



Review Article

The Effect of Religious Spiritual Education and Care on the Quality of Life among the Elderly: A Narrative Review

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Abstract

This segment explores spirituality in elderly care, emphasizing its significance and challenges. It highlights Cicely Saunders' pioneering holistic approach integrating spirituality into patient care, especially in palliative settings. The lack of universally defined research concepts and cultural diversities impeding the understanding of spiritual care practices in elderly care environments is emphasized. It underscores how contemporary secular societies redefine spirituality from traditional religious institutions, yet its importance in addressing existential questions remains intact. We outline the study's methodology evaluating spirituality's impact on elderly quality of life in Iran. It details the systematic review and meta-analysis used to synthesize findings from relevant studies, assessing the influence of religious-spiritual education, notably theotherapy, on quality of life. Factors affecting intervention efficacy, such as cultural norms, are discussed. The study showed the positive outcomes post-intervention, indicating improvements in various life quality dimensions. The potential of theotherapy is noted, acknowledging cultural influences on effectiveness. Insights into spirituality's role in emotional stability, leadership, and organizational practices within Malaysian contexts, particularly amidst Industry 4.0, are presented. The need for comprehensive caregiver education and incorporating culturally aligned religious-spiritual education for the elderly's well-being is underscored. Additionally, the significance of emotional stability and effective organizational practices in Malaysia's evolving socio-economic context for quality care among elderly is emphasized. This conclusion stresses the holistic approach necessary for optimized elderly care and organizational success.

Keywords: Elderly subjects, Healthcare, Quality of life, Religious-spiritual education.

تأثير التربية الروحية الدينية والرعاية على نوعية الحياة بين كبار السن: مراجعة سردية

الخلاصة

يستكشف هذا المقال تأثير المعالجة الروحية في رعاية المسنين، مع التركيز على أهميتها وتحدياتها. يسلط الضوء على نهج سيسلي سوندرز الشامل الرائد الذي يدمج الروحية في رعاية المرضى، خاصة في البيئات الملطفة. يتم التأكيد على عدم وجود مفاهيم بحثية محددة عالمياً والتنوع الثقافي الذي يعوق فهم ممارسات الرعاية الروحية في بيئات رعاية المسنين. إنه يؤكد كيف تعيد المجتمعات العلمانية المعاصرة تعريف الروحية من المؤسسات الدينية التقليدية، ومع ذلك تظل أهميتها في معالجة الأسئلة الوجودية كما هي. تحدد منهجية الدراسة التي تقيم تأثير الروحية على نوعية حياة المسنين في إيران. وهو يفصل المراجعة المنهجية والتحليل التلوي المستخدم لتجميع النتائج من الدراسات ذات الصلة، وتقييم تأثير التعليم الديني الروحي، ولا سيما العلاج الديني، على نوعية الحياة. تتم مناقشة العوامل التي تؤثر على فعالية التدخل، مثل المعايير الثقافية. أظهرت الدراسة النتائج الإيجابية بعد التدخل، مما يشير إلى تحسن في نوعية الحياة المختلفة. ويلاحظ إمكانات العلاج اللاهوتي، مع الاعتراف بالتأثيرات الثقافية على الفعالية. يتم تقديم رؤى حول دور الروحية في الاستقرار العاطفي والقيادة والممارسات التنظيمية داخل السياقات الماليزية. يتم التأكيد على الحاجة إلى تعليم شامل لمقدمي الرعاية ودمج التعليم الديني والروحي المتسق ثقافياً من أجل رفاهية المسنين. بالإضافة إلى ذلك، يتم التأكيد على أهمية الاستقرار العاطفي والممارسات التنظيمية الفعالة في السياق الاجتماعي والاقتصادي المتطور في ماليزيا للرعاية الجيدة بين كبار السن. يؤكد هذا الاستنتاج على النهج الشامل اللازم لتحسين رعاية المسنين والنجاح التنظيمي.

