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Spiritual Support and Psychological Well-Being among the Elderly Nuns in Mbarara Archdiocese

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Abstract: *This study examined the relationship between spiritual support and psychological well-being among elderly Catholic nuns in the Mbarara Archdiocese, Uganda. As religious congregations experience a growing aging population, spiritual support remains an important resource for promoting well-being and healthy aging. The study employed a convergent mixed-methods design. Quantitative data were collected from 213 elderly Catholic nuns aged 60 years and above using structured questionnaires, while qualitative data were obtained through interviews, focus group discussions, observations, and document reviews. Quantitative data were analyzed using descriptive statistics, Pearson correlation, and linear regression, whereas qualitative data were analyzed thematically using NVivo software. Findings revealed high levels of spiritual support (M = 3.846, SD = 0.660) and psychological well-being (M = 3.710, SD = 0.558). Correlation analysis indicated a significant positive relationship between spiritual support and psychological well-being (r = .550, p < .001). Regression results further showed that spiritual support significantly predicted psychological well-being (B = 0.465, p < .001), accounting for 30.3% of the variance in psychological well-being (R^2 = .303). Qualitative findings revealed that prayer, pastoral care, retreats, spiritual guidance, and a strong relationship with God enhanced meaning, hope, emotional stability, and purpose in life. However, challenges remained in personalized spiritual mentoring, grief counseling, and psycho-spiritual support services. The study concludes that spiritual support significantly contributes to psychological well-being among elderly Catholic nuns and recommends strengthening pastoral care, spiritual accompaniment, and psycho-spiritual interventions to promote successful and dignified aging.*

Keywords: *Spiritual support, psychological well-being, elderly Catholic nuns, spirituality, aging, pastoral care, religious life, Mbarara Archdiocese, Uganda.*

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1. Introduction

Spirituality is a fundamental dimension of Catholic religious life and serves as a primary source of identity, meaning, purpose, and resilience throughout the lifespan of consecrated women (Corwin, 2012; Wittberg, 2022). For Catholic nuns, spiritual commitment is not merely a religious practice but the foundation upon which their vocation, communal relationships, and daily activities are built. As nuns advance in age and encounter the physical, emotional, and social challenges associated with aging, spiritual support becomes increasingly important in preserving their psychological well-being and enhancing their ability to cope with life transitions (Puchalski et al., 2009).

The aging process is often accompanied by declining physical health, reduced mobility, loss of independence, and withdrawal from active ministry. These changes may present significant emotional and psychological challenges, particularly among elderly nuns who have dedicated their lives to service, prayer, and pastoral work. During this stage of life, spiritual support provides a vital source of strength by helping elderly nuns maintain a sense of purpose, hope, and connectedness to God and their religious communities (Chung & Eun-Kim, 2022). Through prayer, participation in the Eucharist, sacramental life, spiritual reflection, and communal worship, elderly nuns are able to find comfort, meaning, and acceptance amid the realities of aging and dependency.

Research has shown that spiritual practices contribute significantly to resilience, emotional regulation, life satisfaction, and psychological well-being among older adults and religious women in particular (Corwin, 2012; Chung & Eun-Kim, 2022). Spiritual support facilitates positive coping mechanisms that enable elderly nuns to navigate experiences of illness, grief, loneliness, and physical decline. It also reinforces continuity of vocational identity, allowing aging religious women to remain connected to their lifelong commitment to God and service even when active ministry becomes limited (Cahill & Diaz-Ponce, 2017).

Despite the recognized importance of spirituality, elderly nuns may face barriers that limit their engagement in spiritual activities. Illness, functional limitations, and institutional routines can reduce participation in communal prayer, liturgical celebrations, and pastoral roles that have traditionally provided meaning and fulfillment throughout their lives (Antony & Robinson, 2023). Such limitations may negatively affect their sense of vocation, spiritual connectedness, and overall psychological well-being. In Uganda, elderly nuns have frequently reported experiencing distress resulting from their inability to fully participate in Mass, sacramental celebrations, and other spiritual activities that constitute central aspects of their religious identity (Cahill & Diaz-Ponce, 2017).

Within the Mbarara Archdiocese, elderly nuns continue to reside in convent communities characterized by communal prayer, shared religious practices, and mutual support. These environments provide opportunities for spiritual nourishment and social connectedness that may enhance psychological well-being. However, increasing numbers of aging religious sisters, coupled with resource constraints and growing care demands, raise important questions regarding the adequacy of spiritual support available to elderly nuns and its influence on their well-being.

Although spirituality is widely acknowledged as a significant component of healthy aging within religious communities, empirical evidence examining the relationship between spiritual support and psychological well-being among elderly nuns in Uganda remains limited. This gap is particularly evident within the Mbarara Archdiocese, where little research has explored how spiritual support contributes to emotional stability, self-acceptance, autonomy, positive relationships, and overall psychological well-being among elderly religious women.

