

Bridging the Spiritual Gap: A Practice-Based Approach to Developing a Culturally Appropriate Spiritual Needs Assessment Tool for Older Adults in Singapore

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Abstract

While the Biopsychosocial-Spiritual (BPSS) model is a standard framework used in gerontological social work, practitioners often report feeling unequipped to address the spiritual domain, particularly in culturally diverse Asian contexts. This practice-based research, conducted with 11 practitioners from Presbyterian Community Social Services and FILOS in Singapore, explored this gap through two focus groups investigating practitioners' understanding of and engagement with spirituality among older adults. Findings revealed three primary reasons for practitioner unpreparedness: a lack of formal training, the inadequacy of current BPSS assessment methods, and conceptual ambiguity conflating spirituality with religion. Practitioners further identified barriers including language and cognitive limitations, fear of proselytization, and insufficient knowledge of other faiths. In response, participants co-developed an innovative toolkit featuring conversational cards (both physical and digital) designed with culturally nuanced, open-ended questions exploring themes of meaning, hope, connection, and legacy without Western or religious bias. This paper reports on the first two phases of an ongoing practice-research project, including the participatory design of the "Inner Garden Spirituality Conversational Cards." The toolkit is currently being piloted and validated with older adult clients. The goal is to disseminate this validated, culturally sensitized resource to other agencies, empowering practitioners to provide more holistic and person-centered spiritual care.

Keywords: spirituality, older adults, practice research, cultural sensitivity, social work

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Introduction

The global phenomenon of an aging population presents profound challenges and opportunities for social service systems worldwide. Singapore, in particular, has experienced a dramatic demographic shift. As of 2025, the population of Singaporeans aged 65 and over exceeded 20% of the total for the first time, making the city-state the first country in Southeast Asia to reach that level of aging (Takeda, 2025). Concurrently, the number of citizens aged 80 and older jumped by 60% in the past decade (National Population and Talent Division, 2025). These trends are accompanied by a rise in seniors living alone, with one-person households more than doubling since 2003 to 15.6% in 2023/2024 (ChannelNewsAsia, 2025). Singapore has been recognized as the world's sixth Blue Zone, an engineered longevity hotspot with the world's lowest rate of cardiovascular mortality and the highest healthy life expectancy (Buettner, 2023). However, longevity without holistic well-being, including spiritual health, remains an incomplete societal achievement.

Within gerontological social work, the Biopsychosocial-Spiritual (BPSS) model has emerged as a standard framework for conducting comprehensive assessments (Saad et al., 2017). This model acknowledges that human well-being cannot be reduced to biological, psychological, and social dimensions alone; spirituality is a core component of the self, especially among older adults facing illness, disability, and mortality (Mondia et al., 2010). Yet, despite the model's widespread adoption, practitioners in Singapore consistently report feeling unequipped to address the spiritual domain. Ground sensing by community partners revealed that social workers experience discomfort and a lack of competencies in spirituality-related conversations with their clients, even when clients initiate these discussions. This practice gap formed the impetus for the present study, which initiated a practice research project in June 2025 with two social service agencies serving older adults: Presbyterian Community Social Services (PCSS) and FILOS Community Services. The overarching aim was to better understand the barriers to spiritual assessment and to co-develop a toolkit to assist practitioners in having culturally appropriate conversations about spirituality.

Literature Review

Defining Spirituality in the Context of Aging

Spirituality is a multidimensional construct that has been distinguished from religion, though the two are often conflated in practice. Religion typically takes place within established institutions and structures that aim to facilitate spirituality, whereas spirituality is broader, encompassing an individual's search for meaning, purpose, hope, connection, and transcendence (Pargament et al., 2013). For older adults, spirituality often becomes more salient as they confront losses, declining health, and approaching end of life. The search for meaning and purpose in life has been documented as a strong existential and emotional need for older people, especially those aged 75 years and older (Kalyani, 2009). Within the realm of psychosocial adjustment, Erikson's (1963) postulated crisis of integrity versus despair at the final stage of life highlights the critical role of integrative processes in healthy aging.