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INTRODUCTION

The evolving landscape of elderly care and organizational dynamics within contemporary societies has garnered increasing attention towards spirituality's role and emotional stability's significance. Cicely Saunders' groundbreaking holistic approach to patient care, encompassing spiritual dimensions, illuminated the essentiality of addressing existential aspects alongside physical, psychological, and social needs [1]. However, contemporary research on spirituality in elderly care remains relatively limited, hindered by vague definitions, cultural variations, and insufficient focus on spiritual perceptions within this context [2,3]. In modern secularized societies, spirituality often deviates from traditional religious structures, aligning with personal values and life's deeper meanings [4]. The complexities of integrating spiritual care extend beyond religious interventions, encompassing compassionate listening and small gestures, as highlighted in Slovenian homes for the elderly [5,6]. This essay explores the difficulties in defining spirituality and its applications to elder care and organizational settings, highlighting the positive effects of religious and spiritual education on Iranian elders' quality of life and the significance of emotional stability for Malaysian organizations' success in the face of Industry 4.0.

Review Literature

Spirituality in palliative care and elderly support

Cicely Saunders is credited with pioneering the holistic approach to caring by seriously presenting to sick patients the idea of whole suffering, which includes aspects that are spiritual, psychological, social, and physical [1]. However, while spirituality in patient care receives considerable research attention, there is a lack of focus on studies exploring perceptions of spirituality and spiritual care, especially within the realm of elderly care. Vaguely defined research concepts hinder comparability between study results, compounded by cultural variations across research environments [2,3]. In contemporary secularized societies, spirituality often diverges from religious institutions and traditions, aligning more with personal values and beliefs and the pursuit of life's meaning [4]. Yet faith, seen as hope, can embody responsibilities, respect for others, and provide answers to existential questions [7]. In contexts where discussing spirituality might be restricted, the term "existential care" is recommended as an alternative to spiritual care [8].

Spiritual care in elderly care facilities: roles and responsibilities

To address the role of spirituality and spiritual care among employees in Slovenian homes for the elderly, the SSCRS scale was employed. This tool encompasses a wide range of statements covering various aspects of spirituality, including hope, meaning, forgiveness, values and beliefs, relationships, belief in a higher being, morality, art, and self-expression [5,6]. Spiritual care, integral to

patient rights, can take various forms and is not solely confined to religious or specialized interventions by priests, chaplains, or spiritual specialists. Instead, it can also be facilitated through compassion and attentive listening, extending to involvement from staff or the patient's loved ones [9]. Saunders stressed the necessity for all involved in caring for the seriously ill and dying to understand their roles, making spiritual care the collective responsibility of everyone involved in the care of residents. Qualifications and knowledge were emphasized as pivotal for providing a holistic approach, with spiritual care at its core [10] (Figure 1).



Figure 1: Person centered care.

DISCUSSION

Obstacles to spiritual care provision in elderly care facilities

One of the perceptions of spirituality among employees in homes for the elderly would be necessary in the field of identifying obstacles to providing spiritual care. Best, Butow and Oliver (2016) found that lack of time is the most important factor for providing spiritual care more regularly, but not the only obstacle. The observation that ignorance of the significance or appropriateness of spiritual care and a lack of education are the biggest obstacles, not time, refutes this [10]. Providing spiritual care is not additional work or activity but listening to, hearing, and finding ways to satisfy needs; small gestures of attention, such as holding hands, smiling, shedding tears, offering hope, or just being next to the patient [11,12]. Although this is all we can offer, it may be enough for patients to discover their own resource powers. Even the pain of caregivers will be more bearable if they themselves search for meaning and place in creation, which is undeniably good. Staff often have to accept that patients are too sick or too busy themselves. Caring for physical needs, taking the time needed to explain symptoms, quietly accepting the family's angry demands, and knowing how to provide care—all these tasks are forms of spiritual caregiving. Staff cite the lack of appropriate knowledge and competence as the most common obstacles to providing spiritual care [13,10,14]. Standing educational programs do not help overcome these obstacles [15,16]. Based on the results of the research, guidelines for the training program for employees in homes for the elderly may be prepared.

