

**Jurnal Info Kesehatan**

Vol. 23, No. 2, June 2025, pp. 349-358

P-ISSN 0216-504X, E-ISSN 2620-536X

DOI: [10.31965/infokes.Vol23.Iss2.1899](https://doi.org/10.31965/infokes.Vol23.Iss2.1899)Journal homepage: <https://jurnal.poltekkeskupang.ac.id/index.php/infokes>**RESEARCH****Open Access****Ethnic Group and Religion Along with Other Factors Affect The Spiritual Needs of The Elderly with Chronic Diseases in Indonesia****Arief Andriyanto<sup>1a\*</sup>, Ima Rahmawati<sup>2b</sup>, Emyk Windartik<sup>2c</sup>, Ana Zakiyah<sup>3d</sup>, Enny Virda Yuniarti<sup>4e</sup>**<sup>1</sup> Department of Community Nursing, Faculty of Health Sciences, Bina Sehat University PPNI Mojokerto, Mojokerto, East Java, Indonesia<sup>2</sup> Department of Basic Nursing, Faculty of Health Sciences, Bina Sehat University PPNI Mojokerto, Mojokerto, East Java, Indonesia<sup>3</sup> Department of Nursing Management, Faculty of Health Sciences, Bina Sehat University PPNI Mojokerto, Mojokerto, East Java, Indonesia<sup>4</sup> Department of Medical-Surgical Nursing, Faculty of Health Sciences, Bina Sehat University PPNI Mojokerto, Mojokerto, East Java, Indonesia<sup>a</sup> Email address: [ners.arif91@gmail.com](mailto:ners.arif91@gmail.com)<sup>b</sup> Email address: [ima\\_rahmawati91@yahoo.co.id](mailto:ima_rahmawati91@yahoo.co.id)<sup>c</sup> Email address: [emyk.windartik86@gmail.com](mailto:emyk.windartik86@gmail.com)<sup>d</sup> Email address: [ana\\_ppni@yahoo.com](mailto:ana_ppni@yahoo.com)<sup>e</sup> Email address: [syifa.enny79@gmail.com](mailto:syifa.enny79@gmail.com)

Received: 1 February 2025

Revised: 9 February 2025

Accepted: 16 March 2025

**Abstract**

Spirituality helps the elderly adapt to changes in themselves. The process of healing chronic diseases in the elderly requires good spirituality. However, in reality, many elderly people still have low spirituality. This study considers the factors of spiritual needs of elderly people with chronic illnesses in Indonesia. Descriptive correlation research design with a cross-sectional approach. The sample was 210 elderly people taken by purposive sampling. The independent variables studied include age, gender, religion, ethnic group, education, work, history of illness, ADL, and cognitive function. The dependent variable is spiritual needs. The research instrument in the form of the Spiritual Needs Questionnaire (SpNQ). A linear regression test to simultaneously correlate several dependent variables with independent variables by following several modeling assumptions. There is a significant relationship between religious factors (0.01), ethnicity (0.003), cognitive function (0.04), and the spiritual needs of elderly people with chronic diseases (<0.05). The equation obtained from modeling can predict the value of the spirituality needs of elderly people with chronic illnesses. Respondents who have sufficient spiritual needs because they are good at connecting with other people, nature/the environment, and God.

**Keywords:** Chronic Disease, Elderly, Spirituality Needs.**Corresponding Author:**

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## 1. INTRODUCTION

The elderly are a vulnerable population, which can result in a variety of health issues. They are susceptible to various physical ailments, including chronic diseases (CD) (Rekawati, Sahar, & Wati, 2020). There is not just one CD suffered by the elderly, but many of them suffer from more than one CD. CD in the elderly can cause a decrease in independence in daily activities (Karinda et al., 2019). This condition causes psychological effects because it is considered a threat that can endanger the lives of the elderly. Anxiety will arise and is one of the factors that affect chronic disease sufferers (Sumai et al., 2023). Physical, psychological, and social problems in the elderly can be neutralized or eliminated with a strong spiritual life. Spirituality helps elderly people adapt to the changes caused by chronic illness. The elderly need spirituality in healing and recovering from their illnesses (Fradelos et al., 2017). However, in reality, many elderly people still have low spirituality. The better the approach to spirituality, the fewer psychological disorders, and vice versa (Carney et al., 2020).

