



## RELIGIOSITY AND RELIGIOUS AND SPIRITUAL COPING OF ELDERLY PARTICIPANTS IN A CONVERSION CENTER

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### ABSTRACT

**Objective:** To evaluate religiosity and the religious and spiritual coping of the elderly people who participate in a community center for their age. **Method:** This is a descriptive, exploratory study with a quantitative approach. We interviewed 110 elderly people. The questionnaires used for data collection were socio-demographic and religious characterization instruments, Mini-Mental State Examination (MMSE), Duke's Religiosity Index, and the Abbreviated Religious and Spiritual Coping Scale (Abbreviated RSC). We used descriptive statistics, Pearson's correlation coefficient, and Spearman for data analysis. **Results:** Most participants were women (61.8%), between 60 to 69 years old (54.5%), white ethnicity (47.3%), and a predominance of widowers (36.4%). The religion with the highest percentage was Catholic (68.2%). Positive correlation was evidenced, with level of significance, when evaluating Organizational Religiosity and Religious Spiritual Coping (RSC) Positive ( $p = 0.000$ ), Non-Organizational Religiosity with (RSC) Positive and Negative ( $p = 0.010$ ,  $p = 0.047$ , respectively), Intrinsic Religiosity and (RSC) Positive and Total ( $p = 0.000$ ,  $p = 0.002$ , respectively). **Conclusion:** We noticed that elderly people use religious and spiritual strategies to deal with stressful situations and that religiosity is present in their lives, acting positively.

**Keywords:** Religion. Spirituality. Aged. Senior Centers.

### INTRODUCTION

Aging refers to characteristics closely linked to the stages of the finitude of the human being. It is a moment in life that reflects the closing of cycles, the irreversibility of the progressive condition of the closure of the physiological functions of the body, and some cognitive activities. Despite is a time linked to the appearance of comorbidities and declines that generate different difficulties in the life of the elderly people, there is a significant increase in the number of elderly people worldwide<sup>(1)</sup>, necessary to deal with situations that generate stress and to seek strategies that promote comfort and improve quality of life.

In the last stage of life, there is an inner search and longings for actions of resilience and coping with difficult situations that can

help in the establishment of aggravating health and aging that has been inevitable since our origin<sup>(2)</sup>. The care that gives meaning to the process of healthy aging is the leveling of health promotion and maintenance in the socio-cultural, socio-political, emotional, physical, psychic, and belief spheres, in which the belief is a very important aspect in the elderly population, which is religiosity and spirituality<sup>(3)</sup>.

Religiosity is the organization of beliefs, practices, rituals, and symbols that help in the proximity to the sacred. Spirituality is the personal search for life issues associated with its meaning through the relationship with the sacred, leading, or not to religious rituals with the formation of communities<sup>(4)</sup>. Religious and Spiritual Coping (RSC) is defined as the use of religious beliefs and behaviors capable of helping to solve problems, to relieve or

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prevent the emotional consequences of stressful life circumstances, which can harm physical and mental health<sup>(5-6)</sup>.

The religious dimension for the elderly people represents a self-care of their emotions, inner support for life, and its nuances, especially for the elderly with polypathology, which in this stage of life is intensified and leads to both physical and mental stress<sup>(7)</sup>.

Since aging is interconnected with the emergence of chronic non-communicable diseases, the elderly people experience intensely the internal process of resignification of life through the spiritual connection, in an attempt to minimize and rule out diseases that lead to frequent hospitalizations, disability, weaknesses and increase the use of medication<sup>(8)</sup>. Not only does spirituality help the elderly in maintaining the elements that are actors in the suffering of their life stage, but other strategies are just as important as the inner search for improving the quality of life, which is the construction of social support networks that make a difference in the way the elderly live and relate to the environment<sup>(7)</sup>.

The groups and social centers, with the participation of other elderly people, are spaces that trigger health care and social insertion, providing means of (re) approximation with society, creating the sense of belonging to a strengthened group, and representing artifices of health problems that decrease the age-old diseases<sup>(9)</sup>. In these care spaces, the spiritual and religious dimensions should be valued by health professionals, especially nurses, during the care of the elderly people as they can influence decisions, assist in the process of accepting suffering and intervene directly in the physical and mental health of the elderly<sup>(10)</sup>.

