ARCADA

Spirituality in survivors of natural disasters

Understanding the needs and improving the care

Linda Deloso

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Sammandrag:

Detta masterarbete studerade, med basis i tidigare urförd forskning, andliga behov uttryckta av människor som överlvevt naturkatastrofer, samt sätt på vilka dessa behov kan bättre tas om hand. Målet var att skapa en förståelse av andlinga behov hos överlevare av katastrofer och utveckla kunskapen om hur vårdpersonal i katastrofsituationer kan förbättra vården av dessa behov. Forskningsfrågan löd såhär: Vilka är de andliga behoven hos överlevare av katastrofer och hur kan vården av dessa förbättras? Som metod valdes scopingstudie med stöd av innehållsanalys. Sju tidigare studier på ämnet andlighet i naturkatastrofer, fokuserade på tre olika länder och mestadels överlevare av låg socioekonomisk status, inkluderades i analysen. Resultaten visade fyra huvdusakliga kategorier av andliga behov: utövande av andlighet, relation med en Högre Makt, skapande mening och socialt stöd från den andliga gemenskapen. Vården kan förbättras både av organisationer och av individella vårdare i områden som kulturell sensitivitet, samarbete inom och mellan olika typer av organisationer, engagemang och känslighet i förhållande till klienten och flexibla vårdmetoder. Några begränsningar av denna studie var författarens begränsade erfarenhet av forskning, att studien utfördes av en enda person och den begränsade tillgängligheten av tidigare studier relevanta för detta ämne.

Nyckelord:	Andlighet, religion, katastrof, scopingstudie, innehållsanalys
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Abstract:

This thesis studied the spiritual needs of survivors of natural disasters and ways of improving the care of these needs based on previously conducted research. The aim was to create an understanding of the spiritual needs in disaster survivors and enhance the knowledge in how caring professionals responding to disasters can improve the care of these. The research question posed was as follows: What are the spiritual needs of disaster survivors and how can the care of these needs be improved? The method of choice was scoping study with support of content analysis. Seven previous studies on the topic of spirituality in natural disasters, focused on three different countries and mostly survivors of low socio-economic status, were included in the analysis. The results showed four main categories of spiritual needs: spiritual practices, relationship with a Higher Power, meaning making and social support from the spiritual community. Care can be improved on by both organizations as well as individual caring professionals, in areas such as cultural sensitivity, collaboration between and within different organizations, commitment and sensitivity towards the survivor and flexible treatment methods. Some limitations of this study were the author's limited experience of conducting research, the fact that the study was conducted by one single person and the small amount of previous studies relevant for this subject.

Keywords:	Spirituality, religion, disaster, scoping study, content analysis
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FOREWORD

Spirituality and religion have been an area of interest for me for many years. I am fascinated by people's beliefs and how these beliefs can help overcome almost any adversity. I am also aware of that spirituality and religion are controversial topics in society today and addressing these in caring situations can be challenging on many levels. I believe there is a lot to learn about spirituality as a resource in facing adversity, beyond relevance to only clergy or spiritual caregivers.

Before going further into the reasons for choosing this topic, I want to take the time to give a description of myself, so that my background and subjective perspectives can be taken into account in understanding my starting point when diving into the thesis work, as well as the possible ways my interpretations of previous research has been coloured by these things. I am a white woman and Swedish-speaking Finn. I consider myself a Christian, but have not always done so. As for my professional background, I am a registered nurse, with experience in oncology, post-operative care and elderly care. I do not have any experience of research apart from my bachelor's thesis, which was an empirical study of the lived experiences of people with overweight.

The original idea for this thesis was provided by the former head of the Master of Global Health Care programme, Ikali Karvinen, but has since been adapted to fit my own research interest, as well as the time frame and possibilities of the thesis. When approaching the literature search, university librarian Marketta Fredriksson was of great help in guiding the choice of databases, search terms and overall approach to finding relevant literature, and she therefore enhanced the quality of the study beyond what I could have achieved on my own.

1 INTRODUCTION

Spirituality has a strong connection to health and wellbeing and can be used as a way of coping with trauma or illness (Koenig 2012 p. 27; Koenig 2014 p. 29; Hodge 2015 p. 30). Studies have shown that spirituality becomes increasingly important for survivors of disasters (Koenig 2014 p. 30; Hodge 2015 p. 30), also in survivors for whom it has not previously played an important role (Hodge 2015 p. 30). In disasters, spirituality can either work as a coping mechanism (Koenig 2014 p. 39-42) or cause extra distress because of the trauma, leading survivors to question previously held beliefs (Koenig 2014 p. 9-10).

Despite this, spiritual needs are often overlooked in disaster response (Fernandes & Sebastin 2014 p. 253-254; Koenig 2014 p. 99). The reasons behind this are many, including for example not realizing its importance to survivors, having insufficient knowledge to care for these needs or issues between organizations (Koenig 2014 p. 97, 99; Massey 2006 p. 20). The author wanted to help close this gap in knowledge and find suggestions for improvement of the care of spiritual needs, and therefore took up this topic for the thesis project.

Hence, the aim of the thesis was to create an understanding of the spiritual needs in disaster survivors and enhance the knowledge in how caring professionals responding to disasters can improve the care of these. The research question was: What are the spiritual needs of disaster survivors, and how can the care of these needs be improved? The thesis was approached from a perspective of holistic care and conducted as a scoping study based on the Arksey and O'Malley (2005) framework, with support of inductive content analysis.

For the purpose of this thesis, disaster was defined as "a sudden, calamitous event that seriously disrupts the functioning of a community or society and causes human, material, and economic or environmental losses that exceed the community's or society's ability to cope using its own resources" (The International Federation of the Red Cross and Red Crescent Societies n.d.). Religion was defined as "participation in religious social

structures" and spirituality as "the subjective, individual, lived-out commitment to spiritual or religious beliefs" (McIntosh, Poulin, Silver & Holman 2011 p. 497).

The following chapters explain the concepts of disasters, spirituality and religion more in detail and gives background on the topic of spirituality, health and disasters in order to create a better understanding of the study area. The paper then moves on to stating the aim and research question and explaining the theoretical perspective of the thesis as well as choice of research methods. After that, it explains the scoping study process and presents the results. The results are then discussed in comparison to previous research. Finally, issues of ethics and trustworthiness in the research process are discussed and a conclusion to the work is given.

2 DISASTERS

The International Federation of the Red Cross and Red Crescent Societies (IFRC n.d.) defines disaster as "a sudden, calamitous event that seriously disrupts the functioning of a community or society and causes human, material, and economic or environmental losses that exceed the community's or society's ability to cope using its own resources". The concept of emergency is closely related to disaster, but they differ from each other in that emergencies are situations where the communities are able to cope using their own resources (Fernandes & Sebastin 2014 p. 249).

According to the Johns Hopkins Bloomberg School of Public Health and International Federation of Red Cross and Red Crescent Societies (JHSPH & IFRC, 2008 p. 26) disasters can occur at different levels, such as household, community or provincial levels. For the purpose of this thesis, however, only larger scale disasters affecting large populations were considered in an attempt to narrow down the scope.

Disasters are usually classified into two different categories; natural and man-made disasters (Fernandes & Sebastin 2014 p. 249). Natural disasters are generally caused by events of nature – even though the impact of man on some of these disasters cannot be denied – and include for example tropical storms, earthquakes, mudslides, floods,

droughts, and forest fires (JHSPH & IFRC 2008 p. 27). Man-made disasters are deliberately or accidentally caused by humans, such as for example chemical or nuclear leaks, terrorist attacks, structural collapses, and armed conflicts (Fernandes & Sebastin 2014 p. 250).

However, the Johns Hopkins Bloomberg School of Public Health and International Federation of Red Cross and Red Crescent Societies (2008 p. 27) claim that in today's complex society, many natural disasters could have been avoided or had a smaller impact if it had not been for the actions of humans, and so propose a third category of disasters where humans were a factor, but not a direct cause of disaster (such as famine or mudslides caused by deforestation). The authors also note that humans nowadays are able to do much more to reduce the impact of natural events, by for example early warning systems, zoning codes, responsible land use, construction codes, food security programs, and immunization programs (JHSPH & IFRC 2008 p. 26-27).

2.1 Disasters and health

Disasters affect people differently, and the impact the disaster has on a survivor depends on for example the severity or scope of the disaster, the survivor's proximity to the disaster, their responsibility towards others in the affected area, as well as the personality and mental health situation of the survivor (Fernandes & Sebastin 2014 p. 252; Koenig 2014 p. 1). Fernandes and Sebastin (2014 p. 253) categorize disaster impact into two different categories; tangible and intangible. Tangible losses are easy to notice and include, but are not limited to, health, security, property, services or income. Intangible losses are more difficult to notice, and include, without being limited to, relationships, religious practices, disruption of normal life, and coping mechanisms. (Fernandes & Sebastin 2014 p. 253).

In the aftermath of disaster, specific patterns of different psychological reactions have been observed in different time periods (Koenig 2014 p. 1). A summary of the phases, as described by Koenig (2014 p. 2-3), can be seen in Table 1. For some survivors, these phases may appear in different order, be prolonged or shortened, but the summary this

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gives a good basis for understanding the reactions and needed assistance (Koenig 2014 p. 1).

Table 1. The phases of psychological reaction to disaster, adapted from Koenig 2014 p. 2-3

Phase	Time frame	Common reactions	To consider
Impact phase	Immediately after onset until physical damage is completed	Hyperarousal/ alertness, fear, shock, numbness	Any factor that gives a sense of control will help reduce trauma in this phase
Early aftermath phase	Immediately following the disaster	Anxiety, acute grief, physical sensitivity	Focus is normally on physical needs, psychological needs ignored
			Giving information, reassurance and instruction most important
			Asking survivors to talk about their experiences generally not helpful
Short-term aftermath phase	Rescue workers start to leave	Need to make meaning of what happened	Psychosocial interventions most important, survivors most receptive
		Grief over losses	Caution over dismissing "bad" explanations for the disaster, as these might hold the world of the survivor together
Long-term aftermath phase	Begins 6-12 months after the disaster	Rituals, memorials & commemorative events important	Continued/periodical support (social, psychological, spiritual) may be necessary for years afterwards

Some disaster survivors might have to deal with psychological consequences for a long time after the disaster. According to Koenig (2014 p. 4) the most common long-term psychological problems following a disaster are anxiety, physical complaints, alcohol use, phobia and depression. The susceptibility of these long-term problems depends on many different factors, "proximity to the trauma and intensity of exposure" being the strongest predictor (Koenig 2014 p. 6). Generally, women, people of lower social status and with lower education level are more likely to suffer from psychological problems after a disaster (Koenig 2014 p. 6). Available social support as well as belief systems that give a sense of control seem to protect against long-term psychological reactions (Koenig 2014 p. 6-7).

3 SPIRITUALITY AND RELIGION

There is wide agreement that religion and spirituality are distinct but overlapping phenomena (Hodge 2015 p. 28; McIntosh et al. 2011 p. 503). While the concept of religion is fairly easy to define, as we will see later on in this chapter, there is currently no agreement on the best definition of spirituality. The existing definitions varies from broad, universal ones to more specific, theistic ones (Hodge 2015 p. 28).

Many current definitions of spirituality in nursing focus on things such as existential experience, meaning, hope or purpose (Reinert & Koenig 2013 p. 2624). An example of such a definition is the one presented by Stratta, Capanna, Riccardi, Perugi, Toni, Dell'Osso and Rossi (2013 p. 1030): "spirituality is the personal quest for understanding answers to ultimate questions about life, meaning and relationship with the sacred or transcendent".

Several authors argue that these types of definitions of spirituality are problematic (Reinert & Koenig 2013; McIntosh et al. 2011 p. 505), as they contain what Reinert and Koenig (2013 p. 2624) call "mental health contamination". When accepted mental health concepts such as meaning and purpose are used to define spirituality, being spiritual becomes equal to having good mental health, ruling out that people with mental illness could be spiritual, which in reality is not necessarily true (Reinert & Koenig 2013 p. 2624).

For the purpose of this thesis, the author wanted to define spirituality and religion in an easily understandable way without the above mentioned contamination with mental health concepts. The definitions used by McIntosh et al. (2011 p. 497) where therefore deemed most appropriate; religion is hereby defined as "participation in religious social structures", and spirituality as "the subjective, individual, lived-out commitment to spiritual or religious beliefs". Spirituality is seen as broader than, and therefore encompassing, religion (McIntosh et al. 2011 p. 497; Hodge 2015 p. 28), which is why the concept of spirituality will be used throughout the thesis as including both religious and spiritual beliefs.

3.1 Spirituality and health

The World Health Organization (2005 p. 1) defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity", arguing for a holistic view of health. Some scholars have argued that the concept of spirituality would be added to this definition, but have encountered difficulties because of the problem of defining the difference between "mental" and "spiritual" (Nagase 2012 p. 71-71).

A common argument for not integrating spirituality in health care is the secularization of – and declining church attendance in – large parts of the world (King & Koenig 2009 p. 2; Hodge 2015 p. 32; Benson et al. 2016 p. 1388). However, this does not necessarily mean that people in these countries do not have any spiritual needs. An ICM poll done in 2004 showed that even 30% of atheists across ten different countries sometimes pray (King & Koenig 2009 p. 2). Another survey made in Japan showed that even though a large majority (76%) of Japanese do not believe in any specific religion, many of these people feel deep reverence towards their ancestors (94%) or have a sense that there is a power in nature greater than that of human beings (54%) (Nagase 2012 p. 71).