Therefore, this study seeks to establish the relationship between spiritual support and psychological well-being among elderly nuns in the Mbarara Archdiocese, Western Uganda. The findings are expected to contribute to the growing body of knowledge on aging within faith-based settings and provide evidence for the development of spiritually integrated elderly care interventions aimed at enhancing the psychological well-being and quality of life of elderly nuns. The study will further inform religious congregations, caregivers, policymakers, and church leaders on effective approaches to supporting the spiritual and psychological needs of aging religious women.

1.1 Statement of the Problem

Spirituality is a fundamental component of Catholic religious life and serves as a primary source of meaning, identity, hope, and coping throughout the lifespan. For elderly Catholic nuns, spiritual support through prayer, participation in the Eucharist, sacramental life, spiritual guidance, and communal worship is expected to strengthen resilience and promote psychological well-being, particularly in the face of aging-related challenges such as illness, dependency, loss of autonomy, and reduced participation in active ministry (Puchalski et al., 2009; Corwin, 2021). Within religious communities, spirituality is often assumed to provide an adequate foundation for emotional stability, self-acceptance, purpose in life, and successful adaptation to old age.

This expectation is reinforced by the communal and faith-based nature of religious life, where elderly nuns are surrounded by fellow sisters, structured prayer routines, and institutional caregiving arrangements. Ideally, these spiritual resources should facilitate positive psychological outcomes by fostering hope, acceptance, emotional regulation, and a continued sense of vocation even during periods of physical decline and increased dependence (Wittberg, 2022; Cahill & Diaz-Ponce, 2017).

However, available evidence suggests that significant gaps remain in the provision and accessibility of spiritual support among elderly Catholic nuns. Studies indicate that more than 55% of elderly religious women report unmet emotional and spiritual support needs, while many experience reduced opportunities to participate fully in Mass, communal prayer, spiritual leadership roles, and other religious activities due to illness, mobility limitations, or institutional constraints (Brandthill et al., 2001; Cahill & Diaz-Ponce, 2017). Such limitations may weaken vocational identity, reduce feelings of spiritual connectedness, and negatively affect psychological well-being.

In Uganda, the aging population of Catholic nuns continues to grow, placing increasing demands on religious congregations that often face financial constraints, shortages of caregivers, and limited specialized services for older members. Within the Mbarara Archdiocese, elderly nuns reside in convents and elderly care facilities where spiritual care is assumed to be integrated into daily life through communal worship, prayer, and religious activities. In response to the growing needs of aging religious women, initiatives such as the Sister-Led Elderly Care Network (SLECN)

have been established to strengthen elderly care through caregiver training, resource mobilization, inter-congregational collaboration, and advocacy for the welfare of elderly sisters. Nevertheless, persistent reports of emotional distress, loneliness, reduced participation in spiritual activities, and challenges associated with aging suggest that available spiritual support remains uneven and may not adequately address the evolving needs of elderly nuns (Sister-Led Elderly Care Network, 2023).

Despite the recognized importance of spirituality in promoting mental and emotional well-being, there is limited empirical evidence on the relationship between spiritual support and psychological well-being among elderly Catholic nuns in Uganda, particularly within the Mbarara Archdiocese. The absence of context-specific evidence constrains the development of effective, faith-sensitive, and evidence-based interventions aimed at strengthening psychological well-being through spiritual care. Therefore, this study examines the relationship between spiritual support and psychological well-being among elderly Catholic nuns in the Mbarara Archdiocese, Western Uganda, with the aim of generating evidence that can inform the development of holistic and spiritually responsive elderly care interventions.

1.2 Objectives of the study

To establish the relationship between spiritual support and psychological well-being among the elderly Nuns in Mbarara Archdiocese

2. Literature Review

Spiritual support is widely recognized as a fundamental component of holistic well-being, particularly among older adults who frequently encounter challenges associated with illness, loss, declining physical capacity, and existential concerns. Spiritual support encompasses a range of faith-based activities and interventions, including prayer, participation in religious services, sacramental life, spiritual counseling, religious fellowship, and opportunities for meaning-making. According to Puchalski et al. (2009), spiritual care addresses an individual's need for meaning, purpose, hope, and connectedness, thereby contributing significantly to emotional stability, coping capacity, and overall psychological well-being. As individuals age, spirituality often becomes increasingly important because it provides a framework for understanding suffering, accepting life transitions, and maintaining a sense of inner peace.

Empirical evidence consistently demonstrates a positive relationship between spirituality and psychological well-being among older adults. Corwin (2021) found that Catholic nuns who maintained strong spiritual practices were better able to embrace aging, accept physical decline, and sustain emotional well-being despite age-related challenges. Similarly, Wittberg (2022) reported that older religious women who actively engaged in prayer, communal worship, and other spiritual activities experienced greater life satisfaction, emotional balance, and a stronger sense of purpose. Spirituality has also been associated with lower levels of anxiety, depression, and psychological distress, while promoting optimism, resilience, and self-acceptance among elderly populations.