History of CD in the elderly in Indonesia in 2022 as many as 37.8% of the elderly suffer from hypertension; diabetes 22.9%; rheumatism 11.9%; heart disease 11.4%; asthma 10.4%; stomach acid 8%; uric acid 5.5%; chronic lung disease 3%; cholesterol 3%; kidney disease 2%; tumors 1.5%; osteoporosis 1.5%; anemia 1.5%; cancer 1%; pinched nerve 1%; liver disease 0.5% (Kementerian Kesehatan Republik Indonesia, 2023). Hardin et al (2021) research results in Palopo City showed that 26.3% of elderly people with hypertension had not had their spiritual needs met properly. Kirnawati (2021) research results show that the spiritual level of elderly people in Banyuwangi Nursing Homes is at most low, 41.20%. CD in the elderly can impact fulfilling the spiritual needs of the elderly.

Spirituality is a basic human need, including elderly people with chronic illnesses. The spiritual needs of every elderly person must be met, such as how to determine the meaning of life, a sense of purpose and strength, as well as guidance on how to live a happy life (Aktürk et al., 2017). The spiritual needs of elderly people with chronic illnesses are important in healthcare so that the elderly can be interpreted positively and the elderly are not considered a minority, but rather a part of individuals who have a very high value of usefulness in life (Zarrin et al., 2020). The spiritual needs of the elderly from various religions are related to the fulfillment of the need for existence and a relationship with God. Fulfilled spiritual needs can make the elderly healthier, happier, and have value in life. The need for spirituality can be used as a source of strength and hope for the elderly, especially for the elderly who suffer from chronic illnesses (Rekawati et al., 2022). The impact of not fulfilling the spiritual needs of the elderly is the emergence of spiritual distress; such as disturbances in beliefs or value systems that give strength, hope meaning to life, which will make elderly people more easily despair, feel lonely, anxious, and affect health problems such as sleep disorders and increased blood pressure, even making disease worse (Macchi et al., 2020).

Spirituality and religiosity in elderly CD sufferers have a significant relationship from the results of several studies (Ballew et al., 2012; Carney et al., 2020; Gómez Palencia et al., 2016; Musa et al., 2018; Papathanasiou et al., 2020). Other research, for example, shows that the experience of spirituality and involvement in activities to develop spirituality (spiritual behavior) is described as a response to the realization of human mortality and fragility, which can increase CD conditions (Ballew et al., 2012). Patients with congestive heart failure (CHF) were found to be significantly more likely to experience changes in their beliefs about the afterlife compared to changes in their beliefs about God (Carney et al., 2020). These findings are important for understanding the religious life experiences of individual CHF patients as they relate to their disease and treatment. For many people including the elderly, spirituality and religion are important dimensions of their existence, and are used as sources of support that contribute to well-being and help them overcome life's difficulties (Fradelos et al., 2017).

Research conducted on hemodialysis patients shows that these patients use beliefs, religious practices, and spirituality as coping mechanisms to overcome their depression, anxiety, and stress (Musa et al., 2018).

The level of spirituality in the elderly after reaching the age of 70 years, the elderly is at a level where regret and repentance play a role in atoning for sins. Repentance and forgiveness can reduce anxiety that arises from feelings of guilt or disobedience, fostering trust and comfort in the early stages of faith (Destarina, 2015). This gives the elderly a new perspective on life in connection with other people and a positive acceptance of death (Anitasari & Fitriani, 2021). The aim is to analyze the factors of spiritual needs of elderly people with chronic illnesses in Indonesia.

