

Apply Spiritual Care within the Independent Advocacy Service Training Program for the Elderly Care in Taiwan

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Abstract: The Independent Advocacy Service Training Program (IASTP) was operated for the Independent Advocacy System working for those elderly living in institutions in Taiwan. This research was based on the IASTP with 12-section/48-hour per year continuing training and evaluated the applying the topic of spiritual assessment and spiritual care skills with 4-section/12-hour among in IASTP, in 2020. There were 58 independent advocate caregivers who participated in this training program. It used the “Advocacy and Care Spirituality Assessment Form, ACSAF”, which included four dimensions of “faith-oriented”, “reconciliation with the past”, “life-oriented”, and “family-oriented” to assess the participants’ spirituality. The results were conducted with the Social Science Statistics Software (SPSS) 22.0 for the statistical analysis. The participants most were females (82.8%), above 60-year-old (29.3%), bachelor’s degree (55.4%), Christian belief (34.5%), and in marriage (56.9%). The result of in four dimensions of the ACSAF were different from their social characteristics: in gender, male and female were not different in four dimensions of ACSAF; in term of marriage, in the dimension of “faith-oriented”, group of “single” was significant different from the group of “had been in a marriage relationship” ($t = -2.115^*$), and people had been in a marriage relationship were higher agree than single; in term of religion/faith, group of “Christianity” was strong significantly different from the group of “non-Christian” ($t=7.01^{***}$) in “faith-oriented”, and “Christianity” group got higher agree than “non-Christianity” group; in term of education, , there was significant different among the different education background ($F=3.242^*$) in “reconciliation with the past”, and people who got higher education showed more happiness, attempt, proud of themselves; in term of age, it has significant different among the group ($F=1.362^*$) in “family-oriented”, and older people had higher agree than younger ones.

Keywords: *Independent Advocacy System Service, Independent Advocate Caregiver, Spiritual Care*

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Introduction

Institutional residential services are one of the facilities in the community-based services for older people who need long-term care in Taiwan. The Independent Advocacy Service (IAS) provides for the people, who without families, live in the institutional residential services. The independent advocate caregivers will consider the "cultural needs", "social needs" and "spiritual needs" of the elderly in the organizations because they reflect on their role practice and collect life history based on theories in order to help the recipients. However, the caregivers' caring competency need to build up sufficiently. Morgan (2010) believes that the principles of "action based on equality" and "reconstructed empowerment" are helpful in this regard. He believes that the willingness of devout participants and spiritual workers is in sharp contrast with secular organizations (Foskett, 2004; Foskett, Marriott & Wilson-Rudd, 2004; Gilbert & Nicholls, 2003).

In fact, more and more independent advocacy services in the UK are related to faith and spirituality with healthcare, mental health, and learning for people with disabilities. In recent years, researches in some new journals of psychiatry had discussed the issues such as culture, prayer, and well-being in mental health, religion, and culture (Foskett, 2004; Maltby, Lewis, & Day, 2008). Establishes rapport between health and spirituality, and therefore, the influence of spiritual care on independent advocacy is increasing. Therefore, this research aims to conduct the applying spiritual care within the independent advocacy service training program for the elderly care in Taiwan and analyze the spiritual evaluation scale for independent advocate caregivers.

Literature review

Several definitions of spirituality are related to different dimensions. Holloway & Moss (2010) cited the definition of spirituality by several scholars, including the definition of Patel (1998) and others: Humans seek personal meaning and substantial interpersonal relationships, the relationship between man, environment, and religion; the relationship between the higher power or God, the implementation of social work can be described as a spiritual journey that includes the promotion and satisfaction of service users, professional helpers, and the self-realization of the community. And Lindsay (2002) believed that spirituality could be used as the pursuit of the purpose and meaning of life and as a reflection of the ethical issues of measuring interpersonal relationships. Canda and Furman (2010:75) said "Spirituality is: A process of human in life and development focusing on the search for a sense of meaning, purpose, morality, and well-being; in relationship with oneself, other people, other beings, the universe, and ultimate reality however understood.....; orienting around centrally significant priorities; engaging a sense of transcendence....."

