



東華三院

Tung Wah Group of Hospitals



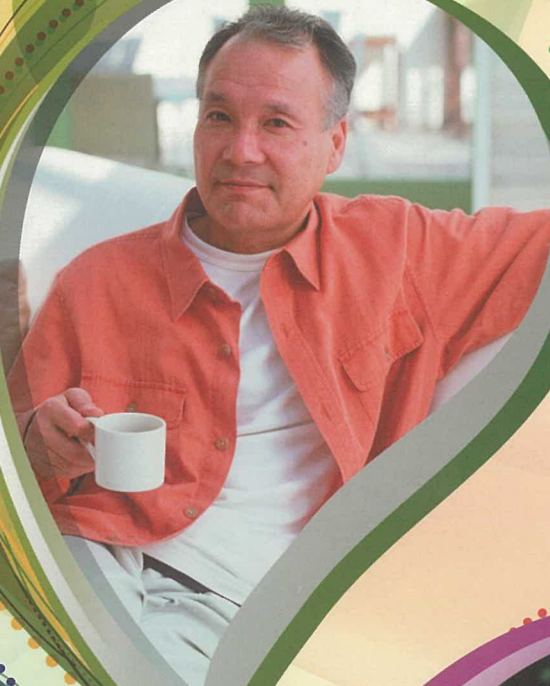
香港大學

The University of Hong Kong

激活靈性樂晚年

專業介入手冊

Spirituality Vitalizer: Intervention Manual for Professionals



V. Evaluation

Outcome Evaluation

A mixed method of quantitative and quality was adopted to evaluate the effectiveness of SEGCE with regard to enhancing spiritual well-being among Chinese older adults. On the quantitative side, a quasi-experimental longitudinal design was adopted and focus group discussions with participants and interventionists were conducted on the qualitative side.

In order to enhance the study process, the final draft session plan was used for pilot testing before the main study. This pilot study aimed to examine the design of the programme activities, determine the length and duration of the group sessions, and collect any other comments on group procedure. A pilot test of the SEGCE was conducted among six participants, all of whom were recruited from residential facilities. During the pilot study, participants were asked to provide comments/suggestions on the design of SEGCE. In general, participants observed that the concept of spirituality was unknown to them but the activities were interesting and easy to understand. Because older adults are easily tired, the duration and some of the activities were amended after the pilot. The pilot study also helped to examine the administrative procedure and the survey environment setting for the main study.

Sample

Respondents in this study were recruited from six residential facilities and two community centres for older adults in Hong Kong organized by the Tung Wah Group of Hospitals. The inclusion and exclusion criteria have been discussed earlier. Social workers in charge of services were approached and invited to help recruit participants after they were made aware of the objectives, rationale and significance of the study. Letters of invitation to potential participants were also given to the participating service agencies to pass on to potential participants. Those candidates who did not meet the criteria were eliminated from the screening process.

Figure 8 illustrates the sampling process of the evaluation study. This process was implemented two times. Each time participants were recruited and assigned to two experimental groups and two control groups. Service unit was adopted to decide whether eligible participants should be assigned to experimental group or control group. In the residential setting, eligible participants from residential homes A and B formed experimental groups and their counterparts from homes C and D formed control groups during the first round of sampling. In the second round, eligible participants from homes C and D formed experimental groups and participants from homes E and F formed control groups. In the community setting, eligible participants from centre G were randomly assigned to two groups and their eligible counterparts from centre H formed control groups. In the second round, eligible participants from centre H formed experimental groups and eligible participants from centre I formed control groups. This strategy enabled us to maximize control of confounding variables within the practical limitations.