Kalyani (2009) have expanded our understanding of the inner processes that occur among older adults who integrate their past, present, and future selves while navigating the various facets of personal identity. Meaning and purpose are intertwined with spiritual matters and values, which are themselves connected to ethnic norms and beliefs. Belak and Goh (2024), in a multicultural Singaporean sample, found complex relationships between death anxiety and

religiosity, suggesting that spiritual needs vary significantly across cultural and religious groups. However, Saad et al. (2017) caution that the many meanings of “spiritual” across disciplines and cultures pose challenges for clinical application.

Spirituality and Well-being in Later Life: Empirical Evidence

A growing body of evidence demonstrates that spirituality and religiosity contribute significantly to quality of life among older adults. Jung et al. (2023) examined the association between volunteering, religiosity, and quality of life among older Singaporeans using data from a national survey. They found that both informal and formal volunteering were associated with better quality of life. Notably, while private prayer did not moderate this association, religious attendance did where the positive association between volunteering and quality of life was stronger among those attending religious services less frequently. These findings support the resource-compensation perspective, suggesting that volunteering may serve as a compensatory mechanism for older adults who are less integrated into religious congregations (Jung et al., 2023).

In the broader Asian context, recent research among elderly Thai Buddhist meditators has revealed significant mental health benefits associated with dedicated spiritual practice. A study by Glushich et al. (2025) found that practitioners who demonstrated perfect adherence to the Five Precepts (abstaining from killing, stealing, sexual misconduct, lying, and intoxicants) combined with regular death contemplation (maranasati) meditation showed significantly higher levels of inner strengths, well-being, gratitude, and life satisfaction, as well as lower levels of anxiety, depression, and aggression compared to less dedicated peers. These findings highlight the synergistic benefits of combining rigorous ethical conduct with contemplation of impermanence in fostering resilience and psychological flourishing among older adults (Glushich et al., 2025).

The Gerotranscendence Framework and Spirituality

Gerotranscendence, a developmental theory of positive aging proposed by Tornstam (2005), postulates that older persons break through old boundaries and transcend developmental crises when they face the reality of later life with a new paradigm. This theory has particular relevance for understanding spirituality in later life, as both religiosity and gerotranscendence promote active efforts to find intrinsic satisfaction and deeper emotional relationships as individuals age (Chia, 2019).

In a Singaporean case study examining the role of religiosity in gerotranscendence among older members of the Methodist Church, Chia (2019) identified several forms of religiosity: extrinsic, intrinsic, devout, overzealous, and superficial. The extrinsic, intrinsic, and devout forms generally promoted gerotranscendence, whereas overzealous and superficial forms hindered it. This finding suggests that whether religiosity contributes positively to spiritual development in later life depends critically on the form of religiosity practiced, not merely its presence or absence. This nuanced understanding has important implications for how practitioners assess and support spiritual needs among older adults from religious backgrounds.

Spirituality in the Singaporean Multicultural Context

Singapore is a natural laboratory for researchers studying cross-cultural and cross-religious social dynamics due to its multicultural, multilingual, and multi-religious population (Kalyani,

2009). According to recent census data, the three major ethnic groups, Chinese, Malay, and Indian comprise approximately 76.8%, 13.9%, and 7.9% of the population respectively, with religious affiliations closely correlated with ethnic distribution. The majority of Chinese are Buddhists or Taoists, the majority of Indians are Hindus, and almost all Malays are Muslims (Kalyani, 2009).

This multicultural context shapes how spirituality is expressed and experienced among older Singaporeans. Kalyani's (2009) qualitative study of older Singaporeans aged 70–84 years found that spirituality served as a means for achieving integration in both personal and community spheres. The study, which included participants from all three major ethnic groups with diverse religious affiliations (Muslims, Christians, Chinese religionists, Hindus, Sikhs, and others), revealed that older adults draw upon their spiritual resources to navigate the challenges of aging, including declining health, loss of loved ones, and changing social roles.

Further evidence from a qualitative study exploring aging experiences among ethnically diverse older Singaporeans found that adaptation to age-related changes included several spirituality-linked strategies. Participants reported using the “power of prayer,” relegating responsibilities to a higher spiritual power, and engaging in community and religious social activities as methods of self-managing psychological and social health (Shiraz et al., 2020). The study identified five main themes in older adults' perceptions of health: slowing down, relationship harmony, financial harmony, social connectedness, and eating together. Adaptation strategies included “keep moving,” “keep learning,” adopting avoidant coping behaviors, “it feels good to do good” (finding meaning through helping others), the “power of prayer,” and social participation (Shiraz et al., 2020).