The contribution of spirituality to psychological well-being can further be explained through the bio-psycho-social-spiritual model of care, which emphasizes the integration of spiritual needs alongside physical, social, and psychological dimensions of health. Stelcer, Bendowska, and Baum (2023) observed that spiritual support strengthens coping resources and fosters inner peace, particularly among individuals experiencing chronic illness or functional decline. Through spiritual beliefs and practices, older adults are often able to reinterpret difficult experiences positively, maintain hope during adversity, and preserve a sense of dignity and meaning even under conditions of declining health.

Despite these benefits, studies indicate that spiritual challenges and decline may emerge during old age. Physical illness, reduced mobility, sensory impairments, and institutional routines can limit participation in communal worship and other religious activities. Dewi and Yupartini (2023) found that disengagement from spiritual practices may contribute to feelings of loneliness, existential distress, hopelessness, and diminished psychological well-being among older individuals. When opportunities for spiritual expression are restricted, elderly persons may experience weakened coping capacities and reduced emotional resilience. Consequently, the availability of structured spiritual support becomes increasingly important in promoting positive aging outcomes.

The significance of spiritual care was further highlighted during the COVID-19 pandemic, when restrictions on social interaction and communal religious activities disrupted traditional support systems for many older adults. Da Silva Freitas, De Oliva Menezes, and Do Amaral (2022) reported that psycho-spiritual support played a critical role in helping institutionalized elderly persons cope with isolation, uncertainty, and emotional distress during the pandemic. Their findings suggest that spiritual interventions can serve as protective factors against psychological suffering, particularly among older populations experiencing social isolation and vulnerability.

Among Catholic nuns, spirituality occupies a uniquely central position because it forms the foundation of religious vocation, identity, and daily life. Throughout their lives, nuns engage in prayer, communal worship, spiritual reflection, and religious service as integral

aspects of their commitment to God and the Church. Consequently, the maintenance of spiritual support in old age is especially important for preserving psychological well-being. Cahill and Diaz-Ponce (2017) found that spiritual continuity, participation in religious practices, and a sustained sense of vocation were among the most significant contributors to quality of life and well-being among elderly religious women. Spiritual engagement enables aging nuns to maintain a sense of purpose, belonging, and meaning despite physical decline and withdrawal from active ministry.

However, existing studies also reveal that many elderly Catholic nuns experience unmet spiritual and emotional needs. Brandthill et al. (2001) and Cahill and Diaz-Ponce (2017) observed that physical limitations, illness, and institutional constraints often reduce opportunities for elderly nuns to participate fully in Mass, communal prayer, spiritual leadership, and other faith-related activities. Such limitations may weaken perceived closeness to God, diminish vocational fulfillment, and adversely affect psychological well-being. As a result, some elderly nuns experience feelings of loneliness, emotional distress, and spiritual dissatisfaction despite residing within religious communities.

Although the relationship between spirituality and psychological well-being has received growing scholarly attention, limited research has examined this relationship among elderly Catholic nuns in Uganda. Most existing studies have been conducted in Western countries and may not adequately reflect the cultural, religious, and institutional realities of aging nuns within African contexts. Furthermore, little empirical evidence exists regarding the specific forms of spiritual support that contribute to positive psychological outcomes among elderly religious women living in communal faith-based settings.

Therefore, a significant knowledge gap remains concerning the relationship between spiritual support and psychological well-being among elderly Catholic nuns in Uganda. Addressing this gap is important for informing evidence-based and faith-sensitive approaches to elderly care within religious congregations. Consequently, the present study seeks to establish the relationship between spiritual support and psychological well-being among elderly nuns in the Mbarara Archdiocese, Western Uganda, with a view to enhancing holistic care and promoting successful aging within religious communities.

3.Methodology

The study adopted a mixed-methods approach within an interpretive-pragmatic framework to establish the relationship between spiritual support and psychological well-being among elderly Catholic nuns in the Mbarara Archdiocese, Western Uganda. A convergent mixed-methods design was employed to capture both the measurable dimensions of spiritual support and the subjective spiritual experiences that characterize religious life in old age (Creswell & Creswell, 2018; Patton, 2015). This design enabled the simultaneous collection and analysis of quantitative and qualitative data, thereby providing a comprehensive understanding of the study phenomenon.

The study was conducted among elderly Catholic nuns aged 60 years and above residing within the five dioceses of Mbarara, Kabale, Kasese, Fort Portal, and Hoima. The target population comprised 635 elderly Catholic nuns. Using Yamane's (1967) formula, a sample size of 246 respondents was determined for the quantitative component and selected through simple random sampling to ensure equal chances of participation. For the qualitative component, purposive sampling was used to select elderly nuns, chaplains, community superiors, and caregivers who possessed rich knowledge and experience regarding spiritual support and ageing.

