Enhancing Awareness of Spiritual Life for Better Psychological Wellbeing among Senior Citizens An Educational Intervention Study in Selected Old Age Homes

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Abstract—**Background: Psychological wellbeing is an important determinant of healthy ageing. Senior citizens residing in old age homes often experience loneliness, social isolation, emotional distress, and reduced life satisfaction. Spirituality serves as an important coping resource that promotes emotional stability, resilience, and psychological wellbeing. Video Assisted Teaching (VAT) is an innovative educational strategy that enhances learning through audiovisual stimulation.**

Aim: To evaluate the effectiveness of a Video-Assisted Teaching Programme on knowledge regarding the importance of spiritual life in promoting psychological wellbeing among senior citizens residing in selected old age homes of Odisha.

Methods: A quantitative evaluative research approach with a pre-experimental one-group pre-test and post-test design was adopted. Sixty senior citizens residing in selected old age homes at Khurda were selected using non-probability purposive sampling. Data were collected using a structured knowledge questionnaire. Video assisted teaching was administered after the pre-test, and post-test assessment was conducted after seven days. Data were analyzed using descriptive and inferential statistics.

Results: The mean pre-test score was 12.4±3.2 and the mean post-test score was 23.6±2.8. The calculated paired t-value was 18.72 ($p<0.001$), indicating a statistically significant improvement in knowledge. Previous exposure to spirituality and source of information showed significant association with post-test knowledge scores.

Conclusion: Video Assisted Teaching was highly effective in improving knowledge regarding the importance of spiritual life in enhancing psychological wellbeing among senior citizens. Spiritual education can be integrated into geriatric nursing interventions to promote holistic wellbeing.

Index Terms—**Video Assisted Teaching, Spiritual Life, Psychological Wellbeing, Senior Citizens, Knowledge, Geriatric Nursing.**

I. INTRODUCTION

Ageing is a universal and inevitable process accompanied by physical, psychological, social, and spiritual changes. The increasing elderly population worldwide has raised concerns regarding the mental

health and overall wellbeing of older adults. Senior citizens residing in old age homes often experience loneliness, anxiety, depression, social isolation, and reduced psychological wellbeing due to separation from family support systems. [1]

Psychological wellbeing encompasses emotional stability, self-acceptance, life satisfaction, purpose in life, and coping ability. Research has demonstrated that spirituality contributes significantly to psychological wellbeing by helping individuals find meaning, purpose, hope, and inner peace. Spiritual practices such as prayer, meditation, reflection, forgiveness, and gratitude improve resilience and emotional adjustment among elderly populations. [2]

Institutionalized elderly individuals are particularly vulnerable to psychological distress and require supportive interventions that address not only physical but also emotional and spiritual needs. Video Assisted Teaching is an effective educational strategy that combines auditory and visual learning, enhances understanding, improves retention, and overcomes literacy barriers among elderly learners. [3]

Population ageing has become one of the most significant demographic trends of the twenty-first century. Advances in healthcare, improved living conditions, and increased life expectancy have contributed to a substantial rise in the number of older adults worldwide. According to the World Health Organization (WHO), the global population aged 60 years and above is expected to double from 1 billion in 2020 to 2.1 billion by 2050. India is also experiencing rapid population ageing, with elderly individuals constituting an increasing proportion of the population. This demographic transition presents major challenges for healthcare systems, particularly in addressing the physical, psychological, social, and spiritual needs of older adults. [4]

Ageing is a complex process characterized by progressive biological, psychological, and social changes. Older adults frequently encounter multiple stressors, including chronic illnesses, functional limitations, loss of loved ones, retirement, financial dependency, social isolation, and reduced social participation. These challenges often affect psychological wellbeing and may lead to depression, anxiety, loneliness, hopelessness, and diminished quality of life. Psychological wellbeing is a multidimensional concept encompassing emotional stability, self-acceptance, autonomy, purpose in life, personal growth, and positive relationships. Maintaining psychological wellbeing is considered an essential component of healthy and successful ageing. [5]

Senior citizens residing in old age homes are particularly vulnerable to psychological distress. Separation from family members, loss of social roles, institutional living arrangements, and limited opportunities for meaningful engagement may negatively influence their emotional health. Several studies have reported higher levels of loneliness, depression, and reduced life satisfaction among institutionalized elderly individuals compared with those living in community settings. Consequently, there is an increasing need for interventions that support emotional resilience, coping ability, and overall psychological wellbeing among elderly residents of old age homes. [6]

