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Spirituality, Education, and Cognitive Resilience in Older Adults with Dementia: A Humanistic–Neuropsychological Perspective

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Abstract: *This study explores the relationship between spirituality, education, and perceived quality of life among older adults living in residential care facilities, including individuals with cognitive impairment. Drawing on interdisciplinary perspectives from gerontology, special pedagogy, existential psychology, and neuropsychology, the research conceptualises spirituality as a multidimensional resource that supports emotional regulation, identity continuity, and meaning-making under conditions of cognitive decline. The empirical part of the study was conducted in four residential institutions in the Nitra Region of the Slovak Republic and involved 93 respondents aged 18–100 years. Data were collected using a structured questionnaire focused on spiritual beliefs, participation in spiritual and educational activities, and the subjective benefits associated with these practices. The findings indicate that older adults show a strong preference for emotionally and symbolically meaningful activities, particularly worship, music therapy, bibliotherapy, and spiritual conversations. Participation in these activities was associated with a perceived increase in life meaning, emotional well-being, and quality of life. The results further suggest that spiritual practices activate preserved emotional and procedural memory systems, which may explain the persistence of spiritual responsiveness even in the presence of cognitive decline. The findings may suggest that emotionally and symbolically meaningful practices remain accessible in later stages of cognitive decline; however, causal mechanisms cannot be inferred from this exploratory design. The study contributes to the interdisciplinary discourse on dementia care by demonstrating that spiritual and educational engagement can serve as protective factors for psychological well-being and human dignity. The findings highlight the need to integrate spiritual sensitivity into professional education and holistic care models, emphasising the importance of addressing existential and emotional dimensions alongside physical and cognitive needs in later life.*

Keywords: *educational needs; people living with dementia; quality and meaning of life; residential conditions; spiritual dimension.*

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1. Introduction

We are living in an age that is witnessing an increase in the number of people in the older age group, which is naturally associated with an increase in the percentage of people with disabilities in adulthood and old age. These people, because of their disability, which prevents them from being fully integrated into the working and social life of the non-disabled population, often live out their lives in a variety of social institutions, where individual staff members make a professional effort to contribute to improving the quality of their lives by providing adequate medical, social and educational care, as well as meeting their spiritual and educational needs, despite the disability they have.

Ageing is a natural physiological process that involves a number of changes affecting the organism. Changes in the physical domain are reflected in education primarily by worsening resistance to adverse and disruptive influences, loss of energy, and reducing sensory capacity (Špatenková & Smékalová, 2015).

Dementia marks an increasingly prevalent terminal illness for which palliative care, including spiritual care, could improve quality of life. Research gaps exist in understanding the intersection of dementia, spirituality, and palliative care. This empirical study examines the nature and scope of research on the intersection of dementia, spirituality, and palliative care. Although the volume of the literature base has grown during the past decade or so, it is still relatively small (as particularly evidenced when divided into thematic categories) and concentrated in Europe. A number of gaps are discernible, both topically across all thematic categories and methodologically by thematic category. More research is still needed to establish the need, current status, and predictors of such care across various countries, distinct stages of the disease, and various care settings (i.e., beyond long-term care). Studies report the potential benefits of spirituality for older adults, such as maintaining social interaction and health, developing coping strategies, fostering personhood, recovery from illness, and promoting positive ageing, spirituality is also associated with decreased levels of psychological stress, including depression (Balboni et al., 2022).

Spiritual care for people with dementia is creating conditions for small moments of happiness. Research (Hirakawa et al., 2020) shows that people with dementia can enjoy the 'little things in life' more deeply than before and than others (e.g. a cookie with coffee, flowers on the table, a card from the children or grandchildren, getting some fresh air in the garden, a beautiful natural phenomenon, a foot bath, a glass of bubbles as an aperitif, a dance to a good song on the radio, a game of cards, something to drink, a walk with the dog or past the horses/sheep/..., a light a candle in the chapel...). This is where they get their meaning and purpose in everyday life. Spiritual care is therefore also offering meaningful things or activities in the daily lives of people with dementia to enable experience and participation. This would also improve their self-esteem. For health care providers, this means that they have knowledge of someone's personal preferences (Ebrahimi et al., 2021).

