

# Elderly, Religiosity, and Meaning of Life: A Critical Review

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**Keywords:** Religious Intervention, Meaning of Life, Nursing Home.

**Abstract:** The increasing elderly population raises the empowerment need of becoming healthy and productive. Many religious-based interventions have been carried out for the elderly to achieve the meaning of their lives. It is essential to understand whether religious-based interventions are related to increasing the meaning of life for the elderly, especially those living in nursing homes, how and why this can happen. The critical review was the right approach to highlight this. Article searches were conducted through e-databases: ScienceDirect, Springer, ProQuest, and ERIC. Two articles were obtained by applying the article search strategy, inclusion-exclusion criteria in screening, and critical appraisal criteria (n=2). The results of the review showed that religiosity/spirituality benefitted the elderly. Spirituality/religiosity gave meaning to the elderly's existence and helped them adapt to changes caused by aging itself. The number of female subjects became one of the limitations in the first article. In the second article, spirituality/religiosity was more attached to the Christian religious context. There is a need for further research related to spirituality/religiosity in the context of other religions. Intervention based on religiosity/spirituality is one of the programs that can be designed to improve the condition of the elderly.

## 1 INTRODUCTION

One success indicator of development in a country is the increase in life expectancy. Life expectancy estimates the average length of life of the population, assuming no change in mortality patterns according to age (Central Bureau of Statistics, 2020). The global life expectancy in 2019 was 73.4 years (WHO, n.d.). While in Indonesia, it increased over the years. Central Bureau of Statistics Republic of Indonesia (2020) reported that the life expectancy from 2018 to 2020 has increased from 69.30 years to 69.59 years for men and 73.19 years to 73.46 years for women. The consequence of increasing life expectancy is the rise in the elderly population. Data from the United Nations Department of Economic and Social Affairs Population Division (2020) suggested that the elderly population in 2019 reached 709 million and is estimated to double by 2050. The elderly population of Indonesia makes up 10.57% of all. By 2045 it is predicted to reach 19.9% of the population.

In 2017, the Ministry of Health of the Republic of Indonesia stated that the elderly population reached 7% of the population, which they called the global era of the aging population. This era applies to all

countries, especially the developing countries, including Indonesia (Central Bureau of Statistics, 2020). The rise of the elderly population can have both positive and negative impacts. It has a positive impact if the elderly are healthy, active, and productive. On the other hand, it will be a negative impact if the elderly become a burden. It is related to declining health which increases health services cost, decreasing income, increasing disability, the absence of social support, and an unfriendly environment for the elderly population (Indonesian Ministry of Health, 2017).

One of the crucial affairs is also the place for the elderly to reside (Indriana, 2012). The nursing home is one of the places where the elderly live. Based on Article 7 of the Regulation of the Minister of Social Affairs of the Republic of Indonesia Number 19 of 2012, the first objective of a (nursing) house is to improve the elderly's life quality and welfare. Secondly, to fulfill the basic needs of the elderly; and thirdly, to increase the participation of the community and the local government in implementing and providing social services for the elderly. Nursing homes types of services referring to Article 9 are 1) adequate housing, 2) life insurance in food, clothing,

health care, 3) free time including recreation, 4) mental, social, skill, and religious guidance, and 5) funeral arrangements. Afriansyah and Santoso (2019) suggested that nursing homes have the first function of accommodating the elderly by providing activity facilities that nurses and social workers perform. As well as meeting the basic needs of the elderly and provides a residential complex that can facilitate their activities and social recreation, along with age healthily and independently.

A place to live is one of the significant things in determining the condition of the elderly themselves. Geriatric depression is common in nursing homes (Patra et al., 2017). The depression is caused by the loss of freedom and inability to continue life as before, feelings of isolation and loneliness, lack of privacy and discomfort due to having roommates and sharing bathrooms, and loss of autonomy due to policies in nursing homes (Choi, Ransom, & Wyllie, 2008). The elderly living in the community have more independence in daily activity than those who live in nursing homes. It significantly affects the quality of life (Nugraha & Aprillia, 2020). The poor elderly life quality can also be caused by several things such as inadequate care, living in a nursing home due to compulsion, having a chronic disease, and lack of social support (Pramesona & Taneepanichskul, 2018b). The loneliness felt by the elderly can worsen their welfare (Astutik et al., 2019). Quality of life is the most influential variable on life satisfaction (Şahin et al., 2019).