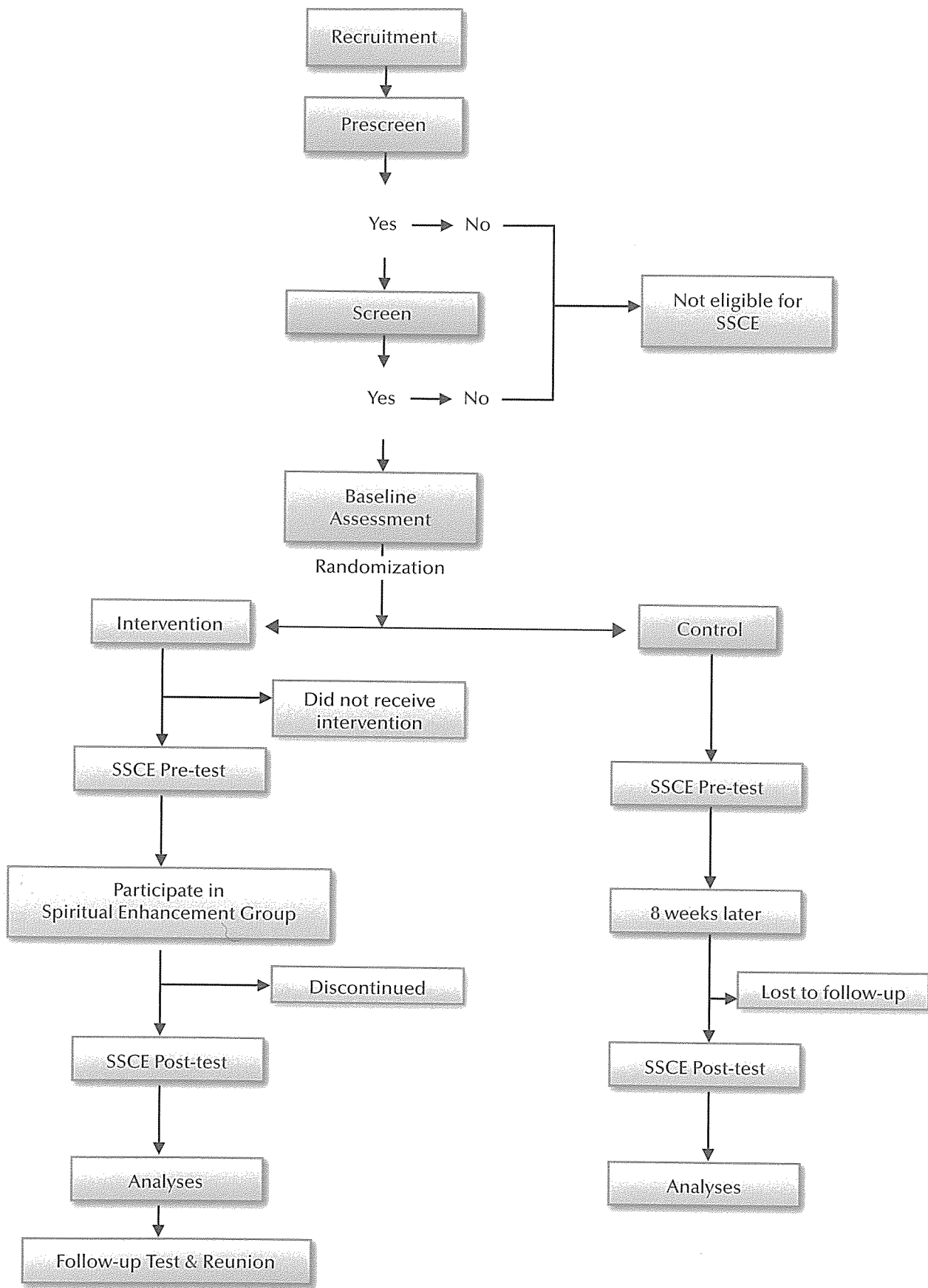


Figure 8: SEGCE intervention study design

A total of 112 older adults were referred after being pre-screened by social workers, of whom 107 were screened. The final experimental group consisted of 53 participants and the control group consisted of 54 participants. The sample characteristics by group are presented in Table 16.

Table 16

Sample characteristics by group

Variables	Intervention	Control	P-value
	Mean \pm SD (n)	Mean \pm SD (n)	
Year of birth	1929.08 \pm 6.20 (39)	1932.60 \pm 8.85 (40)	0.04
Health status (H10)	3.19 \pm 1.02 (53)	3.44 \pm 1.04 (54)	0.20
Loneliness (H11)	1.87 \pm 1.26 (53)	1.89 \pm 1.45 (54)	0.94
Financial status (H12)	3.47 \pm 0.99 (53)	3.07 \pm 0.99 (54)	0.04
Education level	1.62 \pm 0.90 (53)	1.59 \pm 0.86 (54)	0.86
Number of sons	1.45 \pm 1.25 (53)	1.28 \pm 1.19 (54)	0.46
Number of daughters	1.19 \pm 1.33 (53)	1.28 \pm 1.25 (54)	0.72
	N (%)	N (%)	
Gender			0.82
Female	41 (77)	40 (74)	
Male	12 (23)	14 (26)	
Marital status			0.99
Never married	3 (6)	3 (6)	
Widowed	35 (66)	34 (63)	
Married	14 (26)	16 (30)	
Divorced	1 (2)	1 (2)	
Setting			0.85
Community	30 (57)	32 (59)	
Residential home	23 (43)	22 (41)	

Measurements

The measurements of the study contained three parts. The first part contained the SSCE scale which aimed to measure spirituality among Chinese older adults. The second part contained demographic variables that aimed to examine psychometrics of SSCE and the third part contained evaluation questions on the SEGCE intervention. Each measure is illustrated below.

Participants were assessed four times on pre-intervention, immediately after intervention, two weeks after intervention, and four weeks after intervention. Table 17 summarizes measures included in each of the assessment periods.