1. Religion, culture, and spirituality

Religion, culture, customs, beliefs, tradition, etc., are used as the representation of spirituality. Take religion as an example: broadly speaking, religion is regarded as the external representation of spirituality. Canda (2008) refers to people's institutionalization of their important values and beliefs. And external spiritual behavior. It may be a belief that begins with a person and affects a specific belief representation of a small group or a large group; it may also be widely used and converted into an acceptable belief representation. It may have been identified as a certain system, or it may be informal and flexible. In a narrow sense, religion generally refers to a specific category of religion. People belong to a certain religious category as the basis for their life, behavior, or spiritual identification, according to Canda (2008), and are shared by the community or society. These shared religious behaviors may be used unconsciously and habitually for individuals or groups.

At the same time, culture, customs, or traditions, like religion, have these two characteristics. One of them, specific forms are extended from the ideas and beliefs of people or communities, and these forms serve as the basis of daily life; on the other hand, these forms become the daily routines of individuals or communities or are followed either consciously or unconsciously. Generally speaking, religion is one of the ways people show their spirituality in daily life.

2. Spiritual assessment and tools

Spiritual assessment is worthy of a more profound understanding because all recipients' concept of spirituality is entirely compatible with social work's cognitive theory. The cognitive theory includes that people create their reality by structuring, constructing, and reconstructing their life events and the meaning attribution of their personal experiences (Payne, 2011). Suppose social workers are willing to be sensitive to the recipients' spiritual needs or development and make appropriate assessments. In that case, they can better understand the recipients' spiritual concepts, including core beliefs and intermediate beliefs, to modify the recipients. Overall, the beliefs of the people, to achieve the results of their problem handling. In fact, in the research of spiritual operation, whether it is verified by actual research. Lair (Tsai, Trans.) pointed out that this is a categorical error and he proposed the concept of transcendental paradigm, that is, comprehensively. Since the knowing of spirituality includes understanding the physical and physiological levels, the understanding of mental and philosophical levels of operation, and the awakening of transcendent by person.

When a spiritual assessment is used as part of the bio-psycho-social-spiritual assessment in social workers' clinical assessment, traditional clinical services or treatment assessment methods may vary depending on the recipients. The tools of spiritual assessment, Hodge (2003) had integrated the social casework assessment skills with spiritual assessment, such as spiritual

life maps (e.g. client-centered pictorial instrument for spiritual assessment, planning, and intervention); spiritual ecomaps (e. g. a diagrammatic tool for assessment marital and family spirituality in space); spiritual genograms (e. g. a generational approach to assessing spirituality), and spiritual ecograms (e. g. an assessment instrument for identifying clients' spiritual strengths in space and across time).

However, some service recipients feel uncomfortable with the language use of spiritual issues or reluctant to discuss them publicly; even they cannot trust the worker's capability to deal with spiritual matters and is unwilling to express it in depth (Hodge, 2013). With the postmodern shift to the research paradigm (Heywood, 2008), the assessment methods are also different. Researchers also begin to reflect on the use of "language" or "symbols" in the process of spiritual assessment, such as whether they are used inappropriately by workers. The language or written expression of the caregivers or social workers may affect the spiritual assessment; or, the caregivers or social workers themselves may lack training on spiritual issues or sensitive spiritual related issues and inadvertently disrespect the spiritual beliefs or customs of the recipients (Hodge, 2013). The following are the aspects and items of several brief spiritual assessments adapted by Hodge (2015:31, 39-41).

(1) FICA-brief spiritual assessment tool:

F: Faith, such as "Do you consider yourself spiritual or religious?"

I: Importance, such as "What importance does your faith or belief have in your life?"

C: Community, such as "Are you part of a spiritual or religious community?"

A: Action, such as "How would you like me to use this information to enhance service provision?"