Indriana, Sawitri, Karim, and Hanifah (2021) found that the resilience of the elderly differed when viewed from the residency. The resiliency of the elderly living in nursing homes was the lowest compared to living at home and in Islamic (nursing) houses. According to Pramesona and Taneepanichskul (2018a), the depression prevalence in the elderly in nursing homes reached 42.5%. Research on the working elderly reported that social functioning and income were considerably correlated with life quality (Hanklang, Ratanasiripong, Naksranoi, Sathira-Anan & Patanasri 2018). Coping strategies with a religious approach are one of the many used by the elderly living in nursing homes (Choi et al., 2008).

Religious/spirituality-based intervention programs have a significant positive effect on increasing life satisfaction and lowering depression in the elderly with a heart failure history (Abdi et al., 2019). Religion strongly influences a person's psychological functioning, one of which is psychological comfort (Przepiorka & Sobol-Kwapinska, 2018). The elderly who perceive religion

as necessary and do not use negative coping strategies tend to have better psychological well-being than those who see it as less important (Scandrett & Mitchell, 2009). According to Salman and Lee (2019), older people who experience depression tend to have a bad perception of health. Spiritual well-being is one of the suitable coping mechanisms in dealing with stressful and painful events. It is proven that spiritual well-being is a mediator between depression and perceptions of health in the elderly (Salman & Lee, 2019). Religious practice has been shown to positively affect one's mental health (You, Yoo & Koh, 2019).

There has been a minimal review of research related to religious-based interventions on well-being in the elderly. The purpose of this critical review was to understand how religious-based interventions impacted the elderly's well-being. Thus, this religious-based intervention could be an option for empowering the elderly.

## 2 METHODS

### 2.1 Data Search and Database Strategy

The approach used in this research was critical review. The article search method was based on Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA). The literature used was related to religious-based and spirituality-based interventions on the meaning of life in the elderly in nursing homes. Articles selected were of the last five years (2016-2021) and were peer-reviewed articles in English and could be downloaded in full text.

The literature database used in this study were ScienceDirect, Springerlink, ProQuest, and ERIC, using the keywords "(Religious Intervention) AND (Elderly) AND (Nursing Home) AND (Meaning of life)".

### 2.2 Screening Process

The screening process was done by setting exclusive and inclusive criteria, namely:

1. The empirical studies about the influence of religion on the condition of the elderly who lived in home care or nursing home.
2. Peer-reviewed articles, empirical research (qualitative and quantitative approaches).
3. The articles were written in English and can be downloaded in full text.

Initial searches with the keywords mentioned above yielded at least 978 articles. After screening, the initial papers were reduced to 804 because 174 articles were not researched. Among 804 articles, six were not presented in English, 13 did not discuss the elderly, 81 were review articles, and 702 were irrelevant. The remaining 2 articles were used to review.

### 3 RESULT

#### 3.1 Article Searching and Screening Process

Figure 1 shows that based on article searches in four databases, 978 journal articles were found. After the front-page screening, it was found that 174 were not journal articles, leaving 804 articles. Screening based

on abstracts discovered six articles were not in English, 13 did not discuss the elderly, 81 were review articles, and 702 did not match the theme. The authors were left with two articles.

#### 3.2 Article Quality Evaluation & Review

The two final articles were then assessed for their quality. Quantitative research used CASP Critical Skills Appraisal Program guide (CASP CHECKLISTS, n.d.). The process of evaluating articles included an evaluation of the introduction, methods, analysis, results, and discussion (Jack et al., 2010). Based on the assessment results, four articles were experimental studies with good-excellent quality. Six were cross-sectional/correlational quantitative studies with excellent quality, and four qualitative articles were of excellent quality.