Quantitative data were collected using a structured questionnaire measuring dimensions of spiritual support, including participation in prayer, access to sacraments, pastoral care, spiritual counselling, communal worship, and perceived closeness to God. Psychological well-being was assessed using validated scales measuring autonomy, purpose in life, self-acceptance, positive relationships, and emotional well-being. Qualitative data were collected through in-depth interviews and focus group discussions with elderly nuns and chaplains. These methods explored participants' lived experiences of spiritual support, continuity of vocation, spiritual challenges associated with ageing, and the contribution of spiritual practices to psychological well-being. Observation and document review were also employed to complement primary data collection by providing insights into institutional spiritual care practices and existing support systems within the congregations.

Quantitative data were analysed using descriptive statistics, Pearson correlation analysis, and linear regression analysis to determine the nature and strength of the relationship between spiritual support and psychological well-being. Qualitative data were transcribed, coded, and analysed thematically with the support of NVivo software. Findings from both strands were integrated during interpretation to provide a comprehensive understanding of the relationship between spiritual support and psychological well-being among elderly Catholic nuns.

The validity of the research instruments was established through expert review and computation of the Content Validity Index (CVI), while reliability was assessed using Cronbach's Alpha coefficients following pilot testing. Ethical principles were strictly observed throughout the study. Ethical approval was obtained

from the relevant authorities, informed consent was secured from all participants, confidentiality and anonymity were maintained, and respect for participants' religious beliefs, values, and spiritual sensitivities was upheld throughout the research process.

4. Results and Discussion

4.1 Respondent characteristics

This section presents the demographic and background information of the study participants, providing essential context for interpreting the subsequent findings. The respondents were elderly nuns drawn from various dioceses in Western Uganda and represented a wide range of age groups, educational backgrounds, occupational roles, and leadership experiences. Such diversity offers a comprehensive picture of the population under study and helps to explain variations in both physical care needs and psychological well-being.

Table 1:Respondent characteristics

	Freq.	Percent
Age		
60 – 64	78	36.62
65-69	22	10.33
70-74	32	15.02
75-79	30	14.08
80+ Years	51	23.94
Highest level of education		
None	4	1.88
Primary	35	16.43
Secondary	71	33.33
Tertiary	66	30.99
University	37	17.37
Occupation		
Caregiver	24	11.27
Chaplain	7	3.29
Community Member	49	22.97
Community Superior	25	11.73
Counsellor	20	9.39
Medical Personnel	18	8.45
None	23	10.8
Social Worker	47	22.06
Number of years in leadership roles		
21+ Years	42	19.72
16-20 Years	24	11.27
11-15 Years	32	15.02
5-10 Years	64	30.05
Less than 5	51	23.94
Diocese		
Fort Portal	40	18.78
Hoima	34	15.96
Kabale	48	22.54
Kasese	40	18.78
Mbarara	51	23.94

Source: Primary data 2025

The demographic characteristics of the respondents indicate a diverse representation of elderly Catholic nuns across the study area. In terms of age, the largest proportion of respondents was aged between 60 and 64 years (36.62%), followed by those aged 80 years and above (23.94%), suggesting that the study captured perspectives from both the younger-old and oldest-old segments of the population. Regarding educational attainment, respondents exhibited varying levels of education, ranging from no formal education (1.88%) to university education (17.37%). The majority had attained secondary education (33.33%) and tertiary education

(30.99%), indicating a relatively well-educated study population. The respondents also occupied diverse roles within their religious communities, including caregivers, community members, community superiors, chaplains, counsellors, medical personnel, and social workers. This diversity enriched the study by incorporating perspectives from individuals directly involved in both receiving and providing care services. Furthermore, leadership experience varied considerably among respondents. While 23.94% had served in leadership positions for less than five years, a substantial proportion (19.72%) had accumulated over 21 years of leadership experience, reflecting a broad range of administrative and pastoral exposure. Geographically, respondents were drawn from the five dioceses of Fort Portal, Hoima, Kabale, Kasese, and Mbarara within the Mbarara Ecclesiastical Province. This distribution ensured adequate representation of the different diocesan contexts and enhanced the generalizability of the findings within Western Uganda. Overall, the demographic profile demonstrates that the study captured a wide range of experiences and perspectives relevant to spiritual support, resilience, elderly care, and psychological well-being among elderly Catholic nuns.

4.2 Perception of Spiritual Support

Table 2 presents key indicators used to assess spiritual support among elderly nuns. Spiritual support refers to the guidance, resources, and practices that foster a sense of purpose, meaning, and inner well-being. The items focus on access to spiritual counseling, participation in retreats and group prayers, pastoral care, opportunities for spiritual growth, coping mechanisms for grief or loss, and the role of personal faith or relationship with a Higher Power in enhancing overall psychological and emotional well-being. Collectively, these indicators provide a comprehensive understanding of how spiritual resources contribute to the nuns' sense of fulfillment, resilience, and life satisfaction.

