

Dimensions of Spiritual Needs Among Older Adults Receiving Community Nursing Care: A Cross-Sectional Study

Older Adults' Spiritual Needs and Alderfer's ERG Model

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Keywords: Generativity; Older Adults; Spiritual Needs.

Received: 25 April 2026; Accepted: 24 July 2026

<https://doi.org/10.67009/nec.2.1.7>

ABSTRACT

Introduction: With population ageing, there is an increasing need for a holistic approach to healthcare for older adults, with spiritual needs representing an important but often under-researched aspect. Therefore, this study aimed to examine the level of spiritual needs among older adults receiving community nursing care in Osijek-Baranja County.

Methods: A cross-sectional study was conducted with a convenience sample of 175 people aged 65 years and older who used the services of the Community Nursing Service of the Health Center of Osijek-Baranja County. Data were collected using a paper-and-pencil survey comprising the standardized Spiritual Needs Questionnaire and a sociodemographic questionnaire.

Results: The most pronounced spiritual needs among the respondents were the needs for giving and inner peace, while existential needs were the least pronounced ($P < 0.001$). Women reported higher Inner Peace ($P = 0.010$), Existential ($P = 0.030$), and Religious Needs ($P = 0.001$). Participants belonging to a religious community reported higher Inner Peace ($P = 0.030$), Giving/Generativity ($P = 0.008$), and Religious Needs ($P < 0.001$). Age was negatively associated with Inner Peace ($P = 0.010$) and Giving/Generativity Needs ($P = 0.010$), whereas self-rated religiosity was positively associated with all dimensions ($P \leq 0.008$), particularly Religious Needs ($P < 0.001$).

Conclusion: Older adults receiving community nursing care demonstrated substantial spiritual needs, especially those related to generativity and inner peace. These findings emphasize the importance of incorporating spiritual care into nursing practice and the broader healthcare of older adults.

INTRODUCTION

Ageing is a natural and continuous process that includes biological, psychological and social changes in an individual [1]. Contemporary society is faced with demographic ageing due to increased life expectancy and the growing proportion of older adults. due to the extension of life expectancy and the increase in the proportion of the older adult population. This demographic phenomenon brings economic, social and health challenges [2]. The ageing process does not depend solely on chronological age, but also on the biological and psychological characteristics of the individual [3]. Ageing affects all major organ systems and is associated with a progressive reduction in physiological reserve [4]. Despite these changes, organ function may remain adequate under normal conditions, while reduced reserve becomes more evident during physiological stress [4].

Knowledge of the ageing process enables the development of geroprotective interventions that contribute to better ageing outcomes [3]. Contemporary geriatric research increasingly emphasizes the concept of ageing well, which goes beyond the traditional biomedical approach focused solely on the absence of disease and the preservation of physical health [5]. Ageing well implies the preservation of physical and cognitive health, as well life as satisfaction, good social relationships, psychological resilience and a sense of purpose, thereby extending the focus beyond the physical and functional aspects of ageing [5-6]. Limitations and health problems are not viewed as obstacles but as part of the life experience to which an individual adapts with the help of psychological and social resources. The ability to adapt, accept change and maintain a sense of meaning plays an important role in the lives of older adults [5].

Within this broader understanding of ageing well, it is important to acknowledge that every individual goes through periods of stability and transition throughout life. Retirement is one of the transitions that may influence an individual's sense of identity and meaning in later life which is also closely related to the last psychosocial development stage [7]. These themes are also reflected in Erikson's theory,

in which older adulthood represents the final stage of psychosocial development, marked by the conflict between ego integrity and despair [8]. People who evaluate their life decisions and achievements positively are more likely to accept ageing and maintain a sense of self-worth, whereas dissatisfaction with their life experiences can lead to feelings of frustration and despair [8]. Satisfaction with retirement is associated with physical and mental health, financial security, social integration, and relationships with family and the wider community [9]. Ageing often involves losses such as reduced income, loss of a partner or friend, and changes in family relationships, which requires effective adaptation strategies [8]. In such circumstances, support from family, friends, and other sources can foster a sense of belonging and social connectedness. Social connection is a fundamental human need and one of the strongest predictors of survival across the life course, contributing to well-being, resilience, and longevity through behavioral and biological mechanisms [10]. The ability to adapt to life changes and find meaning may therefore be particularly important in later life.

According to Viktor Frankl, the search for meaning is a fundamental human motivation, and finding purpose contributes to resilience and a sense of fulfilment even in difficult circumstances [11]. Meaning in life is associated with personal growth, a better understanding of one's own needs and a different perspective on the world [12]. Through personal beliefs, individuals may experience a connection with something beyond material reality, which can represent an important source of inner strength and stability [13].