(2) Implicit spiritual assessment:

A. Past spirituality: What brings you joy when you grow up? When are you the happiest? Looking back at your youth, what makes you feel meaningful? Have a sense of purpose? Have hope for the future? In the process of growing up, which experiences are particularly impressive? How have you dealt with challenging situations before? In your life, what achievements have you been proud of?

B. The concept of holy people or things: Who/what do you put your hope on? Who/what brings you the purpose and meaning of life? Where do you get peace (or inspiration) from? Who/what do you rely on most in life? What are you grateful for? Who/what do you invest the most in? Who/what can you express your love most freely to? Who knows your situation best? What are you most passionate about in life? What brings you the most frustration/pain?

C. Expression and experience of holy people or things: When have you deeply and completely felt your vitality? Where do you find peace? In the deepest part of your

heart, what nourishes you or gives you strength? What makes you depressed and discouraged?

D. Spiritual Efficacy: When you are in difficulty, what supports you? What helped you through the difficulties (or crises)? What sources of strength do you rely on to keep advancing? How do you find comfort/comfort when you are afraid/painful?

E. Spiritual environment: Who really understands your situation? Who will support you in times of difficulty? How to support? Who wouldn't support you in times of difficulty? Why not support it?

F. Future spirituality: What are you striving for in your life? If there is only one year left in your life, what do you want to accomplish most? What is your future goal? Why are you essential in this world? What do you want to stay after you pass away? After leaving the world, what do you want people to remember?

3. Independent advocate caregivers' spiritual assessment

Reviewing some of the British service programs, the government has begun to pay attention to spiritual care's impact on the independent advocacy system (Carver & Morrison, 2005; Coyle, 2008; Foley & Platzer, 2007; Forbat & Atkinson, 2005). Tew (2003) pointed out that if people want to recover, advocates should make the recipients themselves active participants or partners in recovery, and the establishment of different value foundations will be essential (Tew, 2003:24). Wallcraft (2003) found in the discussion of service recipients that, for example, blacks are marginalized and need their network and value support (Tew, 2003; Wallcraft, 2003:29). And this is often very closely related to culture and spirituality.

Spiritual support includes several important concepts. Spiritual care is about caring for the faithful life of the elderly, promoting positive psychology, promoting interpersonal relationships, and more importantly, enhancing people's empowerment. Here are the following:

(1) Spiritual care is caring for the faithful life of the elderly

Sherian (1992) believed that if the collection of the client's religious beliefs is to achieve the effect of assistance, social workers need to understand further: What is the relationship between the client's religious beliefs and the current difficulties? When encountering challenges, did the client also try to read some religious books or scriptures, prayer, meditation, and other methods to help himself? What is the significance of religious belief in the life of the client? Asking these questions can give a detailed understanding of the client's unique attitudes and practices. The research results of Hodge (2005) also echo this conclusion. Hodge (2005) believes that the spiritual/religious approach provides a channel to understand, modify, and expand the client's cognition, and religious institutions also provide tremendous social support. These are all reasons why the spiritual approach is effective. Spiritual treatment is helpful to the perpetrator or victim of domestic violence

(Freeman, 2001; Ringel, 2008). Freeman's (2001) empirical research on perpetrators of domestic violence pointed out that if perpetrators are more willing to explore spiritual issues, they will not use physical violence to deal with problems (Liu, 2009).

Liu (2009) pointed out that in the inter-professional cooperation of hospice care in Taiwan, social workers use case social work skills or family meeting skills, and the faith caregivers are caring and assisting the client in specific ways: such as: listening, empathizing, caring, and providing social resources. Those faith caregivers also incorporate many religious methods in conjunction with religious mentors, such as: recitation of Buddha's name, refuge, life review, etc. (Bhikkhuni, Bhikkhuni, & Chen, 2007). In this way of collaboration, social workers and faith caregivers' direction assists the client with some complementary functions.