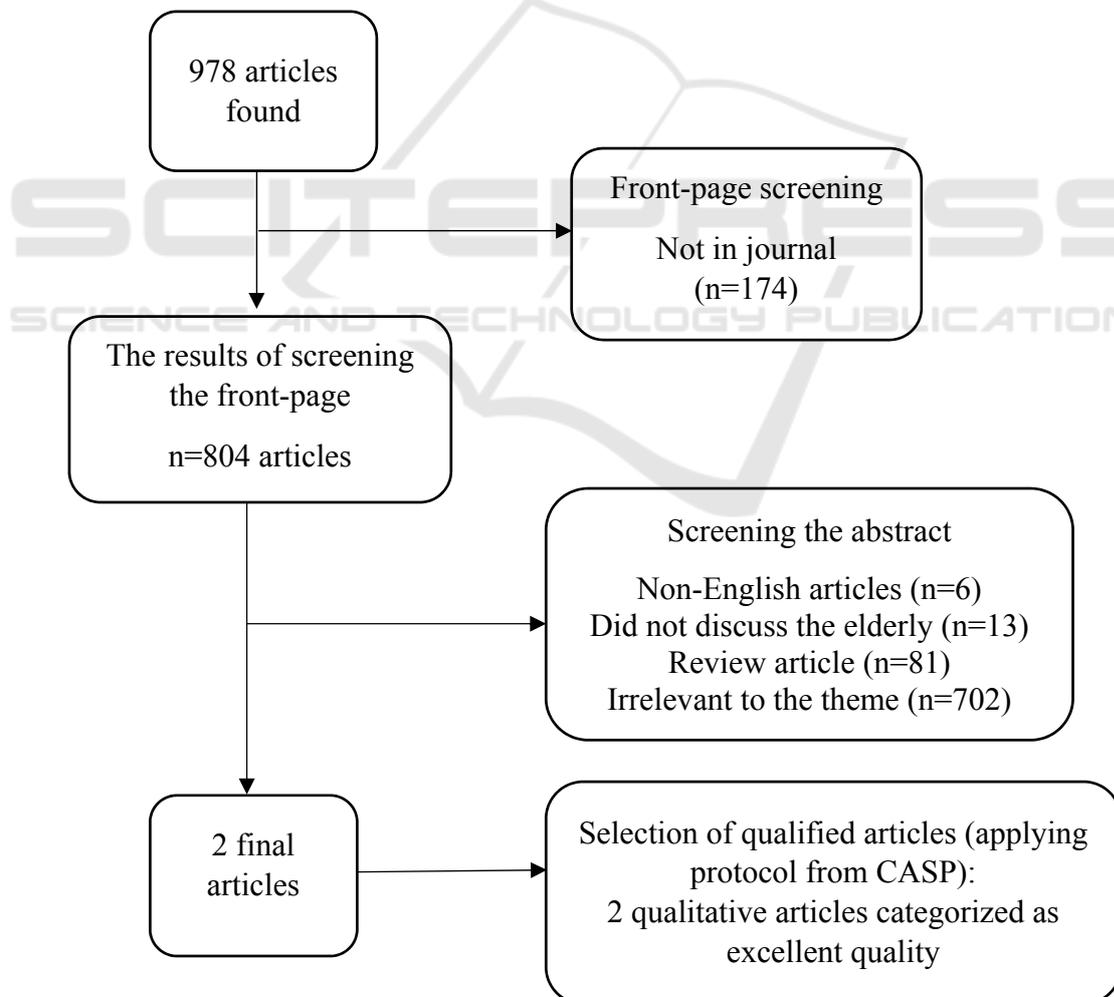


Figure 1: Article selection flow chart.

Table 1: Summary of Articles.