Another common reason not to integrate spirituality in health care is the risk of proselytizing (Benson et al. 2016 p. 1388; Furman et al. 2016 p. 90). This is why it is important to approach spirituality and spiritual needs in a proper manner, making sure to follow ethical guidelines. Massey (2006 p. 7-8) stresses the importance of caring for all survivors, no matter whether you share the same spiritual perspective or faith tradition or not. He continues to give three basic standards for spiritual care in disasters: offering "presence and hospitality", meeting and accepting people as they are, and not doing harm (i.e. not proselytizing or exploiting survivors in vulnerable positions) (Massey 2006 p. 7-8).

Different ethical codes and guidelines also mention the importance of taking the spiritual beliefs of clients into consideration when providing care (Hodge 2015 p. 29). For example, the ICN Code of Ethics for Nurses (International Council of Nurses, ICN 2012 p. 2) states that "in providing care, the nurse promotes an environment in which the human

rights, values, customs and *spiritual beliefs* of the individual, family and community are respected" [emphasis added by author]. The Universal Declaration of Human Rights (United Nations 1948/1998) emphasizes in article 18 every human's right to freedom of religion, including the freedom to change their religion, or manifest it in different ways. For a caring professional to be able to respect these beliefs and manifestations, he or she will need to have some knowledge about the disaster survivor's spirituality (Hodge 2015 p. 29).

The connection between health and spirituality has been found to be quite strong. Many people use their beliefs as a way of coping with illness or disability, either their own or a loved one's, through for example prayer or personal spiritual practices (Koenig 2014 p. 29). This type of coping has generally been associated with less depression in patients that are hospitalized (Koenig 2014 p. 30).

Spirituality also seem to have a protective health effect. Studies have shown that spirituality and religion generally have a positive effect on both mental and physical health (Koenig 2012 p. 27, Hodge 2015 p. 30). It has been found to be associated with, among other things, more positive emotions, greater social support, and healthier lifestyle (Koenig 2012 p. 18-24). Generally, people with a healthy spirituality feel satisfied and happy and feel that their life has a purpose, making it easier to handle and overcome adversities (Massey 2006 p. 5).

3.2 Spirituality in disasters

In traumatic situations, spirituality seem to be particularly important for people (Hodge 2015 p. 30, Koenig 2014 p. 30), apparent through the increase in religious beliefs in people affected by disaster (Koenig 2014 p. 33-34). In the aftermath of 9/11, a national survey in the USA even showed that 60% of the respondents would rather seek help from a spiritual caregiver than a physician (Koenig 2014 p. xv).

Spirituality as a coping mechanism is not isolated to societies with high church attendance or high prevalence of religious beliefs, instead, it has been found to be important in coping with trauma in different types of social and religious contexts (Hodge 2015 p. 30).

However, spirituality tends to be more important for women, elderly, racial and ethnic minorities, and the poor (Hodge 2015 p. 30, Koenig 2014 p. 32).

What is it then that makes spirituality helpful in coping with trauma? According to Koenig (2014 p. 39-42) there are many reasons why religion could prove to be helpful. Generally, religion offers a positive worldview permeated with meaning, which helps in coping with difficult circumstances (Koenig 2014 p. 39). Having a belief system also helps in interpreting experiences and giving them meaning, answering questions secular culture and science cannot, as well as fostering hope for the future (Koenig 2014 p. 39-40, 41-42). The belief also gives a feeling of empowerment through a relationship with a Higher Power. Trusting that this Higher Power has control over the situation can also relieve the survivor of the need to feel in control (Koenig 2014 p. 40-41). Religion generally encourages helping others, which distracts the survivor from focusing on their own problems, and the religious community can be a source of social support (Koenig 2014 p. 41-42).

Even though spirituality generally has a protective effect in situations of trauma, the survivor's – or even a whole community's – faith may sometimes be severely affected by the disaster (Koenig 2014 p. 9; Massey 2006 p. 6). The trauma can alter survivors' views about themselves and the world, as well as shatter their basic sense of trust, causing existential crisis and psychological instability (Koenig 2014 p. 9-10). If the survivor does not overcome this state, it could even affect their physical health (Koenig 2014 p. 10).

Some common symptoms of survivors struggling with their faith include, but are not limited to, isolating oneself, questioning God and the meaning of life, feelings of hopelessness, shame and guilt, and reconsidering previously held beliefs (Massey 2006 p. 6). It could include posing questions such as "why has God abandoned me?" or "does God even exist?" (Koenig 2014 p. 10). This type of negative coping is uncommon, and usually occurs in survivors with low religiousness and infrequent practice (Koenig 2014 p. 32).

3.3 Caring for spiritual needs

In disaster response, spiritual needs are often overlooked in favor of more tangible, physical needs (Fernandes & Sebastin 2014 p. 253-254; Koenig 2014 p. 99). Caring professionals might not realize the importance of spiritual needs for the well-being of the survivors, think someone else is already addressing these needs, or feel unequipped for caring for them (Koenig 2014 p. 97, 99). Sometimes the collaboration between caring professionals and spiritual care providers (such as clergy or other spiritual leaders) in addressing spiritual needs is also inhibited because of prejudice of each other's roles (Massey 2006 p. 20).

As disruptions in spiritual beliefs may lead to severe, long-term trauma, it is important to be sensitive to spiritual needs of disaster survivors, and if needed direct these survivors to appropriate spiritual caregivers (Koenig 2014 p. 10-11). For disaster responders to be able to do so, it is important that they are aware of what spiritual needs are (Koenig 2014 p. 1), which is why education and training on the subject is important (Benson, Furman, Canda, Moss, & Danbolt 2016 p. 1389).

Massey (2006 p. 7) explains spiritual care as "anything that assists an individual, family or community in drawing upon their own spiritual perspective as a source of strength, hope and healing". Spiritual care can be given in different ways, both indirectly through supportive measures such as opening homes, giving food or helping with daily activities, as well as through actions aimed at caring for spiritual needs (Massey 2006 p. 13-14). According to Massey (2006 p. 14) this type of direct spiritual care is usually carried out by clergy, faith leaders or places of worship. However, this thesis aims to look at spiritual care from a broader perspective, where also other caring professionals could help with spiritual needs to some extent improve the care, referring to spiritual leaders where needed. Other authors (i.e. Benson et al. 2016; Furman, Benson, Moss, Danbolt, Vetvik & Canda 2016; Canda & Furman 2009) take the same stance, encouraging caring for spiritual needs as part of caring practice.

3.3.1 Assessment

In order to care for a survivors' spiritual needs, the provider would first need to know something about that specific person's beliefs, or whether the person has them at all (Koenig 2014 p. 1; Hodge 2015 p. 29). Because of this, several different authors encourage conducting a spiritual assessment with clients to determine whether there are spiritual issues to consider (Hodge 2015 p. 28, 30; Canda & Furman 2009 p. 252; Furman et al. 2016 p. 86; Massey 2006 p. 30; King & Koenig 2009).

A spiritual assessment is a way of identifying spiritual beliefs and values that may be important in planning the care of a client (Hodge 2015 p. 30). The assessment can be conducted in several different ways, but the general idea is to first ask questions that determine whether spirituality is important for the client and continue with more in-depth questions only if spirituality proves to be important (Hodge 2015 p. 33; King & Koenig 2009 p. 6; Canda & Furman 2009 p. 252). Different authors have compiled their own lists of suggested questions for conducting a brief spiritual assessment, that slightly differ from each other. Some examples of these questions are "Are spirituality, religion or faith important to you?" (Canda & Furman 2009 p. 253), "Are your religious or spiritual beliefs a source of comfort or a source of stress now?" (Koenig 2014 p. 111), "Do you happen to attend a church, mosque, temple or some other type of spiritual community?" (Hodge 2015 p. 32) and "Are there close friends, relatives, mentors, clergy or spiritual teachers whom I should be aware of or contact?" (Canda & Furman 2009 p. 253).

4   AIM AND RESEARCH QUESTION

The aim of the thesis was to create an understanding of the spiritual needs in disaster survivors and enhance the knowledge in how caring professionals responding to disasters can improve the care of these. Based on this, steps can be taken to make disaster response more spiritually sensitive.

The research question was: What are the spiritual needs of disaster survivors, and how can the care of these needs be improved?

5 METHODOLOGY

The study was approached from the perspective of holistic care. Holistic care is a way of caring, where you look at every person as a whole; considering their physical, mental, emotional and spiritual wellbeing and needs (Thornton 2013 p. 4). This understanding of the human being as a whole - where all the aspects of the person need to be considered in order to promote healing - can be traced all the way back in teachings by people such as Florence Nightingale and Hippocrates (Thornton 2013 p. 4).

Holistic care places the client in the center of the care, and values ways of caring such as patient empowerment, therapeutic presence, and use of alternative healing methods (Thornton 2013 p. 5, 50). This approach suits a study of spiritual needs well, as it views people as inherently spiritual, claiming that the spiritual realm of the human cannot be separated from other realms (Thornton 2013 p. 4, 48).

A holistic perspective where different aspects of human wellbeing needs to be considered simultaneously suggests for the use of a qualitative research method. Koenig (2012 p. 70) also suggests that qualitative research methods are the best for studies of spirituality and health, as they can potentially explain why and how spirituality affects health. Therefore, this study was conducted as a scoping study based on the Arksey and O'Malley framework (2005), with support of qualitative content analysis. The rationale for choosing these specific methods is explained more in detail in the following chapters.

5.1 Scoping study

When conducting an initial search of literature in the area of spiritual needs in disaster situations, no reviews, systematic or otherwise, were found that had studied the specific research questions chosen for this study. However, studies had been conducted on different aspects of spiritual needs and spiritual coping methods in disaster survivors.

Scoping studies are especially suitable for studying complex subjects, or areas that have not yet been comprehensively studied (Arksey & O'Malley 2005 p. 21), both of which concur with the current study. Spirituality is a complex area in several ways, as the

concept itself is hard to define and spirituality is a highly personal, as well as individual, issue. Scoping study as a method requires that all relevant literature is included, regardless of the type of study design (Arksey & O'Malley 2005 p. 22), which suits well with an area that has limited previous research, such as this. A scoping study gives a descriptive view of available research on a specific subject (Arksey & O'Malley 2005 p. 30) and is usually concerned with broader research topics (Arksey & O'Malley 2005 p. 20). It differs from narrative or literature reviews in that it requires that previous studies are analytically reinterpreted (Levac, Colquhoun & O'Brien 2010 p. 2).

As any research method, the scoping study method comes with both strengths and limitations. Some of the strengths of this method are that it can be used to map available research in a transparent way, it takes relatively short time to conduct in comparison to for example a systematic review, and results can be presented in a format that is easy to understand and use by policy makers, practitioners and consumers (Arksey & O'Malley 2005 p. 30). Limitations on the other hand include that there is no universally accepted procedure for conducting a scoping study, it generally does not appraise quality in included studies, which can make the final results questionable, and as the quantity of available data might be substantial, the researcher might need to make decisions of breadth versus depth of data (Arksey & O'Malley 2005 p. 30; Levac, Colquhoun & O'Brien 2010 p. 2).

For this particular study, some of the limitations were partly or completely avoided. The quality of all relevant studied was appraised using a short checklist (procedure explained more in detail later on) before a decision on final inclusion was taken. As there was only limited data available on the subject, there was no need to decide where to draw the line between breadth and depth of the included data.

5.2 Content analysis

Content analysis was used to support the analysis of collected data within the scoping study framework. Content analysis is a systematic and objective way of describing phenomena through analysis of different types of communication messages (Elo &

Kyngäs 2008 p. 107-108). It can be used to study both qualitative and quantitative data and in both an inductive and a deductive way (Elo & Kyngäs 2008 p. 109).

The aim of content analysis is to create a broad description of a phenomenon (Elo & Kyngäs 2008 p. 108) through coding the material into categories based on similarities in the data (Polit & Beck 2012 p. 564). An inductive approach to content analysis where categories are derived from the collected data was used for this study, as this is recommended for studying phenomenon with limited or fragmented previous knowledge (Elo & Kyngäs 2008 p. 109).

Despite now being a generally well accepted method of research, content analysis has been criticized as being too simplistic of a technique, not giving a detailed statistical analysis (Elo & Kyngäs 2008 p. 108). There are also no systematic rules to analyzing data with content analysis (Elo & Kyngäs 2008 p. 109), which means the result largely depends on the skills, insights and analytic abilities of the researcher (Hoskins & Mariano 2004 in Elo & Kyngäs 2008 p. 113). As no qualitative method is perfect, inductive content analysis was still deemed as the best fit for this particular study thanks to its previously mentioned advantages.

Content analysis consists of three stages; preparation, organizing and reporting (Elo & Kyngäs 2008 p. 109). In the preparation phase, the unit of analysis is selected (Elo & Kyngäs 2008 p. 109), which in the case of this study was previous studies in the area of spirituality and disaster. Next the researcher strives to create an understanding of the data as a whole through reading and re-reading (Elo & Kyngäs 2008 p. 109). When adopting an inductive approach to content analysis, the organizing phase includes open coding, creating categories and abstraction of data (Elo & Kyngäs 2008 p. 109).

6 SCOPING STUDY PROCESS

This scoping study followed the Arksey and O'Malley (2005) framework step by step, while taking into consideration suggestions for improvement by Levac, Colquhoun and O'Brien (2010) to make the process clearer and easier to conduct. The framework consists

of five steps in an iterative process, where steps can be repeated if needed: identifying the research question, identifying relevant studies, study selection, charting the data and collating, summarizing and reporting the results (Arksey & O'Malley 2005 p. 22).