Table 2: Respondents' perception on Spiritual Support

Spiritual Support	n	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	Std. dev.	Interpretation
SP1. I have access to spiritual guidance or counseling.	213	2.82%	4.23%	19.25%	43.66%	30.05%	3.939	0.957	High
SP2. Regular spiritual retreats are available to me.	213	2.35%	9.86%	18.78%	35.21%	33.80%	3.883	1.060	High
SP3. I receive pastoral or chaplaincy care.	213	2.82%	6.10%	21.13%	44.13%	25.82%	3.840	0.973	High
SP4.I feel very fulfilled and satisfied with my life.	213	4.69%	6.10%	25.35%	40.38%	23.47%	3.718	1.040	High
SP5. Opportunities for spiritual growth are encouraged.	213	0.94%	3.29%	15.96%	57.28%	22.54%	3.972	0.777	High
SP6. Regular group prayers or meditations are available.	213	1.41%	4.69%	14.55%	42.25%	37.09%	4.089	0.909	High
SP7. I believe there is some real purpose for my life.	213	3.29%	6.57%	20.66%	38.50%	30.99%	3.873	1.032	High
SP8. There are resources to help me cope with grief or loss.	213	7.51%	16.43%	24.88%	35.21%	15.96%	3.357	1.155	Moderate
SP9. I receive personalized spiritual mentoring.	213	9.86%	13.15%	22.07%	39.44%	15.49%	3.376	1.186	Moderate
SP10. My relationship with God/a Higher Power contributes	213	1.41%	—	8.45%	35.68%	54.46%	4.418	0.764	Very High

Spiritual Support	n	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	Std. dev.	Interpretation
to my sense of well-being									
Overall	213						3.846	0.660	High

Key: Likert Scale :5= Strongly agree (SA) , 4= Agree (A) , 3= Not sure (NS) , 2= Disagree (D) and 1= Strongly disagree (SD).
Legend:
Likert Mean: less 3- Disagreement and greater than 3- Agreement. Legend: Very high (4.24 – 5.00), High (3.43 – 4.23), Moderate (2.62 – 3.42), Low (1.81 – 2. 61), Very Low (1.00 – 1.80)

Source: Primary data 2025

The findings indicate that elderly Catholic nuns experience high levels of spiritual support (M = 3.846, SD = 0.660). Respondents generally reported strong access to spiritual guidance, retreats, pastoral care, communal prayer, and opportunities for spiritual growth. Both qualitative and observational findings confirmed that spiritual activities are deeply integrated into community life and constitute an important source of psychological, emotional, and existential well-being among elderly nuns. However, gaps were identified in personalized spiritual mentoring and structured grief-support services.

SP1: I have access to spiritual guidance or counseling (Mean = 3.939, SD = 0.957). A majority of respondents agreed (43.66%) or strongly agreed (30.05%) that spiritual guidance is accessible. Only 7.05% disagreed or strongly disagreed, while 19.25% remained neutral. These findings suggest that spiritual counseling and guidance are readily available to most elderly nuns. Qualitative findings support this observation, with one key informant explaining, *"Retreat preachers, spiritual directors, confessors, and chaplains are available"* (KII4). Observation findings similarly revealed that chaplains and spiritual directors regularly provide guidance to community members.

SP2: Regular spiritual retreats are available to me (Mean = 3.883, SD = 1.060). Approximately 35.21% of respondents agreed and 33.80% strongly agreed that they have access to spiritual retreats. Only 12.21% disagreed, while 18.78% were neutral. This suggests that retreat opportunities are generally available, although not universally accessed. Qualitative findings reinforce this result, as one participant stated, *"Providing a directed retreat once in a year to the community. Providing a personal retreat before the renewal of vows once in a year. Providing days of reflection once a month"* (KII6). Observation findings confirmed the existence of scheduled retreats and reflection programs across most communities.

SP3: I receive pastoral or chaplaincy care (Mean = 3.840, SD = 0.973). High levels of agreement were observed, with 44.13% agreeing and 25.82% strongly agreeing that they receive pastoral care. Only 8.92% disagreed. These findings indicate that pastoral support is a significant component of spiritual care among elderly nuns. Qualitative evidence demonstrated the availability of chaplains and spiritual leaders who provide ongoing pastoral accompaniment. One participant noted that *"Every day we have mass for spiritual direction and we celebrate with others"* (KII2), highlighting the importance of regular pastoral engagement.

SP4: I feel very fulfilled and satisfied with my life (Mean = 3.718, SD = 1.040). Most respondents agreed (40.38%) or strongly agreed (23.47%) that they experience fulfillment and life satisfaction. Only 10.79% disagreed. These findings suggest that spiritual support contributes positively to overall satisfaction with life. Qualitative findings indicate that prayer, spiritual reflection, and community worship foster feelings of peace and fulfillment. One participant observed that spiritual support helps elderly nuns find *"meaning, hope, and purpose in life through prayers"* (KII8).

SP5: Opportunities for spiritual growth are encouraged (Mean = 3.972, SD = 0.777). A substantial majority agreed (57.28%) or strongly agreed (22.54%) that spiritual development is actively encouraged. Only 4.23% disagreed. Qualitative findings support this result, with participants highlighting the availability of spiritual books, talks, and reflection opportunities. As one respondent explained, *"Encouraged to read spiritual books, watch videos, listen to talks, etc."* (KII4). Observation findings similarly revealed active promotion of spiritual formation activities within the communities.