Title, Author, and Year	Research Place	Research Design	Number of Participants	Research Instrument	Main Finding	Developed Criticism
<p>“Spirituality and Religiosity for the Transcendence of the Elderly Being”                      Raul Fernando Guerrero-Castaneda, Tania Maria de Oliva Menezes, Marta Lenise do Prado, and Jonathan Alejandro Galindo-Soto (2019)</p>	Brazil	Qualitative phenomenological hermeneutic study	11 elderly who were divided into two groups living together (coexistence). The first group was retirees who periodically met to do joint activities. The second group was several people in the gerontology center.	The phenomenological interview allowed to penetrate the subjectivity of being and allowed one to reveal oneself through their historicity.	Religiosity and spirituality became the source of strength and protection to overcome all difficulties and achieve fulfillment. It gave meaning to the existence of the elderly.	<p>This research was conducted in a city consisting of several groups of elderly. However, the authors only limited the elderly to specific groups.</p> <p>The authors only outlined the questions asked to the participants.</p> <p>This study only involved Catholic participants whose majority were women. The female participants were nine people, and the male participants were two.</p>
<p>“The Meaning of Religion/Religiosity for the Elderly”                      Ana Luiza Barreto de Oliveira and Tania Maria de Oliva Menezes (2018)</p>	Urban Social Center in Salvador, Brazil	Qualitative phenomenological study	13 elderly in Centro Social Urbano or Urban Social Centre	Phenomenological questions with core questions: How is religion/religiosity in your daily life?	Religion/religiosity offered comfort and well-being to the elderly, helping them cope with changes that arose from aging.	<p>The participants were limited to one community. The author did not explain the interview guide in detail, only the function of the phenomenological approach initiated by Martin Heidegger. The elderly had high autonomy and independence in daily activities, so that it contributed to well-being.</p>

## 4 DISCUSSION

According to the two final articles, spirituality/religiosity positively affected the meaning of life in the elderly. Guerrero-Castañeda et al. (2019) showed that the elderly had acknowledged the existence of a great, high, metaphysical power called God, who had been providing support, encouragement, and strength. Religiosity and spirituality had a role to be a source of strength, a source of protection, a source of strength to overcome various difficulties that exist and help achieve fulfillment or unity. Transcendence from being elderly became more meaningful with the presence of spirituality. The elderly's daily experience was imbued with spiritual relationships and religiosity that gave meaning to the existence of the elderly themselves.

A study by Guerrero-Castañeda et al. (2019) used more female subjects ( $n=9$ ) than male subjects ( $n=2$ ) and was only conducted in one city. The study results by Guerrero-Castañeda et al. (2019) were more suitable to be understood in a Catholic religious setting considering that the participants were only Catholic. The authors only mentioned the trigger questions regarding the research instrument without mentioning the interview guide in detail. The authors did not mention the details of the research location. However, they only mentioned that the study was conducted on two groups of elderly cohabitation in the community. One was a group of retirees and the other was elderly in the gerontological center.

According to Guerrero-Castañeda et al. (2019), it was possible to develop a spirituality/religiosity-based intervention. After all, the study results reported that spirituality/religiosity made the elderly understand their existence better and enabled them to overcome various problems because they knew God would always help. Spirituality/religiosity was a source that healed various daily problems. Spirituality had religiosity connectivity, religiosity could help guide carrying out various rituals and with rituals, it would help the elderly find the meaning of their existence.

Oliveira and Menezes (2018) stated that spirituality/religiosity raised concern for others. The elderly became more concerned with others through expressing feelings and helping others with religious orientation and religiosity. The elderly felt united with others which then created comfort and a feeling of well-being. The behavioral change also emerged. Religious dogma guided them, brought comfort and well-being, felt religiosity's role in daily life, and engaged in religiosity related to achieving and

maintaining good health conditions. Therefore, religiosity was vital for the existence of the elderly because it could provide comfort and a feeling of well-being. The limitation in their research was that participants were only involved in one particular group. It could not be understood in the context of the elderly in general. The participants in the study were 13 people. All of them were women, with the majority being Christian (Catholic and Protestant), so future research should consider the sex and religious aspects.

The author explained the function of phenomenology initiated by Martin Heidegger but did not explain in-depth related to the research instrument. Participants involved in the study by Oliveira and Menezes (2018) were elderly people who have high autonomy and independence related to their daily activities, which might be a variable that contributes to well-being in addition to religion.

Religiosity-based interventions could be developed based on Oliveira and Menezes (2018) because they could provide meaning, comfort, and support to face the end of life. Research on culture can also be considered because the authors mentioned the relationship between culture and religion/religiosity.