(2) Spiritual care is to improve the positive psychology

Seligman (1991) believed that “happiness” is “positive psychology”, which can make people live longer. He discovered that “a happy nun is a long-lived nun”. It can be seen from this that happiness gives the individual an advantage in evolution because the emotional experience of joy makes the individual's process of cognition more efficient and more creative. Other studies have also shown that the introduction of a positive emotional experience such as happiness may increase workers' productivity and income. It may also enable students to set higher goals for themselves, perform well in academics, and be more resilient and persistent when faced with difficulties—good interpersonal relationships.

Seligman (1991) also pointed out that there are three factors that affect happiness are situation, context, and individually controllable variables. He believes that: $H(\text{happiness}) = S(\text{situation}) + C(\text{context}) + V(\text{individual controllable variables})$. About 50% of happiness is determined by heredity. Some people are born more optimistic, and some are born more pessimistic. The second is the situation, that is, what affects our happiness is the surrounding situation, such as income, marital status, health status, education level, intelligence, religious beliefs, etc. He pointed out that a rich life is indeed positively correlated with the degree of satisfaction with life; in all the researched situations, marriage, social relations, and religion impact human happiness. People who are married, have extensive social connections, and have religious beliefs are more satisfied with life. In terms of health, people's consciousness of their own health determines their satisfaction with life. Third, what affects our happiness is controllable human variables. This important point is also a factor valued by positive psychology (Seligman & Csikszentmihalyi, 2000; Seligman, 2002; Seligman, Steen, Park & Peterson, 2005).

In other words, regardless of your genetic quality and situation, as long as you are willing, everyone is likely to have a happy life. It can be seen that positive psychology is of special help to the late-life of the elderly.

(3) Spiritual care is to improve interpersonal relationships

According to Chao, Chen, & Yen's (2002) interpretation of the essential model of spirituality, the connotation of spirituality is centered on "relationship", as the source of changing personal thinking, and finally revealed in the harmonious relationship between heaven, people, environment, and me. Chang, Wang, & Chen (2006) also obtained similar conclusions in studying the cognition of nursing staff in hospice care on spiritual care.

"Relationship" is the core of spiritual care, and interpersonal relationship is the most direct and specific basis for life's meaning. Especially, when a patient faces critical health condition such as an uncontrollable illness, inner spiritual fear and anxiety can often be meaningful, supportive to others, and giving stronger motivation to live (Chen, 2006; Hermann, 2001; Sellers & Haag, 1998). Therefore, for individuals, interpersonal interactions with special significance are an important source of personal sense of worth. They should be assessed and cared for as a whole for the individual and his family to be regarded as complete spiritual care (Yang, 1998).

(4) Spiritual care is to enhance people's empowerment

The manifestation of empowerment lies in establishing a mechanism for tribal participation in decision-making during the service system's development, so that tribal participation is meaningful, rather than becoming a symbolic rubber stamp. This part will face many obstacles, such as the administrative system's thinking logic, which often makes the traditional holistic and spiritual views of the aborigines' incompatible with rational policy thinking. The professional division of labor in the administrative system has further cut the service development. The tribe lacks the professional talents needed to develop the service system to serve as a bridge to integrate majors and traditional culture. Cultivating the professional workforce of the tribe is what the tribe must do in the development of the service system.

Overall, spirituality has been considered a resource in the human service system. Different social characteristics, such as income, marital status, health status, education level, religious beliefs, etc., have different spiritual needs. Institutional residential caregivers' self-awareness of spirituality and assessment skills are related to spiritual care skills. Spiritual care also provides residents with understanding their physical, physiological or mental levels of needs. At the same time, spiritual care enhances the harmonious relationship with oneself, others, the environment, and higher power or God as the core of spiritual care.

Research Methods

This research was a quantitative study. The questionnaire used various spiritual needs in the literature review, including personal daily life, physical and mental state, self-awareness, self-care, interpersonal interaction, views or attitudes to life, family and cultural influences,

religion, and the basic elements a religious community. The structure of the questionnaire of “Advocacy and Care Spirituality Assessment Form (ACSAF)” with a total of 15 questions in the four dimensions of "faith-oriented", "reconciliation with the past", "life-oriented", and "family-oriented". Items, using a four-point scale (strongly disagree, disagree, agree, strongly agree).