In the Slovak Republic, there live around 5,500,000 inhabitants and there are around 50–60 thousand people living with dementia. It is estimated that around 15% of people aged over 65 live with dementia. Furthermore, it is considered that only 5–10% of patients are treated adequately, meaning that the symptoms are eliminated and quality of life is improved for the patient and for the caregivers as well. The Slovak Republic does not have enough information about this illness at the level of basic information. Based on estimates, it is believed that there is 1.07% of the population affected by this illness. Unfortunately, there are no statistics for this claim as for whatever the reasons dementia and other dementia-related conditions are underdiagnosed in the Slovak Republic (Stárek, 2024).

In 2023, Italy and Portugal had the highest proportion of older adults in Europe, with those aged 65 and over making up 24% of the total population. This high share can be attributed to low fertility, high life expectancy and limited migration of the younger population. Countries such as Bulgaria, the Czech Republic and Finland face similarly high proportions of older people, while at the same time facing increasing demands on their pension and health systems. The average share of

older people in the European Union is around 21.3% in 2023, but there are significant differences between countries. Countries with higher incomes and better health systems have longer life expectancy, which contributes to a higher proportion of older people (Stárek, 2025).

2. Spiritual and Educational Needs

Every person, without distinction, possesses characteristics, opinions, attitudes and has needs. Although in older age there is a change in functional potential, also in social status, the meaning of these needs may be perceived differently, but their structure and relevance are not inherently different.

According to Wong (Ondrušová, 2011), factors that contribute to a more meaningful life for older adults include, for example, engagement in activities, values, maintaining optimism, cultivating the spiritual component of life, religiosity, creativity, relationships with others, enjoyment in life, and hope for the future. The ability to maintain value goals and to give meaning to life even when circumstances related to old age change also supports successful coping with the burdens of ageing. This is all the more difficult nowadays because values such as success, efficiency, and performance are preferred and are naturally fading away among older adults.

The spiritual and educational needs of adults and older adults with disabilities are very diverse, but clearly meeting them may lead to the personal growth of the individual. The knowledge gained through spiritual endeavors and study helps people solve existential questions, find new value systems, new philosophies of life, and increase their social activity. The willingness to further education or to participate in spiritual or educational activities also depends on endogenous conditions, such as availability and openness to spiritual activities, motivation, cognitive ability, the ability to learn, the current state of health or the previous level of knowledge, but also on exogenous factors, which include, for example, access to spiritual activities, education or special educational aids, external motivation, among others. Within the framework of the offered spiritual activities and the educational process, it is necessary to bear in mind not only the spiritual, psychological, age-related or individual peculiarities of the learners, but in our case also the peculiarities resulting from the given type or degree of disability of the individuals. These represent the fundamental determinants of the learning process, which must be respected (Ondrušová, 2011).

2.1. The Spiritual Dimension in Human Life

Until recently, spiritual needs were more or less a taboo topic and only biological, psychological or social needs were discussed. It is also a misconception that only people of faith have spiritual needs. Everyone has them, because it is actually a need for meaning in life, and it is precisely the human being at the last stage of their earthly pilgrimage who needs to know that their life has had and will have meaning until the last moment. This question is equally important during adolescence, with up to 10.7% of adolescents pointing to the absence of meaning in life, which can be a problem that should not be underestimated (Dědová & Vindišová, 2022). The unfulfillment of this need for meaningfulness is tantamount to a real state of spiritual need (Svatošová, 2012).

Spirituality and religiosity represent an anthropological constant, which means that they naturally belong to the human makeup of an individual. They involve the search for what is the most important, the most essential, the most valuable for a person, what is rooted in the depths and in the very inner life of the human being and brings meaning to it. It is precisely in older adults in later life that we see a greater inclination towards the spiritual world and towards religiosity.

Religiosity and spirituality are similar concepts, but not identical. Religiosity is seen as something more institutional, ritualistic, more structured or traditional, and is associated with organised religions. It is about specific religious beliefs and their reflection in a person's everyday life. Spirituality, on the other hand, refers to something intangible, untouchable, and not tied to any group or organisation. It can refer to feelings, thoughts, experiences and behaviours related to the soul or to the search for something sacred, the transcendent. Thus, there are people who reject traditional religion but consider themselves spiritual but not religious. In the United States over

90% of people consider themselves religious (practicing some religion) and spiritual. About 5% consider themselves spiritual but do not subscribe to any religion. The remaining people consider themselves neither religious nor spiritual. For most older adults in the U.S., religion plays a very significant role in their lives: 96% believe in God or a power, over 90% pray, and over 50% attend various religious services or gatherings weekly (or more often). Research confirms that it is those in the later-life age groups who participate in the greatest number in religious activities. For this population group, the opportunity to belong to and actively participate in a religious community represents the greatest social support apart from family (Kaplan & Berkman, 2016).