6.1 Identifying the research question

The starting point of any research is to articulate a research question upon which the search strategy is then built (Arksey & O'Malley 2005 p. 23). Simultaneously with articulating the research question, the aim for the study was articulated, as suggested by Levac, Colquhoun and O'Brien (2010 p. 5).

Based on previous studies, spirituality and spiritual needs are in many ways an ignored part of disaster response and recovery (Fernandes & Sebastin 2014 p. 253-254; Koenig 2014 p. 99). Their importance is not seen or understood, or responders do not know how to approach these types of needs as they lack knowledge and training in spirituality and spiritual care (Koenig 2014 p. 97, 99; Benson et al. 2016 p. 1389). Therefore, the author wanted to study what the spiritual needs of direct survivors of disaster are, in order to create an understanding of these, and explore what previous studies have suggested in order to improve the care of these needs.

Arksey and O'Malley (2005 p. 23) recommend keeping the research question and area of study broad, which is why it was decided to include studies of survivors of any type of large scale disaster, in any area of the world, including any type of caring professional (nurse, social workers, physicians etc.) and different types of study methods. The broad research question was combined with a clearly articulated scope of inquiry, where the concepts of spirituality, religion and disaster where thoroughly defined, along with the target population of direct survivors of disaster and health outcomes of interest being spiritual needs (Arksey & O'Malley 2005 p. 23; Levac, Colquhoun & O'Brien 2010 p. 3).

6.2 Identifying relevant studies

Before beginning the literature search, Arksey and O'Malley (2005 p. 23-24) mention some key things to consider; which sources to use, what terms to search for, piloting of the search strategy, as well as time span and language of the included literature. For this study, literature in English, Swedish or Finnish language, published within a time span of 10 years (2007-2017) were included. The other key things are mentioned more in detail in the next subchapter.

In order to achieve the breadth of a scoping study, Arksey and O'Malley (2005 p. 23) stresses the importance of being as comprehensive as possible in searching for literature, which includes searching as many sources as possible (electronic databases, reference lists, hand searching of journals, relevant organizations and conferences). Levac, Colquhoun and O'Brien (2010 p. 5) mention that there is sometimes a need to balance between feasibility, breadth and comprehensiveness because of practical issues in the study process. For this study, only two main sources of literature were chosen; several different electronic databases, and reference lists of relevant studies. This mainly because electronic databases were most likely to give results in a relatively short period of time, as the time frame for conducting the study was limited and the other methods would be time consuming. The quality of literature found from organizations and conferences would also be harder to assess than peer reviewed scientific articles.

Arksey and O'Malley (2005 p. 24) suggest accepting technical help to help with the searches, if this is available. In the process of this study, the university librarian helped with creating the initial search strategy, advising on how to find appropriate search terms, which databases to use in this particular study and the functionality of these databases. She also helped in finding full text versions of some of the studies later on in the process. The main databases chosen for data collection were CINAHL Full Text and PubMed, as these are the databases most likely to give relevant results in the caring sciences. Additional searches were later conducted in two other databases; Academic Search Premiere and ProQuest.

Search terms were decided based on the research question using the PICO-method as a base, as suggested by the university librarian. PICO stands for Population/problem, Intervention/treatment of interest, Comparison/control and Outcome (Aslam & Emmanuel 2010). However, as there was no comparison part in the research question, this was dropped. Preliminary searches also revealed that inclusion of the intervention part (i.e. care, spiritual care) narrowed the results substantially, which is why this was not included in most of the searches. Synonyms of the chosen terms were searched for using several different online thesauruses. The terms were then adapted to the different search engines using for example CINAHL Headings and MeSh terms and combined to create a search strategy. Preliminary searches in all databases were made to help find the right search terms per database. Final chosen terms per database can be seen in Table 2.

Table 2. Search terms per database

Database	Search terms
CINAHL Full Text	(spirituality OR religion and religions OR spiritual care) AND (disasters OR natural disasters OR mass casualty incidents OR terrorism)
PubMed	(spirituality OR religion) AND (disaster OR natural disaster OR terrorism OR mass casualty incident)
Academic Search Premier	(spirituality OR religion OR spiritual care) AND (disasters OR terrorism)
ProQuest	(religion OR spirituality) AND (disasters OR terrorism OR mass casualty incidents)

6.3 Study selection

Scoping studies does not require that all inclusion and exclusion criteria are decided upon at the outset of the study, but they can also be chosen during the process (Arksey & O'Malley 2005 p. 25-26). In this study, both methods were used. Some criteria were clear from the beginning, such as language, time frame and type of survivors (see Table 3). Several exclusion criteria were however added during the process (post hoc) as the author got more familiarized with the available literature. Articles excluded dealt with for example disaster response of faith-based organizations, and understanding or preventing terrorism, instead of spiritual needs of survivors. During the process, the author decided to focus on adult disaster survivors, in order to have a clearer focus of the study population. Articles studying children or teenagers were left out of the final analysis. Some of the inclusion criteria were input into the search strategy in both databases (such

as years of publication and language), others were carried out manually during the process (such as eliminating articles including vicarious trauma based on either title or abstract).

Table 3. Inclusion- and exclusion criteria at outset

Inclusion criteria	Exclusion Criteria
• English, Swedish or Finnish language • Published between the year 2007 and 2017 • Concerned with direct survivors of disaster	• Spiritual needs in other situations than disasters • Vicarious trauma • Other language • Older than 2007

The amount of studies found in the two initial databases were limited, seven in total. After going through and charting basic information of the included studies, it also became clear that a large majority of the studies were concerned with the same disaster (Hurricane Katrina). To explore whether it would be possible to achieve more variance in the geographic and cultural context of the studies, additional searches in two other databases were performed. For this search, the same criteria were applied, but some of them at an earlier point in the search. Most of the relevant literature found through these searches were duplicates from previous searches, and after going through the whole exclusion process, including quality assurance, no additional studies remained. See Figure 1 for detailed search process.
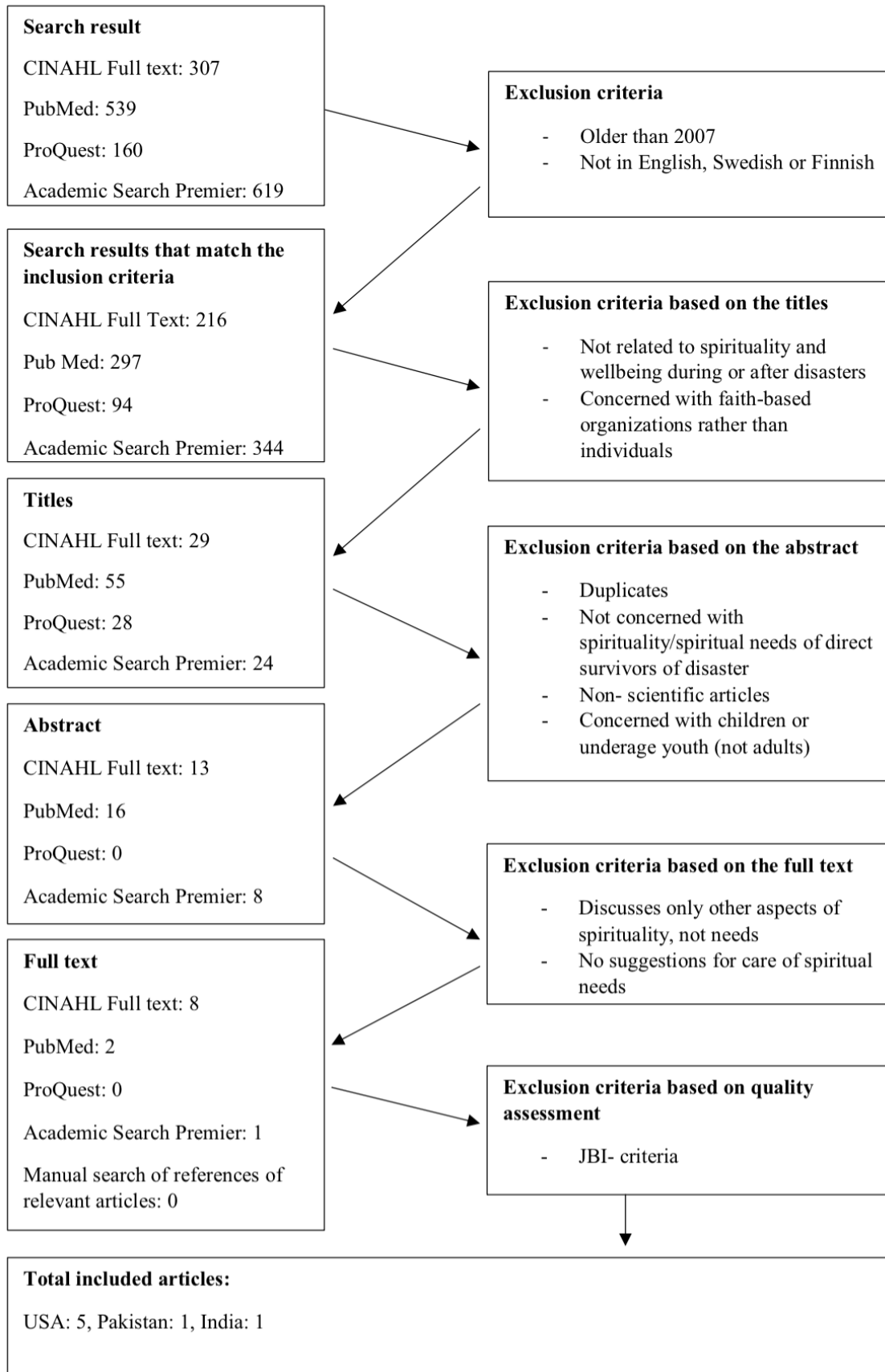
Search result

CINAHL Full text: 307

PubMed: 539

ProQuest: 160

Academic Search Premier: 619

Exclusion criteria

- Older than 2007
- Not in English, Swedish or Finnish

Search results that match the inclusion criteria

CINAHL Full Text: 216

Pub Med: 297

ProQuest: 94

Academic Search Premier: 344

Exclusion criteria based on the titles

- Not related to spirituality and wellbeing during or after disasters
- Concerned with faith-based organizations rather than individuals

Titles

CINAHL Full text: 29

PubMed: 55

ProQuest: 28

Academic Search Premier: 24

Exclusion criteria based on the abstract

- Duplicates
- Not concerned with spirituality/spiritual needs of direct survivors of disaster
- Non- scientific articles
- Concerned with children or underage youth (not adults)

Abstract

CINAHL Full text: 13

PubMed: 16

ProQuest: 0

Academic Search Premier: 8

Exclusion criteria based on the full text

- Discusses only other aspects of spirituality, not needs
- No suggestions for care of spiritual needs

Full text

CINAHL Full text: 8

PubMed: 2

ProQuest: 0

Academic Search Premier: 1

Manual search of references of relevant articles: 0

Exclusion criteria based on quality assessment

- JBI- criteria

Total included articles:

USA: 5, Pakistan: 1, India: 1

Figure 1. Data collection process

Even though scoping studies in general do not assess the quality of evidence in included studies (Arksey & O'Malley 2005 p. 27), the quality of all full text studies included in this thesis were briefly assessed using Joanna Briggs Institute (JBI) critical appraisal checklists (The Joanna Briggs Institute 2017) appropriate for the specific studies. One of the studies were excluded at this point as it did not fulfil more than half of the quality criteria. Three of the studies were excluded without going through the whole checklist, as they did not discuss their methodology at all.

Levac, Colquhoun and O'Brien (2010 p. 5-6) suggest that this step of the scoping study process would be conducted by several researchers, that would independently review the abstracts and full text articles and together decide on final inclusion in order to enhance the rigor of the research. This study was conducted by only one researcher making the decisions on inclusion and exclusion of literature. However, abstracts – and later on full text articles – were reviewed several times in order to make sure no relevant articles had been overlooked and same inclusion and exclusion criteria were applied to all of them.

6.4 Charting the data

Once the final articles had been chosen for analysis, the following step in the Arksey and O'Malley (2005 p. 26-27) framework is charting, which then forms the basis for the data analysis. They recommend a descriptive-analytical approach, where you apply a common analytical framework to all the chosen literature and collect standard information on all studies (Arksey & O'Malley 2005 p. 26). At this point, inductive content analysis as described by Elo and Kyngäs (2008) was included into the scoping study process in order to make it clearer and more organized. All included studies were read through several times in order to create an understanding of the whole and abstract all needed data into the chart (Elo & Kyngäs 2008 p. 109; Levac, Colquhoun & O'Brien 2010 p. 6).

The chart and its information were updated as the researcher became more familiarized with the literature, as advised by Levac, Colquhoun and O'Brien (2010 p. 6). Information included in the final chart was method of the study, study population, place and type of disaster, time of the study in relation to the disaster, aim of the study, as well as main

findings on spiritual needs and the care of these. The full chart can be seen in Appendix 1.

6.5 Collating and summarizing

The collating and summarizing part of the scoping process is the most extensive, but the Arksey and O'Malley framework does not include a detailed description of this stage (Levac, Colquhoun & O'Brien 2010 p. 6). Levac, Colquhoun and O'Brien (2010 p. 6) therefore suggests three distinct steps in this part; analyzing the data, reporting the results and applying meaning to the results.