There were 58 independent advocate participators in this study. The research participators were those who have finished primary and advanced training in advocacy care services, have provided advocacy and care services in long-term care institutions for at least one year, and continue to receive a total of 12-section/48-hour continue training per year. In this continuing training program, in 2020, it also adopted 4-section/16-hour with spiritual assessment and spiritual care for advocate caregivers to enhance their self-spiritual-awareness and spiritual care skills (Table 1).

Table 1

Four sections (16 hours) of spiritual assessment and spiritual care

Section	Topic	Objectives	Hours
1.	Spiritual care and life review	1.1 definition of spiritual care 1.2 self-awareness from past life experience	4
2.	Individual and group practice	2.1 practice of spiritual care by self-awareness and life review	4
3.	Spiritual assessment and tools	3.1 introduction of spiritual assessment and tools	4
4.	Spiritual care cases study	4.1 discussion of practical cases in the use of spiritual care	4

The results of the test were conducted with the Social Science Statistics Software (SPSS) 22.0 for the statistical analysis, and the Missing data would not be considered. Among the 58 advocate caregiver participators, the most in the group were females (82.8%), above 60-year-old (29.3%), bachelor’s degree (55.4%), Christian belief (34.5%), and in marriage (56.9%) (Table 2).

Table 2

Social Characteristics of the participators n=58

Characteristic	No. of respondents (%)
Gender	
Male	10 (17.2)
Female	48 (82.8)

Age	
20 to 29 years	5(8.6)
30 to 39 years	5(8.6)
40 to 49 years	7(12.1)
50 to 59 years	16(27.6)
Above 60 years	17(29.3)
Education (highest degree earned)	
Above graduate degree	17 (30.4)
Bachelor's degree	31 (55.4)
High school's degree	8 (14.3)
Religion/ Faith	
Buddhism	18 (31.0)
Taoism	6 (10.3)
Christian	20(34.5)
Catholic	0 (0.0)
Yi Kuan Tao	3 (5.2)
General folk beliefs	9(15.5)
None	1(1.7)
Other	1(1.7)
Marriage	
Single	16(27.6)
Married	33(56.9)
Divorce	5(8.6)
Cohabitaion	1(1.7)
Seperation	1(1.7)
Widowed	1(1.7)

Findings & Discussion

The measurement tool includes four dimensions of ACSAF's "faith-oriented", "reconciliation with the past", "life-oriented" and "family-oriented". The frequency of ACSAF was as follows, divided into four levels (strongly disagree, disagree, agree, and strongly agree). Most of the items were positive, and the result were "agree" and "strongly agree", most of the items' Mean > 2.5, but one of them was negative, Item 301, and its result were "disagree" and "strongly disagree", Mean=2.21 (Table 3).

Table 3

The descriptive statistics of the ACSAF n=58

Dimensions /Items	Strongly Disagree n (%)	Disagree n (%)	Agree n (%)	Strongly Agree n (%)	Mean	SD
Faith-oriented						
101 My religious beliefs have helped me through a difficult time.	4(6.9)	1(1.7)	27(46.6)	26(44.8)	3.29	0.817
102 I firmly believe in the God I believe in.	1(1.7)	0(0.0)	30(51.7)	26(44.8)	3.42	0.596
103 In my daily life, I often participate in activities or gatherings related to faith.	4(6.9)	6(10.3)	34(58.6)	13(22.4)	2.98	0.79
104 I believe that there is a dominating (God) arrangement in the world.	2(3.4)	2(3.4)	31(53.4)	22(37.9)	3.28	0.701
Reconciliation with the past						
201 I am proud of the many things I have done in the past.	1(1.7)	0(0.0)	44(75.9)	12(20.7)	3.18	0.504
202 I have many things every day that make me happy/happy.	2(3.4)	0(0.0)	40(69)	16(27.6)	3.21	0.614
203 I look forward to every day.	1(1.7)	1(1.7)	21(36.2)	33(56.9)	3.54	0.631
204 I think my religious beliefs play an important role in my life.	1(1.7)	3(5.2)	29(50)	25(43.1)	3.34	0.664
Life-oriented						
301 I can use self-care methods to deal with my frustration.	0(0.0)	0(0.0)	42(72.4)	16(27.6)	3.28	0.451
302 I feel that I will have great fear in the face of death.	9(15.5)	28(48.3)	19(32.8)	1(1.7)	2.21	0.725
303 I can always overcome my anxiety.	0(0.0)	0(0.0)	46(79.3)	12(20.7)	3.21	0.409
304 Have I ever wondered what death means to me?	6(10.3)	39(67.2)	12(20.7)	57(98.3)	3.11	0.557
Family-oriented						
401 My family has a great	2(3.4)	3(5.2)	40(69.0)	13(22.4)	3.1	0.64