People who develop their spiritual dimension tend to have better perceived physical and mental health than people who do not relate to spiritual values. This fact is confirmed by the finding that patients with an ideological, intellectual experience of faith and with an use adaptive coping strategies, specifically fighting spirit and fatalism (Dědová & Baník, 2021). However, it is true that experts cannot pinpoint and define whether the practice of religious rituals contributes to the health of older adults or whether physically and mentally healthier people are attracted to religious groups. Therefore, experts involved in research in this area tend to focus on certain factors such as physical and mental health or social support. The deepening of spiritual life brings the following benefits for the psychological functioning (Žumárová, 2012).

- Spiritual practices such as meditation, prayer, or contemplation are associated with reduced psychological stress and increased emotional regulation, as they provide individuals with a sense of inner calm, cognitive clarity, and emotional balance. Through the development of spiritual awareness, individuals often report greater emotional stability, enhanced self-understanding, and improved self-esteem, which together contribute to a more coherent and resilient sense of self.
- A deepened spiritual orientation is also linked to greater life satisfaction and inner contentment, as well as to the ability to interpret adverse life events—such as illness, loss, and functional decline—in a more adaptive and meaningful manner. In this sense, spirituality may function as a psychological resource that supports coping with existential stressors, fosters acceptance of personal limitations, and promotes a more positive outlook on life characterised by hope, gratitude, and optimism.
- Furthermore, spiritual development is associated with increased empathy, openness, and relational sensitivity, facilitating deeper interpersonal connections and a greater capacity for forgiveness towards oneself and others. The experience of meaning and purpose derived from spiritual values may also guide health-related behaviours and social engagement, thereby reinforcing both individual well-being and relational functioning. Collectively, these interrelated processes suggest that spirituality contributes to psychological resilience not through isolated effects, but through a dynamic constellation of emotional, cognitive, and relational mechanisms.

It is important to note that the benefits to the psychological well-being of deepening one's spiritual life can be individual and influenced by personal beliefs and values. The value world of culture carriers grows "from the needs, interests, wishes, ideas and ideals of its carriers" (Machová, 2012). Some people may find more peace and contentment through spirituality, while others may focus more on other aspects of their lives. Each person has their own unique way of seeking and deepening their spiritual life, and it is important that everyone finds their own way that is fulfilling and empowering.

Many older adults affirm that religious and spiritual life is the most important factor for them, which helps them to face health problems and various difficult situations in life (low income, loss of a spouse). Some studies show that older adults who use "spiritual coping mechanisms" to confront the various psychological stresses associated with everyday life are less likely to fall into depressive and anxious states. Even the perception of gradual physical decline varies and depends on the degree of development of the spiritual dimension. Also, the practice of religion often

reinforces extensive social support networks. An increase in the elderly person's social contacts increases the likelihood that the disease progression may slow, that he or she will be more willing to undergo medical interventions or adhere to medical advice, because the religious community is also interested in his or her health, in his or her physical and spiritual well-being. Thus, older adults belonging to a certain religious group may be less prone to neglect themselves.

2.2. Spiritual Needs

Spirituality is a basic and universal human need that is concerned with finding meaning and a deeper connection to something greater and more significant than ourselves. This search takes many forms and manifests itself in many aspects of our lives. In this subsection, we present a few points that shed light on the topic of spiritual needs (Frankl, 2012; Dvořáčková, 2012):

1. The search for meaning and purpose: People have a need to find deeper meaning and purpose in their lives. This search motivates them to reflect on what their role is in this world and what they can contribute to the greater whole.
2. Connection and community. Often this happens through communities with shared values and beliefs, whether they are religious congregations, meditation groups, or spiritually oriented communities.
3. Seeking harmony and balance. Spirituality can be a means to help find inner peace and harmony in a chaotic and stressful world.
4. Many people have a need to understand the mystery of life and death. These questions are often associated with trying to understand what happens to human existence after physical death.
5. Growth and self-knowledge: An important aspect of spirituality is the process of personal growth and self-knowledge. People seek to better understand themselves, their desires and limitations in order to move towards the development of their own personality.
6. Spiritual needs often include the desire to experience a deep connection with nature, the universe, the higher self, or the divine. These experiences can be intense and rewarding for some people.
7. Spiritual needs foster feelings of compassion and caring for other beings and life forms. People recognise that they are part of a larger whole and that their actions can have an impact on the whole environment. Spiritual needs are individual and can mean something slightly different to each person. Some people find a spiritual dimension in religion, others in meditation, art, nature, or interpersonal relationships. For some, spirituality may be the foundation of life, while for others it may be only an occasional search for inner balance. It is important to respect the diversity of spiritual beliefs and to be open to different ways of expressing spiritual needs.