Cultural Nuances in Spiritual Expression Among Asian Older Adults

The expression of spirituality among Asian older adults often differs from Western conceptualizations in ways that have important implications for assessment and intervention. In many Asian cultures influenced by Confucian, Taoist, and Buddhist traditions, aging perspectives often prioritize acceptance, familial interdependence, and spiritual harmony over individual autonomy (Liou & Morgan, 2026). A study of older adults in rural Taiwan found a preference for “tranquil aging” characterized by acceptance and following the mandate of heaven, remaining unaffected by social changes, and concern about children's futures—a model rooted in Eastern philosophy that contrasts with the active aging framework dominant in Western contexts (Liou & Morgan, 2026).

Similarly, research on middle-aged Singaporeans' views of successful aging identified four main themes: social factors (social participation and cohesion), physical health factors (physical slowdown and continued activity), financial factors (balance between independence and monetary transfers), and psychological factors (positive attitudes and religion) (Sayri, 2025). Among these, financial factors received the highest acknowledgment from participants, followed by physical, social, and psychological factors, suggesting that successful aging frameworks must account for pragmatic concerns alongside spiritual and psychological dimensions.

Existing Spiritual Assessment Tools and Their Limitations

Several standardized tools have been developed internationally to assess spiritual needs. The FICA Spiritual History Tool (Faith/Belief, Importance, Community, Address/Action) is widely

used by clinicians to integrate spiritual history into routine care (Puchalski & Romer, 2000). The Spiritual Distress Assessment Tool (SDAT), specifically developed for hospitalized older adults, measures four dimensions: Meaning, Transcendence, Values, and Psychosocial Identity (Mondia et al., 2010). Other tools include the Spiritual Index of Well-Being (SIWB), the SSOP (Screening for Spiritual Needs), and the Religious/Spiritual Struggle Scale (Exline et al., 2014).

While these tools have demonstrated validity in Western clinical settings, practitioners in Singapore have questioned their cultural relevance. Many of these tools assume a theistic or Judeo-Christian framework that may not resonate with seniors whose spirituality is expressed through ancestral veneration, filial piety, or non-theistic Buddhist practices. Moreover, local practitioners have noted that these tools are often not designed for community-based social work settings, where seniors may have lower literacy, cognitive impairments, or limited English proficiency. The need for culturally sensitive, accessible spiritual assessment tools tailored to the Singaporean context remains largely unmet.

The Practice Gap: Why Are Practitioners Unprepared?

Despite the recognized importance of spirituality in holistic care, a significant gap exists between the theoretical endorsement of spiritual assessment and its practical implementation. A locally developed Bio-Psychosocial-Spiritual Assessment Guide for Health and Social Work (Singapore Association of Social Workers, 2023) provides a framework, yet practitioners continue to report feeling unequipped to speak about the spiritual domain with their clients. This practice gap formed the impetus for the present study. Differential rates of active life expectancy by religion and religiosity among older Singaporeans (Saito et al., 2017) further underscore the need for nuanced, culturally informed spiritual assessment that can inform care planning and resource allocation.

The existing literature thus reveals a paradox: while spirituality is widely recognized as essential to holistic gerontological care, and while evidence demonstrates its benefits for older adults' well-being, practitioners lack the training, tools, and confidence to address this domain effectively. This is particularly acute in multicultural Asian contexts like Singapore, where spiritual expression takes diverse forms that resist easy categorization within Western assessment frameworks.

Research Questions

The present study therefore addresses the following research questions:

- Research Question 1: Why are social service practitioners still unequipped in assessing their seniors on spirituality-related needs?
- Research Question 2: What are the barriers for social service practitioners in assessing and working with their seniors on spirituality-related needs?
- Research Question 3: What can help social service practitioners be more ready in assessing and working with their seniors on spirituality-related needs?

Methodology

Research Design and Setting

This study employed a qualitative, participatory practice research design. The research was conducted in partnership with two Singaporean social service agencies namely: Presbyterian

Community Social Services (PCSS), and FILOS Community Services which provides community support and programs for older adults in the community.