## 2. RESEARCH METHOD

The study was designed with a descriptive correlation research design with a cross-sectional approach. The research locations were Mojokerto, Bandung, Depok, Bali, Pontianak, Makassar, and Medan. The sample was 210 elderly people taken based on purposive sampling in Indonesia. The research instrument in the form of the Spiritual Needs Questionnaire (SpNQ) was developed in 2009 as a standardized measure that is easy to apply (Büssing, 2021). This tool has been translated into Indonesian and is widely used as a valid and reliable instrument to assess the various spiritual needs of patients with chronic diseases. There are 20 questions with indicators of relationship with oneself, relationship with others, relationship with nature/environment, and relationship with God. These indicators were finally verified in a large sample of patients with chronic diseases. The internal consistency of the four indicators from Cronbach's  $\alpha$  = 0.71 to 0.87 (Andriyanto et al., 2024). The intensity of each need is assessed on a 4-point scale (0—not at all; 1—Sometimes; 2—Often; 3—Always). The spiritual needs assessment is good  $\geq 88$ , sufficient 63-87, and poor  $< 63$ . The instrument was made in a Google form, which enumerators distributed according to their respective regions. Data were collected using the following steps: 1) selecting research subjects according to the inclusion criteria, 2) providing research information as clearly as possible to research subjects, 3) asking for respondents' consent to become research subjects, 4) filling out questionnaires to all respondents, 5) analyze the data resulting from distributing the questionnaire Multivariate analysis with linear regression tests to simultaneously correlate several dependent variables with independent variables by following several modeling assumptions. This research has passed the ethical test from Bina Sehat University PPNI Mojokerto with number IV.a/3.P/LPPM.KL/XII/2022.

## 3. RESULTS AND DISCUSSION

Based on Table 1, the majority of respondents' characteristics are female gender, Islamic religion, Javanese ethnicity, secondary school education, not working, history of hypertension, level of independence in the mild category, and have mild cognitive dysfunction. Based on Table 1, it is known from the results of research using the Spearman rho test that the p-value ( $< 0.05$ ) shows that there are four variables; religion (0.034), ethnicity (0.003), occupation (0.004), and CF (0.016), according to the basis for decision making there is a relationship between the factors religion, ethnicity, employment, CF and the spiritual needs of elderly people with chronic illnesses.

**Table 1.** The characteristics of respondents.

Characteristics of Respondents	Respondents (n = 210)		p-value
	f	%	
Gender			
Man	69	32.9	0.104

Characteristics of Respondents	Respondents (n = 210)		p-value
	f	%	
Woman	141	67.1	
Religion			
Islam	164	78.1	0.034*
Catholic	19	9.0	
Protestant	6	2.9	
Hindu	17	8.1	
Islam	164	78.1	
Buddha	4	1.9	
Ethnic group			
Java	48	22.9	0.003*
Sunda	33	15.7	
Betawi	33	15.7	
Bali	19	9.0	
Dayak	19	9.0	
Buginese	32	15.3	
Batak	26	12.4	
Education			
Elementary school	86	40.9	0.109
Junior high school	100	47.6	
High school	20	9.5	
Diploma	2	1.0	
Bachelor	2	1.0	
Work			
Doesn't work	161	76.7	0.004*
Self-employed	45	21.4	
Retired ASPN	4	1.9	
History of illness			
Hypertension	57	27.1	0.439
Diabetes mellitus	35	16.7	
Cholesterol	39	18.6	
Strokes	2	1.0	
Gout	54	25.7	
Unknown	23	10.9	
Activities of Daily Living (ADL)			
Light	129	61.4	0.209
Heavy	68	32.4	
Independent	13	6.2	
Cognitive Function (CF)			
Light	130	61.9	0.016*
Currently	38	18.1	
Heavy	34	16.2	
Normal	8	3.8	

**Table 2.** Age and spiritual needs (SpN) of the elderly.

Variable	Mean	SD	Min – Max
Age	64.88	2.781	60 – 73
SpN	71.33	7.466	62 – 101

Table 2 shows that the average age of respondents is 65 years and they have sufficient SpN with a mean score of 71.33. The age of respondents in the range is a minimum of 60 years and a maximum of 73 years. Next, the data above will be entered into the modeling to see whether there is a relationship with SpN (Table 3).