2.3. Quality of Life and Spirituality

Human beings are bio-psycho-social and especially spiritual beings. As life expectancy increases, it is becoming increasingly important to investigate the factors that influence quality of life in old age, in all these dimensions. The concept of quality of life is not revolutionary. The first references could already be found in Greek and Roman mythology. In the last 20 years, the concept has become the subject and focus of interest, particularly in medicine, psychology, sociology, andragogy, special education, political science, technology, economics, and other sciences. It is a very broad, ambiguous and difficult to grasp term and it is not an easy task to describe it or even to define it precisely. The reason lies precisely in the diverse views of these disciplines, which try to construct a terminological and methodological framework for the term. According to Jesenský (2002), a representative of special andragogy and geragogy in the Czech Republic, quality of life represents a very broad area of factors that enable a person with a disability to live in society. These factors can be divided into two groups (Ludíková et al., 2015; Vaďurová, 2013; Veteška, 2016):

- exogenous (socio-cultural, educational, labour, economic, material and technical) - representing the objective dimension of quality of life;

- endogenous (somatic and psychological functioning affected by illness, disorder, disability or impairment, or all aspects affecting the development and integrity of a person with a disability) - representing the subjective dimension of quality of life

Spiritual well-being, or spirituality, represents the domain that could be most reflective of the specificities in the quality of life. This domain relates precisely to the meaning of illness in a person's life, to the meaning of life, to values, hopes and expectations. The conditions that give meaning and purpose to life are of a spiritual nature.

Spirituality is therefore an important but often neglected dimension of dementia care, which is crucially related to maintaining human dignity, quality of life and the ability to cope with the burden associated with the progression of cognitive disease. A synthesis of available empirical and conceptual studies shows that spirituality acts as a key mechanism for the formation of meaning, hope and life experience, with its specific form being significantly shaped by the cultural, religious and social context (Widyastuti et al., 2023; Kropf, 2024; Albuquerque et al., 2024). In the environment, spirituality is generally understood as an existential dimension of human life separate from institutional religiosity, focused on the search for meaning, transcendence and connection with oneself, others and the world, and this framework allows for respect for the autonomy and uniqueness of people with dementia in advanced stages of the disease (Kropf, 2024). In contrast, in the Indonesian cultural context, spirituality is closely linked to religious beliefs and traditional values, where family caregivers interpret caring for elderly people with dementia as a moral and spiritual duty, which is associated with the expectation of divine reward and blessings, which reduces subjectively perceived stress and supports the acceptance of the caregiving role (Widyastuti et al., 2023).

Despite cultural differences, studies agree that cognitive deterioration in itself does not eliminate a person's spiritual capacity; on the contrary, spiritual experiences, rituals or existential reflexes can persist and represent an important source of dignity, identity and psychological stability in the advanced stage of dementia (Kropf, 2024). At the same time, spirituality functions as a protective factor not only for the persons with dementia themselves, but also for their caregivers, providing a framework for coping with emotionally demanding situations, including loss, dying and the long-term burden of caregiving (Albuquerque et al., 2024).

However, the available evidence suggests a significant knowledge gap regarding the role of education in shaping spiritual needs, experiences, and strategies for maintaining dignity in people with dementia and their caregivers, as none of the included studies systematically analysed the relationship between educational levels, spiritual orientation, and the ageing process. This deficit requires further research to link education, culturally conditioned spiritual frameworks, and dementia care, and at the same time points to the need for targeted social education of professional caregivers in the area of spiritual care as an integral part of a holistic and dignity-preserving approach in health services (Widyastuti et al., 2023; Kropf, 2024; Albuquerque et al., 2024).

Table 1. Quality of life measurement tools containing the spirituality domain

Tool	Domain name and its entries
Quality of Life profile	Spiritual being (personal values, beliefs, faith)
WHOQOL-100	Religion/spirituality (religious or worldview beliefs)
Quality of Life Survey	Psychospiritual domain (life satisfaction, happiness, life goals, physical appearance, sense of control over life, religious beliefs, perception of self, mental equanimity)
Quality of Life Index	Spiritual well-being (hope, despair, religiosity, inner strength, strengthened faith)
Personal Wellbeing Index	The spiritual or religious life

Source: (Gurková, 2011)

3.Methodology

Research Questions:

1. Which spiritual and educational activities are most preferred by residents?
2. What subjective benefits are associated with participation?
3. Is religiosity associated with engagement?
4. How do participants perceive quality of life outcomes?