Table 17

Quantitative measures

	Pre-test	Post-test	2 weeks follow-up	4 weeks follow-up
SSCE	Please refer to Appendix I			
Demographic characteristics	<ul style="list-style-type: none"> ➤ Gender ➤ Age ➤ Level of education ➤ Marital status ➤ Religious affiliation ➤ Number of children you have ➤ Number of people living with you in the same household and their relationship with you ➤ Your occupation 	/	/	/
Self-rated health	<ul style="list-style-type: none"> ➤ How would you rate your overall health at the present time? 	/	/	/

Table 17

Quantitative measures (con't)

	Pre-test	Post-test	2 weeks follow-up	4 weeks follow-up
Significant life events	/	➤ What have you or your family experienced in these four weeks (good or bad)?	/	/
Loneliness	➤ In the past two weeks, how frequently did you feel lonely?	/	/	/
Financial status	➤ How would you rate your overall health status at the present time?	/	/	/
Intervention Satisfaction	/	➤ How would you rate your satisfaction towards the overall intervention, from 1 to 10?	/	/

SSCE was used to measure spiritual well-being. The SSCE scale contains 44 items that aim to measure six key components of spirituality: meaning of life, transcendence, relationship with self, relationship with others, relationship with environment, and relationship with life and death (Chan et al., 2010b). Except for eight items on spiritual well-being, respondents were asked to respond on a five-point Likert scale (All the time, Often, Sometimes, Seldom, Not at all). For the eight items on spiritual well-being, a five-point Likert scale was similarly applied but with different responses (A great deal, Much, Somewhat, Little, and Never). Scale score was computed by summing up item scores, with higher scores associated with higher levels of spiritual inquiry. As discussed previously, SSCE was found to have satisfactory reliability and validity (Lou et al., 2012a).

Health status of participants was measured by a single-item question ('How would you rate your overall health at the present time?') on a five-point Likert scale (Poor, Fair, Good, Very Good, Excellent). The single-item self-rated health measure is popularly adopted by researchers to measure health conditions among the general population and older adults' populations, including Chinese older adults (Bjorner et al., 1996; Chi & Boey, 1993).

Financial status of participants was measured by a single-item question ('Do you think that you have enough money to cover your daily expenses?') on a five-point Likert scale (Very inadequate, Inadequate, Just enough, Adequate, and More than adequate). This question is widely used to measure the financial status of older adults and has satisfactory reliability and validity among Chinese older adults (Chou & Chi, 1999).

Feelings of loneliness were measured by a single item ('In the past two weeks, how frequently did you feel lonely?') on a 5-point Likert scale (Never, Very Little, Seldom, Sometimes, Almost all the time). This measure is widely adopted in studies focusing on feelings of loneliness (Cattan et al., 2005).

Demographic measures included sex, age, level of education, marital status, religious affiliation, living arrangement, and number of grandchildren. Age (reported year of birth on HKID card), gender (1=male, 2=female), education attainment (1=illiterate or only attended kindergarten, 2=graduated from primary school, 3= junior secondary graduated, 4=senior secondary graduated, 5=tertiary education, university degree holder or above), marital status (1=never married, 2=separated, 3=divorced, 4=widowed, 5=currently married, 6=others), number of children (gave birth/ alive now), religion (1=no religion, 2=Chinese traditional beliefs, 3=Christian, 4=Roman Catholic, 5=Muslim, 6=Buddhist, 7=Taoist, 8=Others). Care recipients' living arrangements were measured by the number of people who were living with the care recipient in the same household and their relation to the care recipient.

From December 2011 to February 2012, eight focus groups were held for SEGCE group members to examine the effectiveness of SEGCE. Semi-structured guidelines were adopted to guide focus groups' discussions (Appendix V). A total of 43 participants joined the focus groups, the number of participants ranging from four to seven for each group.

Procedures

The study was carried out between May 2011 and February 2012. In order to enhance the SEGCE implementation and evaluation process, the final draft session plan was used for pilot testing before the main study. This pilot study aimed to examine the design of the programme activities, determine the length and duration of the group, and collect any other comments with regard to the group procedure. A pilot test of the study was conducted among six participants all recruited from residential facilities. During the pilot study, participants were asked to provide comments/suggestions on the content, presentation, and logic of the SEGCE, and on the administrative arrangements for obtaining consent and conducting assessments. In general, participants stated that the concept of spirituality was unknown to them but the activities designed were interesting and helped them to understand the theme. Because older adults tired more easily, the duration and some of the activities were amended after the pilot. The pilot study also examined the administrative procedure and the survey environment for the main study.

After the pilot study, two intensive training sessions were provided to interventionists to enhance group leaders' competence. Details of the training have been discussed previously. Altogether four social workers from the community setting and four from residential settings participated in the training. After the training session, participants reported that they knew more about the concept of spirituality and the purposes of activities designed for each session. They felt more confident in leading the group even though they still had some concerns.

Initial contact was made with the centre supervisors, to whom invitation letters and details of the research proposal were sent to obtain initial consent from potential participants. Supervisory staff of the elderly homes and centres helped to introduce the research project to all potential participants. A standardized pre-test questionnaire was given to the intervention group and control group participants before the SEGCE started and the post-test questionnaire was given to the participants on completion of the intervention. A reunion programme was held to discuss the group activities and contents with participants after two weeks of SEGCE. A follow-up test was conducted as well to examine the maintenance and change in spirituality after two months of intervention. In order to keep the quality of SEGCE, a mid-evaluation meeting and a final evaluation meeting were also held with colleagues, so that they shared the achievements and the difficulties in process of SEGCE. A set of group summary reports was also prepared on the group processes.