Research and the results can be interpreted bearing in mind that the partial treatment of a person is only admissible for research purposes; it is based on the assumption that the key components of a person's spirituality are defined by his uniqueness and unrepeatability [17].

Aging populations and social implications

Old age is universally expanding, commonly categorized as beginning around 60–65 years old. This stage is characterized by biological changes and a wide range of health problems, such as decreased body function, psychological disorders, chronic diseases, and other physiological changes [18]. Societal and technological advancements have led to increased life expectancy and better living conditions, causing a significant rise in the elderly population. This demographic shift poses challenges for healthcare providers, families, and society at large, both in terms of health-related demands and socio-economic factors [19]. Iran, as a developing country, experiences similar demographic changes, with estimations indicating a substantial increase in its elderly population from 2.9% to an estimated 26% in the coming decades [20,21].

Religious and spiritual education affect QoL

It is critical to pay attention to the mental and physical health of the elderly in light of this demographic trend. While encouraging, longer life expectancies may present problems with persistent mental and physical health conditions that can lower older people's quality of life (QoL). [22]. Improving quality of life (QoL) has been a top priority for health services, including social and mental health. [23,24]. Therapeutic interventions, including spiritual approaches, problem-solving techniques, mindfulness, and theotherapy, have been utilized to improve QoL. [25–28]. Theotherapy, involving religious and spiritual aspects, has shown potential benefits in improving senior health, and living circumstances are often associated with longer life spans. [29]. Though the influence of religious-spiritual care and education on older people's quality of life has been the subject of several studies, a thorough systematic review and meta-analysis are required to provide coherent and definitive results because the results of earlier research were inconsistent or contradictory. [30–32,21,33–35].

Elderly QoL through religious-spiritual education

A systematic review and meta-analysis were used in this Iranian research to ascertain the effect of religious-spiritual care and education on the elderly's quality of life. Results from 12 publications show that after the intervention, the average old person's life quality rose by 1.42 ± 0.31 . This research shows that theotherapy may enhance life quality in every way. Additionally, it was shown that the central regions of the nation had greater benefits from the intervention when it was implemented in 90-minute sessions. These findings indicate that religious-spiritual care and education have a major positive impact on the quality of life of Iran's senior population. As a result, improving the quality of life for the elderly via

theotherapy integration may be beneficial. Theotherapy has been shown in several systematic reviews and meta-analyses to improve cancer patients' quality of life [36–38], incurable patients [39–40], chronic patients [41], patients with premature ovarian failure [42], health care workers [41], and the general population [43–44]. For a number of reasons, the outcomes of the aforementioned meta-analyses agree with the current findings. 1) Religious-spiritual education and care may address the most fundamental wants, concerns, and personal inquiries and can provide a true meaning to life if they are in line with an individual's culture and beliefs [45]. 2) Spirituality may have a positive impact on one's immune system, pain threshold, and physical health [46]. 3. Spirituality might improve life quality and lessen mental illnesses. For instance, praying and reading aloud from the holy Quran may help people with breast cancer feel less depressed and anxious, as well as improve their vital signs and repel worries. In a similar vein, spirituality has been shown to be a successful means of providing care for those with schizophrenia and improving their quality of life [47,48,36,46,40]. It seems that religious and spiritual care and education have not always had a good and statistically significant impact on mental health and quality of life. According to Ko *et al.*, there is no discernible relationship between hemodialysis patients' religiosity and quality of life [49]. Breitbart *et al.* discovered a statistically significant positive link between cancer patients' spiritual wellness and their likelihood of dying young [50]. The results of a study conducted by Molzahn in Canada and Colombia showed no conclusive link between senior citizens' spirituality and their quality of life [51]. Given the reasons for the discrepancies between the aforementioned research and the current systematic review and meta-analysis, it is essential to examine individual variations in terms of culture, religion, and social background. The Islamic Republic of Iran has a rich Islamic culture that emphasizes monotheism and the oneness of God. It is founded on the philosophical ideas of God and humankind. As a result, it aids in the resolution of several human difficulties [52]. The findings of the meta-regression demonstrated that as average age rises, so does the impact of religious and spiritual care and education on older people's quality of life. Consistent with the findings of this study, earlier research indicates that spirituality is a significant predictor of health, happiness, and life satisfaction [53]. According to the study, spiritual activities provide the elderly with a kind of protective reserve that might help them deal with life's difficult circumstances. Because of this, older people who practice greater religion also tend to depend more on their own defense mechanisms, think they are better able to handle life's challenges, persevere better, and don't give up easily—all of which have an impact on their overall quality of life. Higher emotional discomfort tolerance is the result of spiritual education. It is able to raise life satisfaction in terms of health, spiritual experience, and coping mechanisms [31]. As stated differently, the most significant aspect is how theotherapy improves one's perspective on life and illness and attitude toward