Contemporary approaches to ageing emphasize the importance of maintaining health and psychological resilience, as well as achieving life satisfaction and a sense of purpose. In this context, Alderfer's Existence, Relatedness and Growth (ERG) model provides a relevant theoretical framework. Developed as a modification of Maslow's hierarchy of needs, the model distinguishes between existence, relatedness and growth needs [14]. Existence needs relate to basic living conditions and security, relatedness needs concern interpersonal relationships and social inclusion, while growth needs relate to personal development, a sense of competence and the fulfilment of one's potential [15]. Unlike Maslow's

hierarchy, Alderfer proposed that needs are not arranged in a strict hierarchy and that individuals may simultaneously pursue needs at different levels [14, 15]. Needs are interconnected and changeable, and their fulfilment depends on individual circumstances and motivation [16]. Because of its flexibility, the ERG model may provide a useful framework for examining spiritual and psychological needs. These broader categories can also be recognized in the Spiritual Needs Questionnaire developed by Arndt Büssing, which examines religious needs, existential needs, inner peace needs and giving/generativity needs [17]. Spiritual needs can therefore be viewed as a combination of the existential, relational and developmental aspects of an individual. Alderfer's model allows individual needs to be understood regardless of an older person's physical or material circumstances, making it suitable for research on the ageing process. This approach may contribute to a better understanding of adaptation to ageing while emphasizing the uniqueness of each individual's experience.

The aim of this study was to assess the level of spiritual needs among older adults receiving community nursing care from the Community Nursing Service of the Health Center of Osijek-Baranja County. Specifically, the study examined spiritual needs across the dimensions of inner peace, existential needs, generativity/giving, and religious needs, as well as within the framework of Alderfer's ERG model. Furthermore, differences in spiritual needs were analysed with respect to selected sociodemographic and personal characteristics, while associations between spiritual needs and age, number of children, perceived financial status and self-rated religiosity were examined.

METHODS

Study design

The research was designed as a cross-sectional study [18].

Setting and sample

The study initially included a convenience sample of 185 participants. Owing to incomplete questionnaires, 175 participants were included in the final quantitative analysis. The target population consisted of people aged 65 years and older who received care from the Community Nursing Service of the Health Center of Osijek-Baranja County. The inclusion criteria were being aged 65 years or older, receiving community nursing care, having sufficient cognitive ability to understand and respond to the questionnaire and providing written informed consent to participate in the study. The study was conducted between April and July 2025.

Measurements/instruments

The anonymous structured questionnaire consisted of three sections: the Spiritual Needs Questionnaire, sociodemographic data and general data. The Spiritual Needs Questionnaire is a standardized instrument developed in 2009 to assess individuals' spiritual needs and is frequently used with older adults [17]. The main purpose of the questionnaire is to identify the intensity of different dimensions of spiritual needs to support the provision of appropriate spiritual care.

The questionnaire examines four dimensions: inner peace needs, existential needs, giving/generativity needs and religious needs. Items within the inner peace dimension address seeking inner peace, staying in peaceful places, appreciating the beauty of nature and discussing problems and fears with others. The existential needs dimension includes reflecting on the meaning of life and life after death, forgiveness and resolving unsettled issues. The giving/generativity dimension includes giving gifts, comfort and love to others, sharing knowledge and life experiences and reflecting on the value of one's life. The religious needs dimension includes reading religious texts, participating in religious rituals, praying alone or with others and establishing a connection with something greater than oneself [17]. In the present study, the Spiritual Needs Questionnaire demonstrated acceptable internal consistency, with a Cronbach's alpha of 0.72.

Sociodemographic data included age, gender, marital status, number of children, level of education, place of residence and perceived financial status. General data included the presence of chronic illnesses, membership in a religious community and self-rated religiosity on an 11-point scale ranging from 0 to 10.

Data collection/procedure

The topic and purpose of the study, the study procedures, participant anonymity and the right to withdraw at any time were explained to the participants verbally and in writing through the participant information sheet. Before taking part in the study, all participants signed an informed consent form. Data were collected using a paper-and-pencil questionnaire. All participants had sufficient cognitive ability to understand and respond to the questionnaire. For participants who were unable to complete the questionnaire independently because of physical limitations, the questionnaire was administered by the researcher, who read the questions aloud in a neutral tone without providing guidance or influencing their responses. The questionnaires were completed in the participants' homes, with completion taking approximately 12–17 minutes.