Spirituality has emerged as an important determinant of health and wellbeing in later life. Spirituality refers to an individual's search for meaning, purpose, connectedness, inner peace, and transcendence. Although spirituality may be expressed through religious beliefs and practices, it extends beyond formal religion and encompasses personal values, self-reflection, hope, forgiveness, gratitude, and a sense of purpose. For many older adults, spirituality serves as a valuable coping mechanism that helps them adapt to age-related challenges, illness, loss, and existential concerns. [7]

Evidence from gerontological and mental health research suggests that spirituality positively influences psychological wellbeing among older adults. Spiritual practices such as prayer, meditation, mindfulness, reflection, and participation in religious activities have been associated with reduced stress, anxiety, and depression, as well as improved emotional stability, resilience, life satisfaction, and quality of life. Spirituality provides a framework through which elderly individuals can interpret life experiences, maintain hope, and achieve emotional balance during periods of adversity. [8] Educational interventions play a crucial role in promoting awareness and understanding of health-related concepts among older adults. Structured teaching

programmes help individuals acquire knowledge, modify attitudes, and adopt positive health behaviours.[9]

In recent years, audiovisual and multimedia-based educational approaches have gained considerable attention because of their ability to enhance learning effectiveness. Video-Assisted Teaching (VAT) integrates visual and auditory stimuli, facilitating better comprehension, retention, and recall of information. According to multimedia learning theory, learners achieve greater understanding when information is presented simultaneously through visual and verbal channels.[10]

Video-assisted educational strategies are particularly beneficial for elderly learners because they simplify complex concepts, maintain attention, overcome literacy barriers, and increase learner engagement. Studies have demonstrated that video-based learning improves knowledge acquisition, motivation, participation, and long-term retention of information among adult and elderly populations. Therefore, Video-Assisted Teaching may represent an effective approach for enhancing awareness regarding spirituality and its contribution to psychological wellbeing.[11]

Nurses play a vital role in promoting holistic care and improving the quality of life of older adults. Integrating spiritual education into geriatric nursing practice may strengthen coping abilities, foster emotional wellbeing, and encourage positive ageing. Therefore, the present study was undertaken to evaluate the effectiveness of a Video-Assisted Teaching Programme on knowledge regarding the importance of spiritual life in promoting psychological wellbeing among senior citizens residing in selected old age homes of Odisha.