influence on my religious beliefs.						
402 I am satisfied with my past relationship with my family.	0(0.0)	2(3.4)	40(69.0)	15(25.9)	3.23	0.501
403 I am full of gratitude for the care of my family in the past.	0(0.0)	2(3.4)	31(53.4)	24(41.4)	3.39	0.559

Consider the social characteristics (e. g. gender, marriage, religion/faith, education, and age) have different agree to the four dimensions of ACSAF, t-test (Table 4) and One-way ANOVA (Table 5) were used to analysis. In gender, the t-test, male and female, were not different in four dimensions of ACSAF. Then, marriage was divided into two groups, one was “single” and “had been in marriage relationship”, including marriage, divorce, cohabitation, separation, and widowed. In the dimension of “faith-oriented”, group of “single” was significantly different from the group of “had been in a marriage relationship” ($t = -2.115^*$), and people had been in a marriage relationship were higher agree than single. This is similar to Seligman (1991) had pointed that people who were married, have extensive social connections, and have religious beliefs are more satisfied with life (Table 4).

In terms of religion/faith, most participators believed in different religions in Taiwan, such as Buddhism, Taoism, Christian, Yi Kuan Tao, General folk beliefs, and so on. The term of religion/faith was divided into two groups: one was “Christianity” and another one was “non-Christian”, including Buddhism, Taoism, Christian, Yi Kuan Tao, General folk beliefs, and others. The result of the t-test, in the dimension of “faith-oriented”, group of “Christianity” was strong significantly different from the group of “non-Christian” ($t=7.01^{***}$), and people with Christianity belief had higher agree than non-Christian. Although most non-Christian people in Taiwan still believe in the gods they believe in, they still lack connection to the God they believe in than Christian believers (Table 4).

In terms of education, in the dimension of “reconciliation with the past”, there was a significant difference among the different education backgrounds ($F=3.242^*$), and people who were getting higher education showed more happiness, attempt, proud of themselves. This result was similar to most scholars who mentioned that happiness is controllable human variables (Seligman & Csikszentmihalyi, 2000; Seligman, 2002; Seligman, Steen, Park & Peterson, 2005), and people with higher education enhanced them to consider a new lifestyle. However, since the significance of the F-value was only slightly lower than .05 or the certain groups’ number of participators was too small, after using Scheffe’s post hoc comparison, there was no significant difference among groups (Table 5).

In terms of age, the dimension of “family-oriented” has significant differences among the group ($F=1.362^*$), and older people were satisfied, influenced their religious beliefs, and

been grateful for care by their past relationship with their family more than younger ones. This result was similar to what some scholars pointed out the interpersonal relationship is one of the resources for spirituality needs (Chen, 2006; Hermann, 2001; Sellers & Haag, 1998). It is a specific basis for their meaning of life from their family (Yang, 1998). But since the significance of the F-value was only slightly lower than .05 or the certain groups' number of participators was too small, after using Scheffe's post hoc comparison, there was no significant difference in among groups, either (Table 5).