Statistical analysis

Data were presented as appropriate descriptive statistics to summarize demographic data and the outcome variables. Between-group comparisons at baseline were performed with independent t-tests for continuous variables and Chi-square tests/Fisher's exact tests for categorical variables respectively. At baseline and post-treatment, the mean scores in the outcome variables were compared between the intervention and control groups by independent t-tests. Latent growth models were employed to compare the differential changes in each of the seven outcomes across the time points at week 0 (baseline), week 8 (post-treatment) and week 16 (follow-up) between the two study arms with adjustments for age, financial status, setting (community versus residential), events between baseline and post-treatment (yes/no), and their interactions with the intervention. For each outcome, the analysis was rerun with non-significant intervention terms deleted from the model. All statistical analyses were done with SPSS 20.0 (SPSS Inc., Chicago, IL). All statistical tests were two-sided and a p-value <0.05 was considered statistically significant.

Findings

The mean and standardized deviations of the SSCE scores are presented in Table 18 by group comparison. It shows that before the intervention the control group reported significantly higher levels of meaning of life and relationship with people other than family members. These results could be caused by sampling bias. After the SEGCE intervention, experimental group participants showed significantly higher scores for spiritual well-being and relationship with people other than family members in pre-test and post-test comparison.

Table 18

Outcome measures at each time point by group

Variables	Intervention	Control	P-value
	Mean \pm SD (n)	Mean \pm SD (n)	
Pre_SWB	35.06 \pm 5.07 (53)	33.78 \pm 6.46 (54)	0.26
Post_SWB	35.54 \pm 3.72 (48)	32.53 \pm 6.37 (49)	0.006
Follow_SWB	35.98 \pm 3.42 (42)	---	
Pre_MOL	19.19 \pm 4.69 (53)	15.89 \pm 5.68 (54)	0.001
Post_MOL	17.29 \pm 4.67 (48)	16.00 \pm 5.80 (49)	0.23
Follow_MOL	16.12 \pm 4.02 (42)	---	
Pre_Transcendence	18.37 \pm 6.04 (52)	17.87 \pm 5.58 (54)	0.66
Post_Transcedene	19.33 \pm 4.50 (48)	18.06 \pm 5.80 (47)	0.24
Follow_Transcendence	19.00 \pm 4.47 (42)	---	
Pre_RWS	17.00 \pm 4.32 (53)	17.06 \pm 3.22 (54)	0.94
Post_RWS	16.13 \pm 4.21 (48)	16.51 \pm 3.69 (49)	0.63
Follow_RWS	15.52 \pm 3.98 (42)	---	
Pre_RWF	33.45 \pm 7.54 (53)	30.39 \pm 10.31 (54)	0.08
Post_RWF	31.23 \pm 8.25 (48)	30.02 \pm 8.38 (49)	0.48
Follow_RWF	34.36 \pm 4.58 (42)	---	
Pre_RWO	29.49 \pm 4.62 (53)	27.28 \pm 5.31 (54)	0.02
Post_RWO	28.13 \pm 4.19 (48)	26.15 \pm 4.79 (48)	0.03
Follow_RWO	27.31 \pm 3.55 (42)	---	
Pre_RWE	26.34 \pm 3.86 (53)	26.31 \pm 2.61 (54)	0.97
Post_RWE	26.10 \pm 2.83 (48)	26.53 \pm 2.88 (49)	0.46
Follow_RWE	26.93 \pm 2.43 (42)	---	

When we applied the latent growth model (LMM) to assess the impact of the SEGCE intervention, results significant positive effects on spiritual well-being, meaning of life, transcendence and relationship with family (Table 19). Positive results were also recorded for harmonious relationships with people other than family members and the environment.

Further analyses showed possible effects of control variables and their interaction effects with SEGCE intervention on the outcome variables. For example, community-dwelling participants were more likely to report higher scores for meaning of life and transcendence, but lower scores for relationships with people other than family members. This is understandable, because community-dwelling older adults tended to be younger and healthier, and were associated with higher levels of spiritual well-being in our previous study (Lou et al., 2012a). Negative life events were found to have direct positive effects on meaning of life, transcendence, relationship with self and relationship with people other than family members. Moreover, those older participants were more likely to suffer more from life's events than their counterparts. Perceived financial adequacy showed effects on transcendence and relationship with self. Those participants who perceived a higher level of financial adequacy reported a higher level of transcendence. Interestingly, those participants who perceived a lower level of financial adequacy reported a better harmonious relationship with self than did their counterparts. One limitation of this study is the small sample size and hence the estimates in the LMM are not stable, as reflected by the large standard errors in estimates of some binary variables like Community and Event.