them. People who get therapy may be able to see traumatic experiences differently. It may improve one's quality of life and aid in the development of self-control and environmental control [54]. It is imperative that authorities and the media take into account the positive impact of religious-spiritual education and care on mental disorders and the resulting improvement in the quality of life for the elderly. Additionally, the meta-regression analysis demonstrated that the effect of these services diminishes as the number of study years increases between 2015 and 2021. The current research demonstrated how religious-spiritual care and education grounded in Islamic teachings might improve the quality of life for the older population. It is customary in all faiths to turn to God via verse reading and prayer. Islam also holds that memorizing passages from the Quran, practicing spirituality, and worshiping at celestial shrines may all help people feel better. Consequently, it is advised to include teaching spirituality based on Islamic law in order to strengthen older people's spirituality and religious outlook, as well as to motivate and persuade them to take action in order to improve their quality of life. The maintenance of a senior's religious and spiritual beliefs also promotes their sociopsychological health and adaptability by evoking their biological, psychological, and social integrity and oneness. It is significant because there were just 12 studies imported into the meta-analysis, and each paper's study scope was constrained. Their sample sizes were equally modest. Therefore, it is advised that further research be done in the future with bigger sample sizes and in more geographic regions to better understand the impact of religious and spiritual care and education on the quality of life of the elderly.

Malaysian organizations through emotional stability and industry

One of the most important factors in determining an organization's performance is its capacity for emotion control [55]. This is due to the fact that the results of this study supported assertion of Jeff Noe (2012) that emotional competence affects how effective a school leader's leadership is [56], if the organization's head is too sentimental to stop the members. To ensure the

success of the students in this study, MES ensures that the emotions impacting practice in the environment remain stable. Providing all Malaysia's elderly with a great quality of life via spiritual application, setting clear expectations, empowering subordinates, establishing networks and connections, fostering a positive culture and climate, and making environmental health, cultural, and climate improvements are all important aspects of being a successful leader. Businesses around Asia, including Malaysia, are starting to embrace Industry 4.0, or universal global production. Industry 4.0, also known as the "fourth (4th) Industrial Revolution," will construct the "smart factories" of the future, complete with smoothly functioning systems that are outfitted with autonomous robots, big data and analytics, augmented reality, additive manufacturing, simulation, the cloud, and cyber security features. Therefore, it is imperative that we update our operating models and standards to be future-ready. It is an invention to raise the bar for models or standards in order to accept and use the newest technologies. The study's impact is evident since the findings may be used to provide Malaysian leaders with advice for staying competitive in a sector that is changing quickly. For CEOs looking for fresh growth drivers that will propel them toward increased productivity and efficiency, the standard generated has enormous promise. Overall, 15 additional indicators, including conceptual thinking, motivating, creativity and innovation, team leadership, self-confidence, change catalyst, communication, coaching and mentoring, motivator, proactive, belief, challenging the status quo, courage, utilizing relationships, organizational awareness, and initiative, also influenced MES practices in establishing clear direction, empowering leaders, building networks and linkages, becoming leaders of learning and leading and managing changes to ensure the students' results met the goals outlined in the Malaysian Development Plan. These indicators were added to the analysis of the application of spirituality among elderly through their emotional stability in the study (Blueprint, 2013–2025, Ministry of Health Malaysia MOH) [57] (Figure 2).