SP6: Regular group prayers or meditations are available (Mean = 4.089, SD = 0.909). Most respondents agreed (42.25%) or strongly agreed (37.09%) that group spiritual activities are readily accessible. Only 6.10% disagreed. This finding demonstrates that communal prayer remains a central aspect of life among elderly nuns. During discussions, participants emphasized the importance of shared worship, with one respondent stating, *"In our community, we have some places where we can go and pray. When they have stress, they can go there and be with the Lord"* (FGD–R1). Observation findings confirmed the regular organization of

communal prayers, Mass celebrations, and devotional activities.

SP7: I believe there is some real purpose for my life (Mean = 3.873, SD = 1.032). About 38.50% agreed and 30.99% strongly agreed that their lives continue to have meaning and purpose. These findings suggest that spirituality reinforces a positive sense of identity and vocation among elderly nuns. Qualitative findings revealed that many participants view their continued prayer life and spiritual witness as meaningful contributions to their communities. Furthermore, respondents emphasized that faith provides direction and purpose even after retirement from active ministry.

SP8: There are resources to help me cope with grief or loss (Mean = 3.357, SD = 1.155). This item received one of the lowest ratings. Although 35.21% agreed and 15.96% strongly agreed, 23.94% disagreed or strongly disagreed, while 24.88% remained neutral. These findings suggest that grief-support resources are available but not sufficiently structured or accessible to all elderly nuns. Qualitative evidence also revealed limited formal mechanisms for addressing emotional and bereavement-related challenges. Observation findings similarly showed that psychological support services are rarely integrated into spiritual care programs.

SP9: I receive personalized spiritual mentoring (Mean = 3.376, SD = 1.186). Moderate agreement was recorded, with 39.44% agreeing and 15.49% strongly agreeing. However, 23.01% disagreed and 22.07% remained neutral. These findings indicate that individualized spiritual accompaniment is less available than communal spiritual activities. Qualitative findings suggest that spiritual guidance often depends on personal initiative. One key informant explained, *"Not clear… I think when an elderly feels like they need, they ask"* (KII10). This suggests the absence of structured systems for personalized spiritual mentoring.

SP10: My relationship with God/Higher Power contributes to my sense of well-being (Mean = 4.418, SD = 0.764). This item recorded the highest mean score. About 35.68% agreed and 54.46% strongly agreed that their relationship with God is fundamental to their well-being. These findings indicate that personal faith remains the strongest source of support for elderly nuns. Qualitative evidence strongly supports this observation. One participant remarked that spiritual support enables elderly nuns to cope *"by finding meaning, hope, and purpose in life through prayers"* (KII8). Another noted that prayer and reflection help them experience God's presence in daily life.

Overall, the quantitative findings indicate that elderly Catholic nuns experience high levels of spiritual support, especially in relation to communal prayer, spiritual growth opportunities, pastoral care, spiritual guidance, and faith-based meaning-making. Qualitative and observational findings largely corroborate these results, demonstrating that spiritual activities are deeply embedded within congregational life and remain central to coping, resilience, and psychological well-being. Participants consistently highlighted the importance of prayer, retreats, communal worship, and spiritual accompaniment in sustaining hope, peace, and purpose in later life.

However, the findings also reveal important gaps in individualized spiritual care. Personalized spiritual mentoring and support for grief and emotional distress were comparatively weaker dimensions of spiritual support. This concern was reflected in the observation that support systems often depend on individual requests rather than formal structures. Consequently, while collective spiritual activities are well-established, there is a need to strengthen one-on-one spiritual direction, grief counseling, pastoral follow-up, and psycho-spiritual support services. Such interventions would promote a more holistic approach to spiritual well-being and further enhance the quality of life of elderly Catholic nuns.

4.3 Perception of psychological well-being

The Psychological Well-Being (PWB) dimension explores the mental and emotional health of elderly nuns, focusing on their autonomy, positive relationships, and self-acceptance. Conceptually, PWB is understood as a multidimensional construct that reflects an individual's ability to realize their potential, maintain meaningful relationships, cope with challenges, and experience life satisfaction (Ryff, 1989).

Autonomy assesses the extent to which individuals feel confident in expressing their opinions, make independent decisions, and evaluate themselves based on personal values rather than external influences. Positive relations examine the quality of social interactions, including trust, affection, and meaningful connections with friends, family, and community members, as well as the sense of purpose derived from social engagement. Self-acceptance evaluates respondents' satisfaction with their life experiences, confidence, and overall perception of their personality and identity.

Together, these indicators provide a comprehensive understanding of the nuns' psychological well-being, highlighting how they perceive their emotional resilience, social connectedness, and overall mental health in later life. By integrating both subjective perceptions and observable social interactions, the study situates PWB as a central framework for evaluating the holistic well-being of ageing nuns.