Table 19

Estimates of fixed effects in the final LMMs

	Parameter	Estimate (SE)	95% CI	p-value
SWB	<i>Intervention</i>	4.21 (1.45)	1.30 – 7.11	0.005
	Community	2.75 (1.43)	-0.23 – 5.72	0.07
	Event	0.24 (1.33)	-2.48 – 2.97	0.86
	Age	-0.02 (0.09)	-0.20 – 0.15	0.79
	Financial	-0.48 (0.66)	-1.83 – 0.86	0.47
MOL	<i>Intervention</i>	2.75 (1.15)	0.45 – 5.05	0.02
	<i>Community</i>	2.97 (1.06)	0.80 – 5.14	0.009
	<i>Event</i>	928.34 (327.42)	270.27 – 1586.42	0.007
	Age	-0.20 (0.15)	-0.51 – 0.11	0.20
	Financial	0.18 (0.50)	-0.82 – 1.19	0.71
	<i>Event X Age</i>	-0.48 (0.17)	-0.82 – 0.14	0.007

Table 19

Estimates of fixed effects in the final LMMs (con't)

	Parameter	Estimate (SE)	95% CI	p-value
Trans	<i>Intervention</i>	<i>12.81 (3.38)</i>	<i>6.03 – 19.58</i>	<i><0.001</i>
	<i>Community</i>	<i>3.01 (1.21)</i>	<i>0.56 – 5.46</i>	<i>0.018</i>
	<i>Event</i>	<i>1124.49 (329.05)</i>	<i>464.07 – 1784.91</i>	<i>0.001</i>
	Age	-0.20 (0.15)	-0.51 – 0.11	0.21
	<i>Financial</i>	<i>1.93 (0.90)</i>	<i>0.12 – 3.74</i>	<i>0.037</i>
	<i>Inter X Fin</i>	<i>-2.93 (1.09)</i>	<i>-5.11 - -0.75</i>	<i>0.009</i>
	<i>Event X Age</i>	<i>-0.58 (0.17)</i>	<i>-0.92 – 0.24</i>	<i>0.001</i>
RWS	Intervention	1.08 (0.90)	-0.73 – 2.88	0.24
	Community	0.94 (1.01)	-1.10 – 2.97	0.36
	<i>Event</i>	<i>810.48 (259.14)</i>	<i>289.78 – 1331.18</i>	<i>0.003</i>
	<i>Age</i>	<i>-0.31 (0.12)</i>	<i>-0.55 - -0.06</i>	<i>0.014</i>
	<i>Financial</i>	<i>-1.06 (0.42)</i>	<i>-1.90 - -0.22</i>	<i>0.015</i>
	<i>Event X Age</i>	<i>-0.42 (0.13)</i>	<i>-0.69 - -0.15</i>	<i>0.003</i>
RWF	<i>Intervention</i>	<i>17.18 (6.80)</i>	<i>3.55 – 30.80</i>	<i>0.014</i>
	Community	-1.72 (1.90)	-5.77 – 2.32	0.38
	Event	-0.70 (1.80)	-4.44 – 3.04	0.70
	Age	0.04 (0.12)	-0.20 – 0.29	0.72
	Financial	2.82 (1.99)	-1.19 – 6.82	0.16
	Inter X Fin	-4.25 (2.22)	-8.70 – 0.19	0.06
	<i>Intervention</i>	<i>17.18 (6.80)</i>	<i>3.55 – 30.80</i>	<i>0.014</i>
RWO	Intervention	1.98 (1.05)	-0.12 – 4.08	0.06
	<i>Community</i>	<i>-1188.79 (292.37)</i>	<i>-1785.19 - -592.39</i>	<i><0.001</i>
	<i>Event</i>	<i>2.15 (0.99)</i>	<i>0.16 – 4.14</i>	<i>0.035</i>
	<i>Age</i>	<i>-0.44 (0.16)</i>	<i>-0.72 - -0.17</i>	<i>0.003</i>
	Financial	0.46 (0.48)	-0.52 – 1.43	0.35
	<i>Comm X Age</i>	<i>0.62 (0.15)</i>	<i>0.31 – 0.93</i>	<i><0.001</i>
	<i>Intervention</i>	<i>17.18 (6.80)</i>	<i>3.55 – 30.80</i>	<i>0.014</i>
RWE	Intervention	4.72 (2.57)	-0.41 – 9.85	0.07
	Community	-0.30 (0.82)	-1.97 – 1.37	0.72
	Event	0.28 (0.75)	-1.22 – 1.79	0.71
	Age	0.001 (0.05)	-0.10 – 0.10	0.98
	Financial	0.51 (0.71)	-0.93 – 1.94	0.48
	Inter X Fin	-1.56 (0.83)	-0.32 – 0.09	0.06

Notes. SWB=Spiritual well-being, MOL=Meaning of life, Trans=Transcendent; RWS=Relationship with self, RWF=Relationship with family, RWO=Relationship with people other than family members, RWE=Relationship with environment.

Findings based on focus group discussion among participants showed positive and encouraging results. In general, feedback from participants showed positive changes achieved in terms of enhancing transcendent forces by improving relationships with self, family, people other than family members via enhanced availability, connectedness, and communication patterns. Moreover, self-awareness, identity and freedom of choices were also enhanced (see Appendix VI for a summary of positive changes reported by participants).

