Age-related life changing events and baby boomer health and spirituality

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Executive summary and recommendations

The aims of the research project were to:
1. Examine existing literature on ageing baby boomer spirituality and health
2. Examine the ways in which ageing baby boomers understand spirituality and find meaning in their lives
3. Identify associations for baby boomers between spirituality, health and successful ageing
4. Identify issues in meeting baby boomer spiritual needs
5. Propose services to meet identified spiritual and religious needs of ageing baby boomers

Future health picture for baby boomers as they grow older
Examination of the literature on ageing, baby boomers and spiritual and pastoral care revealed a lack of reported research in this area. In their study of literature in future trends for care needs of ageing baby boomers, Quine & Carter (2006) found that most of the literature was not evidenced-based but reflected opinion and conjecture. What literature was derived from rigorous research was mostly confined to marketing research. This appears to have changed little since then.

The incidence of chronic illnesses increases from about 45 years of age. In mid-life and early old age, the most common conditions are mental health (mostly depression) and musculoskeletal disorders (mostly arthritis) with coronary heart disease, diabetes and cancer whilst from 65 years of age, rising levels of neurodegenerative disorders and vision and hearing problems are increasingly reported. (PMSEIC 2003, 14).

Changing social needs
Baby boomers present unique challenges to aged care services. With extended longevity and improved health services, baby boomers are contributing to population ageing. Having greater access to education and having lived through substantial social reforms, they have greater expectations for continued autonomy in later life. Like previous generations, baby boomers will still face the challenges of later life, and will need to adapt to the transitions of ageing.

Changing financial needs
The ‘great divide’ proposed by Hamilton & Hamilton (2006 p.8) argues that baby boomers can be seen as two distinct populations: 1) those who can afford to fund themselves in their later years, and want to work and 2) those who have insufficient funds and need to work longer, and are anxious about their retirement. Their study also identified a social shift in perception of age pensions, from that of a universal right to pension, to pension being a safety net for those who cannot financially support their old age (Hamilton & Hamilton 2006 p.13).

Ageing and spirituality
Meaning in later life is crucial to wellbeing. Erikson’s psychosocial stages of ageing (1997) are still seen as relevant, emphasising the need for a continuing and deepening sense of self-identity in late life, while the model of spiritual tasks and process of ageing (MacKinlay, 2006) emphasises the need for understanding of spiritual growth and development in late life. Little has been studied about this dimension of ageing for baby
boomers until now. Knapp and Pruett (2006), in a North American study of faith practices of baby boomers and the generation immediately before them, found greater frequency of religious practices in the older generation. Knapp and Pruett’s study did not consider spirituality. Marston’s (2010) Australian study provided a broad exploration of where baby boomers perceived they would find meaning in their retirement years.

**The study**
The UnitingCare Ageing mixed methods research project consisted of a questionnaire (n=143) and followed-up with focus groups (6 groups total participants = 22) comprising three groups of baby boomers reflecting Uniting Church congregation members, staff of UnitingCare Ageing residential aged care facilities and children of aged care residents. The data were collected during 2012 from NSW and ACT aged care facilities and Uniting Church of Australia congregations in NSW and ACT.

**The sample**
Predominantly a female sample, baby boomers with parents in care were under-represented in the sample. Most participants were Australian-born or Australian citizens (92.81%), with 12.68% born in the UK and Europe. 60.28% had completed some tertiary qualification (higher than would be expected in the general population), however, while most staff (47.06%), reported tertiary qualifications a significant proportion of staff indicated only completing the equivalent of year 10 (37.25%). The majority of participants indicated their religious affiliation as Uniting Church (57.04%), with around 35% reporting other Christian affiliation. Around 7% reported association with Buddhism or no religious association. This contrasts with ABS census data and varied between the samples. Only 14.89% of staff reported affiliation with the Uniting Church, but most belonged to other Christian denominations. For children of care recipients, most reported affiliation with the Uniting (47.83%), Anglican (13.04%) and Catholic (21.74%) churches. Importantly, a significant proportion of this group (17.39%) reported no religious affiliation. A sizeable proportion of staff (62.75%) indicated that they did not think their superannuation or government pensions would meet their future needs. 68.53% of the total sample reported having experienced at least one significant life event in the preceding 6 months. Approximately 20% of the sample reported possible or probable depression in line with national surveys of mental health.

**Major findings of the survey**

1. *Spirituality promotes mental and physical health and lowers anxiety about ageing.*

   Importantly, the effects of negative life events on mental and physical health were substantive enough to warrant clinical intervention if the lower health state was to persist. We found that when individuals reported lower levels of spirituality, they were at increased risk of lower mental and physical health when they experienced a negative life event.

   Protective benefits of spirituality on ageing anxiety outcomes were also found. Increased spirituality moderated the differences between staff, children of care-recipients and congregation members on Fear of Old People. Whilst congregation members with low spirituality were more likely to report fear of older people,
there were no differences between our samples for those who reported high levels of spirituality; they all reported low levels of fear of old people.

2. Baby boomers are not necessarily affiliated with religious organisations but according to the results of the survey have higher levels of spirituality. This is an important finding for planning future aged care services, both with incorporating spirituality into the work of all care providers, nursing, pastoral, activity and ancillary services and the specific provision of pastoral care. The pastoral care staff should be members of the care team of the facility.

3. Staff do not necessarily perceive their pensions/superannuation being sufficient for their future needs.
   The extent to which this sample of UnitingCare Ageing staff members are representative of the UnitingCare’s overall aged care workforce is unclear. It is important to recognise that half of the staff participants reported lower levels of education and it may be that their financial concerns are reflective only of this particular group.

Major themes arising from the focus groups

Attitudes towards ageing
Participants reported strong desires to continue living independently and not to experience loss of control or suffering, fears of growing older and experiencing disability and dementia. Underlying these concerns, was a perceived lack of value of older people, if they could no longer contribute to others.

Facing future frailty was ‘scary’
There was an awareness that some older people lived their lives with grace while others lived in states of despair; they expressed hopes not to live in despair.

End of life issues were raised in the focus groups, these issues will need continuing sensitivity and best practice palliative care, with open discussion among families as well as the one who is dying, to plan adequately for the final life journey. Pastoral and spiritual care will form a vital component of this care.

Grief and guilt were identified as frequent issues among families of those in care in the focus groups. These issues were also identified in the questionnaires that addressed significant life events in past 6 months.

Pastoral care for all
Pastoral care reaches beyond the traditional church service to care of the spirit and encouragement of continued spiritual growth. Staff were acutely aware of the positive difference that pastoral care makes to the experience of frailty and dying.

Policy and practice in residential aged care remains focused on activity
While more recent research is focusing on needs of frail older people and the process of
gerotranscendence. The importance of the move from ‘doing’ to ‘being’ was raised by staff.

*Dementia is still feared by many*
It is important to move beyond the bio-medical paradigm and to consider the broader social and spiritual implications of living with dementia. Education that is led by the latest research is needed to challenge people’s attitudes, stereotypes and misinformation about dementia. This is important for all, from those with dementia, their families and for those who care for them.

*Experience of life events and relationship with spirituality*
Focus group participants supported the survey findings that spirituality buffers negative life events and anxiety about ageing. Many examples were drawn from their life experiences.

*Spirituality and religious affiliation changes among baby boomers*
A decline in religious affiliation of baby boomers will not necessarily lead to a decline in spirituality. In fact, in this study, baby boomers who had no religious affiliations had higher levels of spirituality. Spiritual needs, especially associated with relationship and meaning, will be important areas for care and support from pastoral practitioners in the future.

*Possibilities for continued spiritual growth in later life*
This was a topic discussed in focus groups, particularly with staff. Some spoke of their own changing spiritual journey. Some noted the importance of engaging with residents through pastoral techniques such as meditation, having someone who could listen to their life story, engaging in spiritual reminiscence, or providing spiritual support to foster the move towards meeting challenges of growing older and being frailer. Being part of a community of faith was reported as an important way of growing in faith and spirituality in later life, with group members supporting each other.

*Understandings of spirituality and religion held by the group members*
There seemed to be clear agreement that spirituality was a broader category of finding meaning and relationship, that involved connecting with the sacred and could be an individual process (a more internal process), whereas religion was organised and always included a community of faith (may be a more external process).

*Religious practices and care in future residential aged care*
Participants in focus groups agreed that they would see broader and creative ways of engaging with religion and spirituality in the future. As well, group members saw a continuing need for religious services for those who have a religious affiliation. Thus services, bible study, prayer, meditation and other varieties of religious engagement will be part of the mix offered to residents.

*Meaning in life and retirement*
The concept of retirement appears to be changing and focus group members saw this becoming more fluid into the future. The importance of ‘finishing well’ highlighted the issues of being able to feel in control ending formal employment. Planning for meaningful activities into the future was seen as important to continued wellbeing. The role of volunteering is an important area for further work, perhaps associated with issues
of shortage of workforce projected into the future. Engagement in meaningful work roles after ‘retirement’ may be an important way of both finding meaning in later life and helping with shortage of people to provide pastoral support in aged care. Collaborative pastoral care of older people supporting other older people can be empowering and meaningful, giving valid reasons for living life to the full.

**Relationships**

Relationships are vital for human flourishing. Spiritual flourishing needs relationship with God and/or others. Therefore planning for enriching and supporting relationships of older people will be an important role of care providers, especially those who specialise in pastoral care. A number of focus group members noted increasing geographical separation of families may make it harder for family support in the future.

**The environment**

Living at home was the number one priority reported by focus group members. However, if residential care is needed, they want to be in environments conducive to spiritual growth and wellbeing. For instance, they noted the importance of places and spaces where they could be still; in a quiet sitting room, a chapel, residential rooms to have views of pleasant surroundings, such as trees and gardens. They stressed the need for these quiet places and not just for organised activities in residential care. They want a ‘home-like environment’, which is interesting since this has been the aim of residential aged care for a number of decades now. Apparently this aim is perceived not to have been fulfilled yet, although at the same time a number of family members said increasing experiences with an aged care facility, such as when their parent had been admitted, changed their attitudes; they felt more positively about the care of their loved one in that facility. Still, focus group participants hoped for a reality whereby older people were able to see out their lives at home; this would of course require more community-based services. New ways of designing residential aged care needs to take account of their perceived needs for community and friends to be able to stay in contact, into the times of frailty. This presents challenges in balancing physical care needs along with pastoral needs and physical surroundings that facilitate care. They spoke of a shrinking of the worlds of frail older people and the need to find hope in the midst of this. A rich physical environment was seen as important, even for those who were very frail. Further engagement of older people in planning residential aged care environments will be important.

**Recommendations**

Arising from the study’s findings a number of recommendations are made for future planning and provision of services for the ageing of baby boomers.

**The major goals of ageing baby boomers identified in this study and the literature are:**

- Continue to live independently in the community
- Continue to age well and reach one’s potential
- Where residential care is needed that it is appropriate to the person’s wellbeing
- Live life to the full, to find meaning in the experience of growing older
- Continue to grow spiritually in later life
- Be supported in grief and loss, and in the final life journey
• Receive best holistic care: holistic care includes physical, mental, social, emotional and spiritual care
• Enjoy continuing relationships with family and friends

To achieve these goals, services must provide:
• Vision, mission and philosophy consistent with the beliefs of the organisation and the needs of those it serves.
• Vision, mission and philosophy must contain clear guidelines in holistic care, setting out the beliefs of the organisation while acknowledging changing community values to reflect the broader perspective of spirituality. The organisation must continue to examine its own beliefs and articulate these carefully and openly as the basis from which it can provide pastoral and spiritual care to all people.
• Continue to cater for religious needs of all it cares for. It is envisaged that these needs will become more diverse.
• Planning of services to meet goals for well ageing, and best care of frail and mentally ill older people in community and residential care.
• Education for all levels of staff, paid and voluntary.
• Standards of care consistent with those of professional care provider requirements, and the organisation.
• Regular evaluation of standards according to standards requirements.
• Emotional and spiritual support for staff, paid or unpaid.
• Physical environment in which residents and staff can flourish.

A shift from residential to community services
A clear goal of these baby boomers was to continue living independently in the community. This is consistent with the Productivity Commission Report (2011), which states: “Older Australians generally want to remain independent and in control of how and where they live; to stay connected and relevant to their families and communities; and to be able to exercise some measure of choice over their care” (p. xix) this referred to the current generations as well as projecting future needs.

Spirituality buffers negative life events and anxiety about ageing
In fact, the study showed that spirituality promotes mental and physical health and lowers anxiety about ageing. This important finding from the study provides strong support for including spirituality in all aspects of care, incorporating matters of grief and issues of guilt, loss and forgiveness.

Recommendation 1: Spirituality to become part of holistic care of all those who work with older adults.

Recommendation 2: Spirituality to be incorporated as a core component of palliative care.

Recommendation 3: Skills in spiritual care to focus on issues of guilt, resentment and despair and forgiveness.

Recommendation 4: Further study to examine the ways in which spirituality buffers negative life events and anxiety about ageing and to translate research findings into practice.
Pastoral care for all
Pastoral care to be a vital component of holistic care for all. Pastoral care reaches beyond the traditional church service to care of the spirit and encouragement of continued spiritual growth. Pastoral and spiritual care can no longer be optional.

Recommendation 5: Pastoral care providers and chaplains to become a central part of the care team.

Reduce barriers to the implementation of spiritual and pastoral care through education for aged care staff in pastoral and spiritual care.

Recommendation 6: Education of all aged care staff in spiritual care. Appropriate courses to be readily available for all staff, through in-service, short courses and postgraduate studies to enable incorporation of spiritual and pastoral care into practice. This education must emphasise the broad scope of spirituality in life meaning as well as religious traditions where necessary.

Broader policy and philosophy of aged care to incorporate activity theory and gerotranscendence
The policies and philosophies that guide protocols and practice in aged care need to be more broadly focused, and to take account of more recent scholarship and research. It is no longer appropriate to have ‘one way of doing aged care’. Individual needs of residents should be taken into account. This includes assessing interests and abilities to allow for personality differences. Activities need to be meaningful for the person.

Recommendation 7: Assessment of personal interests and capabilities should guide appropriate activities for each person.

Recommendation 8: Policy and practice in residential aged care to be broadened to incorporate meaningful activities and more recent research that focuses on needs of frail older people and the process of gerotranscendence.

Dementia care and education
In this study, it became evident that many participants in the focus groups had limited knowledge of dementia. These findings are in line with community knowledge of dementia. Latest research findings and evidence-based practice must be the basis for planning and delivering best care. Families need good information and support regarding dementia. Latest findings in emotional and spiritual care need to be incorporated into dementia care.

Recommendation 9: Practice and education to be based on latest evidence based practice and latest research from the social as well as medical sciences. Theology must also factor into the nature of the person with dementia that will underlie practice and education of staff and families as well as those who have dementia.

Staff concerns regarding having sufficient means for their retirement
Recommendation 10: Staff in residential aged care receive remuneration at levels that they can afford to work in aged care and plan for their future retirement.
Scope of study
This study was conducted with Uniting Church congregations, UnitingCare Ageing staff and adult children of residents, with resultant limitations for generalizing the findings of the study. Further study is needed to examine issues of health related to spirituality in ageing baby boomers in a broader setting in the wider community.

Recommendation 11: Research to examine the relationship between spirituality and health, especially mental health issues, spirituality and ageing in a wider baby boomer population, in different religious, socio-economic and cultural groups.

Recommendation 12: Findings of this study to be used to refine further study instruments.
1 Background and literature review

1.1 A changing picture of ageing in Australia

Signs of significant changes among those growing older in western countries have been emerging over the past decade. These changes were identified in a study of housing tenure, lifestyle, family relationships and obligations of nearly 7,000 older Australians (Olsberg and Winters 2005) Among key points found in their study were effects of increased longevity, changing family relationships, greater social mobility and diversity, with friendships often replacing family as reasons for choosing locality of residence. They found clear differences between those over 75 years and the baby boomer generation, with baby boomers indicating substantial changes in values and priorities from the preceding generation, which may have a significant impact on addressing their future care needs.