Ethical considerations

The study was approved by the Ethics Committee of the Faculty of Dental Medicine and Health Osijek (approval number: 2158/97-97-10-25-31) and the Ethics Committee of the Health Center of Osijek-Baranja County (approval number: 03-844-3/25).

Statistical data analysis

Categorical variables were summarized using frequencies and percentages. Numerical variables were summarized using medians and interquartile range (IQR). The normality of numerical variables was assessed using the Shapiro–Wilk test. The internal consistency of the Spiritual Needs Questionnaire was assessed using Cronbach's alpha. Differences among the Spiritual Needs Questionnaire domain scores were assessed using the Friedman test, followed by Conover post hoc comparisons with Bonferroni correction. The Mann–Whitney U test was used to compare two independent groups, while the Kruskal–Wallis test was used to compare three or more independent groups. Spearman's rank correlation coefficient was used to examine associations between variables. Statistical significance was set at $P < 0.05$. Statistical analyses were performed using JASP, version 0.19.3 (JASP Team, Amsterdam, the Netherlands).

RESULTS

The study included 175 participants, of whom 125 (71.4%) were women and 82 (47.1%) were widowed. The median age was 76 years. A total of 137 (79.7%) participants had a diagnosed chronic illness. Furthermore, 128 (74.0%) participants reported belonging to a religious community, while Catholicism was the most commonly reported religious affiliation (101; 57.7%). The median self-rated religiosity score was 7 (Table 1).

Table 1. Characteristics of participants (N = 175)

Characteristic	n (%)*
Gender	Male
	50 (28.6)
	Female
	125 (71.4)
Marital status	Married
	73 (42.0)
	Divorced
	9 (5.2)
	Widowed
	82 (47.1)
	Single
	9 (5.2)
	Living with a partner
	1 (0.6)

Characteristic		n (%)*
Number of children	0	18 (10.5)
	1	39 (22.8)
	2	90 (52.6)
	3	22 (12.9)
	4	2 (1.2)
Place of residence	Suburban area	15 (8.6)
	City	122 (69.7)
	Village	38 (21.7)
Chronic disease	Yes	137 (79.7)
	No	35 (20.3)
Belonging to a religious community	Yes	128 (74.0)
	No	36 (20.8)
	Prefer not to answer	9 (5.2)
Religious community	I do not want to declare	47 (26.9)
	Catholicism	101 (57.7)
	Orthodoxism	18 (10.3)
	Other (adventists. Jehovah's witnesses. Protestants. Hungarian reformists)	9 (5.1)
		Mdn (IQR)
Religiosity (0-10)		7 (4-8.75)
Age		76 (71-83)

*Percentages were calculated based on valid responses. Data were missing for marital status (n = 1), number of children (n = 4), chronic disease (n = 3) and belonging to a religious community (n = 2).

Within the Inner Peace Needs dimension, the highest median score was recorded for the item “To plunge into beauty of nature?” (Mdn = 2; Q1–Q3 = 0.50–3), whereas the lowest median score was recorded for the item “To talk with others about your fears and worries?” (Mdn = 1; Q1–Q3 = 0–2) (Table 2).

Table 2. Distribution of responses to SpNQ items by spiritual needs dimension

	SpNQ item	0	1	2	3	
	During the last time, did you have had the needs ...	n (%)				Mdn (IQR)
Inner Peace Needs	To talk with others about your fears and worries?	68 (38.9)	27 (15.4)	45 (25.7)	35 (20.0)	1 (0-2)
	To plunge into the beauty of nature?	43 (24.9)	27 (15.6)	54 (31.2)	49 (28.3)	2 (0.50-3)
Existential Needs	To reflect back on your life?	32 (18.3)	35 (20.0)	54 (30.9)	54 (30.9)	2 (1-3)
	To talk with someone about the possibility of life after death?	110 (63.2)	23 (13.2)	22 (12.6)	19 (10.9)	0 (0-1)

SpNQ item		0	1	2	3	Mdn (IQR)
During the last time, did you have had the needs ...		n (%)				
Giving/generativity Needs	To turn to someone in a loving attitude?	34 (19.4)	27 (15.4)	55 (31.4)	59 (33.7)	2 (1-3)
	To give away something from yourself?	27 (15.4)	22 (12.6)	61 (34.9)	65 (37.1)	2 (1-3)
	To be assured that your life was meaningful and of value?	28 (16.3)	27 (15.7)	52 (30.2)	65 (37.8)	2 (1-3)
	To be re-involved by your family in their life concerns?	71 (40.8)	23 (13.2)	44 (25.3)	36 (20.7)	1 (0-2)
Religious Needs	To pray with someone?	102 (59.3)	28 (16.3)	32 (18.6)	10 (5.8)	0 (0-1)
	To pray for yourself?	38 (21.8)	27 (15.5)	55 (31.6)	54 (31.0)	2 (1-3)
	To turn to a higher presence (i.e., God, Allah)?	30 (17.2)	31 (17.8)	51 (29.3)	62 (35.6)	2 (1-3)