In this context, this study aimed to evaluate religiosity, the religious and spiritual coping of the elderly who participate in a community center to realize how important religiosity is for their lives and if religious and spiritual strategies are used to face the stressful situations of their daily lives.

## METHODOLOGY

It is a descriptive, exploratory study with a quantitative approach. The research site was the center for the elderly in the city of Catalão - GO, also known as Club for events, which offers recreational activities in the municipality, founded in the 20<sup>th</sup> century and linked to the Social Assistance Secretariat. It has several activities for the elderly population such as swimming, water aerobics, hydrotherapy, solo gymnastics, Zumba, dance classes, theater, singing lessons, choir, card games (*truco*), handicrafts, snooker, shuttlecock, and balls.

We interviewed 110 elderly people selected through the convenience sample, from September 2015 to February 2016. The inclusion criteria were being 60 years old or older; attend the community center for more than six months, and having the cognitive ability within the normal parameters of the Mini-Mental State Examination (MMSE)<sup>(11)</sup>. We excluded those who did not have the cognitive conditions to answer the instrument according to the MMSE exam scores.

For data collection, we applied the following instruments for a structured interview: MMSE used to assess the cognitive level of the elderly and to track those with cognitive impairment<sup>(11)</sup>, Duke's Religiosity Index<sup>(12)</sup> and the Abbreviated Religious and Spiritual Coping Scale (abbreviated RSC)<sup>(5)</sup>, in addition to a questionnaire containing information for sociodemographic, economic and religious characterization.

The Duke Religiosity Index contains five items that assess three dimensions: Organizational Religiosity (OR) that assesses the frequency of religious meetings (example: masses, services, ceremonies, study or prayer groups, etc.); Non-Organizational Religiosity (NOR) regarding the evaluation of the frequency of private religious activities (example: prayers, meditation, reading religious texts, listening to or watching religious programs on TV or radio, etc.); and Intrinsic Religiosity (IR) that assesses the search for internalization and full experience of religiosity as the main objective of the individual, who believes that God and

religion are very important for their life<sup>(12)</sup>.

For the analysis of the data obtained with the application of the index, it is necessary to invert the items of the subscales and sum, so that the higher scores reflect greater religiousness. For IR, the conversion results in the following form: 1 = 5; 2 = 4; 3 = 3; 4 = 2; 5 = 1, in OR and NOR: 1 = 6; 2 = 5; 3 = 4; 4 = 3; 5 = 2; 6 = 1. To compare with other studies, the religiosity variable was divided into RO - Low: less than or equal to a few times/year (items 4, 5, and 6); RO - High: greater than or equal to two to three times a month (items 1, 2 and 3). NOR - Low: once a week or less (items 4, 5, and 6); NOR - Discharge: two or more times a week (items 1, 2, and 3). IR - Low: less than or equal to "I am not sure" (items 3, 4, and 5); IR - High: greater than or equal to "in general it is true" (items 1 and 2 inverted)<sup>(13)</sup>.

The abbreviated RSC assesses the religious and spiritual coping of the elderly people in a stressful situation such as the presence of diseases, death, among others. It is an adaptation of the original English version of the RCOPE scale (Positive and Negative Religious Coping Scale), translated and adapted to Brazilian culture. The 49 items of the Abbreviated RSC Scale are divided into two dimensions, the RSC Positive with any method that produces a beneficial effect to the practitioner, whether by seeking protection from God or transcendental forces with 34 items and seven factors. The RSC Negative with strategies that generate harmful results to the individual, such as blaming God for the problems experienced or presenting a discontent relationship with the religious institution with 15 items, four factors, four general indices and 11 factorials by the average of the items, results of 1 to 5 to use the RSC. Answers are given on a five-point Likert scale (1-not at all to 5-very much)<sup>(5)</sup>. The classification of the scale scores is 1.00 to 1.50: none or negligible use of RSC; 1.51 to 2.50: low use of RSC; 2.51 to 3.50: average use of RSC; 3.51 to 4.50: high use of RSC; 4.51 to 5.00: very high use of RSC.