1.2 Ageing baby boomers

The older members of the baby boomer generation – the generation that was born after World War II between 1946 and 1961 – have recently reached the traditional age of retirement. Australian baby boomers form about 25% of the population (National Seniors Australia 2009). As they grow older, such a large cohort is likely to influence societal changes and increase competition for limited health care and resources.

In a review of the Australian literature, Quine and Carter (2006) found little empirical research had been reported, most was retrospective and much of the writing about this generational cohort was opinion rather than research based. There was a scarcity of research projecting future needs of any kind. What did exist appeared to be in the field of market research. They did note from the research review that boomers will not want to move into traditional nursing homes, are likely to expect more of health services as they age, and are already spending more on pharmaceutical products than their parent did. The Prime Minister’s Science, Engineering and Innovation Council (PMSEIC, 2003) reported the rate of chronic disease begins to rise sharply from age 45-55. After 65 years, they found rising levels of neurodegenerative disorders and vision and hearing problems and that before the age of 75, the main causes of ill health are mental health (mostly depression) and musculoskeletal disorders (mostly arthritis) with coronary heart disease, diabetes and cancer (PMSEIC 2003, 14). As they age, baby boomers will be faced with adapting to the transitions of their age group such as the loss of place in society, changing living arrangements, loneliness, increasing disability, the death of a partner or friend, and their own mortality. In fact AXA found in 2008 that approximately one-third of baby boomers were concerned about impending retirement, worried about death, illness and financial issues (AXA 2008). These findings must be taken into account in the planning for future needs of older adults.

Some authorities used an age range that extends to 1965, we have used 1946-1961 for purposes of participant age range, wishing more particularly to capture the leading edge of those who are at the forefront of this wave of ageing people in the Australian population.
Many questions emerge as the baby boomer cohort enters the latter phase of the lifespan. Baby boomers have played a central role in pushing for changes in public policy and attitudinal changes at each stage of their lives so far (Jones 1980; Hughes and O’Rand 2004). Mackay (1997 p.60 cited in Hamilton & Hamilton 2006 p.1) wrote that baby boomers had come to believe that prosperity was a birthright. Many assume this will continue into their later years as well. This may well be so, at least into the third age\(^2\) of growing older, but even more challenging will be their ability to change the experiences of frailty, mental illness and especially dementia that collectively or even separately, characterise the fourth age.

Each generation experiences similarities and differences in responding to the ageing journey. Knapp, & Pruett (2006) note that each generation sees the world through its own generational lens. Consequently, the ageing of the baby boomers raises the question of how a generation that has long been associated with autonomy and independence will respond to the process of ageing, and with it the increased likelihood of normative age-related declines in health and functioning. It may be pertinent to consider that if one lives long enough, frailty and at least some degree of dependence are almost sure to intervene (MacKinlay 2008, p.3). This presents key challenges for caregivers and aged care service planners who are called to understand the particular needs of this cohort.

Of particular importance, Hamilton & Hamilton (2006) describe the ‘great divide’ (p.8) whereby two distinct populations of baby boomers can be delineated: 1) those who can afford to fund themselves in their later years, and want to work, and 2) those who have insufficient funds and need to work longer and are anxious about their retirement. Their study also identified a social shift in perception of age pensions, from that of a universal right to pension, to pension being a safety net for those who cannot financially support their old age (p.13). These researchers also identified a new phenomenon of a societal lack of moral judgment in relation to being a pensioner; in the past, old age pensioners were sometimes judged to have failed to save for their future ageing.

### 1.3 Ageing and Spirituality

Addressing spirituality needs is an important aspect of later life that goes beyond the physical health of older people; examining questions of meaning in life is basic to quality of life for older people. Initially research was largely confined to the psychosocial dimension; Erikson’s work was pivotal in this field. He formulated eight stages of ego development from infancy to old age, each stage representing a choice or crisis for the expanding ego (Erikson 1968; Erikson et al. 1986). In late adulthood (the age group of 65 and older), the choice or crisis is represented by a sense of **ego integrity** (a basic acceptance of one’s life as having been inevitable, appropriate and meaningful) versus despair (fear of death). An important observation made by MacKinlay is that Erikson’s concept of integrity versus despair seems correctly to accept the assumption that a task of ageing is to make sense of this life and our part in it; finding meaning is a critical element of what it is to be human (MacKinlay 2001, p.59). As people grow older, they often become more introspective. Neugarten (1968) notes that in mid-life introspection seems

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\(^2\) Third age – older (no chronological age defined) but living independently in the community. Fourth age is defined as the age of frailty and being unable to live independently
to increase noticeably and contemplation, reflection and self-evaluation are likely to become characteristic forms of life (Neugarten 1968, p.140). MacKinlay notes that these tasks of mid life identified by Neugarten are also tasks of finding meaning, and are therefore part of the spiritual work of ageing as well. It is the spiritual dimension that has increasingly received attention over the past couple of decades.

MacKinlay (2001, 2006) developed a model of spiritual tasks of ageing, drawn from themes identified from the data in a study of independent living older people, using the qualitative method of grounded theory. These spiritual tasks include transcending loss, finding intimacy with God and/or others, finding hope and finding final meaning. The model provides a framework for understanding spiritual processes in ageing, and it shows that just as human beings develop psychosocially, spirituality is also open to developing over the lifespan, perhaps especially in times of life crisis and in the latter part of the lifespan.

To date, little has been studied of the spiritual and religious needs of the baby boomer generation as they look towards their later years of life, nor its importance in promoting positive health, nor in protecting individuals from negative life events and stressors. A recent Australian study conducted by Judith Marston (2010), which explored aspects of life that provide meaning in life for baby-boomers and how they might foresee that meaning change as they age, showed that the concept of meaning of life was overwhelmingly equated with relationships, mainly with significant others and in a minority of cases with God or a higher being (Marston 2010, p.336, 337). This raises the question, when and if those relationships fracture, to whom, or where will those baby boomers turn? And in what ways will ageing baby boomers address their spiritual and religious needs as they respond to aged-related life-changing events? In Marston’s study, spirituality was associated with life meaning, relationships, transcendence and hope.

1.4 Differences between baby boomers and adult seniors in faith behaviours

In a comparative study of faith practices of the generation preceding the baby boomers with baby boomers themselves in the USA (Knapp & Pruett, 2006), significant differences were found with members of the older cohort being more likely to pray on a daily basis and consider themselves to be more active in their faith than boomers. The older group also read the bible, attended church and watched religious TV and radio programs more frequently than did boomers. While the mean score for the older cohort was higher than boomers on the degree to which their faith provided purpose in life and the impact of their faith in daily activities, the differences were too small to be considered statistically significant. The question remains however whether there may be a number of reasons for why boomers had not developed their spiritual strategies to the same extent as the older group, including the fact that these study participants were still often engaged in mid life and family activities and did not yet have the free time to engage in these faith behaviours to the same extent as the older group. These differences may have been influenced by cohort effects and/or developmental effects. Further, there may be differences between religious practices and spirituality between USA and Australian studies.
2 The study

2.1 Rationale for the study

The project emerged out of the UnitingCare Ageing’s desire to plan effectively for future needs of ageing baby boomers. This project, an exploration of baby-boomers, ageing and spirituality, is examining an area little studied until recently. Marston’s (2010) explorative study used only a small sample and did not include those from lower socio-economic backgrounds or culturally and linguistically diverse backgrounds. We therefore still have very little knowledge about where baby boomers will find meaning, especially about their spiritual and emotional needs. This study examined ways baby boomers adapt to meet their spiritual and religious needs as they respond to aged-related life-changing events.

This information is vital for effective service delivery and planning of new services. To date, there is little evidence for health professionals and pastoral carers to plan for or provide relevant services for this coming cohort of older people.

2.2 Purpose and aims

The aims of the research project were to:
1. Examine existing literature on ageing baby boomer spirituality and health
2. Examine the ways in which ageing baby boomers understand spirituality and find meaning in their lives
3. Identify associations between baby boomers, spirituality with, health and successful ageing outcomes
4. Identify issues in meeting baby boomer spiritual needs
5. Propose services to meet identified spiritual and religious needs of ageing baby boomers

2.3 Research design

This project employed a combination of qualitative and quantitative research methods that allowed a comprehensive coverage of issues involved and produce reliable data for analysis. The study was a cross-sectional study of a sample of 143 research participants representing three different groups of baby boomer populations. Non-response by a few participants was reported on only a couple of questions, reducing the sample size in some instances to 135. As the level of missing data was very small (<5%) issues of missing data will not impact the main findings of the current report. Twenty-two of these participants, representative of the three populations, participated in focus groups.

The quantitative component consisted of psychometric tests to identify objective associations between spirituality/transcendence and health outcomes and the capacity to respond to aged-related life-changing events. The questionnaire was given to all 143 participants. The data collected from this phase have been statistically analysed.
The qualitative component of this project consisted of the focus groups and enabled further discussion of the main findings of the questionnaire and explored the spiritual themes of transcendence, meaning, relationships, hope and fear.

2.4 Participants

**Inclusion criteria**
1. Born between 1946 and 1961
2. Able to speak English well enough to participate in the study

To compare difference in perception, participants were drawn from three groups of baby-boomer populations:
   1. Synod of NSW & ACT Uniting Church congregation members
   2. UnitingCare Ageing NSW & ACT care providers (staff who are baby boomers and provide care)
   3. UnitingCare Ageing NSW & ACT care recipients’ baby boomer adult children (those who have parents in care)

The rationale for choosing the three groups of baby boomers was based on their assumed experiences of ageing and frailty. Thus, the perceptions of congregation members may differ from the other two groups; first, those who were carers working in residential aged care, and secondly, adult children of residents. Comparison of these three groups provided rich data on which to plan services for the future. Data collection was from congregations in the NSW & ACT Synod and sites in the ACT and Western and North Eastern Sydney, and Central Coast to obtain culturally and linguistically different groups.

2.5 Recruitment

Participants were contacted by UnitingCare Ageing NSW & ACT staff in the first instance. They were provided with an information sheet, consent form, and briefed about the research by a UnitingCare Ageing employee. UnitingCare Ageing staff collected a signed consent form from those willing to participate in the study, and arranged a suitable time and location for a focus group to take place. The questionnaires were distributed to the three groups of participants, Uniting Church in Australia NSW & ACT congregation members, staff who are baby boomers and adult baby boomer children.

**Informed consent and subject recruitment**

Following ethics clearance from Charles Stuart University and UnitingCare Ageing NSW & ACT, an initial information session about the research project was offered to residents, staff, family and significant others of the participating facilities. The research staff did not recruit study participants; UnitingCare Ageing staff approached potential participants, ensuring that they were in no way pressured or coerced into becoming part of this study. The confidentiality of all information pertaining to each individual was stated at the beginning of each focus group. Focus groups were conducted in a quiet room at the facility and confidentiality was maintained for the duration of the focus group. All data were de-identified. The consent form and information statement are attached as appendices.
2.6 Project Timetable

- May 2012: Human Research Ethics Committee project approval
- End May to end July 2012: Recruitment of participants
- June to August 2012: Data collection (questionnaire)
- October to November 2012: Focus groups
- December 2012 to April 2013: Analysis and completing report

2.7 Research process

Questionnaire
All three groups of participants were invited to complete a questionnaire. (Questionnaire attached) Questionnaire questions included questions about health and wellbeing and perceptions about ageing and spirituality. The questionnaires were sent to participants by email or post, or distributed by UnitingCare Ageing staff and were returned to the research team by email (email address provided on the information sheet) or in the reply-paid envelope by post or placed in a reply-paid envelope in a locked return box within the facilities.

Focus groups
Focus groups were held after the questionnaire to provide qualitative information on the issues emerging through the analysis of the survey. As well, the team expected focus group participants may have particular issues or questions that were not canvassed in the survey questions. Focus groups were 45-60 minutes in length and were facilitated by appropriately qualified facilitators. The following broad questions were designed to guide the focus groups (full list of questions in appendix 1):

- Feedback and questions based on the survey
- How do the members of the three groups of baby boomer populations anticipate growing older?
- How do the adult children of residents see their elderly parents who are ageing, and how do they perceive their own ageing?
- Where do they find meaning? What does spirituality mean to them?
- What are elements or characteristics of their spirituality?

2.8 The Quantitative data

The aim of the survey was to assess a number of key factors and their association with spirituality. Specifically we investigated associations with physical and mental health, including measures of depression and psychological wellbeing. We also examined associations between spirituality with ageing anxiety and the impact of negative life events. Specifically we tested whether spirituality protected participants against the impact of life events.

A summary of key variables are indicated in Table 1. Ageing anxiety was assessed with the Anxiety About Aging Scale (Lasher & Faulkender, 1993) and assesses the extent to
which individuals are “Fearful of Old People”, have “Psychological Concerns About Ageing”, have concerns about their “Physical Appearance” as they age, and the “Fear of Losses” through ageing. Physical and Mental Health were assessed with the Mental Health and Physical Health Scores derived from the Short Form-12 (Hays, 1998), a widely cited measure of physical and mental health in epidemiological research. Depression was assessed with the short-form version of the Geriatric Depression Scale (Sheik & Yesavage, 1986), a scale of depressive symptomology that was designed specifically for older participants (> 60 years of age). Whilst not a clinical measure of depression, participants’ risk of possible or probable depression can be estimated with the GDS. Psychological Wellbeing was assessed with the Basic Need Satisfaction Scale (La Guardia, Ryan, Couchman, & Deci, 2000) which measures the extent to which individuals’ basic psychological needs – senses of competence, autonomy, and relatedness with others – are met.

Questions of spirituality and religion were asked. First, participants were asked to state their religious affiliation following the ABS Census Religious List. Spirituality was then assessed with the Daily Spiritual Experience Scale (Underwood & Teresi, 2002). Participants were asked whether significant life events occurred (Brugha, Bebbington, Tennant, Hurry, 1985) and the extent to which they impacted on participants’ lives. As health, wellbeing and perceptions of life events can be impacted by individuals’ personalities, we included validated measures of Extraversion, Emotional Stability (neuroticism), Agreeableness, Openness to Experience, Conscientiousness (Gosling, Rentfrow & Swann, 2003) to control for personality effects. Financial Strain was tapped using several questions relating to employment/unemployment/retirement status, extent of difficulty in paying bills, and extent to which superannuation/pension will meet future requirements. Socio-demographic questions related to participants sex, age, and level of education.