Note: 0 – no; 1 – somewhat; 2 – strong; 3 – very strong

There was a significant difference among the scores of the Spiritual Needs Questionnaire domains ($P < 0.001$). Scores for Giving/Generativity Needs were significantly higher than those for Inner Peace Needs, Religious Needs and Existential Needs (Con-

over post hoc test with Bonferroni correction, $P < 0.05$). Scores for Inner Peace Needs were also significantly higher than those for Existential Needs (Conover post hoc test with Bonferroni correction, $P < 0.05$) (Table 3).

Table 3. Descriptive statistics of the domains of the Spiritual Needs Questionnaire

Spiritual Needs Questionnaire Domains	Mdn (IQR)	P*
Inner Peace Needs	1.50 (0.75 – 2)	<0.001
Existential Needs	1 (0.57 – 1.60)	
Giving/generativity Needs	1.93 (1 – 2.33)	
Religious Needs	1.33 (0.50 – 1.95)	

* Friedman test

The results showed that age is weakly negatively correlated with inner peace ($P = 0.01$) and the need for giving ($P = 0.01$). There is also a weak positive correlation between the feeling of religiosity and the need for

inner peace ($P = 0.008$), existential needs ($P = 0.006$) and the need for giving ($P = 0.003$), while there is a moderate positive correlation between the feeling of religiosity and religious needs ($P < 0.001$) (Table 4).

Table 4. Correlations between Spiritual Needs Questionnaire domains and selected variables

Spiritual Needs Questionnaire domain	Age	Number of children	Self-rated financial status	Self-rated religiosity
	ρ (P^*)			
Inner Peace Needs	-0.186 (0.01)	0.130 (0.09)	0.088 (0.25)	0.203 (0.008)
Existential Needs	-0.047 (0.54)	0.062 (0.43)	0.062 (0.42)	0.215 (0.006)
Giving/generativity Needs	-0.190 (0.01)	0.143 (0.06)	0.128 (0.09)	0.226 (0.003)
Religious Needs	-0.017 (0.827)	0.101 (0.196)	0.062 (0.427)	0.599 (<0.001)

*Spearman's rank correlation test.

Women had significantly higher scores for Inner Peace Needs ($P = 0.010$), Existential Needs ($P = 0.030$) and Religious Needs ($P = 0.001$) than men. Giving/Generativity Needs did not differ significantly by gender ($P = 0.590$). Participants who reported belonging to a

religious community had significantly higher scores for Inner Peace Needs ($P = 0.030$), Giving/Generativity Needs ($P = 0.008$) and Religious Needs ($P < 0.001$) than those who did not. No significant difference was observed for Existential Needs ($P = 0.10$) (Table 5).

Table 5. Comparison of Spiritual Needs Questionnaire domain scores by gender and religious community membership

	Gender		<i>P</i> *	Religious belonging		<i>P</i> *
	Male	Female		Yes	No	
	Mdn (IQR)			Mdn (IQR)		
Inner Peace Needs	1.25 (0.5-1.75)	1.5 (0.75-2.25)	0.01	1.5 (0.75-2)	1 (0.5-1.56)	0.03
Existential Needs	0.86 (0.29-1.43)	1.14 (0.57-1.71)	0.03	1 (0.57-1.71)	0.86 (0.29-1.43)	0.10
Giving/ Generativity Needs	1.75 (1.04-2.29)	1.83 (1-2.33)	0.59	1.83 (1.71-2.33)	1.42 (0.79-1.88)	0.008
Religious Needs	0.58 (0.17-1.79)	1.42 (0.83-2)	0.001	1.5 (0.83-2)	0.5 (0-1.08)	<0.001

* Mann-Whitney U test

DISCUSSION

The main findings of this study were the prominence of Giving/Generativity Needs and Inner Peace Needs, despite most participants belonging to a religious community. Self-rated religiosity was positively associated with all dimensions of spiritual needs, particularly Religious Needs. Women and participants belonging to a religious community expressed higher needs in several domains, while older age was weakly associated with lower Inner Peace and Giving/Generativity Needs. Overall, these findings indicate that spiritual needs among older adults receiving community nursing care are multidimensional and shaped by both personal and religious factors.

