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Poster Abstract

Spiritual Care in the Integrated Care Paradigm: A Road Map for Physiological Aging and Chronic Illness

Chariklia Tziraki, MD, PhD, Professor, Director of Research, Community Elders' Clubs, MELABEV, Israel

Silvina Santana, Department of Economics, Management and Industrial Engineering; Institute of Electronics Engineering and Telematics of Aveiro, and Research Unit in Governance, Competitiveness and Public Policies, University of Aveiro, Aveiro, Portugal

Berthold Lausen, Professor of Statistics, Research Director, Department of Mathematical Sciences, University of Essex, UK

Christos Lionis, Professor of General Practice and Primary Care and Director, Clinic of Social and Family Medicine, University of Crete, Greece

Correspondence to: **Chariklia Tziraki**, Community Elders' Clubs, MELABEV, Israel, E-mail: tziraki@gmail.com

Abstract:

Background: Spiritual care has been shown to be beneficial for patient in the settings of oncology and intensive care [1-5]. We propose that the quality of care given to the aging or to individuals with chronic illness might also improve as a result of the inclusion of spiritual care interventions in the integrative care models which guide the management of such individuals. The research studies to date that point to a positive impact of spirituality on patient outcomes in this patient population, have been criticized for the lack of a strong theoretical framework [6- 11]. The need for spiritual care is recognized, but a theoretical model has not been developed, and testable spiritual interventions have not been defined.

In addition, there are also key reasons that have to do with the conceptualization of integrative care itself — the focus on the integration of 'services' which have a direct economic component is reflected in the WHO definition of integrated care: "Integrated care is a concept bringing together inputs, delivery, management and organization of services related to diagnosis, treatment, care, rehabilitation and health promotion. Integration is a means to improve services in relation to access, quality, user satisfaction and efficiency" to the individual [12, p.6]. The person in the WHO scheme is always to be seen as part of an entity and a system of beliefs, culture, religion and a community ecosystem and not to be seen as a "single" person. Similar reports from the IOM (Institute of Medicine) (13, p.20) focus on the essentials of a "systems engineering" approach to fixing an aliening health care system, defining essential and necessary steps best depicted by the following diagram.

The individual, labeled as patient, is the white circle with no subscript. Although the word spiritual evokes fears in some people that esoteric concepts undermine the scientific rationality, we would argue that conceptually spiritual care is based on the rational concept of how we define a person in

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an evidenced based medical world view. We suggest that spiritual care has to be introduced into this ill-defined and poorly understood space, for the benefit of the patient and the broader family/community context.

The main goals of this paper are:

- to present data defining the key elements of spiritual care;
- to identify where in the clinical course of such patients spiritual interventions have been shown to affect patient outcome; and
- to develop a paradigm of spiritual care that can be integrated into the care systems across the life span of the individual.

Methods: We review the literature from peer reviewed paper and consensus –strategic reports focusing on spiritual care for the aging and patients with chronic illnesses. The review encompasses the period from 2008 through January 2013. These sources have focused on the definitions and theoretical constructs of spirituality and spiritual interventions in relation to aging populations where the aim is not end-of-life care, but, rather, “wellness” care, while living with chronic diseases or aging. At least two researchers have reviewed each document, systematizing evidence on key constructs, processes and outcomes.

Results: This comprehensive review enables the development of a paradigmatic model, which we present, that introduces the accepted definitions and interventions components of spiritual care into the care plans for aging patients or those with chronic illnesses. This model comes to add to the new WHO declaration: Primary Health Care: Now More Than Ever [14]. It is intended to help primary care practitioners by developing guidelines for the integrating of spiritual care during the course of their patients’ chronic illnesses or aging process [15-16].

Conclusions: There are constructs of spirituality and spiritual interventions that can be applied to the integrative systems of care given to aging patient or those with chronic illnesses during their life cycle. These interventions can be applied throughout the life span and their effectiveness has been tested both in terms of quality of life and socioeconomic variables that contribute to the ever increasing burden and gift of longevity.

Keywords

spirituality, integrative care, aging, chronic diseases

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