2.9 The Qualitative data

The qualitative data for this project were drawn from the six focus groups; each group comprised two staff, two adult children and two congregation group members. The focus groups provided further information and explanation for the quantitative findings of the study. The focus group sessions were digitally recorded, transcribed and analysed using NVivo9. These groups were held after completion of the questionnaires which allowed for further exploration and illumination of key findings from the questionnaire and to tease out understandings of ageing and spirituality as well as the kinds of needs that these participants identified as being important to them in their own future ageing.
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<td>The Daily Spiritual Experience Scale</td>
<td>Underwood, L. G. &amp; Teresi, J. (2002). The Daily Spiritual Experience Scale: Development, theoretical description, reliability, exploratory factor analysis, and preliminary construct validity using health related data. Annals of Behavioral Medicine, 24, 22-33.</td>
<td>It specifically aims to measure ordinary, or daily, spiritual experiences not mystical experiences (e.g., hearing voices) and how they are an everyday part of the individual’s life.</td>
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<td>Significant Life Events</td>
<td>The List of Threatening Experiences</td>
<td>Brugha, T., Bebbington, P.E., Tennant, C., &amp; Hurry J. (1985). The List of Threatening Experiences: a subset of 12 life event categories with considerable long-term contextual threat. <em>Psychological Medicine</em>, 15, 189 -194.</td>
<td>The most widely cited survey of life events that are evidenced to impact on perceptions of life stress. This scale can be modified; not only can the scale ask whether the event occurred but also the extent to which it impacted on their lives.</td>
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<td>Negative Mental Health</td>
<td>Geriatric Depression Scale – Short Form</td>
<td>Sheik JI, Yesavage JA. Geriatric Depression Scale (GDS): recent evidence and development of a shorter version. In: Brink TL, editor. Clinical gerontology: a guide to assessment and intervention. New York: Haworth Press, 1986</td>
<td>The GDS is unique from other depression scales as it was specifically developed for use with older people, 60 years and above, and it contains fewer somatic items. The GDS is easily used by physically ill older people who have short attention spans and/or feel easily fatigued, more so than other scales. This is partly because of its simple yes/no format, making comprehension easier than instruments that present four choice answers. It has been extensively used in community, acute and long-term care settings.</td>
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<td>SF12 – SRH, physical and mental health items</td>
<td>Hays RD. RAND-36 Health Status Inventory. San Antonio, TX: The Psychological Corporation; 1998.</td>
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<td>Socio-demograph ic/financial and Retirement questions</td>
<td>1) Gender 2) Age 3) Occupation (currently working or past) 4) Level of Education – finished school, tertiary education, non-tertiary post-school 5) Retirement status 6) Financial Strain - a couple of items similar to “Over the last 6 months, have you had difficulty in paying your bills” and “do you think your superannuation or government pensions will meet your requirements in retirement?</td>
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</table>
3 Results from the study

Findings from the quantitative and qualitative data are grouped by main findings of both the questionnaires and focus groups. The data drawn from the focus groups illuminates the statistical findings.

3.1 Major findings of the survey

The three major findings of the survey from this study are:

1. *Spirituality promotes mental and physical health and lowers anxiety about ageing*
   
   Importantly, the effect of negative life events on mental and physical health was substantive enough to warrant clinical intervention if the lower health state persisted. We found that when individuals reported lower levels of spirituality, they were at increased risk of lower mental and physical health when they experienced a negative life event.

   Protective benefits of spirituality on ageing anxiety outcomes were also found. Increased spirituality moderated the differences between staff, children of care-recipients and congregation members on Fear of Old People. Whilst congregation members with low spirituality were more likely to report fear of older people, there were no differences between our samples for those who reported high levels of spirituality; they all reported low levels of fear of old people.

2. *Baby boomers are not necessarily affiliated with religious organisations but according to the results of the survey have higher levels of spirituality*

   This is an important finding for planning future aged care services, both with incorporating spirituality into the work of all care providers, nursing, pastoral, activity and ancillary services and the specific provision of pastoral care. The pastoral care staff should be members of the care team of the facility.

3. *Staff do not necessarily perceive their pensions/superannuation being sufficient for their future needs*

   The extent to which this sample of UnitingCare Ageing staff members are representative of the UnitingCare’s overall aged care workforce is unclear. It is important to recognise that half of the staff participants reported lower levels of education and it may be that their financial concerns are reflective only of this particular group.

The following excerpt from the focus groups provides a summary of much of their thinking about ageing.

*A reflection on being a baby boomer and growing older:*

I think we’re the lucky generation. And that’s bred a kind of optimism, it’s tough, I’ll get through it and I’ll rebuild my life and whatever. But what
happens here is, you’re old and you’re in a nursing home, and if it gets tough, the best you can do is get back to where you were, or somewhere near it, but then the next thing is, you die. So it’s a different kind of… it can’t be handled like past crises in life can, because they always come with a kind of an optimism, yeah it’s tough now but it’ll get better, we can make it better, things always get better. That’s not to say there’s not positives about death and whatever, but it’s a different kind of better.³ (Staff Focus Group 2)

**Changed perspectives of growing older**

The baby boomers, as each succeeding cohort of people reaching their later years of life, are influenced by previous cohorts and expectations of society, and by their own particular life experiences. Baby boomers in particular have been seen to influence policy and practice in so many fields as this comparatively large cohort of people has progressed through the lifespan. Obviously this cohort of older people will have many different experiences of life from each preceding cohort. They are the first cohort to benefit so massively from technological changes that have occurred within their lifetimes. Even so, their experiences have also differed on individual factors, such as genetic potential, health, access to learning and socio-economic benefits. Not all will feel comfortable with computers or other technological changes.

Generally, all focus group members wanted to continue to live in their own homes and not to have to experience suffering and diminishment in their future ageing. These are common human responses often generated by fear of losing control.

However the baby boomers are probably the first generation that has questioned how we live out our final years, and to raise questions like: can we prevent suffering and diminishment?

There has been an expectation by many baby boomers and the wider society that they will change the experience and quality of ageing too. It is noted that, Professor Bob Atchley, speaking at the Third International Conference of Ageing and Spirituality, in Adelaide, 2004, in answer to a question - would baby boomers change the way we grow older? – replied that if baby boomers wish to make a difference they need to do it before they themselves become frail, as in frailty, like other generations before them, they will lose their power to influence change.

### 3.2 Descriptive statistics

Table 2 provides descriptive statistics for the whole sample while table 3 provides descriptive statistics by staff, children, or congregation group. Clearly baby boomers with parents in care, included in the study, were underrepresented, constituting only 17.48% of the total sample. Males were also underrepresented for this group of baby boomers (28.87%). This was particularly noticeable for staff where most were female (82.35%). For the whole sample (table 1) most participants were Australian (92.81%) and were born in Australia (78.87%). A significant proportion was born in the UK and Europe (12.68%). Most participants reported having completed some tertiary qualification (60.28%) and is higher than would be expected in the general

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³ Focus group material has been transcribed as spoken.
population. Whilst (table 3) most staff reported tertiary qualifications (47.06%), a significant proportion of staff indicated only completing the equivalent of year 10 (37.25%) which may reflect the different functional roles staff fulfill.

Given the sampling method, not surprisingly, most participants reported affiliation with the Uniting Church (57.04%). Around 35% reported other Christian affiliation, whilst around 7% reported association with Buddhism or no religious association. This contrasts with ABS census data. It should be noted that only 14.89% of staff reported affiliation with the Uniting Church, most belonged to other Christian denominations. For children of care recipients, most reported affiliation with the Uniting (47.83%), Anglican (13.04%) and Catholic (21.74%) churches. Importantly, a significant proportion (17.39%) reported no religious affiliation. This finding highlights the need for care providers (mostly of some denominational background) to ask how they will care for such individuals, as a lack of religious affiliation does not mean that the individual has no spiritual need.

Most baby boomers in this sample were either employed (68.31%) or retired (28.17%), with few reporting unemployment (3.25%), which is not surprising since a proportion of the sample were employees of UnitingCare.

Consequently, most reported no (63.38%) or little (24.65%) difficulty in paying bills and most (80.00%) thought their superannuation or government pensions would meet their needs. However, examination of the different samples indicated a sizeable proportion of staff (62.75%) indicated that they did not think their superannuation or government pensions will meet their future needs. Again this is not surprising since staff comprised more lower-educated.

Most participants (68.53%) reported having experienced at least one significant life event in the preceding 6 months. Approximately 20% of the sample reported possible or probable depression in line with national surveys of mental health.

Descriptive statistics of demographics, life events, health and psychological constructs

Overall (see Table 4), participants reported very good (score of 2 = very good) self-rated health, low number of depressive symptoms (Mean = 1.39), and average levels of physical and mental health (score of 50 indicates average physical and mental health) (See Figure 4). There were no differences seen between staff, children or congregation members on measures of health, depressive symptoms and mental health (Table 5). Whilst the number of life events reported was relatively low, Staff reported high numbers of events in comparison with congregation members. No differences in personality were reported between staff, children or congregationalists. Despite the highest proportion reporting no religious affiliation, children of care recipients reported higher levels of spirituality. This is an interesting and important finding and illustrates the fact that spirituality is not necessarily combined with religion, although religion is certainly associated with spirituality (Koenig, McCullough, & Larson, 2001; MacKinlay 2006). This also supports the argument that spiritual care is important for all, regardless of religious affiliation. From this sample of baby boomers, it looks likely that this cohort will have spiritual needs, but less call on religious denominations into the future. However, these needs are open to change, as the cohort grows older.
Table 2 Descriptive statistics for the whole sample

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Table 4 Descriptive statistics of demographics, health and psychological constructs

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Table 5 Descriptive statistics of demographics, health and psychological events by group

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<tr>
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<tr>
<td>Fear of Old People</td>
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<td>0.74</td>
<td>0.15</td>
<td>0.27 1.09  Staff reported lower than children (p = .013); Staff reported lower than congregationalists (p &lt; .001);</td>
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<td>0.11</td>
<td>1.00  -0.23  Staff reported lower than children (p = .009)</td>
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<td>0.88</td>
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<td>0.85  -0.27  Staff reported higher than congregationalists (p = .002)</td>
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<td>5.00</td>
<td>34.84</td>
<td>6.54  36.69  5.85  Staff reported lower than congregationalists (p = .041)</td>
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<td>44.83</td>
<td>7.14  44.15  6.22  No statistically significant differences between groups</td>
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<tr>
<td>Spirituality</td>
<td>0.06</td>
<td>1.13</td>
<td>0.50</td>
<td>1.12  -0.22  0.74  Children reported higher than congregationalists (p = .003)</td>
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<tr>
<td>Age</td>
<td>58.16</td>
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<td>58.80</td>
<td>4.97  60.24  5.14  Staff reported lower than congregationalists (p = .025)</td>
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<td>Years Living in Australia</td>
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<td>17.09</td>
<td>41.00</td>
<td>13.00  38.77  12.28  No statistically significant differences between groups</td>
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</table>
Interestingly, for personality, the sample indicated lower scores in terms of Extraversion, but reported high levels of Emotional Stability, Agreeableness, Conscientiousness, and Openness to Experience (see figure 1).

**Figure 1 Comparing personality scores across the sample**

![Chart comparing personality scores](chart1.png)

In terms of Anxiety about ageing, overall, participants reported higher levels of Fear of Old People, but lower in Psychological Concerns, Physical Appearance and Fear of Losses (see figure 2).

**Figure 2 Comparing Anxiety of Ageing scores across the sample**

![Chart comparing anxiety scores](chart2.png)
Staff also reported lower levels of Autonomy than congregationalists. In terms of Self-Determination, participants reported higher levels of Autonomy and Relatedness with Others, but lower levels of Competence (see figure 3.).

**Figure 3 Comparing Self-Determination scores across the sample**

![Figure 3](image)

Interestingly, whilst Staff reported lower levels of Fear of Old People and Psychological Concerns, they did report high levels of Fear of Losses (see figure 5.).

**Figure 4 Comparing Physical and Mental Health scores across the sample**

![Figure 4](image)
3.3 Attitudes towards ageing

Attitudes towards ageing have been shown to influence expectations of the ageing experience, either positively or negatively. In previous studies, MacKinlay (2001; 2006) found that it was not simply medical diagnosis that influenced older peoples’ self perception of health; some who lived with multiple chronic diseases and disabilities perceived themselves to be in good to excellent health. Hebert Dang & Schulz (2007) found that religious beliefs and practices, and religious attendance in particular are associated with better mental health for caregivers of people with dementia. Koenig et al (2001) in a review of research documented many positive associations between religion, health and wellbeing, in an American context. Factors involved in wellbeing are related to attendance at religious services, prayer, and meaning in life. Hope can be supported through these factors and of course, attitudes are influenced by meaning and hope.

What still requires further study is just what it is about religion that is protective of health, as it has been found that the factors involved are complex. As well, further studies are needed in an Australian context.

3.3.1 Reflections of focus group participants demonstrating their attitudes towards growing older

One of the focus group members, a nurse, reflected on her own practice of aged care: “I think I’m much better at my job now than I was when I was younger, probably because I am older and I always say I’d like to be treated the way I treat them. I think that’s important” (Staff Focus Group 1). This nurse also reflected on the privilege of caring for very old people. In this following comment, however, there is a proviso for the value of living of a long life:
The comment: “I think it’s a privilege to live a long life, but you need to feel that you’ve still got something to contribute” (Staff Focus Group 1), raises important questions about ageing and meaning in life. There is a widely acknowledged attitude within society that growing older is only of value if the person can still ‘do’, and can be actively engaged in life. This view was certainly present among those in the focus groups. This is a major issue for western societies, and obviously for those who provide services for older adults. So, the question emerges - what are old people for?

Essentially the questions are:

**Of what value is an older person?**

*Is value only seen as long as the person remains independent and able to contribute in material ways to the society?*

These are questions being increasingly asked in western societies, and certainly formed important considerations within the focus groups. These are crucial questions that should guide all those who contribute in any way to the care of older people. The answers to these questions will lie at the heart of values and the philosophy of the organisations that provide care. It is suggested that serious consideration be given to the reasons for providing best care for those who are frail and have high dependency needs, as well as to supporting all older people to live full and meaningful lives. Effective preparation for the latter years may be vital to the quality of life possible once frailty has emerged in any particular person.

Attitudes towards our own ageing will influence the very opportunities that are open to each of us. The givens of ageing are genetic inheritance, education and to some extent, socio-economic status. However, it is possible to flourish and to be resilient in the face of challenges and to find meaning in all circumstances of ageing. How we look at life provides an important perspective on how we will fare, for instance the comment: “Every day is a gift when you’re over your 50s” (Staff Focus Group 1) reveals an optimistic attitude to life that may form a basis for positive ageing.

**John:** Yeah, I might it’s really just a matter of staying independent and active and I guess that, observing a mother who’s 91 and still drives and still does the computer and still does all of those things, you want to be like her, and therefore you can’t see in her that it’s terrible, this ageing effect. And dad died early, so there’s been a long gap between the two of them. And I deny that I’m ageing (Adult Children Focus Group 1).

One of the staff members sums up the experience of admission and adjustment to present residential aged care:

It’s a bit scary. It’s scary for everyone, they uproot everything to come into an aged care facility and we tend to think – or I know when I was younger – “they’re coming, that’s your room dear, that’s your bed. You stay there”. No, this is not what they’re used to. They’re used to their own house, their own bathroom, their own chair, their own bed, and we say, “No, you can’t have that anymore”. I think, how tough are they to accept it. It’s enormous strength for them to accept what we’re asking them, to come and live like in a boarding
house. So I’ve learnt a lot by it and I’m very wary of it and all of their thinking on it. I listen to them and I think I understand it, how difficult it is. We need to make it an easy passage for them, because it does impact on their cognition if we make it too hard and institutionalise them. It has to be that person-centred care so we can keep them in that same (personhood) (Staff Focus Group 1).

This is the kind of experience that these baby boomers do not want. This is what they saw as the status quo. As these participants also correctly noted, many older people continue to live in the community, not in residential care.

Although the experience of later life is more often healthy ageing, until much later in life, perceptions of what it was like for their parents and grandparents’ generations still seem to influence what some of them see as possible.

I guess someone asked me what my basic hope was, and I said waking up in the morning, because that was… <laughs> if I wake up and get out of bed then I’m going, if I don’t get out of bed then I’m… And I think that goes to the older age, to be able to do things. I would be a grumpy old person in the latter stages of just sitting there, as you say watching the TV, or being put somewhere. (Staff Focus Group 2)

I guess concerned about losing independence, I think, would be my biggest concern. Having done everything myself and not feeling I have to rely on other people, I think that would be the hardest thing to – if you can get out of bed and have a shower and get your breakfast in the morning, you’re going well. I guess the more you work in this field and see clients, you earmark those you’d think you’d like to get old like them, and others that you think, “no, I’ll try to avoid those sort of behaviours” (Staff Focus Group 1).

There was a strong consensus in the focus groups on the concerns and fear associated with future loss of independence. It seemed that participants were fearful of dependency and frailty: this is consistent with previous studies, a loss of mental capacity was regarded as the loss most to be feared (MacKinlay 2001, 2006). There was also a recognition by the group members that some people grew older with grace while others had a sense of despair, again this is backed by research over a long period of time (Erikson, Erikson, and Kivnick 1986; MacKinlay 2006).