Participants

A purposive sample of 13 eligible practitioners was recruited from both agencies. Inclusion criteria were: (a) currently working with older adults (aged 60+) in a social service capacity, and (b) having at least one year of experience in gerontological practice. Eleven participated as two were absent from the focus groups. The participants comprised five participants from PCS and six from FILOS. Demographic characteristics are summarized in Table 1.

Table 1

Demographic Characteristics of Focus Group Participants

Participant Code	Gender	Age Range	Years of Experience	Designation	Religion
P1	Male	51–60	> 10	Senior Social Worker	Christian
P2	Male	61–70	> 20	Social Work Supervisor	Christian
P3	Female	41–50	10	Social Worker	Christian
P4	Male	41–50	7	Social Worker	Christian
P5	Male	30–40	1	Social Worker	Christian
F6	Male	41–50	7	Social Worker	Christian
F7	Female	31–40	12	Senior Case Manager	Islam
F8	Male	41–50	5	Social Worker	Christian
F9	Female	31–40	9	Social Worker	Christian
F10	Male	51–60	15	Senior Counsellor	Christian
F11	Male	31–40	2	Manager	Christian

Note. P = Presbyterian Community Social Services; F = FILOS Community Services.

Data Collection

Two semi-structured focus groups were conducted in August 2025, each lasting approximately 90 minutes. Focus groups were facilitated by the first author, a senior social work educator with over 25 years of practice experience. The interview guide explored six domains: (1) personal and professional understanding of spirituality, (2) current practices in addressing spiritual needs, (3) gaps and needs in spiritual support, (4) ideas for a spirituality support toolkit, (5) organizational and systemic support, and (6) closing reflections. All sessions were audio-recorded and transcribed verbatim.

Data Analysis

Transcripts were analyzed using Braun and Clarke's (2006) six-step approach to thematic analysis, facilitated by NVivo 14 software. Analysis proceeded through familiarization, initial coding, theme generation, theme review, theme definition, and write-up. Two researchers independently coded the first transcript to establish intercoder reliability ($\kappa = 0.84$), with discrepancies resolved through discussion. Member checking was conducted by presenting preliminary findings to three participants for verification.

Results

Findings are organized around the three research questions that emerged from the practice problem.

Research Question 1: Why Are Social Service Practitioners Still Unequipped in Assessing Their Seniors on Spirituality-Related Needs?

Three major themes were identified.

Theme 1: Lack of Formal Training and Guidance

Practitioners consistently reported an absence of structured learning opportunities on how to integrate spirituality into their work. As one participant stated, "As far as I'm aware, I don't think there's any tool that we are using... The rest of y'all can correct me if I'm wrong" (P1). Another noted, "I think personally, frankly, there isn't much training. When I've been through different social services, like FSCs and smaller SSAs, then now in FILOS and community mental health, there isn't specific training for any talk about spiritual stuff" (F6). A third participant simply concluded, "There's no... feels like there's no training in that sense lah" (F9). These quotes illustrate a pervasive gap in both preservice education and in-service professional development.

Theme 2: Inadequacy of Current Assessment Methods (BPSS)

While the BPSS framework is standard, its spiritual component is often treated as an afterthought, leading to superficial data collection. One practitioner observed, "BPSS is still the standard, but I can tell you the spiritual part always has the shortest answer... always has the least content" (F8). Another highlighted the problem of client response: "The thing is, a lot of the elderly, they themselves also don't quite understand the question... when we ask them, do you have any spiritual... they always say, 'oh, I'm Taoist, I'm Buddhist,' and that's it" (F11). Even when practitioners attempt to go deeper, the conversation remains tethered to religion:

“If you go through the BPSS, then under the S part, usually I’ll ask, okay, do you have any religions? Then, how does this actually help you, support you...” (P4).

Theme 3: Conceptual Ambiguity and Conflation With Religion

Practitioners noted that both they and their clients often conflate spirituality with religion. One participant articulated a sophisticated distinction: “Basically, they in their whole life journey go through a lot of religion, but it doesn’t really guide their whole life behavior or approach” (F8), seeing spirituality as the deeper “guiding principle.” Another offered a hierarchical model: “Religion is part of the spiritual... overarching. Yeah, so spiritual is still broad in a sense, but then one of the smaller components is the religion aspect” (F9). However, in practice, “the tendency of elderly understanding... spirituality tends to weigh heavily on their faith and belief” (F6), funneling broader conversations into narrower religious labels.