Interventions based on spirituality/religiosity had a positive impact on well-being and quality of life. Singh et al. (2020) suggested that spirituality/religiosity-based interventions could significantly improve physical health, body balancing, and self-care. There was also a significant difference in the group that used to practice religiosity/spirituality activities compared to the non-practitioner group regarding health, quality of life, and well-being. Further, the difference between practitioners and non-practitioners was in participants' perceptions of leading the best possible life, general health, general social activities, and life quality.

Sharif et al. (2021) found a positive relationship between close attachment and religiosity, along with a negative relationship between anxiety attachment and religiosity. Religiosity had a positive relationship with hope, and hope was positively associated with life satisfaction. Spirituality/religiosity-based interventions could increase subjective vitality and scale down loneliness (Borji & Tarjoman, 2020). The involvement of the elderly in worship was also beneficial because the more active the elderly worship, the more self-caring for the elderly with heart failure (Kazeminezhad et al., 2020). In the Christians elderly, church attendance resonated with depressive symptoms. Spiritual connectedness

buffered depressive symptoms against functional limitations (Lee & Zhang, 2018).

Abdi et al. (2019) explained that religious interventions could increase life satisfaction and reduce depression in the elderly who suffer from heart failure. The author also reported no difference in the average score on life satisfaction in both the control and experimental groups. However, after the intervention, there was a significant difference in which the experimental group was higher than the average score of the control group. Likewise, with the average depression score, there was no difference in either the experimental or the control group before the intervention. There was also a significant difference in which the experimental group had a lower score than the control group. Forms of religious intervention that can be done are: 1) Reciting the Koran, 2) Reading prayers and discussing the psychological effects of prayer, 3) Telling stories about role models in religion, 4) Participating in religious programs, 5) Repenting and asking forgiveness, and 6) Practicing moral analysis of value moral (Abdi et al., 2019).

Interventions based on spirituality/religiosity affected the elderly's cognitive state (Aloustani et al., 2019). Before the intervention, the average score in the two groups did not show a significant difference. Meanwhile, after the intervention, there was a significant difference between the experimental and the control group. It can be concluded that this spiritual group therapy could be an inexpensive and effective method to improve the elderly's cognitive state. Perceived stress in the elderly living in nursing homes could be reduced by spiritual-based interventions (Heidari et al., 2019).

The elderly defined spirituality as a connection with God/beliefs/communities in the church, music, family, friends, nature, and people living in the nursing home (Harrington et al., 2019). Although not all elderly people experienced spirituality with God, all participants defined spirituality as a connection. Three other themes that emerged were "lost", "adaptation", and "they are busy". The "lost" was related to the aging process and loss of relationships with friends. "Adaptation" was related to compensation for the loss that they experienced. When the elderly found ways to perform spiritual expression, they would be successful in adapting. "They are busy" was related to the loneliness older people felt. The word busy was used by the elderly because their family members were unable to visit because they were busy, making the elderly felt neglected. Providing spiritual care for the elderly was important because it emphasized the value and

dignity of humans (Rykkje, 2018). Love is a crucial element in dignity, spirituality, and spiritual care for the elderly because love in caring for others, oneself, nature, and God are essential in life (Rykkje, 2018). Rykkje (2018) explained the value of humanity or dignity as a human being which was understood when a human being could give loving attention to others. Furthermore, that other people reciprocated the affection that had been given. Unfortunately, the study classified as having good quality based on the evaluation of international appraisal criteria was only qualitative research, whereas to see the effect, an experimental or longitudinal study is needed.

## 5 CONCLUSION

Religiosity/spirituality interventions had a beneficial impact on the elderly. It included reducing depression levels, reducing perceptions of stress, alongside improving mental health and well-being. In order to empower the elderly to stay healthy and productive, religiosity/spirituality intervention could be an alternative. Research related to spirituality/religiosity needs to consider where the research is conducted because the cultural aspect is related to the understanding and understanding of spirituality/religiosity. Spirituality/religiosity also needs to be understood based on the religious context adopted because the religious background can be related to understanding spirituality/religiosity itself. Experimental or longitudinal research is needed with rigorous designs and procedures to determine the effectiveness of spirituality/religiosity-based interventions on the meaning of life for the elderly. Experimental and longitudinal studies with rigor designs and procedures need to be carried out to see the effectiveness of this religiosity intervention in helping the elderly find a positive meaning in life.

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