Susan: I think I’m probably fairly conscious of the ageing process working in ageing, and I try to set realistic goals. Life balance, work balance. I think for us, John⁴, you’d have to say that that is a challenge for us as we age, that work, life balance, because we still want to work at the pace that we are used to working, because that’s good for my wellbeing. Not that having time out for self isn’t good, and we have to seek to do that, but there is for me probably some tension in that, giving up going at full speed. (Adult Children Focus Group 1).

⁴ Pseudonyms used throughout.
Yeah, another change, and I mean life is all change. The Buddhist’s way of thinking, impermanence is very much the case and I think the more we accept that things are going to change, they’re not going to stay the same and they never will, so we have to adapt as we go along and find a new way to be. So I’m planning on, working on, at the moment. I see it as positive though, I think it’s like a new stage; a new stage of life. Yeah, it’s good. (Adult Children Focus Group 2).

**Joyce:** I think we all are in that age defy. I think baby boomers are age defying by nature. I think that there are great role models (Adult Children Focus Group 1).

Another participant shared a different view of growing older, was this too a fear or denial of ageing?

I have this theory about getting older, I think people as they age they lose energy or the inclination to keep in check their real personalities so as they're getting older you might think someone is turning talkative or a bit nasty or a bit manipulative but my theory is they've always been like that and it's just coming out now because they can't be bothered or give the energy to hold it down (Congregation Focus Group 1).

When asked by the facilitator if this applied to themselves, their response was: “I think it’s scary, really scary”.

### 3.3.2 Facing possible frailty

Fears expressed by congregation members were typically concerned with future dependence:

I think it’s that sense of how to keep some dignity I guess amongst a lot of things where you become less able to be independent. So a loss of independence is something that I’m concerned about. I’m concerned that I’ll get dementia as well (Congregation Focus Group 2).

Staff were more likely to discuss dying than the members of other groups: “The issues of death don’t feature so big for me, although contemplating my own dying is something I start to feel like I have questions rising up about, how will I be with that, how will I handle that. Because again you see a lot of people doing that” (Staff Focus Group 2). They were after all, regularly coming into contact with people who were dying.

Pastoral care staff expressed their focus on losses and fears in ageing as:

We’re called in when someone’s in a bad place, you know, it’s usually when someone’s going really well they don’t call pastoral care. We’re often dealing with the negative. So I find it really confronting, and I think particularly if you are going through a challenging time in your life, so the current situation is quite challenging, the thought that that’s what’s ahead, is really challenging (Staff Focus Group 2).
One thing that will not change into the future is the need to care appropriately for those who become frail and dependent. One of the pastoral carers reflected on this, saying:

If you’re going to go into a facility like this, that should be a gentle, easing process for someone that hasn’t done it, it’s not, okay how do you want to die, fill out the form type thing. It’s that, and again it’s just that I hope that the carers in the future have that capacity to care (Staff Focus Group 2).

For all the changes that will be coming with the ageing of baby boomers, the human need for compassionate care will not diminish. This seemed to be an underlying theme in all of the focus group discussions. Staff members were acutely aware of the difference that pastoral care makes to the experience of frailty and dying.

This is an important factor to take into account when planning services for the future. Indeed, holistic care is not holistic if it does not include spiritual care. Pastoral care staff need to be part of the aged care team, not an extra that is brought in at the last moment, when all else has been done. Thus pastoral care should be incorporated into the care plan for each older person in need of care so that issues of spiritual growth and wellbeing and life meaning can be adequately addressed before urgent needs emerge.

The issues of geographical separation of older people from other family members, resulting in having no one to ‘do for them’ and consequent need to rely on care providers will not lessen in the future. As well, care providers spoke of associated loneliness they had observed among these separated older people. This is a long term issue for older people that have not been adequately addressed as yet.

The fourth age, that time of frailty and dependence, is feared by many (MacKinlay 2001 & 2006). This stage of life can be the hardest to navigate effectively (Erikson 1997). This stage of life probably represents the greatest challenges for the future of aged care planning as the baby boomers come into this age bracket. Issues of suffering loom large for people who have always believed they could change society and many experiences of life. Yet, this can also be a time of spiritual growth as human doing changes to human becoming and being. Tornstam (2005) has set out a theory of gerotranscendence to explain some of the changes that are possible. He has found that older people who are reaching the final years, often become more introspective and turn to a deeper sense of their life journey, and a greater sense of universality, which seems related to frequently used concepts of spirituality. (Koenig, McCullough, & Larson 2001; MacKinlay 2006). It is becoming more apparent that there are still spiritual tasks to work on, even in the final stages of life (MacKinlay 2001 & 2006).

How care is to be provided for these frail people, and those with dementia with high dependency needs will be crucial questions to address. The hard questions will be whether planning extends to providing best evidence based practice in care to achieve maximum wellbeing of frail older people, or whether the major push will be to use assisted suicide to eliminate this time of life.
All the major religions support care of the weak and vulnerable of society, and those who provide care must grapple with the responsibility to provide appropriate care that eliminates all unnecessary suffering and treats pain effectively. We have the means of treating pain, so that no one should be in “unbearable” pain, but do we have the will to give resources to do it?

Palliative care for older people who are dying from any cause, not just cancer has been well developed within Australia (Australian Government/NHMRC 2006). It is vital that forward planning takes account of these advances. It is also vital that medical care to relieve pain is not confused with the pain of suffering, which does not respond to medical intervention, but rather to pastoral and spiritual care. (Kestenbaum 2001; MacKinlay 2012)

The move from human doing to being and future frailty was spoken of:

I guess this is partly this emotion of going from doing to being. What I can still do, there’s a sense of which I can have more control in those things. The control goes, so maybe I need to develop practices for meeting those needs with less capacity, and less control (Staff Focus Group 2).

And I think this is stuff we’re going to have to come to terms with, if we are going to find contentment and peace and a sense of integration when we hit those final stages, as opposed to the kind of, well integration or despair, that final state that Erikson talks about, I think is very real in what I see around. Yeah, so how… and my own sense in myself is I need to be working on this stuff now, because when the real crisis hits when suddenly it’s that step where you do go, you have a stroke or this or that, the crisis is so great then anyway, that if you haven’t got anything going, it’s going to be harder. Not that there’s never opportunity, but… (Staff Focus Group 2)

3.3.3 Understandings of dementia among participants

Fear of dementia and lack of understanding about the disease
Much more emphasis is needed on education about dementia and holistic care in dementia, to provide for better quality of life for those who have dementia and their care providers. Fear remains an important issue for people who have dementia and those closest to them (Stokes 2010; Post 2001; Goldsmith 2004; Hughes, Louw & Sabat 2006). Dementia is much more than a medical condition; psychosocial, spiritual and theological understandings of dementia are greatly needed as a basis for best practice (Jewell 2011, MacKinlay & Trevitt 2012, Swinton 2012).

Perceptions of dementia held by focus group participants

John: You hear of friends’ parents that turn nasty with dementia and just say and do things to their caring loved ones that just isn’t what they were, and I would hope that I wouldn’t turn into someone like that. That’s the hardest thing. So often you hear of people turning on their carers for no reason (Adult Children Focus Group 1).
It is important to accept peoples’ understanding of dementia, but it is also important to widely disseminate new knowledge and understanding of this condition, presenting all views that have credibility.

This participant spoke of her relationship with her mother and how that is working out now that her mother has dementia:

I’ve always felt I have to try and take all of her problems and make her life easier, but that’s probably just something that I’ve done from a very young age, but she’s been fighting the situation that she’s in now and the dementia is getting much worse. She doesn’t understand it and she’s very fearful, and I’m not fearful and that’s why I try to sit – I sit down with her and try to express, “What are you frightened of?”

But maybe she can’t talk back, and she…

Well she never could though. She does have moments where she’s backwards and forwards, but she is really very, very frightened. (Adult Children Focus Group 2).

Some of the participants held common societal views of dementia as seen in the following remarks from one of the focus group meetings, which might not be fully based on known facts:

As long as I’ve got a base where I feel I’m being useful…I hope that I can dodge the dementia thing because neither of my parents were affected but then again dementia has drastically increased basically for baby boomers over the previous generation and no one knows why.

Is that right? I thought it was because we were living longer but that may not be the whole answer.

No, there’s much more around, much more Alzheimer’s and I guess part of it’s the fact that it’s being diagnosed these days and maybe it wasn’t back 30 or 40 years ago (Congregation Focus Group 2).

And from another group:

But then again, I look at the care that we deliver to our dementia residents, and I think, “well you’re not a problem. You’re more of a problem to your family. It’s a loss to your family, not so much yourself”. And I also believe, what will be will be (Staff Focus Group 1).

I think just fear of losing control of your mind, is probably my biggest … (Staff Focus Group 1).

The following reflection is from a staff member whose husband had dementia. Her fears and also her memories of how her neighbours treated him are clear illustrations of societal fears of this disease, and the stigma that is attached to the diagnosis:
It was something that he didn’t cope with very well, because you’re left on your own and you’re isolated. He did notice it as well, even though he had dementia. So I don’t want dementia, but I think that’s a very big negative for me. People being scared and not knowing how to deal with situations, so the easy way is just to withdraw it, it’s not there. Then this comes from neighbours who’ve known you for 30 years. That, for me, is the biggest negative. So my work is to not let that happen (Staff Focus Group 1).

The following excerpt is about relationship and faith in dementia:

… but I do get anxious a bit about what you were talking about, dementia, because my father stepped into that and as you said, you know, it became very difficult because he wasn’t the same person then, and I would really hate that to happen. But you do hear about people who have dementia and they were very graceful through it. I guess we have rely on God to take us through whatever we have ahead of us and do it in his strength I guess. And I think, as you mentioned, we’re all Christian so we can use this. I think we’ve got to really learn to trust what the scripture says. If he’s going to look after us, well we’ve got to take that at word, not get anxious about what’s ahead because he’s in control (Adult Children Focus Group 1).

Recent scholarship in the field of dementia has moved beyond the bio-medical paradigm and even beyond looking for spiritual interventions that can be added to medical treatments and therapy. Recent and vitally important scholarship asks the fundamental questions of “Who am I?” as a person with dementia – taking a theological perspective (Swinton 2012 p.9). Continual focus on cognitive capacity without concurrent attention to the person and their social, emotional and spiritual being is far from best practice, but has been expected policy in a hyper cognitive society. These views are now being challenged.

**3.3.4 Attitudes towards care of parents**

Perceptions of residential aged care are important in influencing acceptance of such care:

I always disliked the thought of aged care facilities, because I don’t know, there’s just normally a smell about the place. I just couldn’t bear it. And when I came here to have a look around before my mum came in, that was the first thing that struck me. There wasn’t that smell (Adult Children Focus Group 1).

The reality of the experience has been much more positive, and was affirmed by other group members:

I think a lot of my questions and my answers have been, you know, I’m not scared anymore because of what takes place here. Mum has been very happily settled, she’s been well looked after, she’s had lots of mental stimulation, as well as having spiritual sort of taken care of as well (Adult Children Focus Group 1).
… my experience has been validated that mum’s been in self care for two years, and just the relief of not having to look after a big garden and then having a community and having the other people around (Adult Children Focus Group 1).

I must admit, when I first saw the activities sheet that comes out each month, I think I find the right word, but it’s very assuring or relief or a goodwill or warmth, when I looked down and saw that there was a church service on Thursdays, and I know that all the family generally, when there’s anything that needs to be discussed, you always think of your own, whether it’s mother or father or wife or husband that’s in here. So how they are affected, reacting or whatever it is, or their background and whatever. So in my case with my mother, who came in with the slight dementia at that time, to me I heaved a sigh of relief because I thought, that is something she will be able to relate to, and just as you mentioned about the hymns. And I suppose also going back to how I answered the first question, that constant part of your life, that it was very reassuring to know that that was here (Adult Children Focus Group 1).

Of course church services (mentioned above) alone will not address all the spiritual and religious needs of baby boomers in future care.

**Caring can be complex and hard**

This adult child spoke of the guilt of loss and care:

Mum and Dad got quite paranoid and difficult, so that was very confronting because I really did want to – I was horrified at that thought of – yeah, I still have guilt. It goes, it comes and goes, but with my father more, I don’t know why. I have more guilt with my father that he ended up in an aged care facility and he had a terrible – he resisted it. He didn’t want to go into the home and he couldn’t feed himself or go to the toilet or anything like that. It was just…very difficult, but poor old thing, and then he would get really kind of – and I was going through a bad depression so it’s sort of gone to visiting him all the time too, and I had my mother to look after as well, she was over here. So, I have to live with the guilt. I just had a bit of a meltdown and I didn’t visit him the weekend before he got really sick on the Monday, just things like that, and we had had a few troubled – we had always got on well but it was – Mum and Dad were just – they were hard; hard work (Adult Children Focus Group 2).

This group member expressed concern for her mother who has dementia:

My mum has dementia, although it comes and goes as dementia does, and I have power of attorney over her affairs but she often says I want to go home nobody listens to me, she can't live independently in her own home. “Nobody listens to me, you don’t take any notice of what I want”. And I wouldn’t want to lose control like she feels she’s lost control but she's not mentally savvy enough to realise that there is a reason for that, that she can't do it on her own. So I would hate to be in her situation.
I think also an experience I've had extends beyond dementia. My mother lives at home with a community aged care package and so she's not able to get about much. And one of the things that I've noticed is that because she can control so little about what she does and when she does it when I go to stay with her, her attempts to control me have become infinitely greater than they were. And that's really difficult because on the one hand I'm sorry that she feels that lack of control but on the other hand I find it really hard as a competent adult to have somebody almost telling me how to blow my nose (Congregation Focus Group 1).

Experiences of the group differed according to personalities and relationships, for instance, when asked if her views had changed through having a relative in care this participant replied:

Less so than you might expect because my mother-in-law had a very different personality to me and there were things that she enjoyed about living in residential aged care that I know that I would hate. I didn’t actually need to see somebody living there to know that, it's reasonably clear. She was a fairly sociable sort of person and she enjoyed all of the social life that went on as part of the home and I'm a much more introverted person and would hate that. I didn’t need to see what she was doing to come to that conclusion.”(Adult Children Focus Group 2).

This is an important factor to be taken into account in residential care. Not all people need or want the many activities that are normally provided in residential care. Personalities differ and as well, as frailty progresses, many older people prefer to have time to reflect on their lives and work through their life meaning. Gerotranscendence becomes part of the natural process of ageing for numbers of these people (Tornstam 2005). Activity theory has been the driving force in policy and practice in residential aged care for too long. This is now seen to need to be balanced with another focus for those who are working with their final life meanings. Individual differences and the changing energy levels of older people requires acknowledgment and appropriate plans for living and flourishing to be implemented.

Still others had “not thought much about it”, despite having their parent in care.