Research Question 2: What Are the Barriers for Practitioners in Assessing and Working With Their Seniors on Spirituality-Related Needs?

Three additional themes emerged regarding barriers.

Theme 1: Language, Communication, and Cognitive Barriers

Practitioners noted that many older adults have limited English proficiency, lower educational attainment, or mild cognitive impairment, making abstract spiritual concepts difficult to discuss. This barrier was compounded by the lack of culturally appropriate vocabulary in Mandarin or Chinese dialects for terms like “spirituality” or “meaning.”

Theme 2: Practitioner Discomfort and Fear of Proselytization

Practitioners, especially those with a personal faith, were cautious about being perceived as pushing their own beliefs. One participant explained, “For me, when I ask questions about spirituality, they may think that I want to talk about Christianity to them” (P4). Another acknowledged a boundary violation: “I did ask some of them, maybe have you considered going church? Or divert them to reading the Bible, or a simple prayer. Which may cause them to be defensive lah” (P5). A colleague noted that “resistance can come from co-workers that are overcautious... they might have very bad experience in the past... therefore they are very fearful... reaction is always to stay away” (F9).

Theme 3: Lack of Knowledge About Other Faiths

Practitioners felt that insufficient knowledge of other religious traditions made them hesitant to explore spirituality deeply. One simply stated, “lack of knowledge for us... about other religion” (P3). Another called for practical guidance: “Cultural sensitivity, so a toolkit that also helps to guide, let’s say Christians or maybe Muslims, what are the things that are the so-called do’s and don’ts” (F10).

Research Question 3: What Can Help Practitioners Be More Ready?

Three themes pointed toward solutions.

Theme 1: Need for Practical, Accessible Tools and Prompts

Practitioners expressed that they did not want theoretical manuals; they wanted simple, ready-to-use tools. One requested a “practical guide... maybe to ask people question... maybe how we can be ready and good in that conversation” (P4). Another suggested gamification: “When you gamify the facilitation or anything that you want to do, and you gamify it, such as giving them cards, like playing games, they are very actively and very vocal” (F8). A younger practitioner suggested technology: “Short videos definitely help, because that’s what the culture is now... using certain technology lah. Like, I’m using Notebook LM... the toolkit could be put in such a way that users can ask questions” (F6).

Theme 2: Desire for a Framework Focused on “Meaning and Purpose”

To move beyond the religion-spirituality conflation, practitioners suggested using more accessible concepts. One explained: “I think when we gear towards meaning and purpose... seniors, if you get older, there will be a lot of losses... So after that, they have meaning and purpose in one stage of their life... So we need to find, at this stage of life, what is meaningful and purposeful for you?” (F10). Another agreed: “It might be easier to say, hey, I want to find out from you what is the meaning and purpose for you in life, compared to asking them, I want to talk to you about issues of spirituality” (F7).

Theme 3: Importance of Organizational Support and Normalization

Practitioners emphasized that individual tools would be insufficient without organizational backing, including supervision, policy integration, and recognition of spiritual care as a legitimate component of professional practice.

Discussion

This practice-based research set out to understand why social service practitioners in Singapore feel unequipped to address the spiritual needs of older adults despite the widespread adoption of the Biopsychosocial-Spiritual (BPSS) framework. Through focus groups with 11 practitioners from two community agencies, we identified several interconnected explanations for this practice gap, each of which has implications for tool development and practice improvement.

Interpretation of Findings

Practitioners consistently reported an absence of formal training on spirituality, a finding that aligns with international research documenting the marginalization of spiritual content in social work curricula (Edward et al., 2019). Oxhandler and Pargament (2014) found that while most practitioners view spirituality as relevant to practice, fewer than one-third report receiving any formal training on how to address it. Our findings extend this literature to the Asian context, where cultural norms around discussing existential matters may further compound educational neglect. The consequence, as Hodge (2006) observed, is that practitioners remain stuck at the earliest stage of spiritual competence—lacking even basic frameworks for initiating conversations.