**Table 3.** Preliminary modelling of multivariate tests.

Variable	B	R <sup>2</sup>	p-value
Age	0.071	0.369	0.760
Gender	-1.548		0.154
Religion	2.136		0.040*
Ethnic group	0.642		0.009*
Education	-1.262		0.122
Work	0.045		0.930
History of illness	-0.337		0.210
ADL	0.467		0.698
CF	1.788		0.017*

Based on Table 3, there are 3 variables included in the next modeling with a p-value <0.05, namely the variables religion, ethnic group, and CF. These three variables were continued to the final modeling to determine the extent of their relationship with SpN (Table 4).

**Table 4.** Multivariate final modeling

Variable	B	Beta	R <sup>2</sup>	Const.	p-value
Religion	2.852	0.182	0.332	35.186	0.011*
Ethnic	0.702	0.200			0.003*
CF	1.439	0.144			0.045*

Table 4 shows the results of the final multivariate linear regression analysis. The equation obtained from modeling to be able to predict the SpN value of elderly people with chronic illnesses.

Based on the results of the final multivariate equation, it can be interpreted as follows: every time an elderly person adheres to religion according to their beliefs, it will increase the SpN of the elderly by 0.182 (18.2%), every time an elderly person believes in their tribe, it will increase the SpN of the elderly by 0.200 (20%), and for every 1 increase in CF, it will increase the SpN of the elderly by 0.144 (14.4%) the rest is influenced by other factors.

The research results show that almost all respondents have good SpN. The SpN of elderly people with chronic illnesses is influenced by factors such as religion, ethnic group, and CF. [Jadidi et al., \(2022\)](#) research found that the spiritual needs of the elderly are classified into three main themes: religious needs, existential needs, and communication needs. Religious needs are divided into religious beliefs, individual religious practices, and collective religious practices. Existential needs are categorized as the meaning of life, the purpose of life, and the need for peace. Communication needs are conceptualized to include relationships with God and relationships with others. The results of this research are supported by the results of research in Palopo City showing that 26.3% of elderly people with hypertension do not have their spiritual needs well met ([Hardin et al., 2021](#)). When individuals reach old age or are 60 years and over, they tend to focus more on fulfilling their spiritual needs ([Bai et al., 2022](#)). At this age, the elderly realize that life in this world will not be long, so in living their lives they carry

out more religious activities to obtain forgiveness for the mistakes they made in their youth (Anitasari & Fitriani, 2021). In achieving the fulfillment of these spiritual needs, the elderly strive to find the meaning and purpose of life, love and be loved as well as a sense of attachment, and fulfill the need to give and receive forgiveness.

Respondents who have good SpN are because they are good at relating to other people, nature/environment, and God, but are not good at relating to themselves, where respondents simply do not spend enough time for self-introspection, do not carry out their life goals, do not believe that there is wisdom in every incident and less love for yourself. Fulfilling SpN by fulfilling several aspects plays an important role to increase the meaning and hope of life, improving the quality of life, increasing patient self-confidence even in unsupportive health conditions, and reducing fear with spiritual activities such as prayer and prayer (Rani & Darmiati, 2022). This causes respondents to be less able to do self-introspection because self-introspection is indeed a very difficult thing to do. Elderly people cannot also carry out their life goals because not everyone can understand their life goals and achieve what they hope for, not everything that happens in life is as expected. Elderly people also lack inner peace, this can be caused by their current living conditions not being what they wish, so they cannot achieve inner peace (Rekawati et al., 2022). The elderly are less able to solve problems on their own, this can be caused by the physical condition and health of the elderly, which have deteriorated so much that not all problems can be solved, so they need other people or family to face them together. Elderly people often believe that there is wisdom behind every problem, but elderly people tend not to love themselves because they already have children and grandchildren, so they love their children and grandchildren more than the elderly themselves (Rekawati, Sahar, & Kusumawati, 2020; Sarabia-Cobo & Sarriá, 2021).