### 3.4 Experience of life events

#### 3.4.1 Patterns of life events reported for the whole sample

The most frequently reported life events (table 6) were:

1. You yourself suffered a serious illness, injury or assault (18.44%)
2. A serious illness, injury or assault happened to a close relative (39.01%)
3. Your parent, child or spouse died (16.2%)
4. A close family friend or another relative (aunt, cousin, grandparent) died (37.76%)
5. You had a serious problem with a close friend, neighbor or relative (19.72%)
Table 6 Patterns of Life Events reported for the whole sample

<table>
<thead>
<tr>
<th>Life Event</th>
<th>No</th>
<th>%</th>
<th>Yes</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>You yourself suffered a serious illness, injury or assault</td>
<td>115</td>
<td>81.56</td>
<td>26</td>
<td>18.44</td>
</tr>
<tr>
<td>A serious illness, injury or assault happened to a close relative</td>
<td>86</td>
<td>60.99</td>
<td>55</td>
<td>39.01</td>
</tr>
<tr>
<td>Your parent, child or spouse died</td>
<td>119</td>
<td>83.8</td>
<td>23</td>
<td>16.2</td>
</tr>
<tr>
<td>A close family friend or another relative (aunt, cousin, grandparent) died</td>
<td>89</td>
<td>62.24</td>
<td>54</td>
<td>37.76</td>
</tr>
<tr>
<td>You had a separation due to marital difficulties</td>
<td>132</td>
<td>92.96</td>
<td>10</td>
<td>7.04</td>
</tr>
<tr>
<td>You broke off a steady relationship</td>
<td>134</td>
<td>95.71</td>
<td>6</td>
<td>4.29</td>
</tr>
<tr>
<td>You had a serious problem with a close friend, neighbour or relative</td>
<td>114</td>
<td>80.28</td>
<td>28</td>
<td>19.72</td>
</tr>
<tr>
<td>You became unemployed or were seeking work unsuccessfully for more than one month</td>
<td>129</td>
<td>90.85</td>
<td>13</td>
<td>9.15</td>
</tr>
<tr>
<td>You were sacked from your job</td>
<td>134</td>
<td>94.37</td>
<td>8</td>
<td>5.63</td>
</tr>
<tr>
<td>You had a major financial crisis</td>
<td>120</td>
<td>84.51</td>
<td>22</td>
<td>15.49</td>
</tr>
<tr>
<td>You had problems with the police and a court appearance</td>
<td>136</td>
<td>95.77</td>
<td>6</td>
<td>4.23</td>
</tr>
<tr>
<td>Something you valued was stolen or lost</td>
<td>128</td>
<td>90.14</td>
<td>14</td>
<td>9.86</td>
</tr>
</tbody>
</table>

Patterns of life events experienced by participants are shown clearly in their responses to the questionnaire. These responses also formed important aspects of the focus groups. Examples of how the participants responded to life events differed and some of their comments on dying and death are presented in section 3.4.4.

3.4.2 Differences between those who experienced different life events

Overall, those who reported different life events consistently reported poorer mental and physical health scores (see figures 6 and 7). Similarly, those who experienced any life event were between 2 and 5 times more likely to report depression (see figure 8). Experiencing any life event was associated with poorer physical and mental health outcomes (see figure 9). Also, those experiencing significant life events reported lower rates of psychological wellbeing measured in terms of Autonomy, Competence and Relatedness (see figure 13a-c).
Figure 6 Differences in Physical Health score between those who did and didn’t report different life events

Figure 7 Differences in Mental Health between those who did and didn’t report different life events
Figure 8 Likelihood of Depression for those who reported different life events

Figure 9 Differences in Physical and Mental Health when experiencing any Life Event
The following three figures illustrate the differences between autonomy, competence and relatedness when experiencing any life event. Figure 10a shows the differences in relation to autonomy, figure 10b shows the differences related to competence while figure 10c shows the differences related to relatedness.

**Figure 10 a-c. Differences in Autonomy, Competence and Relatedness when experiencing any Life Event**

**Figure 10a**

**Figure 10b**

**Figure 10c**
3.4.3 Testing differences between groups on anxiety of ageing

There were significant differences between staff, children of care-recipients and congregation members on dimensions of anxiety of ageing although the patterns are not clearly differentiated (see figure 11). Of particular interest, whilst staff participants reported low levels of fear of old age or psychological concerns relating to ageing, they did report high levels of anxiety relating to physical appearance and fear of losses. This may be in part due to their position as workers who deal with older individuals on a daily basis; whilst they don’t fear older people or becoming old, they do fear loss and decrement, which may be over-emphasised in a care setting. Similarly, the higher levels of anxiety across most of the anxiety scales for baby-boomers with parents in care may reflect their concerns of seeing parents increasingly less functional as they age. Whilst staff participants reported less fear of old people in comparison with children and congregation groups, there were no differences between staff and congregation participants relating to psychological concerns about growing old, although both were significantly lower than children who report high psychological concerns of ageing.

We further explored the protective benefits of spirituality on these ageing anxiety outcomes and found that increased spirituality moderates the differences between staff, children of care-recipients and congregation members on Fear of Old People (see figure 12). In particular, congregation members with low spirituality were more likely to report fear of older people. In contrast there was no difference between our samples for those who reported high levels of spirituality, they all reported low levels of fear of old people.
3.4.4 Attitudes towards dying and death

*Grief, guilt and anger* have been identified as frequently occurring among families of older adults in residential care. These issues will continue to be important for the next cohort of older people as well. Pastoral and spiritual care is valuable in addressing these matters.

This adult child found the experience of parents dying to be life changing:

I don’t know about views on aging but my views on death have changed, and I think I was very fortunate, I felt, to be there when my mother died and I think
for me, that was a life changing event, a real life changing event in that – my father died and I didn’t see him until afterwards, like maybe three or four hours afterwards, so I did see him just after he died, but I wasn’t there, and being there at Mum’s death was just an amazing event for me, it was just mind blowing, really mind blowing and I was so glad that I was there. My brothers weren’t there.  
**Facilitator:** So it was a good experience?  
It was a really good experience and I just felt really blessed by that, and I never thought that I would say that, but I just found it – and it’s changed me a lot (Adult Children Focus Group 2).

This response is certainly not uncommon following the death of a loved one. But too often we hear of “unbearable” suffering. It is vital that the stories of good deaths are able to be told and to be heard widely in the community.  
This participant went on to say her attitudes towards dying have changed as a result of her experiences with her parents. Her mother’s death was very peaceful and she felt engaged in the journey towards death, on the other hand she said she suffered as her father died:  

I don’t have that fear anymore. I think I was afraid of death before and now I know it’s for – for her anyway. I know that some people die in different ways and some people suffer but she was so peaceful at the end and I felt that I was part of that, and so if I can die like that or if that’s the way I’m thinking, I will go then, “Well it’s nothing to be afraid of, nothing.” (Adult Children Focus Group 2).

The following is part of one focus group, where one of the participants raised issues, perhaps tentatively initially about end of life.  

Apart from that fact that I wouldn’t like to become incontinent, and all of these sorts of things I dread and I would rather have a little pill that – I suppose we shouldn’t talk about those sorts of things…  
**Facilitator:** No, I think it’s important to talk about those things. but, I know just with my mother – although, one minute she says she wants to go, she doesn’t want to be here, but somehow she doesn’t want to go either. I see that, she doesn’t see it but I see it  
**Facilitator:** You think you would know that you would want to go? You think you would be definite?  
Yeah, I think so. I’m not frightened of dying. I would like to know that there’s good care there when that part of our life happens and I would like to think that – no, it’s alright, I won’t say that.  
**Facilitator:** You can.  
I would like to think that the carers could understand me and were trained sufficiently to give the best care that would be possible. I just think it’s really hard when people are having difficulty expressing themselves and the people that are there to look after them are not really able to understand them, or are not really capable of it, and where I like to think that all people are the same, the cultures are different and some cultures are very different. I suppose if you started to think about what you would be fearful of, these would actually be, for me, the things that I would be fearful of, but then I still feel, if it’s me well
Fear of the process of dying and facing death was a topic of conversation for one of the congregational members and illustrates changing views even among Christians. In previous research of older people and attitudes towards dying and death showed that most older people did not fear death, but instead, they feared the process of dying (MacKinlay 2006). However, in the following excerpt, the participant is concerned about death:

I think the confrontation with death is the thing that I can see myself as a challenge for me, particularly because my beliefs have changed and so I don’t feel this sense of I’m going to die and go to heaven, I don’t think that’s what it is. I don’t know what will happen, that’s the reality and so it’s quite scary. So death’s a scary thing still for me, even though on another level life without death would be ridiculous and it’s not what I’d want but that’s a head thing to say. So yeah, I think confronting death is a big thing and it’s not easy to talk about and sometimes when I talk to Christian people, if they feel like well you’re going to die and go to heaven, well then I can’t really have a conversation… (Congregation Focus Group 2).

3.5 Spirituality, religion and ageing

3.5.1 Comparing spirituality scores between groups

Few differences between different socio-demographic groups in spirituality were reported. Children of care recipients reported higher levels of spirituality than congregational members (see figure 13). Those born in North America reported higher levels of spirituality in comparison with those born in UK/Europe and New Zealand. Similarly, those born in SE Asia also reported higher levels of spirituality than those born in New Zealand (see figure 14).

Figure 13 Comparing Spirituality scores between groups of baby boomers
3.5.2 Diversity of spiritual and religious needs

There was a diversity of spiritual and religious needs expressed by baby boomers in this study. It is noted that while 57.04% of participants reported affiliation with the Uniting Church (due to the sampling method and figures contrast with ABS Census data), 35% with other Christian denominations, 0.06% reported no religious affiliation. It is however noted that 17.39% of children of care recipients held no religious affiliation. Yet, adult children had higher levels of spirituality making it an important area for support and intervention in the future, even if affiliation with a religious faith is not present.

One participant summed up important differences that may be seen in some older people, compared with earlier phases of the lifespan:

I think one of the nicest parts of ageing is that you can become more flexible and more open-minded and more accepting of other ways of relating spiritually. I think that’s rather nice (Congregation Focus Group 2).

This perspective is consistent with Fowler’s (1981) final stage of faith development, which interestingly, he maintained was rare. Further studies which have included greater numbers of older people have challenged this view (Koenig 2001, MacKinlay 2006). It will be important to take demographic factors into account in future planning. This does not mean however that pastoral and spiritual care will be unimportant in the future. What it does mean is that there will probably be less demand for traditional religious care, and more demand on pastoral and spiritual care being available for all. In fact during the last decade spiritual care has become mainstream with the expectation that it will be available for all people, regardless of faith or religious affiliation. Care of the human spirit, along with physical and psychosocial care will play vital parts in the provision of holistic care of frail and ill elderly people.
This variety is seen in the following:

Well currently I feel closest to God if I’m in nature, so if I want to go and spend some time with God and pray and read my Bible and think about some things, I will go and find a park or a tree or bushland. So I guess when I’m older, particularly if I’m in care that’s not going to be possible. But hopefully … there’ll be a room with a tree in front of it that you can look at, or a garden or the sun shining (Staff Focus Group 2).

Sacred-type spaces in facilities would be important for me, like quiet spaces, places to meditate or just be still, perhaps with some appropriate kind of music playing gently, or sanctuary kind of spaces, I think would be really important for me (Staff Focus Group 2).

I’d still want to seriously, as much as I’d be able I guess, grapple with things and issues. I think sometimes we dumb down, and sometimes it seems like we need to, but other times I’m not sure that’s great; if I’ve got a mind I don’t know that I’d want that (Staff Focus Group 2).

I think probably to have someone there to go along that journey with you, so that you can actually tell your story, talk about your story. That’s very important and I’ve seen the importance and I’ve seen how the residents here, when they’re sitting, talking to you, are telling you their story, you feel with them. I think that is something I would like, to have somebody like that. I don’t necessarily need to go to church to have all that, but to have someone – a friend, a regular visitor, whatever you’d like to call it, but someone that you could actually talk about your story with, to make meaning of your life. I think that’s very important and that’s probably where I see myself (Staff Focus Group 1).

Spiritual reminiscence, which intentionally seeks to find meaning in one’s story is vitally important for older adults. Being able to find meaning in life becomes a crucial aspect of ageing for many older people. Thus story is not needed for completion of a person’s admission notes, or just an activity, but a critical spiritual task of ageing.

Well I hope with my Christian values, I inspire my family to understand that mum was not a religious person, but embraced Christianity and good Christian values, that I would have someone that would support me in that practice or that need. Outside of that, I suppose you’d take it on board with readings and music. I’d hate to lose it, to sit there and have no one sit and listen or assist you with maintaining that practice, because I really do it to try and inspire people and myself (Staff Focus Group 1).

3.5.2 Perceived effects of spirituality on health

This participant goes to the heart of spirituality to say:

Well I guess to me spirituality is about meaning, finding meaning and I think that motivation effect is really significant, particularly when you’re coming
towards the times in your life when your best years might be behind you or you’re facing problems. So I think that’s when your understanding and sense of the value of life can override your physical and other stresses (Congregation Focus Group 2).

In this sense, spirituality when it is functioning well, is about life meaning, and finding meaning in life is about hope (MacKinlay 2001, 2006)

I guess my sense is, in terms of the baby boomer generation, is that we are kind of first generation, in a broader sense to be less, just tied into a denominational and mainstream kind of affiliation, just because that’s the way it’s always been, that we’ve probably, if we’ve remained in some kind of spiritual search, have probably been more open to gathering stuff that actually is meaningful to us (Staff Focus Group 2).

3.5.3 Practice of faith and religion

What does faith and religion in practice look like for baby boomers? The focus groups identified a number of factors important to them, in terms of what they think they will want and also what they think they won’t want. This participant presents a holistic view of how she sees her spiritual being nourished in later life; for her, it is both the formal and informal aspects of religion that she desires:

I guess I do have ritual from my religious life, if we put it that way, in that the sacrament, prayer, Bible reading, the corporate worship. They’re the tenets of the rituals, I guess, that I find sustaining, and I find times of quiet contemplation, because that is the dynamic of meeting with Christ and actually having to examine myself and to go before God and have God change me. And I guess as I get older, I’m acutely aware when I’ve had a response that isn’t quite Christ like, that I need to actually have that time of contemplation and to search out, well what is it in me that causes me to – I mean, it doesn’t happen all the time, but there are times when I sense I’m not responding in a way that would be the best. So I guess, quiet contemplation is important and being still and know that God is God, I find really important. Having that quiet time. I can even do the rituals of the faith, the practices, but unless I have that quiet, be still and know that God is God, I think that’s where the change comes. Personal growth. Personal growth for me in that dynamic relationship is really important. So I think that’s probably very sustaining and I find great meaning in that. But I do love music, and I do love gardening and I do love being with my granddaughter, and I do love having all the family around on Sunday night for dinner. So I guess that’s part of what I’d say was my spiritual journey as well, because that holds great meaning and great purpose for me (Adult Children Focus Group 1).

This participant also valued similar ways of meeting her spiritual and religious needs, note that she says at the end that what she has described is really spiritual, and so it is:

You mentioned earlier the sacraments. The time of communion is always a very special time for me, I think, because of what you said, you’ve got to kind of look at yourself and make sure that you are able to take it and all this kind
of stuff. So that’s important to me. And also just – and you touched on the same thing, so really saying the same thing – a group of people gathering together who are one in Christ. So that’s very important and very encouraging to know that, you know, we’re together in this. And you were saying, some of the songs are just amazing, and sometimes if you hear a choir singing a song, I mean, you kind of get elevated and it’s wonderful. So I love that sort of thing as well, but I do like the very down to earth, very simple prayers as well. And you went into the family side. I think it’s important that we do celebrate family as well as, you know, you’ve got a Christian family and we’ve got our own family and there are so many things that you can celebrate, birthdays and birth of a child and stuff like that. So that’s almost spiritual in some way (Adult Children Focus Group 1).

I guess going to church and prayers and bible readings and reading stuff that's slightly more conventionally religious material, yeah they certainly all do help (Congregation Focus Group 1).

The variety of ways of meeting religious needs is seen in the next response:

I read some books and I did go over to the Buddhist – there’s a Buddhist church over at, I think it’s Page, and I did go to a course there of meditation and things like that. I found that for me very good and even if I have any sort of pain or anything, I practice that meditation, that clearing, like I can almost float (Adult Children Focus Group 2).