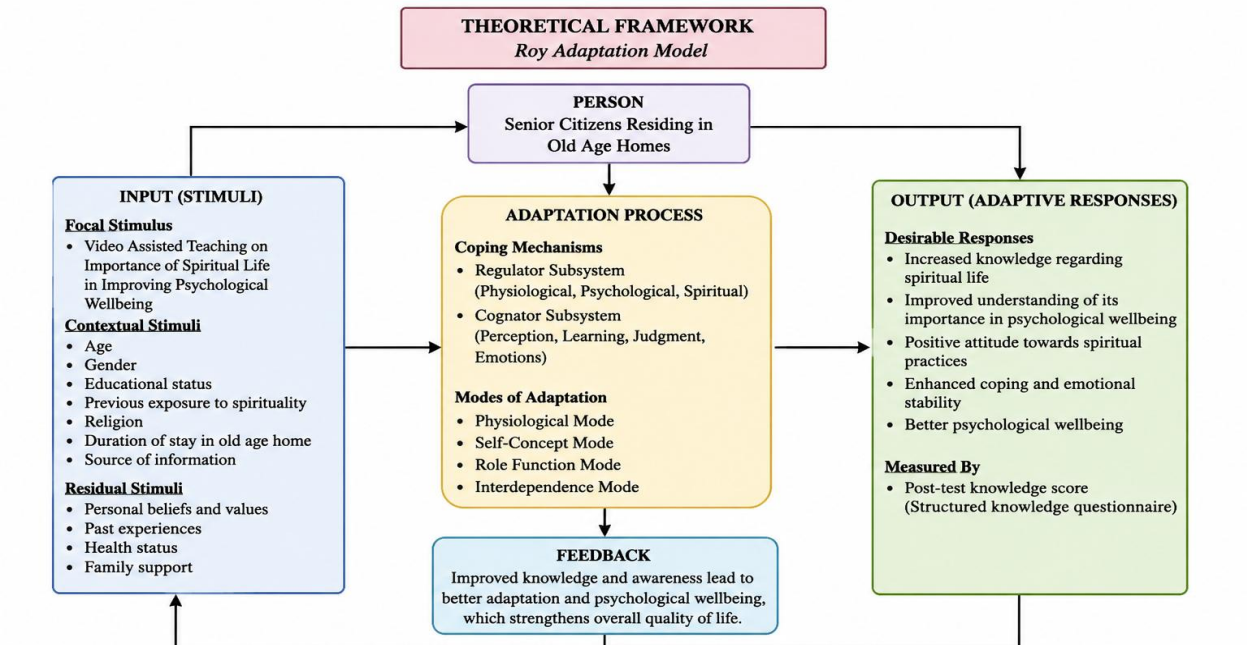

Fig- 1: Sister Callista Roy Adaptation Model

The study is based on the nursing theory of Sister Callista Roy. According to Roy, individuals continuously interact with environmental stimuli and adapt through coping mechanisms. Spiritual life acts as a positive adaptive mechanism that helps senior citizens maintain emotional balance, resilience, and psychological wellbeing. Video Assisted Teaching functions as a focal stimulus that improves knowledge and promotes adaptive responses among elderly individuals.

II. MATERIALS AND METHODS

Research Design and Setting

A quantitative evaluative research approach was adopted for the present study to assess the

effectiveness of video assisted teaching on knowledge regarding spiritual life among senior citizens.

A pre-experimental one group pre-test and post-test research design was used.

Design Representation

$O_1 \rightarrow X \rightarrow O_2$

Where:

- O_1 = Pre-test assessment of knowledge
- X = Video Assisted Teaching Programme
- O_2 = Post-test assessment of knowledge

The study was conducted in selected old age homes at Khurda district, where senior citizens reside and receive institutional care services.

Population, Sample and Sampling Technique

The target population comprised all senior citizens aged 60 years and above. The accessible population included elderly residents living in selected old age homes of Khurda district during the data collection period. Participants who met the eligibility criteria were selected using a non-probability purposive sampling technique.

Inclusion Criteria

Participants were included if they:

- Were aged 60 years and above.
- Were residing in selected old age homes.
- Were willing to participate in the study.
- Could understand and respond to the questionnaire.
- Were available during the period of data collection.

Exclusion Criteria

Participants were excluded if they:

- Were seriously ill.
- Had severe cognitive impairment.
- Were unable to communicate effectively.

Variables

Independent Variable: Video Assisted Teaching Programme regarding the importance of spiritual life.

Dependent Variable: Knowledge regarding the importance of spiritual life in improving psychological wellbeing among senior citizens.

Demographic Variables: Age, gender, educational status, marital status, religion, duration of stay in old age home, previous exposure to spiritual activities, and source of information regarding spirituality.

Tool for Data Collection

The research instrument was developed after an extensive review of literature and expert consultation. The tool consisted of two sections:

Section A: Demographic Data Proforma

This section collected information regarding:

- Age
- Gender
- Educational status
- Marital status
- Religion
- Duration of stay in the old age home
- Previous exposure to spiritual activities
- Source of information regarding spirituality

Section B: Structured Knowledge Questionnaire

The questionnaire consisted of 30 multiple-choice questions covering:

- Concept of spiritual life
- Spiritual practices
- Spirituality and ageing
- Spiritual coping
- Spirituality and psychological wellbeing
- Methods of improving inner peace

Each correct response was awarded one mark and each incorrect response received zero marks. Knowledge scores were interpreted as:

- Poor Knowledge: 0–10
- Average Knowledge: 11–20
- Good Knowledge: 21–30

Validity and Reliability

Content validity of the instrument was established through review by five nursing experts:

- Medical-Surgical Nursing (2 experts)
- Psychiatric Nursing (1 expert)
- Community Health Nursing (1 expert)
- Nursing Education (1 expert)

Necessary modifications were made according to expert recommendations.

Reliability of the structured knowledge questionnaire was established using Karl Pearson's Correlation Coefficient method. The obtained reliability

coefficient was r = 0.86, indicating high reliability. The coefficient was further corrected using the Spearman–Brown Prophecy Formula, confirming the suitability of the tool for data collection.