The relationship between ethnicity and spiritual needs of the elderly can be analyzed from several perspectives: 1) Cultural identity and spirituality, each ethnic group has unique traditions and spiritual beliefs. The elderly tend to be more attached to cultural and religious values inherited from childhood. 2) The role of religion and traditional beliefs in some cultures, religion plays a major role in the lives of the elderly (eg, Islam in the Malay community, Hinduism in India, or Christianity in the European community). Traditional beliefs can also be a source of comfort, such as ancestral customs in indigenous communities. 3) Social support and community. The elderly from ethnic groups that have a strong community (such as extended families in Asian cultures) may feel more supported in their spiritual practices. In contrast, the elderly from minority ethnic groups in a region may face challenges in accessing religious services or their spiritual community. 4) Mental health and spirituality can help overcome anxiety, depression, and loneliness in the elderly. In some cultures, prayer and meditation are used as a way to maintain mental health (Hao et al., 2022).

The relationship between cognitive function and spiritual needs of the elderly can be analyzed from several aspects, including the impact of spirituality on cognitive health and how changes in cognitive function affect the spiritual experience of the elderly. The influence of good cognitive function on spiritual needs tends to be more active in religious activities, such as prayer, meditation, and participation in spiritual communities (Bush et al., 2020). In the elderly with cognitive impairment (such as dementia or Alzheimer's), involvement in spiritual activities may decrease, but the need for spiritual comfort remains. Spiritual rituals and habits that have been carried out for a long time often persist despite a decline in cognitive function. Spirituality as a supporter of cognitive health, such as prayer, meditation, and reflection, can help maintain brain health by reducing stress and increasing emotional balance. Elderly with cognitive impairment often experience anxiety and confusion, so spirituality can be a source of calm and meaning in life. The use of spiritual music, simple prayers, or familiar religious rituals can help improve their emotional well-being. Caregivers or elderly companions can play an

important role in helping the elderly maintain their spiritual life in a way that is appropriate to their cognitive condition (Al Rasyid et al., 2017).

The indicator of the relationship with oneself obtained an average score of 2.18, which means that respondents tend to sometimes love themselves or in other words, do not love themselves enough. Relationship with oneself is a person's inner strength, including knowledge and attitudes about oneself. Self-knowledge is all the answers to questions about who one is and what one can do. Self-attitude is related to self-confidence, trust in life or the future, peace of mind, and harmony with oneself. The strength that arises from a person helps him realize the meaning and purpose of his life, including viewing his life experiences as positive experiences, life satisfaction, optimism about the future, and increasingly clear life goals (Simbolon & Simbolon, 2023). This indicator is the indicator with the lowest value, this is because elderly people usually already have children and grandchildren, whereas grandparents, elderly people love their children and grandchildren more than themselves, so their life goals are often more directed at the lives of their children and grandchildren than at themselves. The elderly do not provide time for self-introspection, do not carry out their life goals, are less able to solve their problems, and do not believe that there is a lesson in the events they experience (Purnama et al., 2021).