One group wondered about the generations coming after them, particularly their own children, who had few religious supports. What might they see as important? The need to reflect and grow in faith is expressed in the following excerpt:

I'm fortunate enough to be a member of a group which is not a church but which has a specifically Christian focus. And once a month we get together and there is a, for want of a better description, study although it's not always as formal as that going to sound. But the critical thing for me is that following on directly from that there are usually some questions raised as a result of the study and we have 20 minutes to go away on our own and think about and pray about and ponder on what the message from that particular study is for us. And that really helps me because I think it gives me the one thing I don’t get in church which is like a hymn, sermon, bang, bang which is great and I get a lot out of that but it doesn’t give me the opportunity to take it in and internalise it and think about it (Congregation Focus Group 1).

Can I just add to that the Eucharist, to me that's a deeply spiritual thing (Congregation Focus Group 1).

Future goals in spiritual and religious practices were outlined by this participant:

I think I would like to be less head oriented and a bit more heart and soul oriented in the sense of retreats and so on which is not part of my practice at the moment, so that’s a journey for me to get more serious about. But yes, having conversations with people who challenge me as well as who are prepared to talk about their own faith or ask questions. That’s really important
to me. … Belonging to a smaller group I think is important for us too that I
don’t think you can get all your Christian growth and sustenance from just
going to worship service (Congregation Focus Group 2).

A number of group members spoke of the importance of being part of a community of
faith, where they felt they could continue to grow in their faith and be challenged by
others, but also receive and give support to others in small groups. They emphasised
that practice of faith was not sufficiently served by even a weekly religious service,
but they needed faith community during the week as well. The next excerpt follows
this theme, of being ready to question one’s faith stance:

Well I like prayer. I think prayer is a great comfort. I do attend church service
every week and I often think, “Why am I going? Is it because I don’t want to
go to hell?” I thought, “No”. As a child, that was why I went. Now, I get a lot
out of what the priests have to say, and I find the reverence is fantastic (Staff
Focus Group 1).

3.5.4 Understandings of religion and spirituality in the groups

There are a large number of definitions of spirituality and religion. But how did the
members of these groups see the relationship between religion and spirituality?

Well, religion to me is, you know, you’ve got a set of rules and you have to
live by them, whereas spirituality, for me, is a relationship with Christ and it’s
a love relationship. So it’s like, you know, when you first get married, the
thought of going off with somebody else would be the furtherest (sic) thing
from your mind because you really want to be with that person (Adult
Children Focus Group 1).

Some saw spirituality as more personal and individual, while religion, they saw as the
organisational part and this mainly the Church, in Christianity. Numbers of authors
have similar views (Koenig, McCullough, & Larson 2001).

To me spirituality is the essence of my being which I connect with God and so
it has a religious connection, but I know some people say “Well yes, there’s a
special core to my being but it’s got nothing to do with God”. So it’s
recognising a spiritual side of them. For me it’s definitely connected with all
the stories we know, my background, my history of being involved in a church
and it naturally fits in with that. But I know people do separate them
(Congregation Focus Group 2).

I think one way of understanding spirituality, for me, is connection with the
sacred, and I see religion more as the beliefs and the ritual, prayer and the
sacraments and the gathering community, all that, it’s more structured,
formalised. Going to a church community where you can get your support and
contact with others, while spirituality for me is that inner journey to find
meaning, to connect with the sacred, to see where is God in my life journey,
which doesn’t necessarily mean going to church or religion, but feeling God’s
presence. So that’s spirituality, in that sense of connection with God. It’s what
gives me force and I suppose energy and enthusiasm to go on living. So it’s a
kind of inner movement within me. So religion can be very external, while spirituality for me is an inner journey (Staff Focus Group 1).

The following example shows a changing perspective on faith over the years in this person. Fowler\(^5\) (1981), moving from the certainty of young adulthood beliefs through to questioning, to reaching a more accepting and universalizing perspective on faith, that also recognises the differing views of others.

I think for me my journey has taken me away from attachment to particular religious creeds and more towards a sense of how I guess the fact that relationships with each other need to be looked at in the context that we’re all part of a bigger whole and that we’re all dependent on each other and I guess my understanding of what I mean by God has changed a lot. … So I’ve become less certain about beliefs but more convinced about how we need to connect with each other and together that connection makes something bigger than we are all together and whether you call that God or how you describe that… And if people don't want to describe it as God I don't have any problem with that and if they don't, because my husband’s never believed in God and he’s an amazingly generous and warm and lovely person and to me he exhibits all the tenets of being a wonderful Christian but no way he’s going to say he’s a Christian and I’m not sure he’d call himself spiritual either. People who are of other faiths obviously have a strong spiritual connection and so those people have a lot to offer all of us (Congregation Focus Group 2).

These changes in beliefs can also be seen in this participant:
I grew up in a very strict religious – where I lived, I grew up in the country, we were Catholic, so we weren’t mixing with the other denominations. Well there are a lot of older people who still probably think that, but as you grow, you nurse people, you learn about life, I think you develop your own way of thinking about religion. You feel more comfortable with it, you’re not tied to it (Staff Focus Group 1).

It was apparent that several of the group members were at or moving towards this stage of faith or spiritual development.

Some noted that while baby boomers may see spirituality differently from previous cohorts of older people, succeeding cohorts will also be different.

So I would imagine that given that baby boomers seem to be a bit freer to kind of, you know, be spiritual consumers, in some senses, that they are actually I guess, have tended to pull together things from various traditions perhaps, that are meaningful (Staff Focus Group 2).

The idea of baby boomers being consumers of spirituality is an interesting one to ponder, perhaps this says something about the commodifying nature of present

\(^5\) Fowler 1981 proposed a stages model of faith development consisting of seven stages. His model was based on Kohlberg, Piaget and Erikson and tested on white middleclass males in 1970s. It has been widely studied and critiqued since, while his basic premises hold, he included few women or older people. Further work has studied these variables.
society, where many things are seen from a market perspective.

**Visions for characteristic of future residential aged care facilities**

I hope I get somewhere that can look out on the world a bit and that can get some sun in the room and stuff like that, you know, in the middle of winter. There’s some really very simple practical things, a place that’s got some light. So that the actual shape and design of a facility that I was in would be actually a big deal to me, the kind of space, not just big bland rooms with blaring televisions, and often closed in from the world (Staff Focus Group 2).

**3.5.5 Spirituality buffers the effect of negative life events on health and wellbeing**

In addition to examining the effects of negative life events on health, we also wanted to examine whether there was any relationship between these life events and spirituality, health and wellbeing.

We examined whether spirituality buffered the effect of negative life events on health and wellbeing. In examining the effects of a parental, child or spousal death on Mental and Physical Health, we identified that those who experienced such a life event but reported low spirituality were more likely to report significant decrement in physical (figure 15) and mental health (figure 16). Similarly we identified that spirituality buffered the effects of a serious illness, injury or assault to a close relative (figure 17) and the effects of a close family friend or another relative (aunt, cousin, grandparent) death (figure 18) on Mental Health. Those who experienced such life events and reported low spirituality were more likely to report significant decrement in mental health.

Finally, we examined the effect of experiencing any event. Spirituality buffered the effects of any life event on Autonomy such that those who experienced any life event and reported low spirituality were more likely to report significant decrement in mental health (figure 19).

Importantly, these differences were substantive enough to warrant clinical intervention if the lower health persists.
Figure 15 Spirituality moderates the effect of a parental, child or spousal death on Physical Health

Figure 16 Spirituality moderates the effect of a parental, child or spousal death on Mental Health
Figure 17 Spirituality moderates the effect of a serious illness, injury or assault to a close relative on Mental Health

Figure 18 Spirituality moderates the effect of a close family friend or another relative (aunt, cousin, grandparent) death on Mental Health
3.6 Meaning in ageing

3.6.1 Meaning in later life - general

As with previous cohorts of older people, these baby boomers found meaning in relationship, with children, grandchildren and with their own parents, most of whom were still alive.

Meaning was also found in activities such as music, singing in choirs, craft work, sculpture, playing or watching sport, working and volunteering in the community. Passing on life experiences to the coming generation also gave a sense of purpose to some. Loss of meaning was spoken of by several group members, should they no longer be able to engage in such activities. Part of the motivation for continuing to engage in community activities was spoken of as wanting to leave the world a better place.

3.6.2 Meaning of retirement

The blurring of meaning of retirement is something experienced by these groups. Some have had to return to work for financial reasons, while others are adjusting to new ways of living without the routine of regular paid work. They identified two groups of people retiring, those who had planned for and reached retirement according to their plans, while the second group was those who were made redundant or who had to leave work for health reasons, in other words, this second group had no control over the manner and timing of their retirement. These findings are consistent.
to those of Hamilton and Hamilton (2006). In a workforce that is becoming more
casualised many more older people may experience the second way of moving into
retirement.

Reinventing oneself was a concept spoken of by some. One group member noted that
when her mother died, she then had to reconsider her future and said “Now is the time
when I have to reinvent myself…” (Adult Children Focus Group 2). Baby boomers
may find themselves in and out of work and retirement being a much more fluid
experience. This is combined with government policy to encourage older people to
continue working in some capacity. These are new and perhaps challenging times for
numbers of this cohort. For some travel has become an interesting possibility.

3.6.3 Retirement – finishing well

A key area that emerged was the manner in which older people complete their formal
working life, as expressed here:

I think you have a very good point, having watched over the last years a
number of people finish and retire. I think it needs to be planned and I think
the other aspect of it is you need to finish well, for your own psychological
wellbeing, post retirement, that I think finish is really important (Adult
Children Focus Group 2).

I would want to retire whilst I was
doing well, rather than not performing well
(Adult Children Focus Group 1).

The importance of having a sense of control in the way of finishing was clear in the
following:

I was offered a voluntary redundancy package six months ago and so
retirement plans were brought forward because the offer was more attractive
than what it would be if I stayed on what the plan was. And it's still in my
mind I'd like to do some part-time but not full-time work, if something that
just fits, what would make me feel comfortable was to come along. So I've
been spending a lot of the last few months catching up on jobs and thinking
what is it that I want to put my energies into from here on and taking up a few
different interests and so doing a few different things (Congregation Focus
Group 1).

Group members formed a strong consensus on the importance of being able to be in
control. At the same time, it was clearly acknowledged that it is important to know
when to stop work.

3.6.4 Work and voluntary roles

These baby boomers, at this stage of their lives have complex lives that need
balancing as this group member shared:

Similarly I feel as though I’m in some ways continuing to be what I was, but
my voluntary... my letter activities have now filled up three quarters of my life
instead of a quarter probably. So I’m more involved with the church that I go
to and more involved with my rowing club that I attend and have taken up
some other physical activities and I like having the flexibility but I was
looking forward to having less deadlines and pressures in my job and it
doesn’t always feel like that, it feels like “I was supposed to get that document
to so and so” and I’ve just taken on a little bit research work at the moment
and I’m thinking what did I say yes to that for? It’s really hard to squeeze it in.
I’ve got family, my two daughters are in their 20s and one of them has a
mental illness and so we do caring for her and she comes and goes in our life
and you never quite know when that’s going to happen (Congregation Focus
Group 2).

While these group members still have energy to work and continue in multiple roles,
there may come a time when their energy levels will diminish and then new decisions
will need to be made and new balance of lifestyle found. This is always complex and
is of course associated with life meaning and sense of wellbeing. Being able to say
‘no’ to some things was discussed, and this seemed to be hard for some group
members. There is still a strong sense of identity associated with wo
‘doing’. This ran through all focus groups.

3.7 Relationship

3.7.1 It’s all about relationship

There was more agreement on this theme than almost any other; relationship is vitally
important to humans.

But it is all about relationship, Joyce. It is all about relationship. I think that’s the
beginning and the end of faith, is a relationship, because that’s how we come into
the family of God through relationship with Christ, through his death and
resurrection (Adult Children Focus Group 1).

I think for me, it’s always been about relationships. I said before about the family,
importance of family, but also I’m an extrovert by nature and I love people (Staff
Focus Group 1).

As this group member put it so clearly, relationship is basic to being human. Humans
are made for relationship, with each other and with God, although people can freely
choose not to have relationship with God, and in this case, relationship with others
becomes the primary focus of life.

The excitement of this participant about her grandchildren is obvious:

I’m sure it is this absolute miracle of being a grandparent is one of the things.
All three of my children have had fertility problems and so it was a real issue
as to whether they would ever have children and then with some medical help
two of them had babies within six weeks of each other, it was all at once and
then last year my son and daughter-in-law had a baby through IVF and so that
was another special one. So these children I just feel are so incredibly precious
and they’re closely related to me so they will care about my relationship to them (Congregation Focus Group 2).

Relationships are vital for humans, that is, relationships with other people, and for those who have a belief in God, relationship with God too, the range and importance of relationships are expressed in this typical response from focus group members.

Well my faith, of course, but family is really important to me, gives me meaning, spending time with my family. Just being available for them too, not just like it’s nice to take the grandchildren for afternoon tea or something, but to be there when they actually need you, they just ring up and say there’s this emergency, to be available for that is really important to me. Yeah relationships are really important for me. Kind of vital relationships again, relationships where there’s a real conversation happens, where there’s the sharing of ideas and learnings, and I guess the potential to support, but also to mentor and that sort of stuff. So relationships… and having some purpose and some contributions to make are important to me, and I guess that comes out of my faith as well. But yeah, relationships are really important (Staff Focus Group 2).

The participant below finds it difficult to articulate exactly why she wants to visit her mother so frequently, acknowledging her fears of the nursing home. She notes that some people tell her not to visit so often, and it is suggested in the session that she visits because of her guilt. However, note that she does not want to accept that as the only reason she wants to visit.

I suppose I’ve got a bit of fear about being in a nursing home myself, yeah. It’s confronting, visiting, and yeah, people say, “Don’t visit so often,” I have that too, but I just feel worse if I don’t have certain – if I don’t visit Mum at least twice or three times a week, I feel…

The old guilts come in don’t they?
Yeah, they do.
But it’s not just guilt too, I just like – yeah, if Mum’s sick or anything I will visit her every day, but yeah, just – I don’t know.

In the very next exchange in the recording from this transcript, the group facilitator asks: She’s still part of your life, isn’t she? The participant readily agrees. This supports what has been known since the beginnings of time; humans are made for relationship. It emerges that this woman had a difficult relationship with her mother earlier in life, but recently, there has been healing and she feels much closer to her mother now:

she’s always been – she’s been terrible to me for years but she’s been much more appreciative of me, so it’s really weird, it’s really strange. It’s like our relationship has changed and she’s sort of genuinely – I know she’s got dementia but she’s quite lucid sometimes and she’s actually quite grateful or something. I don’t know, it’s just a different relationship, she’s not as – she doesn’t seem to have any ill will towards me like she used to have and I don’t know why (Adult Children Focus Group 2).
3.7.2 Relationship and space

Speaking of what brings greatest meaning to her life, this participant spoke of both the importance of relationships, and the need for being alone at times – having personal space. This is an important aspect to be considered when planning for appropriate services for older adults. People have different personalities, some needing much more interaction with others, while some need time apart. In fact, Moody (1995) has written that ageing is like a natural monastery, as people come to the stage of having less energy, they at the same time tend to become more reflective; this is an important part of life too.

I think relationships. We were saying that before. Putting a priority on your family and the people that you care about but also choosing not to feel obligated to be involved. Rather than saying well what’s my relationship like with those people? I don’t just want to go and attend an event because it’s the right thing to do. I think is that something that has meaning for me, is this a relationship that I feel is a rich relationship or is it really just a formality? So trying to value and add to relationships more than just stack up 50,000 friends on Facebook or whatever. But also because I understand who I am; I don’t need huge numbers of people in my life.

In a spiritual context, this process of ageing is a process of transcendence, or according to Tillich (1963), a process of sanctification and part of this maturing in Christ may be seen in increased comfort and solitude of the person.

The importance of close relationship in communities and small groups was also highlighted:

The other thing for me is to find people who you can unburden with when you’re needing time to share and some of those are people from the church and some of them are people not from the church but they’re people who have got heart and who have got compassion and all of those qualities (Congregation Focus Group 2).