The prominence of Inner Peace Needs was one of the key findings, consistent with previous studies using the Spiritual Needs Questionnaire [19, 20]. Participants reported a greater need to experience the beauty of nature than to talk with others about their fears and worries. Previous research has similarly indicated that reflection and time spent in nature may support psychological well-being, reduce stress and facilitate emotional regulation in later life [21]. The importance of inner peace suggests that spiritual needs in later life extend beyond formal religious

beliefs and practices. When planning individualized care for older adults, healthcare professionals should therefore recognize non-religious sources of spirituality, including relationships, nature, reflection and personal values.

The need to reflect on one's life was among the most strongly expressed existential needs, supporting findings from previous research [22]. This type of reflection may become particularly important when older adults experience widowhood, declining health or reduced social engagement. Rather than being solely a response to adversity, life review may promote psychological well-being, strengthen personal identity and support adaptation [23]. The positive association between self-rated religiosity and Existential Needs further supports the potential role of spirituality in helping older adults find meaning, hope and a sense of security when facing age-related challenges [24]. Existential concerns therefore represent an important aspect of later life. Encouraging reflection on life experiences and purpose may support resilience and adaptation to age-related changes.

Giving/Generativity Needs, particularly the needs to show love, help others and feel that one's life has meaning and value, were also strongly expressed. These findings support theoretical frameworks that describe generativity as an important developmen-

tal task in later life that contributes to emotional well-being, identity and purpose [25, 26]. Opportunities to help others, share knowledge and pass on life experiences may provide an important source of social connection and dignity. Generativity may also help reduce social isolation and loneliness. Providing opportunities to share knowledge, experience and skills may strengthen older adults' sense of worth and contribution despite health or functional limitations.

Although most participants reported belonging to a religious community, Religious Needs were not as strongly expressed as Giving/Generativity Needs. Individual prayer was reported more frequently than praying with another person, suggesting that religious practice may be experienced as a private and personal activity by some older adults. This finding is consistent with previous research showing diverse forms of religious expression and an increasing individualization of religious practice in later life [27, 28]. Spiritual care should therefore be based on an individual assessment of needs rather than assumptions based solely on religious affiliation or community membership.

Study Limitations and Future Research Directions

Several limitations should be considered. Convenience sampling, recruitment from a single county and the inclusion of only recipients of community nursing care limit the generalizability of the findings. Women were also overrepresented in the sample. The cross-sectional design does not allow causal or temporal conclusions, while the use of self-report measures may have introduced recall or social desirability bias. Furthermore, the quantitative approach could not fully capture the complexity of each participant's spiritual experience.

Future studies should include larger and more representative samples of older adults from different regions of Croatia. Longitudinal research could provide insight into how spiritual needs change over time. A mixed-methods approach may offer a more comprehensive understanding of spiritual needs and adaptation to ageing, while comparisons between community-dwelling and institutionalized older adults could further clarify differences in spiritual needs across living arrangements and social contexts.

Implications for Clinical Practice and Education

The findings highlight the importance of assessing spiritual needs as part of holistic community nursing care. Such assessment should address not only religious needs but also inner peace, meaning, relationships and generativity. Nursing education and continuing professional development should therefore include spiritual assessment, communication skills and appropriate referral when identified needs exceed nurses' scope of practice. This may support more individualized care for older adults.

CONCLUSIONS

Spiritual needs were prominent among older adults receiving community nursing care, particularly Giving/Generativity Needs and Inner Peace Needs. Spiritual needs differed according to gender and religious community membership and were associated with age and self-rated religiosity. These findings highlight the importance of recognizing spiritual needs as part of holistic community nursing care for older adults.

Funding sources

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Conflicts of interest

The authors declare no conflict of interest.

Author Contributions

Conceptualization, M.L. and Ž.M.; Methodology, M.L., M.K., A.-M.K. and Ž.M.; Software, M.L. and G.K.; Validation, M.L., M.K., A.-M.K., G.K., J.P. and Ž.M.; Formal Analysis, M.L., A.-M.K. and Ž.M.; Investigation, M.L.; Resources, M.L. and J.P.; Data Curation, M.L. and J.P.; Writing – Original Draft Preparation, M.L., M.K., A.-M.K. and Ž.M.; Writing – Review & Editing, M.L., M.K., A.-M.K., G.K., J.P. and Ž.M.; Visualization, M.L., M.K., A.-M.K. and Ž.M.; Supervision, M.L., M.K., A.-M.K., J.P. and Ž.M.; Project Administration, M.L., M.K. and Ž.M.; Funding Acquisition, M.L.

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