Table 20

Quotes of the participants' feedback from the transcriptions

		Residential Participants	Community Participants
Harmonious relationship with self, others, and the environment	Awareness of relationship partner on sessions (availability)	<ul style="list-style-type: none"> ➤ '開心同埋呢，多個朋友，多個院友幾好。' 	<ul style="list-style-type: none"> ➤ '係呀，真係堂堂都開心，大家做完咪一齊傾計囉，好開心。''見到都打吓招呼，點吓頭，如果唔去見到都唔識啦。''諗吓日日都有新朋友喺身邊，將相擺喺床頭望吓。''我最大嘅收獲，又識咗好多朋友，又識多幾個朋友。'
	Connectedness	<ul style="list-style-type: none"> ➤ '張卡送俾個仔。收到個仔覺得好笑，咁得意嘅？玩乜遊戲？！' 	<ul style="list-style-type: none"> ➤ '開心，個孫收到佢話「婆婆整得咁靚。」我話，婆婆俾咗心機去整。特登整咗俾你的。''學習同屋企人相處。'' ➤ '我哋宜家自己亦老啦，又唔係同埋後生的一齊住，宜家後生來到就好似珍惜好多。有時，見到佢哋動作慢呢，都唔敢話發忮憎。俾個好印象比佢哋。我就會話「等我來搵啦，你搵唔到㗎喇！」唔好比自己咁心急。' ➤ '有改變。上咗嗰幾堂呢，放鬆自己睇事物。唔好睇得咁黑。'

Table 20

Quotes of the participants' feedback from the transcriptions (con't)

	Residential Participants	Community Participants
	<p>Communication > '你一個人孤零零好悶的，你坐埋一齊傾吓計，互相知道吓，個人點樣，傾得比較埋。'</p>	<p>> '開心唔開心嘅時候都分享。'</p>
Transcendence, spiritual well-being, and meaning of life	<p>Capacity for self-awareness > '子女就挨大咗啦，出晒身，個個有嘢做，對我黎講，來到東華三院，可以講話養老，樣樣都服務得好，冇咩煩惱，亦都有話唔開心的事情。'</p>	<p>> '我開心咗啦，我以前係有點自閉的。人地好難了解我呀，總然知就宜家好似解放自己，開放自己。好似去同人少少接觸都敢啦，之前唔敢咁樣。' > '自從我先生過咗身，就一路我的心情都有咁好啦。好似係屋企裡面好煩悶咁，咁多得蕭姑娘好呀，叫我來呢度，我就好開心啦。乜嘢我都唔記得，都會記得來呢度呀！嚟到呢度開會又咁開心呀，我朝朝又去耍太極丫，耍完就去飲茶，消磨吓時間，個人唔洗話咁消極。'</p>
	<p>Freedom of choice > '我就唔點係做運動，運動的時候呼吸，好舒服呀' > '我樣樣都參加的，無野嘢唔參加的，唔行得姑娘就來推我參加，差在你有無興趣咋嘛'</p>	<p>> '自己可以諗鍾意做乜就做乜。' '我日日朝頭早都係四點鐘起身。食少少嘢，四點九個字就出門口，兩公婆行山。見到朝頭見到人好精神呀，個個叫聲早晨真係開心㗎。'</p>

Table 20

Quotes of the participants' feedback from the transcriptions (con't)

	Residential Participants	Community Participants
Creating an identify	<ul style="list-style-type: none"> ➤ '自己幫自己，其他人唔知你唔開心㗎，自己先知道㗎。屋企人一個禮拜嚟一次，一來就帶我飲茶，比起後生的時候賺錢去養仔女呀，宜家開心晒呀。' 	<ul style="list-style-type: none"> ➤ '我就同個啲孫呀、仔呀，分開住，一齊唔到，因為睇唔到佢地，就有咁開心啲，睇到就開心。我哋一個禮拜見一次。佢哋放假㗎嘛。佢放假係屋企㗎嘛。係呀，放假就係屋企打電話問佢哋，過去睇下佢哋，買嘢俾佢食下囉，咪開心囉！' ➤ '星期一到星期三，都有得來參加中心活動，一到星期二果日就開始諗'我聽日又可以嚟呢度啦。'
The search for meaning, purpose, values and goals	<ul style="list-style-type: none"> ➤ '開心啲氣吸入去，放D廢氣出來。''呢個禮拜阿仔又來探我，俾衣物我著。''我鍾意飲茶，打麻雀，去商場買嘢，義工就真係無得頂，個個都好開心。' 	<ul style="list-style-type: none"> ➤ '睇下自己的笑容，睇下啲朋友，睇下啲風景呀。好開心呀，我屋企幾本咁多呀，我宜家都擺左好多落來呢度呀(加力簿)……' ➤ '成日開心個人特別靚㗎。''時間好似短啲呀。'
Awareness of death and non-being	<ul style="list-style-type: none"> ➤ '做人好化學的。就喺度坐個位，第二日就有人來話走咗啦。咁我哋都好傷心呀，咁好的朋友走埋，不過生老病死緊有㗎啦。' 	/

In summary, based on results of outcome evaluation, SEGCE was found to be an effective group intervention that was able to enhance the spiritual well-being of the participants as compared with those not receiving the SEGCE intervention. Qualitative analyses also revealed that key intervention elements based on theoretical perspectives adopted for designing SEGCE were effective mechanisms which enabled participants to achieve correspondingly positive changes. SEGCE is recommended for use as a therapeutic intervention group for enhancing spiritual well-being in both residential and community settings.