The importance of relationships is highlighted in different cultural groups, and as the many groups of post WW2 immigrants living in Australia grow older, planning for care of these groups must be actively considered. One of the staff focus group members noted: “I would like to see my aging more around family. I come from a Middle Eastern background, where families are important. So I would like to – my ageing around the family and the community, as much a possible” (Staff Focus Group 1).

3.7.3 Relationship with God

I guess we have rely on God to take us through whatever we have ahead of us and do it in his strength I guess. ... I think we’ve got to really learn to trust what the scripture says. If he’s going to look after us, well we’ve got to take that at word, not get anxious about what’s ahead because he’s in control (Adult Children Focus Group 1).
Perceptions of closeness to and distance from God were expressed clearly in one group. The responses were related to a question from the facilitator for the group to reflect on the findings from the study that found, consistent with literature, those with higher scores on spirituality appeared to have some protection against negative impacts on health: “I guess speaking from personal experience the really down times in my own life I've just felt so far away from God,” others in the group agreed (Congregation Focus Group 1). Other studies have shown perceived closeness and distance from God to differ on the basis of the individual’s depth of relationship with God, bearing in mind, however, the struggle of the dark night of the soul, where spiritual struggle occurs and can result in actual spiritual growth (Muto 1991).

3.7.4 Relationship with own parents

Parents as role models:

… observing a mother who’s 91 and still drives and still does the computer and still does all of those things, you want to be like her, and therefore you can’t see in her that it’s terrible, this ageing effect. And dad died early, so there’s been a long gap between the two of them. And I deny that I’m ageing (Adult Children Focus Group 1).

Often, in western societies, we have no experience of the vulnerability and frailty of growing older, unless confronted by our own ageing, or experiencing it while working in residential aged care, or having a loved one in residential care. The facilitator asked Carol an important question: How do you think this experience of having your mum here in this aged care facility has impacted your view of your own aging?

Well it’s had a huge impact on me because I think every other day, very soon, this is going to be me, only I’ll do it a little bit differently. But, it has really – it’s opened my eyes to so much because, well, you’re going through it with them, aren’t you? People say you shouldn’t come so often, but I find I can’t not. It’s definitely changed my way of thinking about it; I don’t think I really thought about it actually. (Adult Children Focus Group 2).

Another daughter expressed her difficulties experienced through her mother’s reliance on her for so many things:

It’s a terrible thing to say … my mother is really difficult and she expects to ring me and for me to come running down. Fortunately I don’t live very far but she does expect me to come. She rang me yesterday because she was hot and she wanted me to come and turn the fan on because she couldn’t turn it on, and she was so frustrated she was shouting at me, “You will come, you will come,” and this has been going on for quite a while (Adult Children Focus Group 2).

This daughter went on to reflect on who she might call for when she is older, in need, and perhaps has dementia.

The following conversation reflects a view of a mother-daughter relationship that had not been good earlier in life, but has changed in recent times:
It’s been very confronting visiting Mum, because she’s – when Dad was alive she was absolutely awful to me, she’s always been – she’s been terrible to me for years but she’s been much more appreciative of me, so it’s really weird, it’s really strange. It’s like our relationship has changed and she’s sort of genuinely – I know she’s got dementia but she’s quite lucid sometimes and she’s actually quite grateful or something. I don’t know, it’s just a different relationship, she’s not as – she doesn’t seem to have any ill will towards me like she used to have and I don’t know why; I find that mystifying. I just can’t work that one out (Adult Children Focus Group 2).

Behaviour is complex and relationships within families can become strained over long periods of caring and may need support of skilled counselors and pastoral care practitioners.

3.7.5 Relationship with own children / grandchildren

Reflecting on their own relationships with their parents, participants wondered about the future of their relationships with their own children:

And being a drag on anybody else I think is a common fear of people as you're ageing. For hopes, I think I do hope that I keep a good relationship with my children and grandchildren. One of them is a bit tricky, feeling close – this is to my son and daughter-in-law and I find it quite hard to get a relationship with my daughter-in-law so that makes the son relationship a bit difficult too and so I just sort of hope that that might improve or get better (Congregation Focus Group 2).

3.8 Perceived future ageing of baby boomers

The general question and apprehension of the future for these baby boomers was, would they be able to retain a sense of dignity and independence, particularly should they have dementia. In this regard, they showed no differences from earlier cohorts of older people studied in the mid 1990s and early 2000s by MacKinlay (2001; 2006). In both of those groups, fears were held regarding future vulnerability and dementia. It is noted however that in the first study of independent older people 100 percent of participants feared future vulnerability, while 55 percent of frail older people in residential care said they held no fears for the future (MacKinlay 2006 p.150). There was a perceived view among group members that accreditation standards had generally improved the level of care in residential care, but that there are also moves to keep more people at home with the possibility that more people would be able to die at home in the future. They also acknowledged that this might not become a reality unless better community support becomes available. (Staff Focus Group 1). Most hoped to remain living independently until near to their life end. Some denied that they would need care at any point; some did not want to think about the future, only hoping that their health would stay good. Others were more realistic and talked about “coming face to face with the pointy end of your life” (Congregation Focus Group 2).

Differences in understanding spirituality among ageing baby boomers:
And there’s a lot around at the moment about mindfulness and self compassion and all those kinds of things. And I guess it’s the baby boomers who are talking about all that sort of stuff, writing about all that sort of stuff; not just, but a lot of them are. And I think this is stuff we’re going to have to come to terms with, if we are going to find contentment and peace and a sense of integration when we hit those final stages, as opposed to the kind of, well integration or despair, that final state that Erikson talks about, I think is very real in what I see around.

It seemed they saw a greater need in the future to address the needs for spiritual health, and not just religious needs; “… our role in terms of UnitingCare Ageing, is to be there for the needs of all people.” The focus group members certainly affirmed the value of good spiritual care. They also noted the connections between good environment and spiritual wellbeing, including the need to plan for simple things in buildings, such as light and access to gardens and a sense of space and freedom, places that can become ‘sacred spaces’. A chapel would be good too, they said. Concerns were expressed that in future baby boomer residents would be more empowered in the everyday activities of the residence; that services would not be delivered in patronizing ways. This they saw as consistent with the ways baby boomers had lived all stages of their lives until now.

A desire not to live in a large aged care facility triggered the thinking about new and creative ways of living in later life and was one subject explored in the groups:

So thinking more creatively about how we live together to me is really significant and I hope that we can find better ways of growing old because we’re going to hang around for quite a while, we’re not going to be disappearing and it’s not like oh well, we’re just marking time until your time’s up. It’s not like that at all, it’s like well let’s make the most of all these opportunities and not go down the gurgler like that, let’s go out partying or at least with dignity and in company. That’s really important to me (Congregation Focus Group 2).

3.8.1 Anxiety and fear of growing older

The focus groups provided further details for the findings of the questionnaire on anxieties and fears about ageing. The kinds of anxieties and fears expressed by the focus groups members were related to future poor health, associated dependency and dementia. The future costs of aged care and properly trained staff were further sources of anxiety for the future. “But then when our mind goes – I guess if I was really feeling fearful, I think that would be what I would be most fearful of, like losing your bodily functions and your mind, and that I feel is the hardest thing of all” (Adult Children Focus Group 2).

3.8.2 Hope for the future

Quality of life was seen as vital to wellbeing in later life. “… something where we have choice over that and I want decent music and nice food and good wines. I don’t want to have crap just because I’m old.” (Congregation Focus Group 2).
Hope was seen in different ways for instance,

I guess for me, it’s that my life is fulfilled, that I feel a sense of integrity, that wholeness that is now unfinished business, like that relationships are in order and that I have a good connection with God (Staff Focus Group 1).

I think probably health, physical, mental, spiritual health, and feeling that you can still contribute to family, society, whatever, in some way, probably a changed way, but in some way (Staff Focus Group 1).

… how can I continue to open myself up, such that I might potentially be a vital person, the kind of person that people, even if they can’t do much, somehow they impact others in a way that’s rich. Yeah, so somehow, that’s a hope for me to remain like that (Staff Focus Group 2).

I don’t want to be a burden. I hope that I’m not a burden on anyone. I want to, as I said before, retain that independence. I want to see my grandchildren, of which there’s only one, grow. I really just don’t want to be a burden on anybody mainly, that’s the main thing (Staff Focus Group 1).

I want to see all my boys married, settled and happy, and maintain my independence. That’s all, and I’ve got a good faith, so I embrace my religion. I don’t have a problem with what will be with that (Staff Focus Group 1).

I think my hope, I guess being a Christian, is that I would grow old with grace, that I would actually grow into Christ rather than growing old, and therefore I would have that theological perspective that whilst the outer body will age and begin to show signs of that, that we can still continue to grow inwardly, that God grows the inner man. And I think that observing in ageing that people move from being doing people to being people, that those that do that well have a faith in God that says, you know, I’m still continuing to grow and I think that’s important (Adult Children Focus Group 1).

So I certainly think the Uniting Church is already approaching it (care) in a broader way, and they talk about person-centred care⁶, and part of that is a spiritual dimension, which in a sense embraces everything as well, but not to be so… the approach is not to be kind of proselytising people as such, but rather, I mean people are at different places on their journey and some are moving away from organised religion, or the Church for various reasons, others are moving closer, and we are there for everybody. So I think that’s going to be more and more the case. And people, there’s going to be more and more choice it seems for people in terms of what kind of care they go into, or maybe there won’t be, but certainly what people are wanting I think is

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⁶ Recent research has shown that person-centred care may not be practiced even though it is policy within aged care organisations. (MacKinlay, McDonald and Niven. Minimising the impact of depression and dementia for elders in residential care. Unpublished report 2010 Grant from J.O. & J.R. Wicking Trust)
something that gives some flexibility, gives them a chance to be themselves (Staff Focus Group 2).

One care provider said: “… there are people I know who are quite elderly, say in their 90s, who have a kind of life and a vitality about them. I hope to be that kind of person if I live that long” (Staff Focus Group 2).

The importance of good health as they grow older was emphasised by most participants. One congregationalist spoke of how they worked collaboratively with their general practitioner to prevent health problems, rather than waiting to be told what treatment was needed. So positive ageing was seen as a responsibility by the baby boomer: “you know what’s happening with your body and you have a right to be able to find out whether it’s going to be an issue for you” (Congregation Focus Group 2).

This group saw this as a generational change in attitudes to health that has occurred with baby boomers. The effects of the physical buildings on people, social interaction and hope:

I notice a lot of people say in this bit of the facility, which is a hostel, so technically people who still have some capacities and so forth. But it’s like their world has shrunk down, and you know, the building itself is quite closed in and it’s like their world is quite closed in, and they seem to have lost the capacity to have conversations for example, they expect to be entertained, there’s not a lot being generated from them. So one of my questions is, how do I make sure I don’t become that kind of person (Staff Focus Group 2).

Members of this group emphasised the importance of the physical environment and having a rich environment no matter what the level of dependency of those who live in them.

There’s a lot more smaller hubs, meaning smaller groups together and it’s not quite so institutionalised. I think the direction that aged care itself it’s going makes it that if I ever have to end up in aged care, it’s not scary. It’s becoming more home-like, like your own home. I mean for people, coming from a four-bedroom house into a one room, that must be so awful (Staff Focus Group 1).

In the survey staff reported lower levels of fear of older people and psychological concerns, no doubt associated with their every day closeness to elderly residents, however, they also reported high levels of fear of losses. Again, this could be attributed to seeing older people experiencing losses on a daily basis, through their work. They also reported lower levels of autonomy than the congregationalists. It is asked whether the work environment of aged care may influence this? Perhaps more autonomous people are not attracted to this work environment, or the findings may simply be coincidental. These themes were followed in the focus group meetings.

I think it’s changing things to make it more (home-like)– let’s put it this way, I’m not as scared (of being in a nursing home)– it wouldn’t be anywhere near as I would’ve thought 20 years ago. It would have been a big no no. (Staff Focus Group 1).
This staff group also acknowledge the changing care needs of residents, from relatively low care needs a couple of decades ago to now much shorter stays, with higher care needs. Thus residents will often be near the end of their lives when admitted to residential care, which means that admission policies must include consideration of palliative care needs and planning at this time. This is another area of practice in which it will be crucial to develop effective pastoral and spiritual support. The importance of having new ways of responding to the needs of older people for accommodation was discussed; for instance, one group member spoke of the challenge of making best decisions for accommodation in the reality of geographical separation:

I would love to live in a granny flat with one of my children but it’ll never happen.
Facilitator: Won’t it?
One lives in Hong Kong, one’s based in Canada and the other one’s in Sydney. Just…no, it really would not happen but that multi-generational way of living, extended families had a lot going for it to feel the warmth of being cared for by your own people (Congregation Focus Group 2).

3.8.3 Perceived future needs, spirituality and religion

Some found it hard to imagine what their needs might be and if or how these might change. Less allegiance to specific denominations has been a trend among baby boomers through their life journey and focus group members thought this would continue. Most talked of their own parents’ spiritual and religious needs as a basis for possible comparison. This led one focus group member to suggest that her needs might become simpler as she grew older. Others suggested that older people may become more contemplative, and that has been reported in some literature (Moody 2005). It is noted that the move to greater interiority, if that is going to be part of the baby boomer ageing, is not different from the ageing of previous cohorts of older people. We have yet to see how this cohort’s spirituality develops.

Group members saw that future needs in this area were likely to be broader, taking into account the large numbers of baby boomers who have not practiced a religious faith. Catering for a wider basis of spiritual and religious need was seen, as one of the baby boomers expressed:

I was raised a Catholic and I got interested in Buddhism for many years because I had had really bad depression and I turned to Buddhism as a way of helping me. But, then when my father died last year, when he was dying, I went into all the Christian prayers, I just sort of automatically went into my Catholic – totally, and so I ended up – and I was saying it was for him, which it was, but I said Buddhist prayers as well, but then I thought I’m sort of a bit – yeah, my spirituality is confused (Adult Children Focus Group 2).

I would like to be able to converse, discuss, pray etc. with somebody who wasn't threatened by some of the spiritual questions that might arise as a result of my taking a course which is perhaps not the more commonly valued one (Congregation Focus Group 1).

Overall, group members agreed that ageing baby boomers will have a far greater
variety of religious and spiritual perspectives and needs.

These findings support the earlier studies of MacKinlay of the spiritual needs of older adults and the figure used to show ways of mediating the spiritual is relevant to this new cohort of older people. (figure 20) (MacKinlay & Trevitt 2012 figure 1.1 Ways of mediating the spiritual dimension p.18 (adapted from MacKinlay 2006)).

**Figure 20 Spirituality and Religion**

![Diagram of Spirituality and Religion](image)

**MacKinlay, E (2006 p14) adapted**

### 3.9 Summary of themes from the focus groups

The baby boomers, like each succeeding cohort of people reaching their later years of life, are influenced by previous cohorts and expectations of society and by their own particular characteristics. Baby boomers have been seen to influence policy and practice in so many fields as this comparatively large cohort of people has progressed through the lifespan.

Generally, all focus group members wanted to continue to live in their own homes and not to have to experience suffering and diminishment in their future ageing.

Focus group members thought baby boomers compared to previous generations may be more proactive about positive ageing and fitness in later life.

There has been an expectation by many baby boomers and the wider society that they will change the experience and quality of ageing too. But the question remains, will baby boomers change ageing, or will they be changed by ageing?
Loneliness, especially associated with distance from family was discussed, but the participants in this study seemed to accept that geographical separation is more common for their generation than for earlier generations of older people. This is supported by the findings of Olsberg and Winters (2005) relating to increased longevity, changing family relationships, greater social mobility and diversity, with friendships often replacing family as reasons for choosing locality of residence.

The onset of frailty may overcome any differences that baby boomers might otherwise have had in later life.