The inadequacy of current BPSS assessment methods emerged as a second major finding. Practitioners reported that the spiritual component of BPSS assessments consistently yields the

shortest and most superficial responses, with clients typically responding only with a religious label (“I’m Buddhist, I’m Taoist”). This reflects what Saad et al. (2017) termed the “operationalization problem” in biopsychosocial-spiritual models—the tendency to treat spirituality as a demographic checkbox rather than a dynamic, meaning-making process. Pargament (2011) distinguished between “thin” descriptions of spirituality (simple demographic data) and “thick” descriptions (rich accounts of meaning, coping, and connection). Our findings suggest that current practice remains at the “thin” level, partly because practitioners lack training and partly because existing tools do not guide deeper exploration.

Conceptual ambiguity surrounding spirituality versus religion constituted a third theme. Practitioners demonstrated sophisticated conceptual distinctions, recognizing spirituality as the broader construct encompassing religion as a subset, yet struggled to translate this distinction into practice with clients who tended to equate spirituality with religious affiliation. This tension between practitioner conceptualization and client understanding has been documented elsewhere. Zinnbauer et al. (2015) found that while clinicians distinguish spirituality from religion, lay populations frequently use the terms interchangeably. Among older adults in Asian contexts, this conflation may be even more pronounced, as religious and cultural practices (e.g., ancestor veneration) are deeply intertwined (Kalyani, 2009). This gap between knowing and doing—declarative knowledge without procedural knowledge—is well documented in implementation science (Cabassa & Baumann, 2013).

Several barriers further impeded practitioners. Language and communication difficulties were salient in Singapore’s multilingual context, where many older adults are more comfortable expressing existential concerns in Mandarin, Hokkien, Cantonese, or Malay than in English (Kalyani, 2009). Practitioner discomfort and fear of proselytization reflected both personal caution and organizational culture; several participants noted that coworkers who had “very bad experiences in the past” had become overcautious, “creating a climate where spiritual topics were implicitly discouraged.” This pattern aligns with the concept of “spiritual bypass” in clinical practice—avoidance of spiritual topics due to discomfort, lack of training, or fear of boundary violations (Cashwell & Young, 2014). Finally, practitioners reported lacking basic knowledge about other faiths, making them hesitant to explore spirituality for fear of causing offense (Sue et al., 2009).

In terms of facilitators, practitioners requested practical, accessible tools rather than theoretical manuals. The suggestion to “gamify” the conversation through cards aligns with evidence that gamification reduces anxiety and facilitates disclosure in sensitive conversations (Cugelman, 2013). For older adults with cognitive impairments, visual and concrete prompts can facilitate communication (Bourgeois et al., 2004). Practitioners also expressed a strong desire to focus on “meaning and purpose” rather than explicit spiritual or religious language. This aligns with Frankl’s (1959) logotherapy, which posits meaning-making as a universal human motivation, and with Wong’s (2016) meaning-centered approach to positive aging, which emphasizes that meaning does not depend on religious belief. Finally, practitioners highlighted the importance of organizational support, including supervision, policy integration, and recognition of spiritual care as legitimate professional practice (Weiner, 2009).

Implications for Practice

Several implications follow from these findings. First, practitioners should shift from asking “What is your religion?” to exploring “What gives your life meaning and purpose?” These reframing respects diverse worldviews while gathering clinically relevant information about

spiritual resources and needs. Second, spiritual assessment should be recognized as an ongoing conversation rather than a one-time event, unfolding over multiple sessions as trust develops. Third, visual and conversational aids such as the Inner Garden cards that the authors developed can reduce the abstractness of spiritual topics and make exploration accessible to clients with cognitive limitations or limited English proficiency.

For social work education, the findings underscore the need to integrate spiritual competencies into curricula. Students should be able to define spirituality in culturally sensitive terms, initiate meaning-focused conversations, use structured tools, navigate religious diversity without proselytizing, and document spiritual needs appropriately. Currently, these competencies are not systematically taught in Singaporean social work programs.

At the organizational level, agencies should adopt formal spiritual assessment protocols integrated into standard intake and care planning. The Inner Garden toolkit is designed to fit within existing workflows, requiring no special equipment or extended time. Organizations should also develop clear ethical guidelines distinguishing appropriate spiritual assessment from proselytization, addressing when and how to initiate conversations, boundaries around sharing personal beliefs, and documentation standards.