Data Collection Procedure

Data collection was conducted in three phases:

Phase I: Pre-test

- Rapport was established with participants.
- Purpose of the study was explained.
- Written informed consent was obtained.
- Demographic information was collected.
- Pre-test knowledge assessment was conducted using the structured questionnaire

Phase II: Intervention

- Video Assisted Teaching Programme was administered.
- Duration of intervention was approximately 30–45 minutes.
- Content included:
  - Meaning of spiritual life
  - Spiritual practices
  - Spirituality in ageing
  - Spiritual coping mechanisms
  - Spirituality and psychological wellbeing
  - Methods of promoting inner peace and emotional balance

Phase III: Post-test

- Post-test was conducted seven days after the intervention using the same structured questionnaire to assess knowledge gain.

Ethical Considerations

Ethical principles were strictly maintained throughout the study:

- Permission was obtained from the authorities of selected old age homes.
- Ethical clearance was secured from the Institutional Research/Ethics Committee.
- Written informed consent was obtained from all participants.
- Confidentiality and anonymity of participants were maintained.
- Participants were informed of their right to withdraw from the study at any stage without penalty.

Data Analysis

Data was carried out using SPSS version 21. Descriptive statistics: frequency, percentage, mean, Standard deviation. Inferential: Paired t-test was used to compare pre-test and post-test knowledge scores. Chi-square test was used to determine the association between post-test knowledge scores and selected demographic variables. A p-value less than 0.05 was considered statistically significant.

III. RESULTS

Table-1: Frequency and Percentage Distribution of Senior Citizens According to sociodemographic variable. (n=60)

Sociodemographic variables	Frequency(n)	Percentage (%)
Age group (in years) 60-65 years 66- 70years 71- 75 years Above 75 years	18 16 14 12	30% 26.7% 23.3% 20%
Gender Male Female	32 28	53.3% 46.7%
Educational status No formal education Primary education Secondary education Higher secondary & above	14 18 16 12	23.3% 30% 26.7% 20%
Marital status Married Widow Divorced Unmarried	15 35 6 4	25% 58.3% 10% 6.7%
Previous exposure to spiritual status Yes No	38 22	63.3% 36.7%
Religion Hindu Muslim Christian Others	42 8 6 4	70.0% 13.3% 10.0% 6.7%
Duration of stay in old age home <1 year 1-3 year 4-6 year >6 year	12 22 15 11	20.0% 36.7% 25.0% 18.3%
Source of information	25	41.7%

regarding spiritualities	14	23.3%
Religious programme	12	20.0%
Family members	9	15.0%
Media		
Health workers		

The above table shows that the frequency and percentage value of sociodemographic variables.

Table- 2: Distribution of Pre-Test Knowledge Scores. (n=60)

Pre- test knowledge level	Frequency (n)	Percentage (%)
Poor knowledge	26	43.3%
Average knowledge	24	40%
Good knowledge	10	16.7%

The pre-test knowledge assessment of senior citizens regarding the importance of spiritual life in improving psychological wellbeing showed that a considerable proportion of participants had inadequate knowledge before the implementation of the video-assisted teaching programme. Among the 60 participants, 26 (43.3%) had poor knowledge, 24 (40%) had average knowledge, and only 10 (16.7%) demonstrated good knowledge. These findings indicate that most senior citizens possessed insufficient knowledge prior to the intervention, highlighting the need for structured educational programmes to improve awareness regarding spiritual life and psychological wellbeing.

Table-3: Distribution of Post-Test Knowledge Scores. (n=60)

Post- test knowledge level	Frequency (n)	Percentage (%)
Poor knowledge	4	6.7%
Average knowledge	18	30%
Good knowledge	38	63.3%

The post-test knowledge level of senior citizens regarding the importance of spiritual life in improving psychological wellbeing revealed that the majority of the participants demonstrated good knowledge following the video-assisted teaching programme. Out of 60 participants, 38 (63.3%) had good knowledge, 18 (30%) had average knowledge, and only 4 (6.7%) had poor knowledge. These findings indicate a marked improvement in knowledge level after the intervention, suggesting that video-assisted teaching was effective in enhancing understanding of spiritual life and its role in promoting psychological wellbeing among senior citizens residing in the selected old age home.