This study adopted a cross-sectional, descriptive, and exploratory research design based on a quantitative methodological framework. This approach was selected to capture both the structural characteristics of spiritual and educational needs among adults and seniors living in residential care institutions and the subjective meanings that individuals attribute to these needs. The conceptual background of the study is grounded in humanistic gerontology, existential psychology, and neuropsychological models of preserved emotional and procedural memory in dementia, which emphasise that even under conditions of cognitive decline, individuals retain the capacity for emotional resonance, identity continuity, and meaning-making.

The primary aim of the research was to examine the relationship between spiritual and educational activities and perceived quality of life among residents of long-term care facilities, including individuals with cognitive impairment. The study specifically sought to explore the types of activities that seniors prefer, the extent to which these activities are available and utilised within institutional settings, the subjective benefits attributed to participation, and the association between personal religiosity and engagement in spiritual practices.

Data collection was conducted in residential social service and specialised care facilities located in the Nitra Region of the Slovak Republic. Thirty-five institutions were formally contacted; four agreed to participate, resulting in a final research sample of ninety-three respondents-residents. Although the sample is regionally bounded and non-random, it represents a relevant population group characterised by functional limitations, increased dependency, and a heightened need for psychosocial and spiritual support.

The inclusion criteria included residency in a participating facility, sufficient communicative capacity to respond to the questionnaire with or without assistance, and the provision of informed consent. Individuals experiencing acute psychiatric crises, severe cognitive impairment that prevented meaningful communication, or serious medical instability were excluded from the study.

The research sample consisted of 93 residents aged between 30 and 100 years. The largest proportion belonged to the age group 75–89 years, reflecting the demographic structure typical of residential care institutions. Women were more frequently represented than men, which corresponds with general population trends in later life. An overview of the age and gender structure is provided in Table 2 „*Age structure of residents*“ and Table 3 „*Gender structure of residents*“.

Table 2. Age structure of residents

Life stage	Age range	N	%	Interpretative note
Early adulthood	30	1	1.1	Marginal presence – institutional disability care
Middle adulthood	31–45	6	6.4	Adults with long-term support needs
Late middle age	46–59	10	10.7	Transitional group towards old age
Young-old	60–74	30	32.3	Active but vulnerable seniors
Old-old	75–89	40	43.0	Core group of the study
Oldest-old	90+	6	6.5	Group with highest existential vulnerability
Total		93	100	

Source: own investigation

The gender distribution corresponds with demographic trends in later life, where women not only live longer but also more frequently reside in institutional settings. From a psychosocial perspective, women are also more likely to engage in spiritual and relational coping strategies, which may partially explain their higher willingness to participate in spiritual activities observed in the present study. The dominance of the old-old category (75–89 years) highlights the existential relevance of the research topic, as this stage of life is commonly associated with loss of autonomy, social roles, and physical or cognitive functioning. At this life stage, spirituality often becomes a key psychological resource for meaning-making, emotional regulation, and identity preservation.

Table 3. Gender structure of residents

Gender	N	%	Interpretative context
Women	54	58.1	Higher longevity, greater orientation towards spirituality
Men	39	41.9	Lower representation, typical for older adult populations
Total	93	100	

Source: own investigation

Data were collected using a self-designed structured questionnaire developed on the basis of relevant theoretical and empirical literature in the fields of geragogy, special pedagogy, spirituality, and quality of life. The instrument consisted of eight items organised into three thematic areas: basic sociodemographic and spiritual characteristics (age, gender, belief in God), interest in and participation in spiritual, educational, social, and experiential activities, and perceived meaning and benefits of these activities for personal well-being and life satisfaction. Both closed-ended and open-ended questions were included in order to capture not only measurable trends but also individual subjective experiences. Content validity was ensured through expert consultation with specialists in social work, gerontology, and spiritual care.