Table 4

The t-test of gender, marriage, religion/faith, and four dimensions of the ACSAF

Dimension	Social characteristics	N	Mean	SD	t-value
	Gender				
Faith-oriented	Male	10	3.2	0.934	-0.181
	Female	47	3.26	0.535	
Reconciliation with the past	Male	9	3.28	0.579	-0.266
	Female	46	3.33	0.398	
Life-oriented	Male	10	2.88	0.27	-1.011
	Female	47	2.97	0.237	
Family-oriented	Male	10	3.23	0.473	-0.049
	Female	47	3.24	0.366	
	Marriage				
Faith-oriented	Single	15	2.97	0.807	-2.115*
	Had been in a marriage relationship	42	3.35	0.503	
Reconciliation with the past	Single	15	3.15	0.431	-1.881
	Had been in a marriage relationship	40	3.39	0.412	
Life-oriented	Single	15	3.02	0.258	1.211
	Had been in a marriage relationship	42	2.93	0.236	
Family-oriented	Single	15	3.16	0.33	-0.995
	Had been in a marriage relationship	42	3.27	0.398	
	Religion/Faith				
Faith-oriented	Christianity	20	3.75	0.256	7.01***
	Non-Christian	37	2.97	0.577	

Reconciliation with the past	Christianity	20	3.44	0.493	1.53
	Non-Christian	35	3.26	0.376	
Life-oriented	Christianity	20	2.95	0.288	-0.04
	Non-Christian	37	2.95	0.219	
Family-oriented	Christianity	20	3.3	0.403	0.01
	Non-Christian	37	3.21	0.371	

*p<.05, **p<.001, ***p<.0001

Table 5

The One-way ANOVA of education, age, and four dimensions of the ACSAF

Dimension	Social characteristics	N	Mean	SD	F
	Education				
Faith-oriented	High school	8	3.41	0.462	2.146
	Bachelor	30	3.07	0.653	
	Above graduate	17	3.4	0.531	
Reconciliation with the past	High school	7	3.61	0.283	3.242*
	Bachelor	29	3.2	0.43	
	Above graduate	7	3.4	0.424	
Life-oriented	High school	8	2.91	0.129	0.195
	Bachelor	30	2.96	0.255	
	Above graduate	17	2.93	0.246	
Family-oriented	High school	8	3.33	0.563	0.319
	Bachelor	30	3.21	0.366	
	Above graduate	17	3.25	0.344	
	Age				
Faith-oriented	20 to 29 years	5	3.05	1.204	2.244
	30 to 39 years	5	2.6	0.783	
	40 to 49 years	6	3.42	0.465	
	50 to 59 years	16	3.44	0.393	
	Above 60 years	17	3.29	0.461	
Reconciliation with the past	20 to 29 years	5	3.25	0.559	1.362
	30 to 39 years	4	2.81	0.427	
	40 to 49 years	6	3.33	0.376	
	50 to 59 years	16	3.31	0.452	
	Above 60 years	16	3.36	0.387	
Life-oriented	20 to 29 years	5	3.1	0.285	1.362

	30 to 39 years	5	2.8	0.274	
	40 to 49 years	6	3	0.158	
	50 to 59 years	16	2.95	0.245	
	Above 60 years	17	2.88	0.156	
Family-oriented	20 to 29 years	5	3.13	0.38	1.362*
	30 to 39 years	5	2.8	0.298	
	40 to 49 years	6	3.17	0.279	
	50 to 59 years	16	3.38	0.382	
	Above 60 years	17	3.29	0.389	

*p<.05, **p<.001, ***p<.0001

Conclusion and Summary

In the independent advocacy system, which about caring for the faithful life of the elderly, promoting positive psychology, promoting interpersonal relationships, and more importantly, enhancing people's empowerment., applied the spiritual assessment and care skills training for independent advocator caregivers. After the triaging, most of participators were females, above 60-year-old, bachelor's degrees, Christian beliefs, and in marriage. And in four dimensions of the ACSAF were different from their social characteristics: marriage, religion/faith, education, and age.

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