According to the framework, analysis should include both a brief numerical analysis and a thematic analysis (Arksey & O'Malley 2005 p. 27-28; Levac, Colquhoun & O'Brien 2010 p. 6). A numerical analysis of some of the major parts of the included studies can be found in the beginning of the results section of this study. When conducting the thematic analysis, Levac, Colquhoun and O'Brien (2010 p. 6-7) suggest using qualitative content analytical techniques as a support. As mentioned earlier, the inductive content analysis method as described by Elo and Kyngäs (2008) was used in the analysis of this study.

The thematic analysis followed the inductive content analysis process, based on these steps: making sense of the data as a whole, open coding, coding sheets, grouping, categorization and abstraction (Elo & Kyngäs 2008 p. 110 – see Figure 2). First, all included studies were read through in order to create an understanding of the whole study and its results, where needed this step was repeated twice.

Figure 2. Inductive content analysis process based on Elo & Kyngäs 2008 p. 110

Open coding was then started by writing down code words and headings in the margins of the text while reading through the studies (Elo & Kyngäs 2008 p. 109), this step was repeated twice in order to make sure that all important information concerned with the research questions were included. Two different approaches to grouping the data was used. First, a mind-map approach where all code words and headings from the different studies were written down and clustered into groups with similar content. Second, a theme approach, where quotes from the different studies where grouped together under categories. These two approaches were then compared to each other in order to make sure the results were similar and anchored in the analyzed data. This process was conducted separately for the two parts of the research question; spiritual needs and improvement of care.

The categories were then arranged under higher and lower headings onto coding sheets, trying to reach as little categories as possible by combining similar categories. Based on these categories, a description of the research area was then formulated (see Results). Full coding sheets can be found in Appendix 2 and 3. (Elo & Kyngäs 2008 p. 111)

Levac, Colquhoun and O'Brien (2010 p. 7) also suggest that the way which the study results are presented is considered ahead of time, and that the meaning of the results and their implications for practice, policy and further research are considered. For this study, results were planned to be presented in categories, based on the content analysis method. As implications and use for practice and working life was an important part of the study from the very beginning, it was included naturally in the analysis process and will be discussed towards the end of this paper.

7 RESULTS

This thesis included seven previously conducted studies that at some level discussed the spiritual needs of direct survivors of disaster and gave suggestions for improving practice in this field. Despite the literature search including large scale disasters of any type, the final studies were all concerned with natural disasters; five hurricanes, one tsunami and

one earthquake. Most of the studies (5) had been conducted in the USA, while one was conducted in Pakistan and one in India.

The study populations varied a fair bit between the different studies, but they were all concerned with adult populations. Three studies focused on older adults, two on African-American populations, and one mainly on low income mothers. Some of the studies focused on a combination of these (such as African-American older adults in the study by Thomas 2012), or on a mix of local populations (as in the study by Rajkumar, Premkumar & Tharyan 2008). Most of the studies were mainly concerned with populations of low socio-economic status (Alawiyah, Bell, Pyles & Runnels 2011; Chan & Rhodes 2013; Henderson, Roberto & Kamo 2010; Lawson & Thomas 2007; Rajkumar, Premkumar & Tharyan 2008; Thomas 2012).

The time of study in relation to the disasters varied substantially between the different studies, from immediately after the disaster to three years after. A majority of the studies (5) were cross-sectional studies, while two of them studied their participants for a longer period of time.

7.1 Spiritual needs in natural disasters

Based on the analysis of previous studies, four main categories of spiritual needs in disaster survivors arose: maintaining spiritual practices, having a relationship with a God or Higher Power, making meaning based on faith and social support from the spiritual community and its leaders. A visual presentation of these categories as well as their subcategories can be seen below, in Table 4. For the full coding sheet, see Appendix 2.

Table 4. Spiritual needs in natural disasters

Main category	Subcategory
Spiritual practices	Spiritual services
	Spiritual reading
	Rituals
Relationship with a Higher Power	Prayer
	Guidance
	Continued trust
	Reappraisal
Meaning making	Finding purpose
	Altruism
Social support	Spiritual community
	Spiritual leaders

7.1.1 Spiritual practices

Spiritual practices were important to survivors in almost all of the studies (Alawiyah, Bell, Pyles & Runnels 2011; Chan & Rhodes 2013; Henderson, Roberto & Kamo 2010; Lawson & Thomas 2007; Rajkumar, Premkumar & Tharyan. 2008; Thomas 2012), but looked different depending on the culture and personal preference of the survivor. According to Rajkumar, Premkumar and Tharyan (2008 p. 849) the disaster seemed to have strengthened the spiritual practices of the survivors included in their study rather than weakened them.

For many survivors, being able to attend some type of spiritual service, such as church services, was of great importance (Alawiyah, Bell, Pyles & Runnels 2011; Chan & Rhodes 2013; Henderson, Roberto & Kamo 2010). One survivor in the study by Henderson, Roberto and Kamo (2010 p. 63) expressed it like this: "That's what I miss mostly, because I'm a churchgoer. I looked… that was my pleasure, really going to church". In the study by Alawiyah, Bell, Pyles and Runnels (2011 p. 311), a caring professional expressed the difference in wellbeing that a church service arranged at a convention center had made in her clients this way: "when people were going away after the service, their body language went from with the heavy shoulders, which is what I had gotten used to seeing… and head down, to that very characteristic New Orleans chin pointed toward the sky".

However, spiritual practices could also take other forms, without depending on organized activities like church services (Lawson & Thomas 2007 p. 349). Some survivors regained strength from reading spiritual materials, such as the Bible, devotionals, meditational or inspirational books (Lawson & Thomas 2007 p. 347). Thomas (2012 p. 357-358) mentioned scriptures as a way for survivors to find comfort and strength in their difficult situation.

For others, spiritual rituals or ceremonies were helpful in dealing with the aftermath of disaster. This was especially evident in the study by Rajkumar, Premkumar and Tharyan (2008 p. 849), where Indian survivors of the 2004 tsunami were comforted by rituals of remembrance for those who lost their lives in the disaster. One such ritual was Karyam, where "priests would pray for the departed and pictures of the deceased would be put before glowing lamps, incense, flowers and religious offerings" (Rajkumar, Premkumar & Tharyan 2008 p. 849).

7.1.2 Relationship with a Higher Power

Another spiritual need evident in a majority of previous studies was the need to keep up a personal relationship with the Higher Power the survivor believed in (Alawiyah, Bell, Pyles & Runnels 2011; Henderson, Roberto & Kamo 2010; Lawson & Thomas 2007; Thomas 2012). This was well described by survivors in the study by Lawson and Thomas (2007 p. 349), who saw their relationship with a Higher Power as "personal, essential, and unique". This relationship was expressed in different ways throughout the studies; keeping up communication through prayer, continuing to trust in the power and plan of the Higher Power and relying on him for guidance, and reappraising one's faith.

Prayer was expressed by participants in several of the studies as a way of communicating with the Higher Power, telling him their worries or expressing thankfulness (Lawson & Thomas 2007 p. 346; Thomas 2012 p. 357; Henderson, Roberto & Kamo 2010 p. 63). One survivor in the study by Thomas (2012 p. 357) expressed her way of dealing with the immediate situation after Hurricane Katrina through communicating with and trusting a Higher Power: "You just have to go to God and pray, go to God, tell God about it. Put

it on him, pray, you just have to pray". This ongoing communication through prayer seemed to help survivors gain control over the threatening situation they were in (Lawson & Thomas 2007 p. 349).

Continuing to trust the Higher Power was important for many survivors in the included studies, and it did not seem like the disaster had broken this trust for a great majority of them (Alawiyah, Bell, Pyles & Runnels 2011 p. 304; Henderson, Roberto & Kamo 2010 p. 65; Lawson & Thomas 2007 p. 347; Thomas 2012 p. 357). One survivor in the study by Lawson and Thomas (2007 p. 347) expressed her trust as follows: "Even though we didn't have control of where we were going, I thought God was controlling where I needed to end up. You can't figure out what God's purpose is, but you know the purpose was for you to be there".

This trust also helped some survivors look positively at the disaster, which might have made it easier to move on. One survivor expressed her perspective on Hurricane Katrina, and what it had meant to her, like this: "I see it [the hurricane] as an act of God. So, I took it in a positive way… it brought families closer together. It made us see what was more important" (Alawiyah, Bell, Pyles & Runnels 2011 p. 304).

Disaster survivors also looked to a Higher Power for guidance in their life following the disaster (Alawiyah, Bell, Pyles & Runnels 2011 p. 306; Lawson & Thomas 2007 p. 346). One male survivor in the study by Alawiyah, Bell, Pyles and Runnels (2011 p. 306) incorporated this thought into his life "…let God guide you and trust that He'll lead you in the right direction".

However, having faith does not always mean that disaster survivors have a naturally positive outlook on life and the disaster. Some survivors need to go through periods of questioning and reappraisal of their faith (Alawiyah, Bell, Pyles and Runnels 2011 p. 304; Feder, Ahmad, Lee, Morgan, Singh, Smith, Southwick & Charney 2013 p. 160-161; Lawson & Thomas 2007 p. 347). One survivor in the study by Alawiyah, Bell, Pyles and Runnels (2011 p. 304) expressed his struggle with faith: "I felt like I lost my faith. I was like 'If there is a God, why is the doing this to us? Why are we out here like this? If he really did love us, why are we seeing people dying in front of us?" Survivors in this

situation may need help and support from others, but some of them also look to a Higher Power for forgiveness – "I asked God for forgiveness for all that I have done 'cause I did not know what I was 'bout to face" (Lawson & Thomas 2007 p. 347) – in order to be able to move forward with life.

7.1.3 Meaning making

Related to trusting the plans of a Higher Power and reappraising faith after a disaster, is the need to make meaning of what happened. For some survivors, trusting that the disaster was a part of a greater plan created by a Higher Power, is enough to fulfill this need (Henderson, Roberto & Kamo 2010 p. 65; Lawson & Thomas 2007 p. 347; Thomas 2012 p. 357; Alawiyah, Bell, Pyles & Runnels 2011 p. 304). Others need to find meaning beyond that.

Having a sense of purpose is important, especially after an adversary like a disaster. Purpose has been shown to protect against negative outcomes such as for example post-traumatic stress disorder (Feder et al. 2013 p. 160). Survivors in the study by Rajkumar, Premkumar and Tharyan (2008 p. 848) felt that their purpose had been decided by their Higher Power, that he had spared their lives and thereby given them a special responsibility to rebuild their community and create a better future.

Some disaster survivors found meaning in helping others, often those less fortunate than them, a type of altruism stemming from their spiritual beliefs (Alawiyah, Bell, Pyles & Runnels 2011 p. 306; Lawson & Thomas 2007 p. 348-349). One survivor in the study by Lawson and Thomas (2007 p. 348) expressed it like this: "There was a guy here who was sick, … like I said, God has me here for a reason. I had to get an ambulance for him". Another survivor in the same study stated that "giving to others and helping those in need is how God blesses you" (Lawson & Thomas 2007 p. 348).

Helping others can ultimately help the survivors in coping with their own situation. Alawiyah, Bell, Pyles and Runnels (2011 p. 306) mentioned in their study that altruism and helping others helped survivors stay hopeful and optimistic. Several survivors in the study by Lawson and Thomas (2007 p. 349) pointed to the same thing and stated that

helping someone else works as a way of taking their mind off their own problems. This way of coping through altruism was especially evident in the story of one religious survivor who took care of a small boy in the aftermath of Hurricane Katrina: "When I took him in… I had to take care of him and that helped me because I couldn't lay in the bed and cry like I was doing. I couldn't. I had to get up. And so that made me get up and out…" (Alawiyah, Bell, Pyles & Runnels 2011 p. 306).

7.1.4 Social support

Another need that emerged from the included studies was the need for social support from the spiritual community and specifically from spiritual leaders. Chan and Rhodes (2013 p. 263) mentioned in their study that for survivors with spiritual beliefs "their social support network and sense of optimism may be inseparable from their religious contexts and ethos". In the studies by Henderson, Roberto and Kamo (2010 p. 61) and Alawiyah, Bell, Pyles and Runnels (2011 p. 313), both material and social support from spiritual communities and leaders were mentioned as helpful in dealing with the aftermath of the disasters.

For survivors who have to move away from their communities, the loss of this social support network could be detrimental, as they world normally turn to their family or spiritual leader when faced with difficulties; "but now that they don't have their preacher and they don't have their family members and they're really stuck" (Alawiyah, Bell, Pyles & Runnels 2011 p. 310). The great importance of the spiritual leaders was also evident in the study by Rajkumar, Premkumar and Tharyan (2008 p. 849), where visits by these leaders was considered as "holy and expected to bring peace and prosperity to their community".

7.2 Improving the care of spiritual needs

Improvement of the care of spiritual needs was discussed to various degrees in the included studies, while some discussed it extensively and from several perspectives, others barely mentioned it at all. When analyzing the available data from the studies, two

main categories of improvement with their respective subcategories emerged: organizational and individual aspects (see Table 5 for a visual presentation, Appendix 3 for the full coding sheet). Organizational aspects deal with issues within and between organizations, while individual aspects deal with things that individual carers can take into consideration when working directly with disaster survivors. It should be noted, however, that some of these aspects may overlap, and similar improvements could possibly be made simultaneously in both areas.