The data were collected between March and June 2024. Institutional staff assisted with the administration of the questionnaires and provided support to residents with sensory, physical, or mild cognitive limitations by reading the questions aloud or recording their answers. Participation was voluntary, anonymous, and without financial compensation. Quantitative data were analysed using descriptive statistical methods, including frequencies and percentages. Qualitative data derived from open-ended responses were subjected to content–frequency thematic analysis, enabling the identification of recurring categories of meaning related to spirituality, emotional well-being, and perceived quality of life. Although inferential statistical procedures were not applied due to the exploratory nature of the study and the limited sample size, the mixed-methods approach allowed for a nuanced and contextually grounded interpretation of the findings.

The research was conducted in accordance with the ethical principles of the Declaration of Helsinki. All participants were informed about the purpose of the study, the voluntary nature of their participation, and their right to withdraw at any time. Written or verbal informed consent was obtained, and anonymity and confidentiality were strictly maintained. The research protocol was approved by the internal ethics committee of the authors' institution.

The main limitations of the study include the relatively small and regionally restricted sample, the reliance on self-report measures, the absence of standardised psychometric instruments, and the cross-sectional design, which does not allow for causal inferences. Despite these limitations, the study provides valuable exploratory insights into the role of spirituality and education in the lives of seniors living in residential care and offers a foundation for further interdisciplinary research in this area.

4. Research Results

The aim of the research was to analyse the spiritual and educational needs of people with disabilities who live their lives in residential settings and also to map their interests in spiritual and educational activities in the facilities, describing how meaningful they are to them and what positive contributions they make to their lives.

Since our research was concerned with the spiritual dimension in the life of an elderly person living away from his or her family, we thought it appropriate to find out whether the residents believed in God, which is often related to their interest in spiritual activities and the practice of religious acts. The following table indicates that seniors are indeed part of a generation that professes a great deal of faith. 77 residents responded positively to the question, which represents approximately 82.8% of all residents.

Table 4. Belief in God

Belief in God	Number	Percentage
Yes	77	82.8
No	16	17.2
Total	93	100

Source: own investigation

The next question of the research instrument aimed to find out which of the listed activities the seniors would like to participate in if they were implemented in their facility. Table 5 indicates that while spiritual activities remain highly valued, music therapy (31.2%) is the most preferred activity among seniors, followed by religious services (30.1%) and bibliotherapy (25.8%).

Table 5. Interest in activities

Category	Subcategory	Frequency	%
Experiential activities	Visits to theatre performances	23/93	24,7
	Attendance at concerts	12/93	12,9
	Dance entertainment	22/93	23,7
	Music therapy (listening to music, playing a musical instrument)	29/93	31,2
	Bibliotherapy (reading books)	24/93	25,8
	Occupational therapy	19/93	20,4
	Foreign language courses	4/93	4,3
	Working with computers and other technology	8/93	8,6

Educational activities	Sightseeing tours	18/93	19,4
	Courses on good lifestyle	6/93	6,5
	Lectures and discussions on a topic of interest	18/93	19,4
Social activities	Communication and ability to get on well with people	18/93	19,4
	Playing social games	22/93	23,7
	Playing sports	9/93	9,7
Spiritual activities	Religious services	28/93	30,1
	Spiritual conversation with a priest or pastor	18/93	19,4
	Pilgrimage tours	20/93	21,5
	Spiritual Exercises	10/93	10,8

Source: own investigation

In the next question, we focused on the activities that the surveyed facilities offer to their patients. We were interested in which of these activities the residents are interested in and actively participate in. The results are identical to the previous table in terms of the order of interests (music therapy again comes first, followed by worship and bibliotherapy), but they participate in greater numbers compared to the number of responses to question four above. Approximately half of the residents participate in worship services, 26.9% are also interested in spiritual conversation with a priest or pastor, and 24.7% said they participate in various prayer devotions. Numerically fewer residents also participate in retreats, pilgrimages, or Bible meetings.

In the conducted research, we also found out the reasons why seniors participate in these activities, or how important it is for them, what positive contribution to the quality of their lives brings them participation in a variety of activities, especially spiritual and educational. Table 6 “*Importance of participation in spiritual activities*” documents the answers of individual research participants, which are evident proof of the fact that thanks to the development of the spiritual sphere of life, seniors find meaningfulness in the final stage of life and through the activities they draw new strength and zest for life, which also contributes to the overall improvement of the quality of old age. Fourteen residents also chose the open-ended “other” option, where they could indicate their opinions, from which we select: *“I believe, but I don't go to church, I don't have the need to go there; I don't believe, I don't go to church; conversations - instructions to the priest, I feel better then; I believe in God, I pray and that is enough for me; I don't think about it; I don't attend anything; I don't know the answer”*.