Table 3: Respondents' perception on psychological well-being

PSYCHOLOGICAL WELL-BEING	n	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	Std. dev.	Interpretation
Autonomy									
AUT-01 I am not afraid to voice my opinions, even when they are in opposition to others.	213	4.69%	15.96%	22.54%	37.56%	19.25%	3.507	1.114	High
AUT-02 My decisions are not usually influenced by what everyone else is doing.	213	2.82%	12.68%	27.23%	39.91%	17.37%	3.563	1.010	High
AUT-03 I judge myself by what I think is important, not by the values of others.	213	2.35%	11.27%	21.60%	41.31%	23.47%	3.723	1.020	High
AUT-04 I have confidence in my opinions, even if they differ from the general consensus.	213	1.41%	11.74%	28.64%	47.42%	10.80%	3.545	0.887	High
Positive relations									
PR-01 Most people see me as loving and affectionate.	213	2.82%	7.04%	28.64%	41.78%	19.72%	3.685	0.961	High
PR-02 I enjoy personal and mutual conversations with family members or friends.	213	2.35%	3.29%	17.84%	45.54%	30.99%	3.995	0.914	High
PR-03 I often feel lonely because I have few close friends with whom to share my concerns.	213	10.80%	23.00%	23.47%	30.99%	11.74%	3.099	1.199	Moderate
PR-04 I know that I can trust my friends, and they know they can trust me.	213	1.41%	9.86%	24.41%	46.01%	18.31%	3.700	0.929	High
PR-05 Some people wander aimlessly through life, but I am not one of them.	213	3.29%	3.76%	22.07%	42.25%	28.64%	3.892	0.973	High
Self-Acceptance									
SA-01 When I look at the story of my life, I am pleased with how things have turned out.	213	3.76%	4.23%	18.78%	40.85%	32.39%	3.939	1.010	High
SA-02 I feel confident and positive about myself.	213	1.88%	5.16%	19.25%	47.42%	26.29%	3.911	0.909	High
SA-03 I like most aspects of my personality.	213	0.47%	4.69%	25.82%	42.72%	26.29%	3.897	0.863	High
SA-04 When I compare myself to friends and acquaintances, it makes me feel good about who I am.	213	4.23%	4.69%	24.88%	41.31%	24.88%	3.779	1.011	High
Overall	213						3.710	0.558	High

Key: Likert Scale :5= Strongly agree (SA) , 4= Agree (A) , 3= Not sure (NS) , 2= Disagree (D) and 1= Strongly disagree (SD).

Legend:

Likert Mean: less 3- Disagreement and greater than 3- Agreement. Legend: Very high (4.24 – 5.00), High (3.43 – 4.23), Moderate (2.62 – 3.42), Low (1.81 – 2. 61), Very Low (1.00 – 1.80)

Source: Primary data 2025

The findings indicate that elderly Catholic nuns generally experience high levels of psychological wellbeing (M = 3.710, SD = 0.558). The dimensions of autonomy, positive relations, and self-acceptance were all positively rated. Qualitative findings further revealed that psychological wellbeing is strongly rooted in inner peace, self-worth, communal support, and spirituality.

AUT-01: I am not afraid to voice my opinions, even when they are in opposition to others (Mean = 3.507, SD = 1.114). Most respondents agreed (37.56%) or strongly agreed (19.25%) that they feel comfortable expressing their opinions. About 20.65% disagreed or strongly disagreed, and 22.54% were neutral. This suggests that the majority experience a moderate to high sense of autonomy. The qualitative findings support this observation, as participants described psychological wellbeing as involving self-confidence, openness, and emotional maturity. One participant stated, "*Psychological well-being is most inner peace with oneself. Being tolerant and open to others. Ability to control all the actions and with old age, emotions are less*" (FGD – R5), suggesting confidence in expressing personal views while maintaining harmonious relationships.

AUT-02: My decisions are not usually influenced by what everyone else is doing (Mean = 3.563, SD = 1.010). A majority agreed (39.91%) or strongly agreed (17.37%), while 15.50% disagreed or strongly disagreed and 27.23% were neutral. This indicates moderate to high self-directed decision-making among respondents. Qualitative evidence suggests that this autonomy is reinforced by strong faith and a sense of purpose, enabling elderly nuns to make decisions guided by personal values and spiritual convictions rather than external pressures.

AUT-03: I judge myself by what I think is important, not by the values of others (Mean = 3.723, SD = 1.020). High agreement was reported, with 41.31% agreeing and 23.47% strongly agreeing. Only 13.62% disagreed or strongly disagreed, reflecting strong internal guidance and self-reliance. This finding aligns with the qualitative theme of positive self-regard. As one participant explained, "*I still value myself in the community and I see everything in a very positive way. I have a meaning in life*" (FGD – R1). This demonstrates that many elderly nuns maintain a strong sense of personal worth and meaning despite the challenges associated with aging.