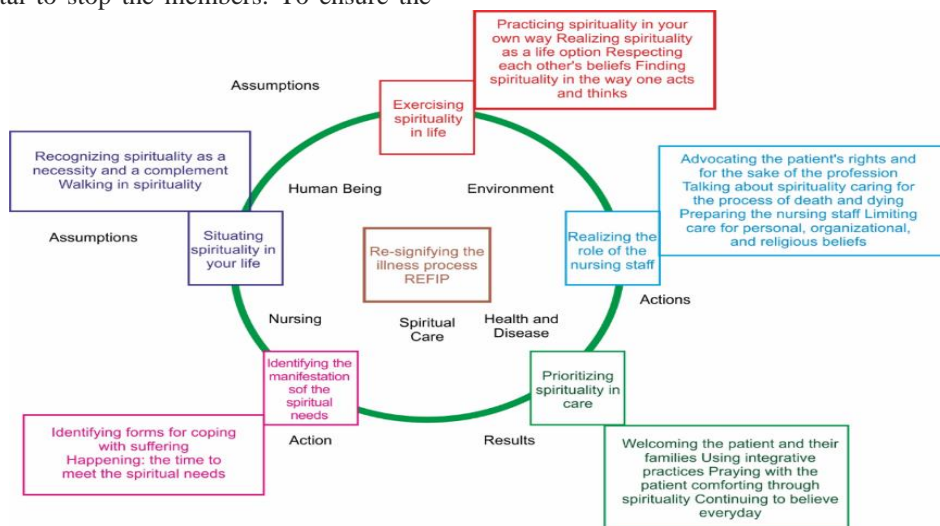


Figure 2: Elderly quality of life through religious-spiritual education.

Conclusion

The exploration of spirituality within palliative care and elderly support has revealed multifaceted challenges and evolving perceptions. Cicely Saunders' holistic approach highlighted the necessity of addressing total pain and integrating spiritual dimensions. However, vague research concepts and cultural variations hinder cohesive spiritual care definitions, accentuating the need for exploration within elderly care contexts. In contemporary secular societies, spirituality diverges from traditional religious institutions, emphasizing personal values and life's meaning. Recognizing the challenges of discussing spirituality, "existential care" emerges as an alternative term. Regarding spiritual care in elderly facilities, responsibilities extend beyond specialized interventions, emphasizing compassion, attentive listening, and collective involvement. However, obstacles persist, ranging from staff perception to insufficient knowledge hindering effective spiritual care provision. Given the aging of the world's population, mental and physical health are becoming more important. Systematic reviews and meta-analyses are necessary for a complete understanding because research has shown that religious-spiritual education improves the quality of life (QoL) of the elderly. The study supports the positive impacts of religious and spiritual education on senior Iranians' quality of life. Theotherapy integration demonstrated significant QoL enhancement. Nevertheless, disparities in findings among studies emphasize cultural, religious, and social considerations. In Malaysia, emotional stability's role in organizational success amid Industry 4.0 transformations underscores the importance of leveraging spirituality and emotional intelligence. To sum up, recognizing the different forms of spirituality, tackling problems in caring for the elderly, and using the power of spiritual education all show how important it is to use all-encompassing, culturally sensitive methods to enhance the quality of life for the elderly and help organizations succeed.

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