Table 6. *Importance of participation in spiritual activities*

Category	Subcategory	Frequency
Educational importance	I have something to do and I'm not bored	9/93
	I expand my horizon of knowledge	8/93
Spiritual meaning	I will gain new strength and zest for life	27/93
	It gives me a sense of purpose in life	22/93
	It increases the quality of my life	17/93
	It helps me to solve my own problems	15/93
	I can share my beliefs and opinions with others	7/93

Source: own investigation

Note. Percentages are calculated from $N = 93$; multiple responses allowed. ‘Other’ represents open-ended qualitative comments provided in addition to closed-ended items.

The majority of respondents (67%) reported no perceived need for further education. Twenty-six respondents (28%) expressed an interest in further education despite age- and disability-related limitations, while four respondents (4.3%) did not answer this question. In addition, 15.1% of participants (n = 14) provided qualitative comments in the open-ended 'other' field.

5. Discussion

The findings of this exploratory study indicate that spirituality and spiritually oriented activities remain subjectively meaningful for a substantial proportion of older adults living in residential care, including individuals with cognitive impairment. Rather than demonstrating causal relationships, the results describe how participants themselves interpret the role of spiritual and educational engagement in their everyday lives. This perspective corresponds with earlier research that conceptualises spirituality in dementia not as a therapeutic intervention, but as an experiential and relational dimension of human life (Palmer et al., 2020; Brijnath et al., 2022).

With the imperative for such care established, more interventions should be empirically developed and tested for those with dementia and their family members with the primary intent of spiritual care (potential models within other disease populations, including Spiritual AIM, Oncologist Assisted Spiritual Intervention Study, and Building Spiritual Strength). State-of-the-art study designs (e.g., RCTs and pragmatic RCTs) should be used to ascertain any related intervention's effectiveness and improve real-world implementation efforts. Bolstered by this research, the field could inform practice and policy to improve the quality of life for tens of millions of persons with dementia as well as their family members worldwide (Palmer et al., 2020; Brijnath et al., 2022).

The high proportion of residents who reported belief in God (82.8%) and their expressed interest in worship, music therapy, and bibliotherapy align with findings that emotionally and symbolically meaningful practices often remain accessible despite cognitive decline (Hirakawa et al., 2020; Kropf, 2024). Similar observations have been reported in culturally diverse contexts, where spiritual practices persist as sources of emotional stability and social connectedness even in advanced stages of dementia (Widyastuti et al., 2023; Albuquerque et al., 2024). However, the present data do not provide evidence that spirituality directly enhances cognitive or emotional resilience; they only indicate that participants associate these practices with positive subjective experiences.

From a neuropsychological standpoint, it has been suggested that emotional and procedural memory systems mediated by limbic and subcortical structures may remain relatively preserved in dementia (Kropf, 2024). This theoretical framework offers a possible explanation for the sustained emotional responsiveness observed in relation to music, prayer, and symbolic rituals. Nevertheless, the present study did not employ neuropsychological measures, and therefore, such interpretations must remain theoretical rather than empirically substantiated.

Participants' statements that spiritual activities provide "new strength," "a sense of purpose," or "improve quality of life" reflect subjective meaning-making processes rather than objectively measured outcomes. Similar experiential benefits have been described in studies emphasising the role of "small moments of happiness" and emotional connection in dementia care (Hirakawa et al., 2020; Ebrahimi et al., 2021). In line with Frankl's (2012) logotherapeutic framework, meaning appears to function as an adaptive resource in situations of loss and vulnerability; however, the present data cannot confirm that such meaning-making processes lead to measurable psychological change.

The contrast between participants' strong interest in spiritually meaningful activities and their relatively low motivation for further formal education suggests that experiential and relational forms of engagement may be perceived as more relevant in later life than cognitively demanding educational formats. While lifelong learning remains a central principle in geragogical and andragogical theory (Špatenková & Smékalová, 2015; Veteška, 2016), the current findings indicate

that educational programmes in institutional settings should be adapted to residents' functional capacities and subjective priorities.

The institutional context itself plays a crucial role in shaping opportunities for spiritual engagement. The fact that participation rates were highest for activities regularly offered by facilities highlights the importance of organisational support. This observation corresponds with research emphasising that spirituality in dementia care is not solely an individual trait, but also a relational and culturally embedded process supported by care environments (Widyastuti et al., 2023; Albuquerque et al., 2024). In this respect, the findings resonate with Stárek's (2025) argument that social and emotional needs of people with dementia often have an implicitly spiritual character and require structured professional support.