The data were organized in a spreadsheet in Excel for Windows program with double

entry, validation, and checking. For the analysis, we used the statistical program Statistical Package for the Social Sciences (SPSS), version 23.0 through descriptive statistics, in which the relative and absolute frequency, mean, standard deviation, minimum and maximum were calculated. Also, bivariate frequency analyzes were generated. According to the objectives of the study, we proposed to use the Pearson and Spearman correlation coefficient.

The project was approved by the Human Research Ethics Committee of the Federal University of Goiás, with opinion: 1,293,488/2015. The interviews were conducted by signing the Informed Consent Form (ICF) and all participants were assured of the confidentiality and anonymity of the information, according to Resolution 466/2012 of the National Health Council.

## RESULTS

We observed a higher percentage of elderly women (61.8%), aged between 60 and 69 years old (54.5%) and white ethnicity (47.3%). Regarding marital status, there was a predominance of widowers (36.4%), followed by married people (34.5%), and divorced (16.4%) (Table 01).

The most frequent religions were Catholic (68.2%), Evangelical (28.2%), and Spiritualist (2.7%). Of the total of the elderly participants (91.8%) considered themselves religious and (67.3%) described that religion is very important for their life.

As for the Duke religiosity index, (79.1%) showed high OR, (61.8%) high NOR, and (97.3%) high IR (Table 02).

We found that all the elderly participants in the living group used religious and spiritual coping. The average of the total RSC values was 3.37, reflecting an average score, that is, the average use of RSC by the interviewees as a strategy to cope with difficult situations proved to be median. The average of the negative RSC was 2.36, falling within the low score. The average of the positive RSC was 3.12, falling within the average score of the scale (Table 03).

**Table 01.** Distribution of sociodemographic and religious variables of elderly participants in a community center in the city of Catalão GO, Brazil, 2017.

Variables	Total	
	N	%
<b>Gender</b>		
Female	68.0	61.8
Male	42.0	38.2
<b>Age group</b>		
60 to 69 years old	60.0	54.5
70 to 79 years old	42.0	38.2
80 years old or more	8.0	7.3
<b>Ethnicity</b>		
White	52.0	47.3
Black	27.0	24.5
Yellow	8.0	7.3
Brown	22.0	20.0
Indigenous	1.0	0.9
<b>Marital Status</b>		
Single	10.0	9.1
Married	38.0	34.5
Widower	40.0	36.4
Divorced	18.0	16.4
Separated	4.0	3.6
<b>Religion/doctrine</b>		
Catholic	75.0	68.2
Evangelical	31.0	28.2
spiritist	3.0	2.7
Buddhist	-	-
Muslim	-	-
Atheist	1.0	0.9
<b>Considering being religious</b>		
Yes	101.0	91.8
No	8.0	7.3
Other*	1.0	0.9
<b>Importance of religion</b>		
Very important	74.0	67.3
Important	30.0	27.3
A little important	5.0	4.5
It does not matter	1.0	0.9

\*Other: The elderly considers himself a spiritualist because he does not attend church.

**Table 02.** Distribution of the results of the Duke Religiosity Index and the parameters of interpretation of the OR, NOR, and IR of the elderly participating in a community center in the city of Catalão GO, Brazil, 2017.

Duke's Religiosity Index *	Distribution of the Elderly people (%)	Mean	Standard deviation
<b>OR</b>		4.0	0.9
High	79.1		
Low	20.9		
<b>NOR</b>		3.5	1.3
High	61.8		
Low	38.2		
<b>IR</b>		13.6	1.8
High	97.3		
Low	2.7		

\* Religiosity indices divided into high and low (Alminhana)<sup>(13)</sup>

**Table 03.** Distribution of the results of the RSC Scale of the elderly participating in a community center in the city of Catalão GO, Brazil, 2017.