Process Evaluation

In order to review and evaluate the existing programme on the development of SEGCE, a process evaluation model was used. The CIPP Evaluation Model (Stufflebeam, 1983) is a comprehensive framework for guiding evaluations of programmes. This model provides a systematic way of looking at many different aspects of the development and implementation of a programme with relatively long-term goals. Essentially, this model of evaluation consists of four main components: context, input, process, and product (Figure 9). The context evaluation involves an assessment of the needs for this programme (i.e. spiritual needs in older adults); the input evaluation consists of an assessment of the work plans, strategies and materials to attain the programme objectives; the process evaluation is concerned with the monitoring, documenting, and assessment of activities throughout the programme; and the product evaluation may include assessment on the impact of the programme. Overall, this evaluation model allows project stakeholders objectively to review and assess the worth and significance of and lessons learned from this programme experience.

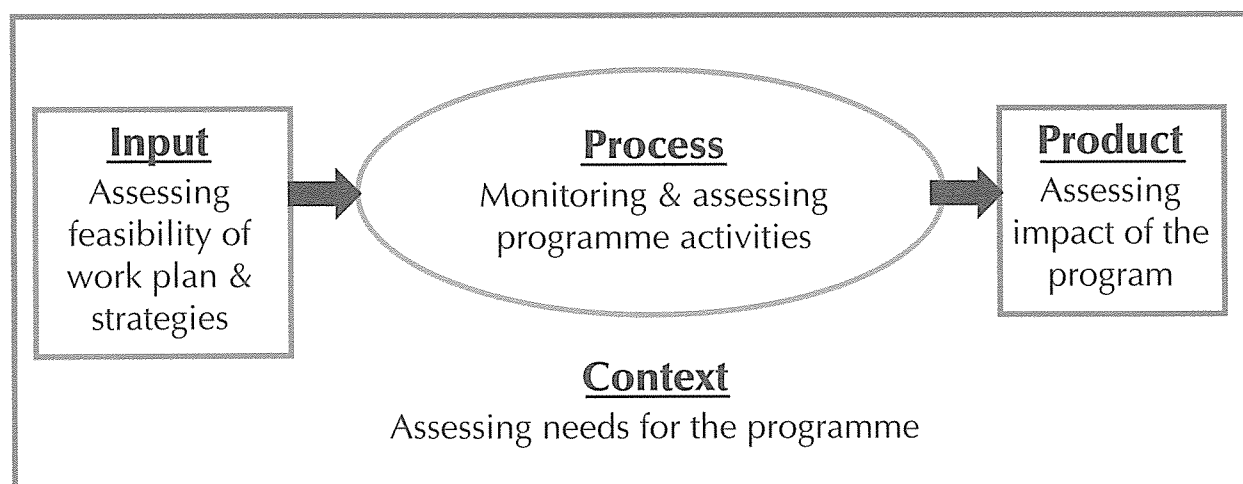



Figure 9: CIPP evaluation model: Programme evaluation method

Context analyses – emerging need to enhance spiritual well-being among older adults

The emerging need to enhance spiritual well-being among older adults can be supported by three observations. First, according to a lifespan development perspective, spiritual inquiry is more relevant during the late adulthood development period than in other developmental stages. Second, in a cultural context that has a dominant religious belief, spiritual inquiry is often socialized during the whole personal development process through agencies including family, school, and community. Religious behaviours such as worship and group gatherings tend to be transmitted via grandparents, parents, and peer groups (Carroll, 1998; Ortiz, Villereal, & Engel, 2000). There is no dominant religion in Hong Kong, however. Therefore, there is no social norm for spiritual inquiry and how to enhance it in daily practice. The literature review revealed that spirituality among Chinese older adults has been largely neglected by scholars (Shek, 2010). Last but not least, whereas holistic care has been encouraged for older adults for years, spiritual care has not been systematically dealt with in either community or residential social care sectors for older adults. One initiative by the Tung Wah Group of Hospitals that aimed to enhance quality of life among older adults in residential facilities found that spiritual well-being of participants merited special concern. In summary, the emerging need for spiritual well-being among Chinese older adults has been identified in a context without a dominant religion.

Input analyses

A review of the process for developing and evaluating SEGCE showed: (1) it takes about 12 months for the development of SEGCE, which consists of three months developing SEGCE intervention contents, two months of piloting, four months of implementing and evaluating, and three months of following up and consolidating; (2) three merits or above from the collaborative inputs by practitioners and researchers. First, a steering committee (SC) was established before the commencement of the project. Regular meetings were held to review the progress of project implementation. Thus, theoretically sound and feasible goals and solutions were set from time to time so that milestones could be achieved and practical barriers overcome. Second, interventionists were designated by TWGHs so that they could have sufficient time to receive training and integrate SEGCE into their everyday duties. A social worker who has been engaged in developing SSCE from the very beginning participated in developing the initial contents for SEGCE, piloting the SEGCE, leading



SEGCE groups and mentoring new interventionists during the implementation process. This strategy enhanced effective communications between the research team and practitioners, which in turn helped to improve the competence of the whole team of practitioners. Third, input on group intervention materials, including purchasing materials for crafts, photos, beverages, etc., were found to be effective in engaging participants, boosting motivation to participate, and leaving deep impression on participants, and eventually facilitated changes.