Although theoretical literature frequently links spirituality with dignity, identity, and meaning in later life (Frankl, 2012; Kropf, 2024), the present study does not directly measure these constructs. They are therefore employed here as interpretative lenses rather than as empirically verified outcomes. In this sense, the data primarily show that participants perceive spiritual and emotionally meaningful activities as valuable components of their daily lives, not that these practices objectively preserve dignity or identity.

Finally, the exploratory design, non-random regional sample, reliance on self-report data, and absence of standardised instruments require a cautious interpretative approach. As emphasised in methodological discussions within special pedagogy and social work (Stárek, Klugerová, & Víšek, 2023; Daňek & Klugerová, 2023), such designs are suitable for mapping under-researched phenomena but cannot support causal claims. The present findings should therefore be viewed as a basis for further inquiry. Future research using validated tools, longitudinal designs, and mixed-method approaches could clarify how spirituality, education, and emotional well-being interact across different cultural and institutional contexts. At the same time, attention should also be paid to the well-being of caregiving professionals, as psychological strain within care systems may influence the quality of relational and spiritual support provided to residents (Vlach, Klugerová, & Daněk, 2026).

6. Conclusion

The present study explored the interrelations between spirituality, educational engagement, and perceived quality of life among adults and older adults living in residential care facilities, including individuals affected by cognitive impairment. Using a cross-sectional, descriptive, and exploratory design, the research sought to capture residents' subjective experiences of spiritually and emotionally meaningful activities and to map their perceived benefits within the context of institutional care. The findings indicate that spirituality remains a salient experiential dimension for a substantial proportion of residents and that participation in spiritually framed and symbolically meaningful activities—particularly worship, music therapy, bibliotherapy, and spiritual conversations—is associated with self-reported feelings of purpose, emotional support, and enhanced quality of life.

It is essential to emphasise that the present results do not establish causal relationships between spiritual engagement and cognitive or psychological resilience. Rather, they offer a descriptive account of how residents themselves interpret the role of spiritual and educational activities in their everyday lives. In this respect, the study contributes to the growing body of interdisciplinary research that conceptualises spirituality not as a therapeutic intervention with measurable clinical outcomes, but as an experiential and relational resource embedded within the broader psychosocial and cultural context of ageing and institutional living. The findings suggest that, in later life and under conditions of disability or cognitive decline, experiential and emotionally resonant forms of engagement may be perceived as more relevant and accessible than cognitively demanding educational activities, without diminishing the theoretical importance of lifelong learning within geragogical and andragogical frameworks. From an applied perspective, the study highlights the significance of institutional environments in shaping residents' opportunities

for spiritual and emotional engagement. The higher participation rates observed in activities that were regularly offered by facilities indicate that organisational practices and care cultures play a decisive role in either enabling or constraining access to spiritually meaningful experiences. Spirituality, in this sense, should not be regarded solely as an individual attribute, but rather as a relational and context-dependent dimension of care that is co-constructed through interactions between residents, professionals, and the institutional setting. This insight underscores the necessity of integrating spiritual sensitivity and existential awareness into professional training and care models as part of a holistic, person-centred approach.

The study also draws attention to the methodological and conceptual challenges inherent in researching spirituality in populations affected by cognitive decline. The reliance on self-report measures, the use of a non-standardised research instrument, and the regional and non-random nature of the sample limit the generalisability of the findings and preclude inferential or causal interpretations.

Moreover, the cross-sectional design does not allow for the examination of changes over time or for the identification of developmental trajectories in spiritual or emotional engagement. These limitations highlight the need for future research employing validated psychometric tools, longitudinal and mixed-method designs, and culturally diverse samples in order to deepen understanding of how spirituality, education, emotional well-being, and quality of life interact across different stages of cognitive decline and in various care contexts.

Despite these constraints, the present study offers valuable exploratory insights into an under-researched area of dementia care. By foregrounding the voices and subjective experiences of residents, it emphasises the importance of acknowledging spiritual and existential dimensions as integral components of quality of life in later adulthood. The findings support the view that spirituality, understood broadly as the search for meaning, connection, and emotional coherence, remains a vital aspect of human experience even in the presence of cognitive impairment. Recognising and supporting this dimension within care and educational systems may therefore contribute to more comprehensive, ethically grounded, and human-centred models of support for older adults living with dementia.

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