Based on indicators of relationships with other people, an average score of 2.81 was obtained, which means that respondents tend to often have good relationships with other people. A person's spiritual characteristics in dealing with other people are based on the beliefs, hopes, and meaning of life that are built into personal spirituality. This relationship is divided into harmonious and disharmonious relationships with other people. The state of harmony includes reciprocal sharing of time, knowledge, and resources, caring for children, caring for the elderly and the sick, and belief in life and death. Meanwhile, disharmonious conditions include conflicts with other people and resolutions that give rise to disharmony and friction as well as limited associations. Relationships with other people, and explained by harmonious living in sharing time, caring for children, the elderly, the sick, and believing in life and death. Conflict is often also characterized by relationships with other people. Relationships with other people arise from the need for justice and kindness, respect for other people's weaknesses and sensitivity, fear of loneliness, desire to be appreciated and cared for, and so on (Murtiningsih et al., 2021). Humans as social creatures cannot be separated from connecting with other people, so elderly people often tend to connect with other people through joint activities and helping each other. The elderly feel that they are respected by family, friends, and other people, this is because politeness and manners towards the elderly are highly respected in Indonesia so the young will respect the elderly. Elderly people also often pray together with other people and are always willing to apologize if they do something wrong to someone else. Elderly people also often exchange experiences with their families and help other people affected by disasters (Putri et al., 2020).

Based on the indicator of the relationship with oneself and the environment, an average score of 3.08 was obtained, which means that respondents tend to often look after their environment. The characteristics of a person's spirituality in relating to nature emphasize harmony in knowing and communicating with nature. Knowledge, beliefs, and beliefs, about nature; Soil, water, air, colors, aromas, plants, animals, and so on will create patterns of human behavior toward nature. This situation creates harmony, recreation, and peace with nature or vice versa. Recreation is a person's spiritual need to cultivate faith, grace, gratitude, hope, and love for nature which has been bestowed by God (Ramezani et al., 2019). God created nature so that it could be enjoyed by his creatures, so with the beauty of nature one can feel how amazing God's creation is. Faith will increase, and a person will try to harmonize the physical and spiritual so that feelings of pleasure and satisfaction arise in fulfilling things that are considered important in life. Elderly people like the view and natural beauty around them and all of God's creation, and feel comfortable if the environment is clean, it's just that elderly

people rarely have recreation because recreation will require time and money, while elderly people are better off not traveling alone but must have a companion so that their recreational needs will be met if the family is there time and costs (Jadidi et al., 2022).

Based on the indicator of relationship with God, an average score of 3.11 was obtained, which means that respondents tend to always have a relationship with God. Humans' relationship with God can be seen in religious or non-religious attitudes and behavior. This situation creates various religious ritual efforts such as giving thanks, praying, fasting, or praying. Spirituality is unrelated to religion, although some groups tend to equate the two. Religion is more related to spirituality, which emphasizes aspects of shared beliefs and religious practices developed by a community, related to forces outside itself. Thus spirituality is related to the relationship between individuals and other powers outside themselves (Ramezani et al., 2019). This can be because the elderly are considered to be an age that is very close to death, where, according to the beliefs of all religions, death means returning to the Creator (God), so to prepare for this, the elderly will try to have a closer relationship with God. The lowest score in this indicator is reading religious books, this could be because reading books is related to the availability of facilities, and not all elderly people can meet the need to buy religious books (Büssing et al., 2018). The limitations of this study don't involve the burden of the family in providing support for the spiritual needs of the elderly with chronic illness. Family support for the spiritual needs of the elderly with chronic illness is very important to improve their quality of life. Elderly people who face chronic illness often experience physical, emotional, and psychological stress that can affect their spiritual well-being.

#### 4. CONCLUSION

The results of the study using multivariate analysis showed that there is a relationship between religion, ethnicity, and cognitive function with the spiritual needs of the elderly with chronic diseases in Indonesia. Elderly people who have sufficient spiritual needs because they are good at relating to others, nature/environment, and God, but are less good at relating to themselves, so they are less able to do self-introspection, carry out life goals, feel inner peace, and be able to solve problems, and love themselves. Further research can choose elderly people who live with their partners to be able to assess their spiritual needs with their partners.

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