Table 5. Improving the care of spiritual needs in natural disasters

Main category	Subcategory
Organizational aspects	Collaboration
	Cultural sensitivity
	Means for practice
Individual aspects	Sensitivity and commitment
	Flexibility
	Utilizing strengths

7.2.1 Organizational aspects

One of the main issues of secular organizations when it comes to spiritual needs and care of these seemed to be, according to the included studies, the lack of understanding of and collaboration with other types of service providers, such as faith-based organizations, churches and community groups (Alawiyah, Bell, Pyles & Runnels 2011; Rajkumar, Premkumar & Tharyan 2008; Thomas 2012). As mentioned earlier, some survivors are used to turning to their spiritual leader in times of trouble (Alawiyah, Bell, Pyles & Runnels 2011 p. 310) and do not feel comfortable receiving counselling or care from formal helping systems brought in after the disaster (Alawiyah, Bell, Pyles & Runnels 2011 p. 310; Rajkumar, Premkumar & Tharyan 2008 p. 852). Secular organizations do not either necessarily have the knowledge needed to properly recognize and care for survivors' spiritual needs or might struggle to make their interventions culturally appropriate (Alawiyah, Bell, Pyles & Runnels 2011 p. 310-311).

Because of these issues, it would be important to include alternative service providers in all steps of the disaster response process. This means, among other things, including these providers in disaster planning processes to take advantage of their specialized knowledge

(Alawiyah, Bell, Pyles & Runnels 2011 p. 311), strengthening already existing community or spiritual helping systems (Rajkumar, Premkumar & Tharyan 2008 p. 852) and facilitating the survivors' access these resources (Alawiyah, Bell, Pyles & Runnels 2011 p. 314-315; Thomas 2012 p. 365).

Related to this is the need for education to create a better understanding of spirituality and how it can be used as a resource for healing, especially within secular organizations. Some secular service providers still have a negative view of spirituality, do not understand its importance for many disaster survivors or harbor a fear of proselytizing which makes them reluctant towards including spirituality in interventions (Alawiyah, Bell, Pyles & Runnels 2011 p. 310, 312). Others see the value of spirituality as a resource, but still mostly fail to use this resource in practice (Alawiyah, Bell, Pyles & Runnels 2011 p. 313).

Alawiyah, Bell, Pyles and Runnels (2011 p. 311, 314) also mention issues between different types of professionals when it comes to credentialing, understanding and respecting each other's work, especially between mental health professionals and professionals trained in providing spiritual care. Even though these two groups take on similar tasks and have similar values, there can sometimes be a suspicion of each other's roles and confusion of who is appropriately trained to do what (Alawiyah, Bell, Pyles & Runnels 2011 p. 311, 314). Ongoing collaboration between secular and faith-based organizations where roles are clearly established could help avoid this type of issues as well.

As briefly mentioned in the beginning of this chapter, the care for spiritual needs could also be improved by seeing to the cultural sensitivity of organizations and their workers. This aspect was taken up to some extent in all but one of the analyzed studies (Alawiyah, Bell, Pyles & Runnels 2011 p. 312, 316; Feder et al. 2013 p. 161; Henderson, Roberto & Kamo 2010 p. 67; Lawson & Thomas 2007 p. 350-351; Rajkumar, Premkumar & Tharyan 2008 p. 852; Thomas 2012 p. 364). Several of the studies discussed the importance of understanding the culture of the local communities, and spirituality's importance within this culture, in order to provide appropriate interventions (Alawiyah, Bell, Pyles & Runnels 2011 p. 312; Lawson & Thomas 2007 p. 350-351; Rajkumar, Premkumar & Tharyan 2008 p. 852; Thomas 2012 p. 364). A caring professional in the study by

Alawiyah, Bell, Pyles and Runnels (2011 p. 312) expressed the issue of organizations not understanding the importance of spirituality during Hurricane Katrina like this: "many case managers were not familiar with the culture of survivor clients and didn't understand the importance of church and spirituality in survivors' lives".

It would be important to incorporate culture and regional beliefs into interventions, also considering beliefs of minorities in the area (Feder et al. 2013 p. 161; Henderson, Roberto & Kamo 2010 p. 67). Rajkumar, Premkumar and Tharyan (2008 p. 852) mention that appropriate interventions grounded in the local culture could even help hasten recovery from the trauma. Cultural sensitivity could largely be achieved through education focusing on for example spirituality and coping strategies of different populations (Alawiyah, Bell, Pyles & Runnels 2011 p. 316; Thomas 2012 p. 365).

Apart from collaborating with alternative service providers and improving cultural sensitivity, organizations can help survivors with their spiritual needs by providing means for them to practice their faith (Alawiyah, Bell, Pyles & Runnels 2011 p. 311; Chan & Rhodes 2013 p. 263; Thomas 2012 p. 364), as this was shown earlier to be an important need of a majority of spiritual disaster survivors. This could mean providing a place for survivors to practice their faith (Chan & Rhodes 2013 p. 263), bringing a church service to the where the survivors are located (Alawiyah, Bell, Pyles & Runnels 2011 p. 311) or providing material for things such as meditation, study, prayer or singing (Thomas 2012 p. 364). In some cases, it might also be appropriate to arrange a spiritual ceremony in collaboration with local spiritual leaders (Rajkumar, Premkumar & Tharyan 2008 p. 849).

7.2.2 Individual aspects

Even though many things can be done on higher levels to improve the care of spiritual needs, the individual caring professional is the one who meets the survivors face to face and has an opportunity to help individual survivors. It might not be possible for every caring professional to be specifically trained in spiritual care, but there are things he or she can do to improve this care also without extensive training. The included studies did not discuss these issues to any great extent, but some of the studies still provided insight into this area.

Being committed to the caring relationship and sensitive towards the individual survivor and their healing process is perhaps one of the most important aspects of care in this situation (Thomas 2012 p. 364). This includes assessing whether it is appropriate and helpful to discuss spiritual issues with that particular survivor (Alawiyah, Bell, Pyles & Runnels 2011 p. 312), being willing to discuss these issues if they are of importance to that person (Thomas 2012 p. 364) and giving the survivor the opportunity to tell their story in their own time (Thomas 2012 p. 365). It would also be helpful for the caring professional to assess and try to resolve any personal issues he or she might have with spirituality or organized religion, as well as to continue educating oneself about spirituality (Alawiyah, Bell, Pyles & Runnels 2011 p. 314, 316).

Utilizing the survivors' existing strengths, such as their spirituality, to help them cope with the adversity after a disaster came up in some of the studies (Alawiyah, Bell, Pyles & Runnels 2011 p. 312; Thomas 2012 p. 356, 364). Thomas (2012 p. 356, 364) expressed the importance of assessing the survivors' previously used coping strategies and use these as resources to overcome the current situation. Caring professionals in the study by Alawiyah, Bell, Pyles and Runnels (2011 p. 312) discussed affirming survivors' spirituality and its use as a resource in the helping relationship, as well as using their spirituality as a backdrop into making sense of their experiences during and after the disaster. One of the caring professionals explained using questions such as "Where do you think God is leading you?" and "What does that say about your life?" to help survivors along in their meaning making process (Alawiyah, Bell, Pyles & Runnels 2011 p. 312).

Another subcategory that emerged from the included studies was the advantage of flexibility; being able to adapt methods or care according to the situation and the survivor (Alawiyah, Bell, Pyles & Runnels 2011 p. 315; Feder et al. 2013 p. 161; Thomas 2012 p. 365). Sometimes care might be best given individually, while group interventions might be most appropriate in other situations (Alawiyah, Bell, Pyles & Runnels 2011 p. 315; Thomas 2012 p. 365). In some instances, it might also be necessary to educate the survivor on some issue, as in the study by Feder et al. (2013 p. 161) where survivors had a negative view of their Higher Power's involvement in the cause of the disaster and

therefore might have been in need of education on the causes of natural disasters in order to better cope with the situation.

8 DISCUSSION

If we want to care for the whole person, we need to include also spirituality in our way of thinking of health and health care, as spirituality is not only important on its own (Thomas 2012 p. 353) and as a coping mechanism (Alawiyah, Bell, Pyles & Runnels 2011 p. 296; Thomas 2012 p. 354; Koenig 2014 p. 29; Hodge 2015 p. 30) for many people, but also affects our general health (Koenig 2012 p. 27; Koenig 2014 p. 30; Hodge 2015 p. 30).

The findings in this study resonate well with many previous publications on spirituality in disasters, but there are also some differences. Something evident throughout literature is however the importance of addressing these needs in various populations in the aftermath of a disaster. As mentioned earlier, disasters can turn survivors' views of the world, themselves and their Higher Power upside down, and failing to address the issues and needs that come out of this can lead to psychological, and even physical, problems in the long term (Koenig 2014 p. 9-10). Survivors can also use their faith to cope with the disaster in various ways (Alawiyah, Bell, Pyles & Runnels 2011; Chan & Rhodes 2013; Feder et al. 2013; Henderson, Roberto & Kamo 2010; Lawson & Thomas 2007; Rajkumar, Premkumar & Tharyan 2008; Thomas 2012), but might need support or affirmation in doing so (Alawiyah, Bell, Pyles & Runnels 2011 p. 310, 312; Thomas 2012 p. 264).

Survivors in most of the included studies turned to spiritual practices to deal with the adversity of disaster (Alawiyah, Bell, Pyles & Runnels 2011; Chan & Rhodes 2013; Henderson, Roberto & Kamo 2010; Lawson & Thomas 2007; Rajukumar, Premkumar & Tharyan 2008; Thomas 2012). Benson et al. (2016 p. 1384) and Furman et al. (2016 p. 89), who studied social workers' attitudes towards different spiritual interventions, found that this is a coping mechanism most workers already felt comfortable endorsing. Perhaps this comfort has something to do with that these practices are how we are used to seeing

spirituality – or more accurately, organized religion – and the familiarity makes it easier to support and endorse them.

Spiritual rituals or ceremonies were important for some of the survivors in the included studies, but not as common as other types of spiritual practices. For survivors in the study by Rajkumar, Premkumar and Tharyan (2008 p. 849) especially ceremonies commemorating those who had passed away in the tsunami were of importance. This was mirrored in the study by Benson et al. (2016 p. 1385), who mentioned that rituals and ceremonies can help survivors cope with grief and give meaning to the disaster. Massey (2006 p. 35) also mention the importance of these ceremonies for long term recovery, through for example anniversary ceremonies commemorating the event. However, he also points out the importance of sensitivity when planning and executing these types of ceremonies, as they need to be acceptable and accessible to survivors from a variety of spiritual backgrounds, which is why collaboration between different groups is of crucial importance (Massey 2006 p. 35).

Finding meaning in the post-disaster situation was important for a majority of survivors in the included studies (Henderson, Roberto & Kamo 2010 p. 65; Lawson & Thomas 2007 p. 347; Thomas 2012 p. 357; Alawiyah, Bell, Pyles & Runnels 2011 p. 304), and helping survivors consider the spiritual meaning of their situation was also endorsed by social workers in the studies by Benson et al. (2016 p. 1386-1387) and Furman et al. (2016 p. 90-91). As mentioned earlier, creating meaning through helping others also functioned as a coping mechanism for several survivors in the included studies (Alawiyah, Bell, Pyles & Runnels 2011 p. 306; Lawson & Thomas 2007 p. 348-349), which was explained by Koenig (2014 p. 41-42) as based in encouragement for altruism in many religions and helpful because of its way of distracting survivors from their own problem, something survivors in the included studies also mentioned (Thomas 2012 p. 349; Alawiyah, Bell, Pyles & Runnels 2011 p. 306).

Social support networks seem to have a protective effect against long term psychological problems (Koenig 2014 p. 6-7). For survivors in the included studies, specifically social support from their spiritual community and leaders was of importance for their wellbeing (Chan & Rhodes 2013 p. 263; Henderson, Roberto & Kamo 2010 p. 61; Alawiyah, Bell,

Pyles & Runnels 2011 p. 310, 313). This seems to be evident also in other contexts, as social workers in three different countries (United Kingdom, New Zealand and USA) in the study by Benson et al. (2016 p. 1387) recognized the value of this type of support system for healing and recovery.

The need for an ongoing relationship with a Higher power was extensively discussed by survivors in the studies by Lawson and Thomas (2007) and Alawiyah, Bell, Pyles and Runnels (2011). For them, this relationship was essential (Thomas 2012 p. 349) and expressed as communication through prayer, trust in the Higher Power, and a reliance on this power for guidance (Lawson & Thomas 2007 p. 346-347, 349; Thomas 2012 p. 357: Henderson, Roberto & Kamo 2010 p. 63, 65; Alawiyah, Bell, Pyles & Runnels 2011 p. 304, 306). Other studies did not discuss prayer as a need to the same extent as these survivors, but Koenig (2014 p. 40-41) did talk about the feeling of empowerment that can come from a relationship with a Higher Power in which one puts one's trust.

For survivors who experience loss of faith or a need to re-evaluate their beliefs as a result of the disaster (as in Alawiyah, Bell, Pyles & Runnels 2011 p. 304; Feder et al. 2013 p. 160-161; Lawson & Thomas 2012 p. 347), support from a caring professional or someone trained in spiritual care is critical to avoid existential crisis and long term health problems (Furman et al. 2016 p. 90-91; Koenig 2014 p. 9-10). In providing this support, there are however some inconsistencies to what the best practice is, as Feder et al. (2013 p. 161) suggest educating survivors on natural causes of disasters to help avoid negative spiritual coping, while Koenig (2014 p. 2-3) suggest being cautious about dismissing even these negative explanations of the causes, as just having an explanation that the survivor believes in can help in integrating the experience into his or her worldview and moving forward.

Caring for spiritual needs does not involve only directly talking about spirituality or helping individuals with issues regarding their faith. As Massey (2006 p. 13-14) stated, spiritual care can also be given through indirect actions. In the light of this, any movement towards more inclusive care after a disaster could be helpful in caring for spiritual needs, without every caring professional having to be extensively trained in spiritual care.