Abbreviated scale	RSC	Minimum	Maximum	Mean	Standard Deviation	Interpretation parameter*
Positive RSC		1.21	4.85	3.12	0.62	Mean
Negative RSC		1.00	3.93	2.36	0.69	Low
Total RSC		2.46	4.47	3.37	0.44	Mean

When correlating the Duke Religiosity Index variables with the RSC variables, a positive correlation was evidenced, with a level of significance when evaluating OR and RSC Positive ( $p = 0.000$ ), NOR with Positive and

Negative RSC ( $p = 0.010$ ,  $p = 0.047$ , respectively) and IR and RSC Positive and Total ( $p = 0.000$ ,  $p = 0.002$ , respectively) (Table 04).

**Table 04.** Pearson's correlation coefficient between OR, NOR, and IR, total, positive and negative RSC of elderly people participating in a community center in the city of Catalão GO, Brazil, 2017.

		RSC* TOTAL	RSC* POSITIVE	RSC*NEGATIVE
OR**	Correlation Coefficient	0.155	0.361	0.128
	p-value*	0.105	<b>0.000</b>	0.183
NOR**	Correlation Coefficient	0.024	0.244	0.190
	p-value*	0.802	<b>0.010</b>	<b>0.047</b>
IR**	Correlation Coefficient	0.299	0.539	0.106
	p-value*	<b>0.002</b>	<b>0.000</b>	0.271

\* Reference p-value = 0.05\*\*

Table 05 show a positive and statistically significant correlation between income and

positive RSC ( $p = 0.038$ ).

**Table 05.** Pearson and Spearman correlation coefficient between RSC and sociodemographic variables of elderly people participating in a community center in Catalão GO, Brazil, 2017.

	RSC* POSITIVE		RSC*NEGATIVE		RSC* TOTAL	
	Coef.	p*	Coef.	p	Coef.	P
Age	0.073	0.447	0.022	0.818	0.035	0.720
N° of children	0.050	0.602	- 0.116	0.226	0.127	0.186
Education level	0.185	0.053	0.094	0.328	0.057	0.552
Income	0.199	<b>0.038</b>	0.035	0.717	0.113	0.238
Participation in Groups**	0.035	0.719	0.045	0.639	- 0.060	0.533

\* Reference p-value =0,05 \*\* Spearman's Correlation Coefficient.

## DISCUSSION

There was a predominance of females (61.8%) and this may be related to the greater longevity of women than men, the feminization of aging, and differences in attitudes towards diseases, as women seek health services more<sup>(8)</sup>. We also found that (36.4%) of the elderly participants are widowed, a predominance also verified in studies developed previously<sup>(14-16)</sup>, which can infer that the greater the Brazilian life expectancy, the older the people in the country. Thus, there is a greater chance that one of the elderly partners will experience the death of the other, which favors the high number of widowers in this study.

The elderly in the survey had a higher percentage for the Catholic religion (68.2%). As in another study<sup>(8)</sup>, Catholicism was the predominant religion in Brazil due to the religious practice developed by European colonists.

Almost all participants in this study (91.8%)

described as religious and more than half (67.3%) rated religion as a very important aspect of their life. Another survey also shares this finding, in which 83% of participants considered religion to be fundamental. With advancing age, the probability of the individual to profess religion in their daily lives increases when compared to young people<sup>(17)</sup>. This high religiosity of the elderly is due to family creation based on religion, which favors continuity throughout their lives, for young people, religion shares space with other dimensions such as work, love relationships, college, leisure, and others.

Religiosity and the spiritual dimension have been the object of great interest among health professionals and researchers as studies indicate a positive association between these dimensions and the improvement of well-being, health, and quality of life<sup>(8,18)</sup>. This discussion is important since the elderly in the present study had high OR (79.1%), high NOR (61.8%), and high IR (97.3%). The religiosity of the elderly is an

aspect that must be considered when planning health care for this age group, improving the quality of life and as a way of respecting their values and what they consider important in their lives<sup>(3)</sup>.

The relationship between the spiritual dimension, religion, and health has become a clear paradigm to be established in the daily practice of health professionals since religiosity and spirituality are strategies that the elderly people use in their daily lives, seeking support in stressful situations, related to finitude, distance from the family, socio-economic context, and in the common day-to-day health problems<sup>(8,18)</sup>.