This research supports previous studies regarding the importance of religion and spirituality related to health, especially mental health. Those who experienced a life event and reported low spirituality were more likely to report significant decrement in mental health. Overall, those who reported different life events consistently reported poorer mental and physical health scores. Similarly, those who experienced any life event were also more likely to report depression. Experiencing any life event was associated with poorer physical and mental health outcomes. Also, those experiencing significant life events reported lower rates of self-determination measured in terms of Autonomy, Competence and Relatedness. This was so those who experienced parental, child or spousal death on Mental Health.

However, it was also found that Spirituality moderated the effects of a parental, child or spousal death on Mental and Physical Health. Those who experienced such a life event and reported low spirituality were more likely to report significant decrement in physical and mental health. Further, Spirituality was found to moderate the effect of a serious illness, injury or assault to a close relative on Mental Health.

Emphasis on being able to continue ‘doing’ in later life, fear of dependency. Raises the vital question-

What are older people for? Here societal values of autonomy and individuation contrast with theological values of humans being made in the image of God, where ultimate values are about being, rather than about doing. The answers to questions of human value will drive the underlying philosophy of the aged care organisation.

Focus group critique of current provision of aged care
The great focus on activity in later life needs to be countered as it leaves nothing but despair for those who can no longer be active and physically involved. Tornstam’s (2005) gerotranscendence theory should be adopted alongside of activity theory as policy for residential aged care.

Negative views of residential care need to be addressed through greater openness of facilities and increased interactions with the wider community. Lowering fears of frailty may be achieved through wider community involvement in the process of frailty and loss. Improved communication of best practice, including clear guidelines for palliative care and what that means for frail older people and their families. Fears of growing frail or of having dementia are widely acknowledged among all focus groups. (‘It’s a bit scary’)
Fear of dementia and lack of understanding about the disease. Much more emphasis is needed on education about dementia and holistic care in dementia, to provide for better quality of life for those who have dementia and their care providers. Dementia is much more than a medical condition, psychosocial, spiritual and theological understandings of dementia are greatly needed as a basis for quality of life and best practice.

It is acknowledged that those admitted to residential care are older and more frail when admitted than a couple of decades ago, therefore more higher care needs. Not only will the needs for physical care be higher, but needs for spiritual care will be higher.

How care is to be provided for frail older people, and those with dementia with high dependency needs will be crucial questions for those who provide services for older people to address. The hard questions will be whether planning extends to providing best evidence based practice in care to achieve maximum wellbeing of frail older people, or whether the major push will be to use assisted suicide to eliminate this time of life.

All the major religions support care of the weak and vulnerable of society, and those who provide care must grapple with the responsibility to provide appropriate care that eliminates all unnecessary suffering and treats pain effectively. We have the means of treating pain, so that no one should be in “unbearable” pain, but do we have the will to give resources to do it?

Palliative care for older people who are dying from any cause, not just cancer has been well developed within Australia (Australian Government/NHMRC 2006). It is vital that forward planning takes account of these advances. It is also vital that medical care to relieve pin is not confused with the pain of suffering, which does not respond to medical intervention, but rather to pastoral and spiritual care. (Kestenbaum 2001; MacKinlay 2012)

Guilt, grief and loss and care are large issues in residential care, and are unlikely to change across the different cohorts of older people. If anything, increasing separation of family members may make these issues even more acute for those making their final life journey. These issues are central to the value of human relationships. These issues make for challenging care situations, where the resident, family and care providers need to work as a team to find meaning and support in the particular situations.

Preparation is needed for the final life career – the journey towards death. It has recently been recommended that those who are making this final life journey towards death could be very much supported through the presence of a ‘midwife for the dying’. This person would need to have high level skills, not just in physical care, but especially in communicating and spiritual and pastoral care. Spiritual reminiscence is of value even before frailty occurs. Spiritual reminiscence is not simply story telling, although this is important, but spiritual reminiscence goes further and deeper, to assist the older person to grapple with final life meanings. This process can be facilitated in
one-to-one sessions with older people, or with small group work. Therefore, effective community and congregational involvement in preparation for later life will be vital.

Issues around the meaning of work, retirement and volunteering which need further exploration

**What baby boomers want in aged care of the future:**

- Not like the residential care of the present (although focus group members who had loved ones in care said they had changed their minds about what aged care facilities were like, once they personally experienced the care environment).
- Recognise how hard it is for older people to make the adjustments needed to come into residential care. (‘we make it too hard and institutionalise them’).
- Most aged care to be community based.
- Supporting independence and dignity of frail older people (fear of future dependence and frailty).
- Future baby boomer residents would be more empowered in the everyday activities of the residence.
- Best practice in aged care is truly holistic care, that includes physical, psychosocial, emotional and spiritual care.
- Affirmed the value of good spiritual care for all, not just those with religious needs and affiliation.
- Opportunities for continuing spiritual growth – this includes attention to relationship, creation / environment, the arts and religion in the process of coming to final meanings.
- A sense that they might become more contemplative as they grow older, baby boomers are more likely to know about and/or practice meditation.
- Awareness of increasing variety of religious backgrounds and cultural differences among older people, including the increase in proportions of older people who do not practice a religious faith
- Access to spiritual guides or counselors
- The value of models of older people dealing effectively with growing older.
- Plan for simple things in buildings, such as light and access to gardens and a sense of space and freedom, places that can become ‘sacred’ spaces’. A chapel would be good too
- Creative ways of living in later life – for example, possible ways of small group homes, ‘smaller hubs’
- Opportunities for meaningful and creative experiences and activities (note, activities are not per se meaningful)
- Affirmation of the importance of relationships to all human beings and supporting of these
4 Conclusion and Recommendations

The spiritual needs of ageing baby boomers

There are certain spiritual needs that become more focused as people grow older. Such needs relate to being human, not to any particular cohort of people. On the other hand, there are ways in which spiritual needs of older people may be met that may change from generation to generation. These are influenced by social and cultural factors within the wider society, by educational background and through the changing attitudes and values held by people in the society. It is within the changes of these parameters that baby boomers’ spirituality must be understood and addressed in future aged care policy and practice.

Finding of meaning, at any point of the lifespan, is essential for human flourishing. The model designed by MacKinlay (2001, 2006) is a useful way of grouping the findings of this study. The model presents four main ways that the spiritual dimension is mediated in peoples’ lives:

- Relationship with God and/or others
- Environment / Creation: the connections with the world around and the sense of awe in nature, sea, mountains, gardens, human creativity
- The arts: poetry, art, music, drama, dance
- Religion: worship, prayer, Scripture, meditation (MacKinlay 2006, MacKinlay & Trevitt 2012 p 18-20)

Relationship with God and/or others

In previous studies, relationship or connectedness has been shown to be essential for human flourishing and resilience (MacKinlay 2006, MacKinlay and Trevitt 2012). This is a basic or core spiritual need that it does not change across the generations. Following the social and cultural revolutions they have experienced, the ways in which ageing baby boomers connect with others may be different from earlier generations. For instance, to some degree, family may be less central to providing meaning than friendship bonds.

For some, relationship with other people is the primary source of meaning, while for others, the relationship may be with both others and God (MacKinlay 2006). MacKinlay found that among frail bed-bound residents, relationship might be more likely to focus on the God of their understanding though the human relationship always remains important, particularly for people who have dementia (Hughes, Louw and Sabat 2006; MacKinlay and Trevitt 2012). It is unclear if and how relationships will change for ageing baby boomers. Olsberg and Winters (2005 b) found effects of increased longevity that related to changing family relationships, greater social mobility and diversity, noting that friendships often replaced family as reasons for choosing locality of residence. They found clear differences between those over 75 years and the baby boomer generation, with baby boomers indicating substantial changes in values and priorities from the preceding generation. Relationship is still important, but friendship is also very important to these geographically mobile older adults. Their need for connectedness may need to be fulfilled through establishing new friendships rather than hoping for family to be the primary source of intimacy for
these older people, as often the family is too far away. Perhaps there will be greater variety in the ways that baby boomers meet their needs for relationship.

Creation / Environment
Environment is an important dimension to facilitate spiritual growth and needs. For older adults, the environment is a particularly important consideration; such adults are likely to be more frail. In this study, the focus group participants clearly articulated environmental factors that need to be considered in future planning.

- The need for having space, for example, sufficient small public rooms (not their own rooms), for use in reflection and meditation.
- Connecting with the natural environment, being able to see trees and flowers from within the building, even if not able to go outside.
- A chapel for worship services, that is not a passageway to other places
- A ‘home-like’ environment. For some baby boomers, it seems that residential aged care facilities do not seem like ‘home’ even though aged care providers have been endeavouring to achieve ‘home like’ settings for some decades now.

The arts
Music, art, dance, poetry and drama have all been found to be ways of mediating the spiritual dimension. Access to appropriate modalities of the arts is vital. Recent work with those who have dementia has shown connection through these means to be very effective at instilling a sense of meaning. Current practices, whereby activities are used as a means of distraction or entertainment are not usually of any great benefit to such residents. Activities that support finding meaning are of benefit; concepts of gerotranscendence are important to consider in this area (Byrne & MacKinlay 2012; MacKinlay & Dundon 2012). For instance, television may only be of value where programs are of interest to residents. In fact too many stimuli can be detrimental for those with dementia. Newer technology may make access to online services and programs even more accessible for older people, particularly for baby boomers who have needed to be more engaged with technological advances than previous generations.

It seems clear that the people from this study want to have a greater say and participation in planning of available activities in residential care.

Religion and baby boomers
It is apparent that projections of western practices of religion are changing. Census data shows decreasing church affiliation with the ageing of baby boomers, yet spirituality does not appear to be in decline. It was seen in this study that even among those who had no religious affiliation, spiritual levels were comparable with the denominational participants. There is something about being human that seeks for deeper meaning in life and seeks ways of connecting with this meaning, through relationship, the environment and the arts.

Ritual and symbol are still important to those who do not hold religious beliefs. Of course, religious needs will not disappear and will still need to be adequately
addressed. What we don’t know is how or if ageing baby boomers will turn or return to religion as they grow older.

The results from this study show a different way of relating to formal religion with fewer participants having affiliation with a religious faith. This was particularly marked among the adult children with parents in care. Yet these people had high levels of spirituality. Thus the challenge will be to provide services that engage with their point of need without tying this to specific religious practices and contexts. Humans are hardwired for ritual and symbol to help connect them with meaning and baby boomers will need to have access to meaningful rituals and symbols. While the ways we use ritual and symbols can change over time, baby boomers will be better served if they can be involved in the working out of these rituals and own their symbols. This will also be true for those who do have an affiliation with a religious group.

Propose services to meet identified spiritual and religious needs of ageing baby boomers

Vision, mission and philosophy of UnitingCare Ageing

This study conducted for UnitingCare Ageing, has implications the future vision, mission and philosophy of the organisation. It is apparent from the data and the literature reviewed that baby boomers are going to be a different population of older people. There will no doubt be even more variety in this coming cohort of older people than in the generations preceding them. Thus the organisation will be well served to consider, in the context of its core vision and mission, what kinds of services will be needed into the future.

The major goals of ageing baby boomers identified in this study and the literature are:

- Continue to live independently in the community
- Continue to age well and reach one’s potential
- Where residential care is needed that it is appropriate to the person’s wellbeing
- Live life to the full, to find meaning in the experience of growing older
- Continue to grow spiritually in later life
- Be supported in grief and loss and in the final life journey
- Receive best holistic care: holistic care includes physical, mental, social, emotional and spiritual care
- Enjoy continuing relationships with family and friends

To achieve these goals, services must provide

- Vision, mission and philosophy consistent with the beliefs of the organisation and the needs of those it serves
- Vision, mission and philosophy must contain clear guidelines in holistic care, setting out the beliefs of the organisation while acknowledging changing community values to reflect the broader perspective of spirituality. The organisation must continue to examine its own beliefs and articulate these
carefully and openly as the basis from which it can provide pastoral and spiritual care to all people.

- Continue to cater for religious needs of all it cares for. It is envisaged that these needs will become more diverse.
- Planning of services to meet goals for well ageing, and best care of frail and mentally ill older people in community and residential care
- Education for all levels of staff, paid and volunteer
- Standards of care consistent with those of professional care provider requirements, and the organisation
- Regular evaluation of standards according to standards requirements
- Emotional and spiritual support for staff, paid or unpaid
- Physical environment in which residents and staff can flourish

A shift from residential to community services
A clear goal of these baby boomers was to continue living independently in the community. This is consistent with the Productivity Commission Report (2011), which states: “Older Australians generally want to remain independent and in control of how and where they live; to stay connected and relevant to their families and communities; and to be able to exercise some measure of choice over their care” (p. XIX) this referred to the current generations as well as projecting future needs.

Spirituality buffers negative life events and anxiety about ageing
In fact, the study showed that spirituality promotes mental and physical health and lowers anxiety about ageing

This important finding from the study provides strong support for including spirituality in all aspects of care, incorporating matters of grief and issues of guilt, loss and forgiveness.

Recommendation 1: Spirituality to become part of holistic care of all those who work with older adults.

Recommendation 2: Spirituality to be incorporated as a core component of palliative care.

Recommendation 3: Skills in spiritual care to focus on issues of guilt, resentment and despair and forgiveness

Recommendation 4: Further study to examine the ways in which spirituality buffers negative life events and anxiety about ageing and to translate research findings into practice.

Pastoral care for all
Pastoral care to be a vital component of holistic care for all. Pastoral care reaches beyond the traditional church service to care of the spirit and encouragement of continued spiritual growth. Pastoral and spiritual care can no longer be optional.

Recommendation 5: Pastoral care providers and chaplains to become a central part of the care team.
Reduce barriers to the implementation of spiritual and pastoral care through education for aged care staff in pastoral and spiritual care

**Recommendation 6:** Education of all aged care staff in spiritual care. Appropriate courses to be readily available for all staff, through in-service, short courses and postgraduate studies to enable incorporation of spiritual and pastoral care into practice. This education must emphasise the broad scope of spirituality in life meaning as well as religious traditions where necessary.

**Broader policy and philosophy of aged care to incorporate activity theory and gerotranscendence**
The policies and philosophies that guide protocols and practice in aged care need to be more broadly focused, and to take account of more recent scholarship and research. It is no longer appropriate to have ‘one way of doing aged care’. Individual needs of residents should be taken into account. This includes assessing interests and abilities to allow for personality differences. Activities need to be meaningful for the person.

**Recommendation 7:** Assessment of personal interests and capabilities should guide appropriate activities for each person.

**Recommendation 8:** Policy and practice in residential aged care to be broadened to incorporate meaningful activities and more recent research that focuses on needs of frail older people and the process of gerotranscendence.

**Dementia care and education**
In this study, it became evident that many participants in the focus groups had limited knowledge of dementia. These findings are in line with community knowledge of dementia. Latest research findings and evidence-based practice must be the basis for planning and delivering best care. Families need good information and support regarding dementia. Latest findings in emotional and spiritual care need to be incorporated into dementia care.

**Recommendation 9:** Practice and education to be based on latest evidence based practice and latest research from the social as well as medical sciences. Theology must also factor into the nature of the person with dementia that will underlie practice and education of staff and families as well as those who have dementia.

**Scope of study**
This study was conducted with Uniting Church congregations, UnitingCare Ageing staff and adult children of residents, with resultant limitations for generalizing the findings of the study. Further study is needed to examine issues of health related to spirituality in ageing baby boomers in broader settings in the wider community.

**Recommendation 10:** Research to examine the relationship between spirituality and health, especially mental health issues, spirituality and ageing in a wider baby boomer population, in different religious, socio-economic and cultural groups.

**Recommendation 11:** Findings of this study to be used to refine further study instruments.
Staff concerns regarding having sufficient means for their retirement

\textit{Recommendation 12}: Staff in residential aged care receive remuneration at levels that they can afford to work in aged care and plan for their future retirement.
References


Promoting Healthy Ageing in Australia. Canberra: The Prime Minister’s Science, Engineering and Innovation Council (PMSEIC) (2003)