As mentioned in the beginning of this study, Fernandes and Sebastin (2014 p. 253) include spirituality in a group of negative disasters effects they call intangible losses, i.e. losses that may be difficult to notice. Loss of visible things such as church buildings or other places of worship, or not being able to reach a spiritual leader for guidance because of physical obstacles (distance, destroyed roads, lack of vehicle etc.) might be easier to notice and understand than the other types of spiritual losses or needs mentioned in this study.

The intangible nature of spiritual needs is probably one of the reasons why they are often overlooked in disasters (Fernandes & Sebastin 2014 p. 253-254; Koenig 2014 p. 99), but it is not the only one. Issues like prejudice between different types of professionals (Massey 2006 p. 20; Alawiyah, Bell, Pyles & Runnels 2011 p. 311, 314), fear of proselytizing (Benson et al. 2016 p. 1388; Furman et al. 2016 p. 90; Alawiyah, Bell, Pyles & Runnels 2011 p. 310, 312) and failure to include alternative providers (and therefore their specialized knowledge) in planning and response efforts (Alawiyah Alawiyah, Bell, Pyles & Runnels 2011 p. 311, 314-315; Rajkumar, Premkumar & Tharyan 2008 p. 852) all complicate the ability to care for spiritual needs.

Many of the same barriers to collaboration between secular organizations and alternative providers such as faith-based organizations, churches or community groups that came up in this study, have also been discussed in earlier research, as have ways of overcoming these barriers (Massey 2006 p. 20; Koenig 2014 p. 97, 99). Ongoing or regular collaboration between different types of organizations and groups in an area, with common guidelines for conduct, could help in minimizing the problems. Massey (2006 p. 16) suggests that such guidelines would include, without being limited to: respect for social and spiritual diversity, prohibition of proselytizing or evangelizing, clear description of professions and their boundaries and mechanisms for making sure all caring professionals conduct only tasks they are educated and trained for. As the fear of proselytizing seems to be prevalent among disaster responders to the extent that they avoid raising spiritual issues altogether, it is important to discuss this topic within and between the organizations, addressing the ethical issues involved in this and discussing appropriate ways of bringing up spirituality that are free of proselytizing.

Education is essential in helping organizations and caring professionals respect survivors' faith and approach spirituality in an appropriate manner. Some people still have a negative view of what spirituality is, while others lack sufficient understanding of its manifestations, importance in some cultures, and use as a resource (Alawiyah, Bell, Pyles & Runnels 2011 p. 310). Without having some knowledge of spirituality, its manifestations and uses, it is hard to respect these beliefs and even more to help someone with their spiritual needs.

Apart from the three categories (sensitivity and commitment, flexibility and utilizing strengths) of individual aspects in improving spiritual care that came up through the analysed studies, other researchers give practical guidelines for caring professionals to consider when attempting to care for spiritual needs of disaster survivors. Benson et al. (2016 p. 1388-1389) advise to, for example, educate oneself about disasters and their impact as well as spirituality and spiritual care, know one's own values and spiritual orientation and prioritize self-care. Massey (2006 p. 17-18) also gives suggestions on how to act when approaching survivors of various cultures, such as allowing survivors to tell their story and find their own solutions to problems, staying away from proselytizing but offering prayer if requested, encouraging staying connected to social networks, educating oneself about cultures, staying open minded and demonstrating respect towards the survivor.

The usefulness of a spiritual assessment is only mentioned briefly in one of the included studies (Alawiyah, Bell, Pyles & Runnels 2011 p. 312), while some other literature discusses its usefulness to great lengths. Especially Hodge (2015) advocate for the use of a brief spiritual assessment in all caring relationships (not specifically in disaster situations), to determine whether spirituality is important for the client and if there are important aspects of care that are affected by their faith. Assessing the importance of spirituality in all survivors of disaster may sound like a lot of work, but asking survivors a few questions to determine their relationship with spirituality could potentially uncover issues that need to be dealt with at an early stage and therefore avoid long-term spiritual or psychological problems, or tap into strengths and coping mechanisms that would otherwise have stayed dormant (Hodge 2015; Koenig 2014 p. 9-10).

Conducting an assessment would also help the caring professional to identify survivors that need specialized care from their spiritual leader or someone trained in spiritual care. Referral to spiritual caregivers in situations that call for that – where survivors need more specific spiritual care – was not mentioned at all in the included studies. Other authors, such as Koenig (2014 p. 10-11), Benson et al. (2016 p. 1387) and Furman et al. (2016 p. 89) however encourage referral when needed, in which cases an ongoing collaboration with these kinds of caregivers is of great importance for quick and smooth referral.

The participants of the studies analysed for this thesis were mostly from marginalised or minority groups, such as African Americans, older adults or women and many of them were of low socio-economic status. These are all groups who tend to find spirituality important (Hodge 2015 p. 30; Koenig 2014 p. 32) and one could argue that the results of this thesis is therefore is not useful for general populations in industrialized countries, where profession of faith is not as common. However, several studies have shown that people in a wide range of countries that do not consider themselves to be religious, still have some sense of the presence of a greater power (King & Koenig 2009 p. 2; Nagase 2012 p. 71). After a disaster or other traumatic event spirituality also tends to become important for a larger group of people (Hodge 2015 p. 30; Koenig 2014 p. 30, 33-34). This hints to that even though the spiritual needs of people who do not normally consider themselves spiritual or religious might differ from those in this study who do, and results are not generalizable to a broader population, more knowledge and focus on spirituality and spiritually sensitive interventions could still be helpful in all types of populations.

At this point it is also worth mentioning again that the analysed studies were all concerned with natural disasters, and the results can therefore not be applied to survivors of man-made disasters, as their situation may be very different. All types of larger scale disasters, natural as well as man-made, were included in initial searches, but it seems that fewer studies on spirituality and spiritual needs have been conducted in relation to man-made disasters. This suggests that further research in this area is needed to broaden the knowledge about spirituality also in man-made disasters

As the author was not able to find much previous research on the spiritual needs of disaster survivors and their care in general, there is a need for other researchers to dive into this

topic more in detail. Especially empirical studies that focus specifically on spiritual needs in disasters instead of spirituality as a coping mechanism, would be needed. The field could also benefit from research into the different organizations and groups involved in disaster response – as well as those that are not currently involved but that could be of great use to the field – and strategies for practical improvement of their collaboration.

9 ETHICAL CONSIDERATIONS

As a registered nurse, the author has an obligation to adhere to the ICN Code of Ethics for Nurses, which serve as not only an ethical guideline for clinical practice but also for research and education. The ICN code was taken into consideration when conducting this study, striving to conduct research that would help advance the nursing profession and improve ethical conduct within disaster response, while adhering to nursing values such as respectfulness, trustworthiness and integrity. (ICN 2012)

When planning the study, choosing the topic, and developing research questions, Kumar (2011 p. 244) argues that it is important to consider if the planned research is relevant, useful and justifiable to others. Part of the planning of the thesis involved consideration into the relevance its results could have for working life. The research question was made two-fold as to not only assess what spiritual needs in disasters are, but also what practical steps can be taken to improve their care.

Kumar (2011 p. 246) also stresses that the research methodology should be decided based on an analysis of what is most suitable for the present study, not on personal preference. For this thesis, different methods and their benefits and limitations in relation to the research questions were considered, before choosing to use scoping study. The rationale for this choice is covered more in detail in the Methodology section.

In many cases, research proposals have to go through an ethical review before research is conducted (Finnish Advisory Board on Research Integrity, TENK, 2012 p. 30). As this study was conducted as a scoping study and did not involve any participants, no ethical review was needed according to the university guidelines.

As the researcher's background can affect research analysis and interpretation (Kumar, 2011 p. 245), effort to reach transparency in this area was taken by offering a description of the background of the researcher – including educational and professional background, research experience, philosophical and spiritual views – in the beginning of this thesis.

When conducting the analysis and writing the report, great care was taken to ensure that all claims were based on the analyzed data, did not highlight any aspect out of proportion or leave any important findings out. Care was also taken to that all information obtained from other researchers' publications were correctly cited. Re-checks with the literature was done repeatedly to ensure all these things, as to avoid any type of research misconduct or negligence (Polit & Beck 2012 p. 168-169; TENK 2012 p. 32-34; Kumar 2011 p. 245-246).

10 TRUSTWORTHINESS AND INTEGRITY

Efforts to maintain trustworthiness and integrity were made throughout the whole research process, with a basis in the Whittemore and Colleagues' framework as presented by Polit and Beck (2012 p. 585-587). They give four main criteria for research to be trustworthy: credibility, authenticity, criticality and integrity, as well as six secondary criteria that are not necessarily relevant to every type of study (Polit & Beck 2012 p. 585).

Credibility, or "confidence in the truth of the data and interpretations of them" (Polit & Beck 2012 p. 585) was attempted to achieve through several different verification strategies, such as: repetition of the data analysis with a slightly different approach (as described in the chapter on the scoping study process) to ensure that all data was included and correct categories derived, and an ongoing comparison between the data, results and interpretations to ensure that all claims were based in the data. As a way of reaching authenticity and thereby describing the data in a fair and faithful manner (Polit & Beck 2012 p. 585), the researcher tried to show similar as well as conflicting findings in the analyzed and previous studies, when presenting the results and their interpretation.

Quotes from participants in the different studies were also used, where appropriate, as a way of supporting claims.

Criticality and integrity involve critical appraisal of decisions and continuous self-reflection and self-scrutiny (Polit & Beck 2012 p. 586). Part of reaching this was the above mentioned ongoing comparison between data, results and interpretations, but the main way of ensuring criticality and integrity was through ongoing reflexivity on the part of the researcher. This could have been conducted in a better way through for example keeping a reflective journal (Polit & Beck 2012 p. 589) but was now done as a reflective thought process where the researcher continually questioned decisions, methods and ideas and how her own subjective thoughts affected these.

Some of the additional criteria of the Whittemore and Colleagues' framework were also considered as relevant for this particular study. In an effort to reach explicitness (Polit & Beck 2012 p. 586), the researcher tried to explain the whole scoping study process in as much detail as possible (see the chapter Scoping study process), to make it easy for the reader to understand how the results were achieved. As the researcher's subjective beliefs might also affect the interpretation of the data (Kumar 2011 p. 245), a description of the background and philosophical views of the researcher was given at the very beginning of the thesis and this background was taken into consideration throughout the above mentioned reflective process.

Attempts to comply with the criteria of thoroughness (sound decisions and full development of ideas) and congruence (connection between the different parts of the research process) (Polit & Beck 2012 p. 586) meant that the researcher considered the best fit of method for the research question, conducted a extensive search of literature to be sure no relevant information was left out, made an effort to explain the whole thought process from choice of research question to results, and discussed findings in relation to previous research in an open manner.

Despite the researcher's best effort, this study, as any other, has its limitations. The most apparent limitation is the researcher's lack of experience in conducting scoping studies, which could have affected the quality of the results. Because of the scarce amount of

analyzed studies and their limited scope in several areas (geographical, socio-economical, type of disaster), the findings are not generalizable to any larger population. Despite the best effort to include every relevant study in the analysis, as the literature search was focused only on electronic databases and reference lists of included articles, it is possible that some literature was still overlooked.

As Levac, Colquhoun and O'Brien (2010 p. 5-6) suggests, scoping studies are better performed by a group, or at least two researchers, so that decisions can be discussed from several perspectives. This study was conducted by one researcher – with some support from the supervisor, a peer group and the university librarian – which could have affected the way literature was chosen, analysis conducted and results interpreted, despite attempt of reflexivity. It is also possible that the research question could have been better studied empirically, as most of the existing literature did not specifically study spiritual needs and their care. However, taking into account the resource limitations of the researcher (time, connections and the fact that this was a solo project) and other rationales for studying already existing material, scoping study methodology was considered the best fit.

11 CONCLUSION

To be able to care for survivors of disasters in a holistic way, it is hard to argue for the omittance of spirituality. However, spirituality is a complex subject, and understanding and caring for the spiritual needs of disaster survivors can be a challenge for organizations and caring professionals. This thesis tried to close part of this gap by looking into what spiritual needs researchers have previously found in disaster survivors, and what suggestions they have for improving how we care for these needs, to give better and more holistic care.

Four separate categories of spiritual needs with their respective subcategories were found; spiritual practices, involving things like services, spiritual reading and rituals; relationship with a Higher Power, which involved prayer, continued trust and guidance; meaning making, which involved finding purpose and turning to altruistic acts; and social support from the spiritual community and leaders.

The suggestions for improvement were focused on two main categories; organizational and individual aspects. Well-functioning collaboration between and within different types of organizations and community groups proved to be key in providing good spiritual care, as the current dysfunctionality in these relationships create barriers to working together with the survivor's best interest in focus (Alawiyah, Bell, Pyles & Runnels 2011 p. 310, 311; Rajkumar, Premkumar & Tharyan 2008 p. 852; Thomas 2012 p. 365). Apart from this, organizations could focus on improving their and their staffs' cultural sensitivity (Alawiyah, Bell, Pyles & Runnels 2011 p. 312, 316; Feder et al. 2013 p. 161; Henderson, Roberto & Kamo 2010 p. 67; Lawson & Thomas 2007 p. 350-351; Rajkumar, Premkumar & Tharyan 2008 p. 852; Thomas 2012 p. 364) as well as providing material and opportunities for survivors to practice their faith (Alawiyah, Bell, Pyles & Runnels 2011 p. 311; Chan & Rhodes 2013 p. 263; Thomas 2012 p. 364).