In this research, the elderly participants had a mean total RSC, a low negative RSC, and a positive mean RSC, demonstrating that they use religious and spiritual strategies to deal with stressful situations. The greater use of positive RSC is associated with a lower incidence of depression, higher quality of life, and better mental health. Furthermore, people who use this type of coping have a greater sense of attachment and confidence in a higher power, enhancing comfort levels, support, and security. The negative RSC can lead the individual to a distortion of reality and have difficulties to solve problems and achieve success<sup>(19)</sup>.

Religiosity and spirituality represent significant social support for well-being in the life of the elderly person, as it contributes positively to coping with pathologies and the loneliness experienced by them<sup>(2,15,17)</sup>. Currently, religiosity and spirituality have been characterized as a support for the elderly population due to the loneliness experienced. This loneliness is reflected through the distancing of their family members due to the family organization seen lately, in which children leave home to have their own lives, combined with fragility in affective bonds, death of the elderly partner, among others. This loneliness experienced by the elderly person brings a gap in their life. In this sense, the connection with spiritual and religious dimensions seems to fill this gap to strengthen the elderly to continue overcoming the feelings and sensations from this reality of loneliness. In the aging process, the elderly face physiological and pathological changes, which have an

impact on their quality of life, physical and mental health. At this time, attachment to the religious and spiritual dimension produces effects of sustainability, security, and protection for the elderly person, minimizing the negative effects of the entire aging process.

By correlating spiritual coping and religiosity, a positive correlation was obtained between OR and RSCP, NOR and RSCP-RSCN, IR, and RSCT-RSCP. Positive religious coping was present in all correlations with religiosity. According to the standard of positive religious coping, it is an expression of a safe relationship with God, a belief that there is a greater sensitivity to be found in life and a sense of spiritual connectivity with others, which facilitates coping with difficult situations, and there is also a need to understand this moment<sup>(19)</sup>.

There was a positive correlation between Positive RSC and income demonstrating that the higher the income, the greater the use of positive religious and spiritual coping, while low family income has a greater use of the Negative RSC. Since the use of the Negative RSC demonstrates greater dissatisfaction and a reduction in the quality of life, income is a factor that predisposes to the improvement of quality of life. In a family environment with low purchasing power, income represents a factor that stimulates conflicts between the elderly person and the family<sup>(7)</sup>. This conflicting environment encourages the use of RSC Negative, as the income of the elderly is lower.

Studying religiosity and spirituality brings knowledge about some aspects that interfere in people's personal and social life, especially in the elderly population. Bringing the understanding of aspects related to these aforementioned concepts, especially in the nursing area, closer to academic education brings benefits not only to professionals but also to the elderly person. When seeking to understand and value coping strategies aimed at patients' religion and spirituality, nursing expands its professional tools, favoring the construction of knowledge-based and wrapped in singular and specific health needs, which constitutes a fundamental step for the construction of new knowledge in nursing to provide subsidies/tools for comprehensive care assistance<sup>(20)</sup>.

## CONCLUSION

Most of the elderly participants in the research followed some religion, had high organizational religiosity (they attended church or religious temples a lot), high non-organizational religiosity (they performed their daily prayers individually or at home), and high intrinsic religiosity (they believed that God and religion are very important for their lives), and use religious and spiritual coping strategies, whether positive or negative to face the adversities of life.

The positive RSC was more used among the elderly people, that is, positive religious and spiritual strategies were more used to face difficulties, experiences, or unpleasant events of everyday life.

The dimensions of religiosity and spirituality in the life of the elderly person represent an important support mechanism related to coping with everyday problems, whether they are of an emotional nature given the loneliness experienced by the loss of a partner or distance from family members, the pathological due to senility and other difficulties, believing and

trusting in the divine, contributing to the increase of satisfactory feelings for life since those who do not practice are more prone to feelings of helplessness and hopelessness.

The study had some limitations such as presenting regional data, specific to a municipal elderly living center and also presenting a temporal cut of the data. However, this research is a basis and stimulus for the study of the theme in other regions and places where the elderly live together, comparing and reflecting on these data in the practice of health professionals who care for the elderly person.