Process analyses

Process analyses showed that pre-designed systematic ways of monitoring, documentation and review were helpful for enhancing the competence of the interventionists and ultimately facilitated the goal achievements of SEGCE. Systematic ways of monitoring the group process were designed during the SEGCE implementation process, as discussed earlier. Documentation of the group process and feedback from key stakeholders were obtained, which helped the supervisors and research team to review the process and assisted interventionist in facilitating changes in participants.

Two points deserve a mention here. First, considering that the SEGCE implantation involved eight interventionists, the research team took the variance about the quality of delivery of session plans as consideration. Therefore, the designed theme for each section is expected to be addressed by all the interventionists following the same sequence. All the interventionists objected to this. The research team, however, fully understand that interventionists have their own strengths and limitations, and a preference for certain themes over others, so flexibility in the use of facilitating materials was provided so that each interventionist had some freedom to choose and design materials that matched their competence and style. We found that this strategy has both advantages and disadvantages. On the positive side, the competence of individual interventionists has been respected. Hence, self-efficacy has been enhanced, as indicated by positive feedback from interventionists. This has led, however, to a slightly different focus by each SEGCE group on subtle details. Some interventionists were more inclined to emphasize breathing as a bridging strategy to link all sessions; some preferred self-care and self-love and how these can be transformed into transcendent forces in other relationships. In our outcome evaluation analysis, we did not find significant differences among interventionists, which might support such arrangements on the facilitating materials preference.

There is no doubt that interventionists were confronted with barriers and difficulties at different phases in the intervention, especially the initial stage when they tried to recruit SEGCE participants, prepare group materials and record the group process. Considering that spirituality is not a commonly discussed topic in older adults' everyday life, it is challenging for frontline workers to introduce SEGCE to potential participants in both residential and community settings. Equipping knowledge on the conceptualization of spirituality among Chinese older adults, structure of SSCE and the principle of SEGCE are essential before starting initial invitation. It was evident that when the interventionists become familiar with the concept and purposes of SEGCE, they are able to take innovative initiatives in terms of introducing the concepts and recruiting participants. Moreover, in order to prepare for a weekly group, it is important for interventionist to prepare group materials well before session delivery and review the session immediately afterwards for recording purposes. Since all the interventionists have multiple duties, this is challenging in the first round of group implementation. We are confident, however, that after experiencing SEGCE interventionists will be able to take timely action for group delivery, monitoring, and adjustment if necessary.

Product evaluation

Except for the impacts on participants with regard to enhancing the spiritual well-being of participants, impacts of the projects can also be identified on knowledge building and exchange (Appendix VII). On the knowledge building side, the project team successfully presented papers at international conferences on themes of gerontology and social work. Overseas scholars showed interest and considered using SSCE in their future teaching and research. Moreover, a paper was published in *Generational Review*, which is the official publication of the British Society of Gerontology. On the knowledge exchange side, the project team conducted one seminar cum press conference, two TV programmes (開心老友記), and one training seminar on SSCE. Moreover, a self-help manual based on SEGCE was developed and published.

Based on the above, process evaluation on the four key elements further confirmed that SEGCE is a well-developed project that responds to the emerging need for spiritual care of Chinese older adults, strategically accommodating collaborations between academic scholars and experienced practitioners, systematically managing the process with key stakeholders, and productively contributing to knowledge building and exchange on spiritual well-being of older adults.



Merits and Challenges

The whole process of developing SEGCE revealed both academic and practical merits. From the academic angle, SEGCE is a theory-driven intervention that contributes to a knowledge gap on effective intervention and aims to enhance spiritual well-being among Chinese older adults. From the practical angle, SEGCE helped to build up evidence-based practice on spiritual care in the context of services for the older adult in Hong Kong. The conceptualization of spirituality and SSCE are recommended for future study; SEGCE is recommended for implementation in services in which spiritual care is stressed.

Regardless of the above merits, the development of SEGCE and its future dissemination still face challenges. First, to most people, spirituality is still a new and complicated area, especially older ones. It is, however, valuable as older adults could improve their quality of life and reach holistic health. Second, the delivery of intervention, as a valuable experience, simplifies and brings spirituality into our daily life, from the relationship with the self to that with the surrounding environment. After joining SEGCE, some participants still cannot articulate spirituality by using the appropriate words regardless of the fact that they have obtained improvement as assessed by SSCE. Spiritual issues remain in the domain of research and teaching areas, but are not very visible in daily discourse. Combining this intervention manual with the self-help manual, we hope to give all older people the opportunity to acquire a spiritual dimension.

欣賞及肯定自己的過去，
積極活好現在，
妥善安排將來的日子。

**Appreciating and affirming past life experiences,
Actively participating in life in the present,
Appropriately arranging life in the future.**