Individual caring professionals, on the other hand, can improve spiritual care by staying committed to the caring relationship and sensitive to the survivors' personal needs and story (Thomas 2012 p. 364-365; Alawiyah, Bell, Pyles & Runnels 2011 p. 312), adapting methods to fit the survivor (Alawiyah, Bell, Pyles & Runnels 2011 p. 315; Feder et al. 2013 p. 161; Thomas 2012 p. 365) and finding and utilizing strengths the survivor already has (Alawiyah, Bell, Pyles & Runnels 2011 p. 312; Thomas 2012 p. 356, 364).

Finally, this thesis gives insight into the field of spirituality in disasters, by both highlighting needs and existing issues and giving suggestions for improvement based on previous studies. The findings are however not generalizable to all populations and types of disasters, which is why more research is needed in this field. Especially empirical research on how to practically improve collaboration between different types of service providers, as well as research shedding light on spiritual needs of survivors of man-made disasters, could be beneficial for improving holistic and spiritual care in disasters.

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APPENDICES

Appendix 1. Chart of included articles

Author & year of publication	Method	Study population	Type and place of disaster	Time of study	Aim	Spiritual needs	Improving care
Alawiyah et al. 2011	Ethnographic case study (interviews, observations & study of documents)	African American survivors (evacuees), local service providers (faith-based and secular organizations)	Hurricane (Katrina), USA	From survivors' arrival to shelter until 2.5 years later	Explore how the survivors found spirituality helpful in adjusting after the hurricane and how service providers supported using spirituality as a resource	Relationship with a Higher Power (through prayer): finding strength, seeking guidance, support, continued trust	Form closer relationships between FBOs and NGOs; include FBOs in planning & include alternative service providers in care Recognize importance of spiritual needs and spirituality's value as a resource Respect and help arrange rituals/ceremonies Understand local culture Training in spiritually sensitive practice Assessment
Chan & Rhodes 2013	Secondary data analysis of a multi-wave longitudinal study (quantitative interviews)	Women, mostly low-income mothers	Hurricane (Katrina), USA	From few months before the hurricane to 4 years after	Study whether religious coping was protective against negative effects of the disaster in the long term	Spiritual practices (church attendance) Support from the spiritual community Coming to terms with what happened (dealing with negative spiritual issues)	Provide a place for spiritual practice Be aware of the risk of negative coping
Feder et al. 2013	Cross-sectional study	Survivors of earthquake	Earthquake, Pakistan	Three years after the disaster	Document prevalence of PTSD symptoms and identify what factors were associated with lower PTSD and depression	Finding purpose Coming to terms with guilt (negative religious coping)	Include regional beliefs in interventions
Henderson et al. 2010	Qualitative, face-to-face interviews	Displaced older adults	Hurricane (Katrina), USA	6-10 months after the disaster	Study coping strategies of older adults in dealing with the challenges after the hurricane	Support from the spiritual community Spiritual activities: church, scripture, prayer, choir Relationship with a Higher Power: trusting him, thankfulness	Create culturally appropriate interventions

Lawson & Thomas 2007	Exploratory analysis. Interviews & observations, grounded theory	Older black survivors	Hurricane (Katrina), USA	Over a 10 month period (starting time in relation to the disaster not mentioned)	Explore how older black survivors coped with the hurricane	Relationship with a Higher Power: continuous prayer, guidance, thankfulness, trust Spiritual reading: Bible, devotional Helping others, based in faith Spiritual practices, also outside church	Plan culturally appropriate responses
Rajkumar et al. 2008	Focus group methodology, explorative	Tsunami survivors from different groups (fishermen, housewives, community leaders)	Tsunami, India	9 months after the disaster	Study how the tsunami affected the survivors psychologically, to be able to evaluate coping mechanism of the communities and evaluate disaster resilience	Trust in God's plan Prayer Spiritual practices, ceremonies, rituals Support from spiritual leaders	Recognize the value of spiritual practices and community Integration of spiritual and community groups in response
Thomas 2012	Qualitative paradigm. In-depth interviews, observation. Grounded theory	Older African American survivors who had to relocate	Hurricane (Katrina), USA	Right after the disaster	Describe resiliency themes in older African American Katrina survivors	Relationship with God: continued trust Meaning making of the experiences through faith	Understand how faith is manifested in different cultures Encourage practice, provide resources Respect & involvement Cultural education Comprehensive assessment Cooperation with FBOs, alternative service providers

Appendix 2. Spiritual needs in natural disasters – coding sheet

Main category & saturation	Subcategory & saturation	Quotes
Spiritual practices (1, 2, 4, 5, 6, 7)	Spiritual services (1, 2, 4)	"I have met some friends and I have been going to church with them. That's what I miss mostly, because I'm a churchgoer. I looked…that was my pleasure, really going to church" (4 p. 63)
		"Other survivors expressed the importance of religious practices such as going to church" (1 p. 305)
		"Those who remained engaged in their churches and committed to their religion tended to experience psychological growth" (2 p. 262)
		"There was one afternoon where they brought in a small… worship service, and it was and African American church, and they started to do this very upbeat, very contemporary gospel songs… People were literally running though the Convention Center to get to this place… when people were going away after the service, their body language went from with the heavy shoulders, which is what I had gotten used to seeing… and head down, to that very characteristic New Orleans chin pointed toward the sky" (1 p. 311)
	Spiritual reading (4, 5, 7)	"Although the Hurricane and subsequent breached levees undermined the respondent's sense of control, they often regained it through the use of religious reading – the Bible, inspirational books, and daily devotional meditation books" (5 p. 347)
		"Many also described the value of scriptures from the Bible as a means to find comfort and refuge, reciting verses, and envisioning God's spirit" (7 p. 357-358)
	Rituals/ceremonies (6)	"Rituals such as Karyam, the remembrance of the deceased on the 16th dat of their demise were de rigueur in the community. On that day, priests would pray for the departed and pictures of the deceased would be put before glowing lamps, incense, flowers and religious offerings" (6 p. 849)
		"There were frequent gatherings to remember the deceased. Fishermen who lost their children remembered them by adopting a custom, initiated by the local district administration, of planting and caring for coconut saplings. They ritually offered food favoured by their deceased children to the saplings and sat beneath their shadow" (6 p. 849)
		"Their religious practices were not diminished and might have been strengthened by the tsunami. They continued to do Puja and Yagam (religious ceremonies) to help the distressed" (6 p. 849)
Relationship with a Higher Power (1, 3, 4, 5, 6, 7)	Prayer (1, 4, 5, 6, 7)	"For example Pearl K. emphatically indicated that, "You just have to go to God and pray, go to God, tell God about it. Put it on him, pray, you just have to pray" (7 p. 357)
		"Often, these prayers were composed spontaneously, or offered in silence, and involved thanking God for the positive experiences that occurred during Katrina" (5 p. 346)
		"You know, like I told them, we just, we just have to pray and accept what happened. We are lucky. We are still alive, you know, and that's the important part." (4 p. 61)
		"Prayer was important for most of these respondents when they faced difficult situations. For example, one woman expressed her feeling about the recovery process in this way: "Everything is going to be alright, and I'm a praying person, I do a lot of praying"" (1 p. 304)
		"Often, these prayers were composed spontaneously, or offered in silence, and involved thanking God for the positive experiences that occurred during Katrina" (5 p. 346)
		"A 97-year-old widow shared, "I just was thanking God. All I said thank you Lord that you brought me out of it safely and did not harm me at all… I never worry about it, not once." (4 p. 63)
		"In this sample, there was extensive reliance on a Higher Power to cope with the hurricane and its aftermath. Unceasing communication with a Higher Power represented an integral dimension of the respondents' faith and resulted in spiritual strength" (5 p. 349)
		"The respondents in the present study viewed their relationship with God as personal, essential, and unique, providing comfort, inspiration, and guidance" (5 p. 349)
		"The continual talk with a Higher Power can be viewed as an expansion of prayer, and the respondents reported it as the most frequently used coping strategy. Clearly, unceasing communication with a Higher Power assisted respondents in gaining control over threatening events." (5 p. 349)

| | Guidance (1, 5) | "A distinctive one-on-one relationship to a Higher Power was incorporated into the respondents' daily lives. For example, they reported praying throughout the day and seeking Divine guidance" (5 p. 346)

"Another survivor felt that God was directing him through his recovery: "…let God guide you and trust that He'll lead you in the right direction."" (1 p. 306) |
|---|---|---|
| | Continued trust (1, 4, 5, 6, 7) | "Participants stood firm in their faith and held on to their religious convictions. They were convinced that God would take care of them. Others put things in God's hands and believed that God did not bring them this far to leave them" (4 p. 65)

"She remarked: "Even though we didn't have control of where we were going, I thought God was controlling where I needed to end up. You can't figure out what God's purpose is, but you know the purpose was for you to be there" (5 p. 347)

"All of the participants constantly made references to the importance of putting their trust in an entity beyond human comprehension" (7 p. 357)

"Some survivors tried to find meaning in the disaster by seeing God's presence in the events. For example, this survivor said: "I see it [the hurricane] as an act of God. So, I took it in a positive way… it brought families closer together. It made us see what was more important." Another reasoned: "He [God] ain't brought me this far to leave me hanging," believing there must be a reason for the trials she was experiencing" (1 p. 304) |
| | Reappraisal (1, 3, 5) | "Rita paused and tearfully noted, "I said Jesus, it is in your name. What is this here? Is the world coming to an end?' And I asked God for forgiveness for all that I have done 'cause I did not know what I was 'bout to face." (5 p. 347)

"Another respondent reappraised his faith in this way: "I felt like I lost my faith. I was like 'If there is a God, why is the doing this to us? Why are we out here like this? If he really did love us, why are we seeing people dying in front of us?"" (1 p. 304)

"Respondents talked about their relationships with God after the disaster; for example, by expressing thankfulness to God and reassessing their faith" (1 p. 304)

"Findings in our sample suggest that a particular form of negative religious coping represents a distinct vulnerability for earthquake survivors in Pakistan, which goes beyond simple spiritual discontent (abandonment by God, anger at God) (3 p. 161)

"A particular form of negative religious coping, i.e. a feeling of being punished by God for one's own sins or lack of spirituality, was significantly associated with higher symptom levels, and this association remained at the trend level after adjusting for purpose in life" (3 p. 160) |
| Meaning making (1, 3, 5, 6) | Purpose (3, 5, 6) | "We were chosen by our God to survive. We have the special responsibility of rebuilding our village to change the future" (6 p. 848)

"In our sample, a higher sense of purpose was significantly associated with higher self-reported positive emotions, even in the presence of posttraumatic symptoms" (3 p. 161)

"A higher sense of purpose in life was associated with both lower PTSD and depressive symptoms in this sample." (3 p. 160)

"In some cases, the respondents related helping to divine purpose and, ultimately, to coping. Rita stated; "There was a guy here who was sick, … like I said, God has me here for a reason. I had to get an ambulance for him, but later he died." Rita arranged transportation to church for the deceased man's widow and provided assistance to completing FEMA money voucher forms" (5 p. 348) |
| | Altruism (1, 5) | "Survivors also demonstrated resilience in their ability to maintain hope and optimism and transform the experience of the trauma of the hurricane through altruism and helping others" (1 p. 306)

"As Carl, Jim, Rita, and other respondents stated, "When I help another person, it helps me to take my mind off my problems"" (5 p. 349)

"In some cases, survivors' resilient reintegration took the form of altruism – helping neighbours, family members, and others in need. For example, one woman convened an Encouragement Dinner for Louisiana people with her pastor." (1 p. 306)

"Respondents valued helping individuals in worse shape than themselves. Another male respondent recalled distributing food to and cooking for other survivors, actions symbolizing the spiritual component of collective Katrina survivorship" (5 p. 348-349) |

		To further assist them in coping with Katrina, the respondents devoted much time to helping others. The act of assisting people less fortunate than themselves is rooted in the respondents' religious beliefs. One respondent recited his philosophy: "Giving to others and helping those in need is how God blesses you." Frequently, the respondents exchanged clothing, food, and various services in a spirit of cooperation and assistance." (5 p. 348) "Another female survivor, who had a strong religious belief, was taking care of a two-year-old boy as a way of coping through altruistic acts. She stated: "When I took him in… I had to take care of him and that helped me because I couldn't lay in the bed and cry like I was doing. I couldn't. I had to get up. And so that made me get up and out…"" (1 p. 306)
Social support (1, 2, 4, 6)	Spiritual community (1, 2, 4)	"Interestingly, neither social support nor optimism was predictive of PTS and GPD. This suggests that unmeasured religious coping may have fuelled previously found associations among support, optimism and disaster outcomes (e.g. Chan et al., 2012; Smith et al., 2000). This might be particularly true among more religious individuals, who in the face of disaster, may be particularly likely to cope with the support of their faith and religious communities. For these individuals, their social support network and sense of optimism may be inseparable from their religious contexts and ethos" (2 p. 263) "displaced older persons were thankful to be safe and alive and to have received money and other forms of support from churches and volunteers" (4 p. 61)
	Spiritual leaders (1, 6)	"Visits by spiritual leaders were considered to be holy and expected to bring peace and prosperity to their community. "We are thankful to the visits of Swamiji. He prayed for our peace and taught us about the immorality of the Aathma" (6 p. 849) "Material and emotional support from a church pastor or church member reinforces faith and spirituality. This facilitates deeper connections to the churches as institutions and the materi-al and social supports they have to offer" (1 p. 313) "The reliance on the church and close family ties proved to be somewhat a liability in their new homes, as several service providers noted that pre-Katrina these families would go to their preacher in times of difficulty, "but now that they don't have their preacher and they don't have their family members and they're really stuck" (1 p. 310)