Table-4.1: Comparison of Mean Knowledge Scores. (n=60)

Test	Mean	SD	Mean difference
Pre- test	12.4	3.2	11.2
Post- test	23.6	2.8	

Table-4.2: Paired t value. (n=60)

Test	Mean	SD	T value	df	P value
Pre-test	12.4	3.2	18.72	59	0.001*
Post-test	23.6	2.8			

The comparison of pre-test and post-test knowledge scores revealed a significant improvement in knowledge regarding the importance of spiritual life among senior citizens after the Video Assisted Teaching programme. The mean pre-test knowledge score was 12.4 ± 3.2, which increased to 23.6 ± 2.8 in the post-test, with a mean difference of 11.2. The calculated paired t-value was 18.72 with 59 degrees of freedom, which was found to be statistically highly significant (p = 0.001). These findings indicate that the Video Assisted Teaching programme was effective in improving the knowledge of senior citizens regarding the importance of spiritual life in enhancing psychological wellbeing.

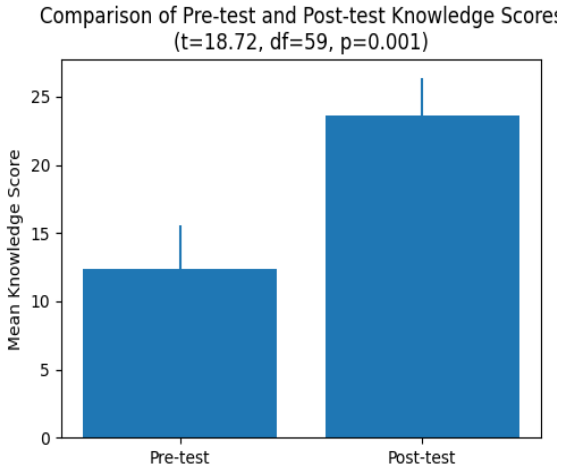

Fig-2: Comparison of both the test

Table – 5: Association between Knowledge and Selected Variables. (n=60)

Sociodemographic variables	df	Chi square value	P value
Age group (in years)	4	3.42	0.49
Gender	1	1.26	0.26
Marital status	2	5.18	0.07
Previous exposure to spiritual status	1	9.64	0.002*
Religion	3	9.27	0.40
Duration of stay in old age home	4	6.85	0.14
Source of information regarding spiritualities	3	8.21	0.042*

The association between post-test knowledge scores and selected sociodemographic variables among senior citizens residing in the old age home (n = 60) was analyzed using the Chi-square test. The results revealed that there was no statistically significant association between knowledge level and age group ($\chi^2 = 3.42$, $p = 0.49$), gender ($\chi^2 = 1.26$, $p = 0.26$), marital status ($\chi^2 = 5.18$, $p = 0.07$), religion ($\chi^2 = 2.97$, $p = 0.40$), and duration of stay in the old age home ($\chi^2 = 6.85$, $p = 0.14$), as the obtained p values were greater than 0.05. However, previous exposure to spirituality showed a statistically significant association with knowledge level ($\chi^2 = 9.64$, $p = 0.002$), indicating that participants who had prior exposure to spiritual practices possessed better knowledge scores. Similarly, source of information regarding spirituality was significantly associated with knowledge level ($\chi^2 = 8.21$, $p = 0.042$). Hence, it can be inferred that previous exposure and source of spiritual information significantly influenced the knowledge regarding spirituality among senior citizens, while other sociodemographic variables had no significant impact.

IV. DISCUSSION

The present study evaluated the effectiveness of a Video Assisted Teaching (VAT) programme on knowledge regarding the importance of spiritual life in improving psychological wellbeing among senior citizens residing in selected old age homes of Khurda, Odisha. The findings demonstrated a significant improvement in knowledge following the educational intervention, indicating that VAT is an effective strategy for promoting spiritual health awareness among elderly populations.

Before the intervention, a considerable proportion of participants had inadequate knowledge regarding the role of spirituality in psychological wellbeing. The pre-test findings showed that 43.3% of the participants had poor knowledge, 40% had average knowledge, and only 16.7% had good knowledge. These findings suggest that elderly residents of old age homes may have limited awareness regarding the benefits of spirituality in coping with ageing-related challenges and maintaining emotional wellbeing. This finding is consistent with the observations of Harold G. Koenig, who reported that many institutionalized older adults possess inadequate knowledge regarding spiritual coping mechanisms and require structured guidance to integrate spirituality into daily life. [(12)] Similarly, Monica Ardelt found that lower levels of spiritual awareness were associated with poorer emotional adjustment and reduced psychological wellbeing among older adults. [(13)]

