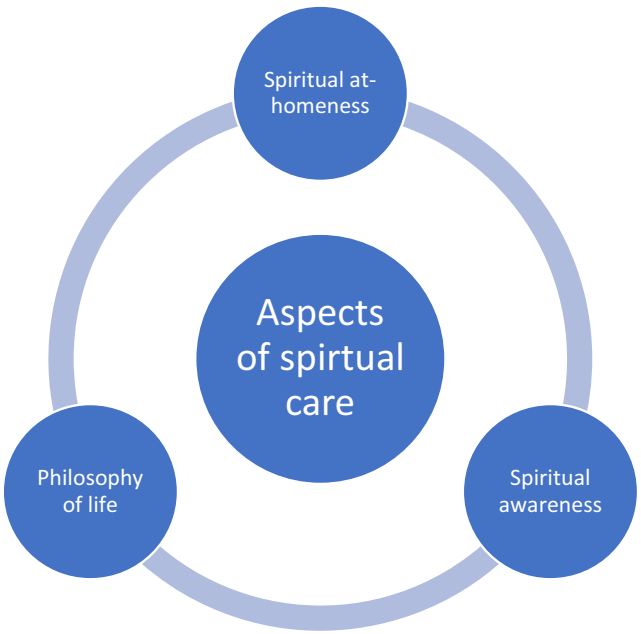

FIGURE 1 Interconnectedness of aspects of spiritual care—understood through the voices of older nursing home residents. [Colour figure can be viewed at wileyonlinelibrary.com]

6.4 | Interconnectedness

The older residents' voices portray a broad and diverse understanding of central aspects that are fundamental for spiritual care when living in a nursing home. Figure 1 suggests an interconnectedness between the study's themes. When being a resident, both belonging or longing and spiritual at-homeness and spiritual awareness in relation to the present situation and the future, as well as purpose, meaning and philosophy of life can be significant. The figure cannot presume what comes first or which aspects matter the most; there will always be individual diversity in experiences, opinions and spiritual care needs.

Being able to accept the life situation when living in a nursing home might foster a sense of belonging. If experiencing belonging, it is more likely to feel at-homeness. We find that high spiritual well-being scores which include finding purpose seem interconnected with belonging and feeling at-home. Jones (2020) suggests that spiritual well-being may represent different things for everyone; however, there are some common features like connectedness and to accept one's life and how one is doing at the present. Well-being in relation to spiritual matters is likely to foster hope and optimism regarding reflections about ones' future, as well as what Eriksson (1997) portrays as feeling 'unity' as a human being.

We cannot state whether it is a generally optimistic outlook on life and previously developed experiences of spiritual well-being that help residents to thrive and feel at-home more easily. It is also possible that being able to accept and be at peace at the nursing home is what helps the residents to feel spiritual well-being in their current situation. Our suggestion though is that it is likely that the participants brought a sense of spiritual well-being with them when moving to the nursing home, and that this contributed to ease the process of acceptance and belonging.

Nevertheless, we think that the ability to acknowledge one's worth and value and how life is in the here and now, has an important impact on the experience of spiritual well-being in the older resident. If there is a longing for something else or past when living in a nursing home, this can be a challenge, representing itself in a struggle to adapt to the new life situation. Such residents are more likely to not feel at-home and their struggles can be identified as low spiritual well-being or be perceived as spiritual suffering (Bergbom et al., 2021; Hirakawa, 2014). When participants expressed a lack of purpose or meaning in life, this was reflected in our findings as low well-being scores. Therefore, an awareness of questions such as those in the FACIT-Sp-12 instrument can be helpful to recognise those who are struggling, as such residents might need spiritual support from a spiritual care provider (Kuepfer et al., 2022). The findings point to the significance of spiritual issues in old age, and that nurses must be knowledgeable of and provide spiritual care for both residents that experience spiritual well-being and those who struggle or experience spiritual suffering.

6.5 | Strengths and limitations of the work

The strength of hermeneutics is the focus upon understanding the participants' voices through a dialectic analytic process. Qualitative research can only provide a fragmented picture of our reality (Eriksson, 2010); therefore, we do not speak about representativeness or generalisation; rather, we try to give a new or broader understanding of spiritual care (Debesay et al., 2008). Our understanding represents only one among many possible interpretations (Corcoran & Cook, 2023; Gadamer, 2004). Nevertheless, the findings may resonate with the readers own experience, and as such, it is relevant to speak about transferability of findings across different settings.

The study gives insights into variations in FACIT-Sp-12 spiritual well-being scores among the participants. However, scores must be interpreted considering the high number of missing data, and scores are non-representative due to the small number of answers. One limitation of descriptive statistics is that it does not provide causal information, nor can it be generalised to a larger population (Fisher & Marshall, 2009).

6.6 | Recommendations for further research

This study contributes to the growing research evidence concerning spiritual care for older people. We recommend that this knowledge must be put into practice through educational interventions in older people care, and especially for persons with dementia. Thus, there is a need for practice development research in this field. The findings reflect that nursing research needs to develop a framework for spiritual care services to older residents related to religion and end-of-life issue and also be adjusted to people with dementia.

6.7 | Implications for policy and practice

These findings contribute to healthcare provision and policymaking in the field of older people nursing and dementia care. The relevance for clinical practice is high because there is limited evidence about the population regarding spiritual care, as older people and especially those living with dementia often are omitted from partaking in research (Gautam et al., 2019; Toivonen et al., 2023). Several persons with dementia contributed to the findings and this mirrors the current situation where a high number of persons with dementia live in nursing homes (Public Health Report Editorial Group, 2016). Lessons learned include the fact that although conversations with persons with dementia can be challenging and relatives often speak on their behalf, this is a group of people who are able to voice their own preferences and wishes about everyday life and spiritual issues. Providing spiritual care can be understood as 'good care' and requires nurses with knowledge, willingness and a genuine interest in the individual person behind the diagnosis.

7 | CONCLUSION

Spiritual well-being, including finding purpose, spiritual awareness and beliefs, was found to be interconnected with spiritual at-homeness in the nursing home. Thriving in the nursing home environment and experiencing belonging, being in the moment, finding joy in life and having meaningful activities and religious services were important aspects of spiritual care. The study also found that many aspects of spiritual care can be equal to what residents' view as part of 'good care'. It was significant for the older residents to be asked about their preferences and that these were respected as far as possible. Healthcare professionals must be knowledgeable of and provide individual, tailored spiritual care for both residents that experience spiritual well-being and those who struggle or experience spiritual suffering.

AUTHOR CONTRIBUTIONS

Kristin Ferstad: Investigation (equal); formal analysis (equal); writing—review and editing (equal). Britt Moene Kuven: Investigation (equal); formal analysis (equal); writing—review and editing (equal). Marianne Morland: Investigation (equal); Methodology (lead); writing—review and editing (equal). Linda Rykkje: Conceptualisation (lead); Investigation (lead); methodology (equal); writing—original draft (lead); formal analysis (lead); writing—review and editing (lead).

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None declared for all authors.

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Research data are not shared.

ETHICS STATEMENT

We confirm that data utilised have been lawfully acquired in accordance with Norwegian laws on Research Ethics; permission was obtained from the Regional Committee for Medical and Health Research Ethics in Western Norway (Number 256815).

PARTICIPATING INVESTIGATORS

Kristin Johnsen participated in the data collection, transcription and the early analysis phase; Wilfred McSherry participated in the project planning and commented on the final manuscript.

ORCID

Linda Rykkje https://orcid.org/0000-0001-6449-3615
Britt Moene Kuven https://orcid.org/0000-0003-0080-2655

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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