This research also will assist in the implementation of programs and activities aimed at this portion of the population that has its singularities and needs assistance that values and provides care directed to all its dimensions, such as physical, emotional, social, psychological, and also the spiritual and religious, providing them with integral care and providing well-being, improving the quality of life and valuing their beliefs and cultures, promoting better health care, especially in the area of nursing.

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## RELIGIOSIDADE E ENFRENTAMENTO RELIGIOSO E ESPIRITUAL DE IDOSOS PARTICIPANTES DE UM CENTRO DE CONVIVÊNCIA

### RESUMO

**Objetivo:** Avaliar a religiosidade, o enfrentamento religioso e espiritual dos idosos que participam de um centro de convivência para terceira idade. **Método:** Estudo descritivo, exploratório, com abordagem quantitativa. Foram entrevistados 110 idosos. Os questionários utilizados para a coleta dos dados foram: instrumento de caracterização sociodemográfico e religioso, Mini Exame do Estado Mental (MEEM), Índice de Religiosidade de Duke e a Escala de Coping Religioso e Espiritual Abreviada (CRE abreviada). Utilizou-se da estatística descritiva, Coeficiente de Correlação de Pearson e Spearman para análise dos dados. **Resultados:** Maioria do sexo feminino (61,8 %), faixa etária de 60 a 69 anos (54,5%), etnia branca (47,3%), e predomínio de viúvos (36,4%). A religião de maior porcentagem foi a católica (68,2%). Evidenciou-se correlação positiva, com nível de significância, ao avaliar Religiosidade Organizacional e Coping Religioso Espiritual (CRE) Positivo ( $p=0,000$ ), Religiosidade Não Organizacional com (CRE) Positivo e Negativo ( $p=0,010$ ,  $p=0,047$ , respectivamente), Religiosidade Intrínseca e (CRE) Positivo e Total ( $p=0,000$ ,  $p=0,002$ , respectivamente). **Conclusão:** Percebeu-se que os idosos utilizam de estratégias religiosas e espirituais para lidar com situações estressantes; e que a religiosidade está presente em suas vidas atuando de forma positiva.

**Palavras-chave:** Religião. Espiritualidade. Idosos. Centros Comunitários para Idosos.

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## RELIGIOSIDAD Y ENFRENTAMIENTO RELIGIOSO Y ESPIRITUAL DE PERSONAS MAYORES PARTICIPANTES DE UN CENTRO DE CONVIVENCIA

### RESUMEN

**Objetivo:** evaluar la religiosidad, el enfrentamiento religioso y espiritual de las personas mayores que participan de un centro de convivencia para la tercera edad. **Método:** estudio descriptivo, exploratorio, con abordaje cuantitativo. Fueron entrevistados 110 ancianos. Los cuestionarios utilizados para la recolección de los datos fueron: instrumento de caracterización sociodemográfico y religioso; Mini-Examen del Estado Mental (MMSE); Índice de Religiosidad de Duke (P-DUREL) y la Escala de Coping Religioso/Espiritual - Abreviada (CRE-breve). Se utilizó la estadística descriptiva, Coeficiente de Correlación de Pearson y Spearman para el análisis de los datos. **Resultados:** mayoría del sexo femenino (61,8 %), franja de edad de 60 a 69 años (54,5%), etnia blanca (47,3%) y predominio de viudos (36,4%). La religión con mayor porcentaje fue la católica (68,2%). Se evidenció correlación positiva, con nivel de significancia, al

evaluar Religiosidade Organizacional y Coping Religioso/Espiritual (CRE) Positivo ( $p=0,000$ ), Religiosidade No Organizacional con (CRE) Positivo y Negativo ( $p=0,010$ ,  $p=0,047$ , respectivamente), Religiosidade Intrínseca y (CRE)Positivo y Total ( $p= 0,000$ ,  $p=0,002$ , respectivamente). **Conclusión:** se percibió que las personas mayores se utilizan de estrategias religiosas y espirituales para lidiar con las situaciones estresantes; y que la religiosidad está presente en sus vidas actuando de forma positiva.

**Palabras clave:** Religión. Espiritualidad. Anciano. Centros para Personas Mayores.

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