Following the implementation of the Video Assisted Teaching programme, the majority of participants demonstrated improved knowledge, with 63.3% achieving good knowledge levels and only 6.7% remaining in the poor knowledge category. The substantial improvement observed in the post-test indicates that audiovisual educational strategies can effectively enhance understanding of spirituality and its contribution to psychological wellbeing among senior citizens. These findings are supported by the Multimedia Learning Theory proposed by Richard E. Mayer, which states that learning is enhanced when information is presented simultaneously through visual and auditory channels. Video-based teaching facilitates comprehension, attention, and retention, particularly among elderly learners who may experience literacy limitations or cognitive decline. [(14)]

The comparison of mean knowledge scores further confirmed the effectiveness of the intervention. The mean pre-test score increased from 12.4 ± 3.2 to 23.6 ± 2.8 in the post-test, with a mean difference of 11.2. The calculated paired t-value of 18.72 was statistically highly significant ($p < 0.001$), demonstrating that the observed improvement was

unlikely to have occurred by chance. These findings are comparable with those reported by Ruth Colvin Clark, who found that video-assisted educational interventions significantly improved knowledge retention and learner engagement among adult populations. Likewise, studies conducted among elderly populations have shown that audiovisual teaching methods enhance knowledge acquisition, participation, and long-term recall of health-related information. (15)

The present findings also support the nursing perspectives of Jean Watson and Sister Callista Roy. Watson emphasized holistic care that addresses spiritual dimensions of health, while Roy proposed that individuals adapt to environmental stimuli through coping mechanisms. In the current study, the Video Assisted Teaching programme acted as a positive stimulus that enhanced participants' adaptive capacity through improved knowledge regarding spirituality and psychological wellbeing. (16)

Regarding the association between knowledge and demographic variables, the study revealed significant associations between post-test knowledge scores and previous exposure to spiritual activities ($\chi^2 = 9.64$, $p = 0.002$) as well as source of information regarding spirituality ($\chi^2 = 8.21$, $p = 0.042$). Participants who had prior exposure to spiritual practices demonstrated better knowledge acquisition following the intervention. Similar findings were reported by studies examining spirituality among older adults, which found that previous engagement in religious or spiritual activities positively influences receptivity to spiritual education and health-promotion programmes. However, age, gender, religion, marital status, and duration of stay in old age homes did not show statistically significant associations with knowledge scores, suggesting that the educational intervention was effective across diverse participant groups. (17)

Overall, the findings of the present study indicate that Video Assisted Teaching is an effective, feasible, and economical educational strategy for improving knowledge regarding the importance of spiritual life in promoting psychological wellbeing among senior citizens. The results reinforce existing evidence that spirituality plays a crucial role in healthy ageing and that structured educational interventions can enhance awareness, coping ability, emotional resilience, and overall wellbeing among institutionalized elderly individuals.

V. IMPLICATIONS OF THE STUDY

Integrate spiritual care into routine geriatric services. Include spirituality and audiovisual teaching methods in nursing curricula. Organize regular spiritual health education programmes. Conduct longitudinal and experimental studies to strengthen evidence.

VI. LIMITATION

- Small sample size
- Non-probability sampling limits generalization
- Short follow-up period
- Self-reported responses may cause bias

VII. CONCLUSION

Video Assisted Teaching significantly improved knowledge regarding the importance of spiritual life in improving psychological wellbeing among senior citizens residing in old age homes. The intervention proved effective, economical, and feasible for geriatric nursing practice. Integrating spirituality-focused educational programmes into elderly care can contribute substantially to holistic health promotion and improved quality of life among senior citizens.

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Conflicts of interest

The author declares that no any conflict in this study.

Declaration of Generative AI and AI Assisted Technologies in the Writing Process

The authors declare that generative artificial intelligence (AI) and AI-assisted technologies were used only to improve the language, grammar, and readability of the manuscript. The authors reviewed and edited the content carefully and take full

responsibility for the accuracy, originality, and integrity of the final manuscript. No AI tools were used for data analysis, interpretation of results, or generation of scientific conclusions.

Ethics Approval

Permission obtained from concerned authorities. Informed consent taken from participants. Confidentiality maintained.

Data availability

The data are available and may be obtained upon reasonable request.

Abbreviation

VAT	Video Assisted Teaching
VATP	Video Assisted Teaching Programme
df	Degree of Freedom
MCQ	Multiple Choice Question
IEC	Institutional Ethics Committee
SPSS	Statistical Package for Social Sciences
QOL	Quality of Life
GDS	Geriatric Depression Scale
H_0	Null Hypothesis
H_1	Research Hypothesis
KAP	Knowledge, Attitude and Practice

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