1) Alawiyah et al. 2011, 2) Chan & Rhodes 2013, 3) Feder et al. 2013, 4) Henderson et al. 2010, 5) Lawson & Thomas 2007, 6) Rajkumar et al. 2008, 7) Thomas 2012

Appendix 3. Improving the care of spiritual needs – coding sheet

Main category & saturation	Subcategory & saturation	Quotes
Organizational aspects (1, 2, 3, 6, 7)	Collaboration (1, 6, 7)	"Survivors were repeatedly characterized as unwilling to access assistance in more formal systems characteristic to the host community, as noted by one African American nonevacuee social workers: "As for the African-American culture, they believe in church…getting counselling from the church…and getting counselling from the grandmas…but they solely rely on the church for counselling"" (1 p. 310) "Overall, members of civil society, such as nonprofit organizations, faith-based organizations, churches, and other informal neighbourhood groups play a critical role in disaster recovery, filling in the many service gaps left by federal, state, and local governments (Harrell & Zakour, 2000). Our research shows that churches and faith-based groups were critical to the civil society response to Hurricane Katrina, and that religion and spirituality were important resources for African American survivors." (1 p. 315-316) "Strengthening locally prevailing community-sanctioned support systems after disasters in non-industrialized countries, rather than inducting formal counseling and mental health services routinely, appear indicated." (6 p. 852) "The organization provided critical services to survivors both right after the initial evacuation and during the long-term recovery. However, the lack of participation in the coordinating group was a loss on the overall recovery process, because this African American faith-based organization could have provided guidance to European American service providers about how best to support survivors' spirituality and religious participation in their recovery. They could have provided a bridge between survivors' mental health and spiritual needs" (1 p. 311) "Our work suggests that social workers need to continue to educate themselves about spirituality and religion in different client groups and forge alliances with faith-based organizations so that they can enhance clients' resilience in adversity" (1 p. 316) "The lack of collaboration between secular non-profit organizations, faith-based organizations and the government reported by our provider respondents is a recurring theme in recent policy debates on disasters (De Vita et al., 2008; FEMA, 2007; Joshi, 2010; National disaster response, 2008). Chaplains, pastors, church members and other service providers from faith-based organizations are marginalized from the process." (1 p. 313) "Partner with religious institutions and other faith-based organizations to address distinct manifestations of religious and spiritual values in diverse groups in order to meet their individualized needs" (7 p. 365) "Survivors wanted familiar resources in times of crisis; however, they were far from those resources and service providers in the host community struggled to create resources that were culturally appropriate" (1 p. 310) "Facilitating access to informal helping systems such as churches – and thus making full use of religion as an institution that can foster resilience – is key for African American disaster survivors who may be suspicious of more formal helping systems" (1 p. 314-315) "Social workers should strive to increase options for services by providing spiritually-sensitive services within traditional social service agencies for those who want it, as well as locating referral resources for African American clients who want faith-based services within their own community and institutions" (1 p. 315) "Increase efforts to enhance connections with informal networks and demonstrate sensitivity to individual conceptualizations of "family" that transcend kinship ties" (7 p. 365) "The role of professional mental health services aid was largely under-recognized by the participants. Though many mental health professionals had been working in this community for the 9 months prior to this study, none of our participants recognized their value or utility, even when specifically asked; they valued their own cultural and spiritual practices and community resources more" (6 p. 852) "Aid attempts should focus on integrating the services of community self-help groups, spiritual organizations and other resources" (6 p. 852) "For the most part, the local service providers, although acknowledging that spirituality was a resource for healing in the African American community, underutilized it as a resource. African American service providers spoke more readily about their own faith and appeared to be more able to draw on religious and spiritual resources in their work with survivors. Based on this data, we do not know what special contribution spirituality or religious practices made or did not make in fostering disaster resilience for the displaced survivors, but it was clearly a lost opportunity on the part of some of these providers" (1 p. 313)

| | | "Another provider, a European American who was also a pastor and trained chaplain, told a story that illustrated some of this tension. Although the local shelter for medically needy survivors regularly used chaplains, the general shelter "had a very different feel." The provider noted is was necessary:
…to go through the chain of command, and when we got to the top of the chain… the person said to me, "We don't need chaplains here. All chaplains do is stir things up. These people need to rest." And I asked for a little clarification, and he says, "We have medical staff to take care of physical needs, we have mental health workers to take care of mental health needs, we don't need chaplains." … I mentioned that there's also another component in people, and it's the spiritual side. That wasn't really what they were interested in. And they obviously had some very negative ideas about what it meant." (1 p. 310)

"Many providers acknowledged that survivors' spirituality and religion, including church attendance and the social support that churches provide, was a great resource" (1 p. 310)

"In order for social workers working with survivors in disaster contexts to address spiritual and religious matters and provide appropriate resources, it is necessary for them to understand that spirituality can be a source of resilience (Richardson, 2002) and that religious institutions are critical sources of support, particularly for African Americans (e.g. Brome et al., 2000; Musgrave et al., 2002; Watlington & Murphy, 2006). (1 p. 314)

"The European American director of a faith-based organization had this to day about the work that needed to be done to incorporate spirituality and religion into disaster recovery:
…when the faith community does it right, it is an incredible service to the city because people who live through crisis often turn to or away from their faith. Either way, a chaplain should be able to handle that emotional baggage and help process. Chaplains should know when they need to refer someone on to mental health. It's a great service, a free service. It's a good deal for the city but if the city's only view of it is fear of proselytizing, they've got their head on backwards…" (1 p. 312)

"This issue of professional boundaries came up in another way. A respondent from one of the African American faith-based groups talked about how concern about credentialing kept them from participating in the case management groups, even though they were providing services that looked on the face of them like case management:
"…we have never proclaimed to provide any type of case management or counselling, 'cause none of us are degreed or educated to do that…we're a spiritual-based non-profit, so we have to be careful with what people – what it appears we're providing" (1 p. 311)

"One of the challenges of incorporating spirituality into disaster relief and recovery was a certain wariness between faith-based and secular organizations around the issue of proselytizing and credentials. One local African American service provider talked about the "collision" between these two groups" (1 p. 310)

"although spiritual care providers and mental health professionals "have sometimes harboured suspicions of each other's roles and that suspicion can interfere with the timely and efficient provision of services" ([Massey 2006] p. 20), the two groups do share common ground. This commonality includes concern for emotional well-being, practice of attentive listening, and embracing a holistic view of the individual. Building on this commonality can be a way to bridge these service gaps." (1 p. 314)

"This respondent went on to define the appropriate role for spiritual care in a disaster, noting that chaplains can operate much like mental health workers, "to be present, to listen, and so they have the skills of a counsellor." However, this could create boundary confusion for social workers and other service providers who were trained to provide mental health care and are trying to incorporate an attention to clients' spiritual needs into their practice. It raises the issue of which professionals are appropriately trained and credentialed to provide what kind of service" (1 p. 311) |
| | Cultural sensitivity (1, 3, 4, 5, 6, 7) | "Our work suggests that social workers need to continue to educate themselves about spirituality and religion in different client groups and forge alliances with faith-based organizations so that they can enhance clients' resilience in adversity" (1 p. 316)

"Seek education on culturally salient coping processes and strategies adopted by diverse populations in order to understand coping in a cultural context" (7 p. 365)

"A clear implication from our and other's findings is the need to incorporate regional religious beliefs into psychological interventions for earthquake survivors, including education about the natural causes of earthquakes and involvement of religious leaders" (3 p. 161)

"Understanding Black's spirituality provides an opportunity for assessing coping and planning culturally appropriate disaster responses" (5 p. 350-351)

"She belonged to a large local church and she invited survivors to her church, as she believed that the primary connections for people were church and jobs. She believed this was one of the problems with the general case management system because many case managers were not familiar with the culture of survivor clients and didn't understand the importance of church and spirituality in survivors' lives" (1 p. 312) |

		"Older adults used perception-focused coping strategies (Pearlin & Schooler, 1978), meaning they adjusted their thinking, manifested positive attitudes, and relied on their spirituality. Including them in disaster plans would ensure culturally competent disaster-planning processes and delivery of mental health services" (4 p. 67) "It is possible that culturally grounded interventions may hasten the process for recovery from traumatic bereavement, but it is likely that mental-health professionals are not necessary for this to occur in the vast majority of instances (Schut, Stroebe, van den Bout & Terheggen, 2001; Summerfield, 2005)" (6 p. 852) "Mental health professionals who aim to serve the survivors should aspire for more cultural competence and the understanding of the nuances of "post-disaster culture" (6 p. 852) "This study is valuable in understanding how culture and race influences dimensions of resiliency. A deeper understanding of these prominent processes of resiliency are crucial in adequately attending to the needs of diverse populations; offering a foundation to guide development of comprehensive assessments that identify resiliency of risk factors. This may serve to provide expertise toward the development and use of appropriate treatment approaches" (7 p. 364)
	Means for practice (1, 2, 7)	"Intervention strategies may be broadened and expanded to meet these unique needs by providing materials upon request that may encourage multiple means of expressing religion and spirituality (meditation, study, services, praying, songs etc.) (7 p. 364) "Although relief workers and mental health care providers should take note of the protective role of religion in the lives of survivors, and make efforts to restore faith-based organizations (e.g. provide a place for and means to worship and practice one's faith), they should be aware of the potential risk that negative religious coping might pose for long-term symptomatology." (2 p. 263) "Providers offered a few examples of what spirituality and religion integrated into disaster services looked like. […] There was one afternoon where they brought in a small… worship service, and it was and African American church, and they started to do this very upbeat, very contemporary gospel songs… People were literally running though the Convention Center to get to this place… when people were going away after the service, their body language went from with the heavy shoulders, which is what I had gotten used to seeing… and head down, to that very characteristic New Orleans chin pointed toward the sky" (1 p. 311)
Individual aspects (1, 3, 7)	Sensitivity & commitment (1, 7)	"She did not talk about spirituality or religious practices with all clients, but only when she assessed that the situation called for it" (1 p. 312) "Provide frequent opportunities and support as older African Americans share their story, in their own time, as a path towards recovery and growth" (7 p. 365) "This study also highlights the need for social workers to demonstrate respect and to be involved with clients throughout the helping process" (7 p. 364) "Most importantly, this study suggests that practitioners cannot ignore discussions of religion and spirituality that may manifest itself differently in African Americans. Social workers need to understand how these processes are manifested the behaviors, values and belief systems of African Americans. Sensitivity and commitment to apply this knowledge in practice requires a willingness to engage in dialogue with trauma survivors about religious and spiritual issues" (7 p. 364) "Our work suggests that social workers need to continue to educate themselves about spirituality and religion in different client groups and forge alliances with faith-based organizations so that they can enhance clients' resilience in adversity" (1 p. 316) "For European Americans, making connections to local spiritual and religious resources may be a challenge as many see their spirituality as a deeply personal issue, may have unresolved personal issues with organized religion, or lack the necessary education or training in spiritually-sensitive social work practice. However, to meet the needs of clients, they need to step out of their comfort zones to provide appropriate support and referrals, as well as support different ways of expressing faith." (1 p. 314)
	Flexibility (1, 3, 7)	"It is important that helping these professionals become more flexible in their service delivery methods to enhance their capacity to assist individuals in distress" (7 p. 365) "Some issues […] might best be addressed in homogenous groups, led or co-led by chaplains or pastors. Homogenous groups would allow respondents to collectively assess the negative impacts of racism and oppression, to share one another's burdens and the trauma they have experienced, and to draw on a common source of inner strength and comfort. Community leaders should be consulted, included, and take the lead in the development of these interventions." (1 p. 315) "A clear implication from our and other's findings is the need to incorporate regional religious beliefs into psychological interventions for earthquake survivors, including education about the natural causes of earthquakes and involvement of religious leaders" (3 p. 161)

		"[The study] suggests the importance of practice that involves older adults in the decision-making process, encouraging opportunities to tell one's story, and to be effectively engaged in the helping process" (7 p. 364)
	Utilizing strengths (1, 7)	"One of the African American survivors who was also a service provider talked about how she supported the clients' faith: "I just affirm that and just tell them, 'It is good that you have that [faith] to lean on,' you know. 'That's a support and it's a strength'"" (1 p. 312) "She talked about using survivors' faith, when appropriate, to help them make sense of their experience. As she said: …it was liberating to be able to talk to people about, you know, their faith and, uh, their testimony, and, you know, the fact that they survived a hurricane, and you know, what do you think God is trying to tell you…So, and for a body of people that are so, even if they didn't go to church, they believe in God, and, you know, they'll talk about what God has done although he may be doing all this crazy stuff that has nothing to do with being a Christian, there's this belief in God and that God will take care of you, and so just being able to focus on that, in some situations, and bring that out, and you know, talk about, "Where do you think God is leading you?" and "What does that say about your life?"" (1 p. 312) "Professionals need to take notice of the strengths of their clients and how these strengths can be used to provide the resources that are needed to overcome adversity" (7 p. 364) "Understand the importance of comprehensive assessment of previous and active coping strategies of older adults and their service needs" (7 p. 356)

1) Alawiyah et al. 2011, 2) Chan & Rhodes 2013, 3) Feder et al. 2013, 4) Henderson et al. 2010, 5) Lawson & Thomas 2007, 6) Rajkumar et al. 2008, 7) Thomas 2012