At the policy level, funders and policymakers should recognize spiritual care as a legitimate component of holistic gerontological services. Currently, eldercare funding in Singapore prioritizes physical and medical needs, with limited resources allocated to psychosocial and spiritual support. The evidence base for spiritual care supports its inclusion in service standards and funding frameworks.

How the Inner Garden Toolkit Addresses the Identified Gaps

The Inner Garden Spirituality Conversational Cards were co-designed with practitioners specifically to address the gaps, barriers, and facilitators identified in the focus groups. The toolkit's 21 bilingual cards focus on universal themes such as meaning, hope, connection, resilience, belonging, and legacy rather than explicit religious categories. This design choice directly addresses the conceptual ambiguity and conflation of spirituality with religion by providing accessible entry points for all clients regardless of religious affiliation or non-affiliation.

To address the lack of formal training, the toolkit includes a facilitator guide with scripts and video instructions (briefing and roleplay), requiring minimal training for implementation. The cards are physical, ready-to-use tools that address practitioners' request for practical, accessible resources that can be deployed immediately without extensive preparation. The gamified, card-based format reduces practitioner discomfort and fear of proselytization by shifting the focus to the client's existing resources and experiences rather than the practitioner's beliefs.

The bilingual design (English and Mandarin) directly addresses language and communication barriers, while the 5-point rating scale provides a low-stakes way for clients to express their spiritual state. Probing questions on each card guide practitioners toward "thick" descriptions of spirituality without requiring specialized knowledge of different faith traditions. The toolkit is designed for low-threshold organizational adoption, easily integrated into home visits or center-based activities.

The Inner Garden toolkit differs from existing spiritual assessment tools in several important ways. Unlike the FICA tool (Puchalski & Romer, 2000), which explicitly references “faith” and may alienate non-religious clients, the Inner Garden cards use inclusive language accessible to all. Unlike the SDAT (Mondia et al., 2010), developed for hospitalized older adults in Western contexts, the Inner Garden cards were co-designed with Singaporean practitioners for community-based settings. The toolkit is not intended to replace existing tools where they are appropriate but rather to serve as a first-line, low-barrier resource that can be used with all clients.

Limitations and Future Directions

Several limitations should be acknowledged. The sample was predominantly Christian (10 of 11 participants), which may have influenced both the barriers identified and the toolkit design. Future research should include more practitioners from Muslim, Buddhist, Hindu, and non-religious backgrounds. The focus groups were conducted in English, potentially excluding practitioners more comfortable in other languages. Pilot testing with older adults is currently underway; the toolkit’s effectiveness in improving spiritual outcomes has not yet been empirically established. Future research should examine the toolkit’s psychometric properties, implementation conditions, client outcomes, and cross-cultural applicability in other Asian contexts.

Conclusion

This practice-based research addressed a critical gap in gerontological social work in Singapore: practitioners’ persistent discomfort and lack of readiness to address the spiritual needs of older adults. Through focus groups with 11 practitioners from two agencies, we identified three root causes (lack of training, inadequacy of current methods, conceptual ambiguity) and three barriers (language/cognitive limitations, fear of proselytization, lack of knowledge about other faiths). In response, the researchers and the practitioners co-designed the Inner Garden Spirituality Conversational Cards, a culturally nuanced toolkit that uses accessible prompts focused on meaning, purpose, hope, and connection rather than explicit religious language.

The implications of this study are threefold. For practice, the toolkit provides a concrete, low-threshold resource that agencies can adopt without extensive training. For education, the findings underscore the need to integrate spiritual assessment competencies into social work curricula. For policy, organizations should consider normalizing spiritual care through supervision and documentation frameworks. Future research should examine the toolkit’s psychometric properties, its applicability across different religious and non-religious populations, and its impact on client-reported spiritual well-being and quality of life. The ultimate goal is to disseminate this validated, culturally sensitized resource to other agencies, empowering practitioners to provide holistic and person-centered spiritual care to Singapore’s rapidly aging population.

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Declaration of Generative AI and AI-Assisted Technologies in the Writing Process

The authors declare that Grammarly and co-Pilot were used in proofreading and refining the language used in the manuscript. The usage was limited to correcting grammatical and spelling errors and rephrasing statements for accuracy and clarity. No generative AI was used to generate content, ideas, data analysis, or interpretations. The ideas, design, procedures, findings, analyses, and discussion are originally written and derived from careful and systematic conduct of the practice research.

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