AUT-04: I have confidence in my opinions, even if they differ from the general consensus (Mean = 3.545, SD = 0.887). Respondents moderately agreed (47.42%) or strongly agreed (10.80%), while 13.15% disagreed, indicating generally high confidence in personal opinions. The qualitative findings further suggest that confidence is reinforced by emotional maturity developed through age, religious commitment, and life experience.

PR-01: Most people see me as loving and affectionate (Mean = 3.685, SD = 0.961). High agreement was observed, with 41.78% agreeing and 19.72% strongly agreeing, while only 9.86% disagreed or strongly disagreed. This shows that respondents perceive themselves positively in social interactions. Qualitative findings confirm the importance of interpersonal relationships in sustaining wellbeing. Participants emphasized feelings of acceptance and belonging within their religious communities.

PR-02: I enjoy personal and mutual conversations with family members or friends (Mean = 3.995, SD = 0.914). Strong agreement was evident, with 45.54% agreeing and 30.99% strongly agreeing, and only 5.64% in disagreement, indicating that meaningful social interactions are highly valued. Supporting this finding, one participant stated, "*I feel I am loved and appreciated in my community, they care and support me"* (FGD – R2). This highlights the role of social connectedness and communal solidarity in promoting emotional wellbeing.

PR-03: I often feel lonely because I have few close friends with whom to share my concerns (Mean = 3.099, SD = 1.199). Moderate agreement was reported, with 30.99% agreeing and 11.74% strongly agreeing about experiencing loneliness. In contrast, 33.80% disagreed or strongly disagreed, suggesting that while some respondents feel lonely, most maintain adequate social connections. Qualitative findings provide additional insight into this issue. Although communal support exists, participants noted the absence of structured psychosocial programmes to address emotional difficulties. One key informant observed, "*They are not helped… sometimes it depends on the personality of somebody*" (KII1), suggesting that emotional support is largely informal and may not adequately address loneliness among all elderly nuns.

PR-04: I know that I can trust my friends, and they know they can trust me (Mean = 3.700, SD = 0.929). High agreement, with 46.01% agreeing and 18.31% strongly agreeing, indicates strong mutual trust among respondents. Qualitative findings similarly reveal that feelings of love, care, and acceptance strengthen social trust and emotional security within the community.

PR-05: Some people wander aimlessly through life, but I am not one of them (Mean = 3.892, SD = 0.973). Respondents agreed (42.25%) or strongly agreed (28.64%) that they have a sense of purpose, with only 7.05% disagreeing. This reflects a strong sense of life direction and meaning. The qualitative findings reinforce this observation, with participants consistently expressing purpose and fulfillment. As one elderly nun remarked, "I still value myself in the community and I see everything in a very positive way. I have a meaning in life" (FGD – R1).

SA-01: When I look at the story of my life, I am pleased with how things have turned out (Mean = 3.939, SD = 1.010). High agreement, with 40.85% agreeing and 32.39% strongly agreeing, indicates satisfaction with life achievements and experiences. The qualitative findings suggest that such satisfaction is closely connected to a

sense of fulfillment derived from religious vocation and spiritual growth.

SA-02: I feel confident and positive about myself (Mean = 3.911, SD = 0.909). Respondents agreed (47.42%) or strongly agreed (26.29%), with only 7.04% disagreeing, reflecting strong self-confidence. This finding is supported by participants' descriptions of maintaining positive self-regard and a constructive outlook on life despite aging-related limitations.

SA-03: I like most aspects of my personality (Mean = 3.897, SD = 0.863). High agreement, with 42.72% agreeing and 26.29% strongly agreeing, and minimal disagreement (5.16%), indicates positive self-perception and acceptance. Qualitative findings further revealed that many elderly nuns have developed emotional maturity and acceptance of themselves through years of religious life and spiritual reflection.

SA-04: When I compare myself to friends and acquaintances, it makes me feel good about who I am (Mean = 3.779, SD = 1.011). Most respondents agreed (41.31%) or strongly agreed (24.88%), with only 8.92% in disagreement, reflecting healthy self-acceptance and satisfaction with personal identity. These findings correspond with narratives of self-worth, gratitude, and life satisfaction expressed during the interviews.

Overall, the quantitative findings reveal that psychological wellbeing among elderly Catholic nuns is generally high, characterized by autonomy, strong interpersonal relationships, purpose in life, and positive self-acceptance. While some respondents reported loneliness, the majority described meaningful social connections and emotional stability. The qualitative findings further demonstrate that psychological wellbeing is deeply grounded in spiritual faith, communal support, and inner peace. As one participant explained, "*Old age has made us know that everything is in God's hands*" (FGD – R4), while another emphasized that "*Visiting the Blessed Sacrament is the main point. But also going for prayers to calm down in case there are emotions*" (KII3). These findings suggest that prayer, faith, self-acceptance, and supportive relationships serve as important resources for maintaining psychological wellbeing among elderly nuns. However, the absence of structured psychological support systems observed in the qualitative findings indicates a need to complement these strengths with formal psychosocial interventions to further enhance emotional resilience and wellbeing in later life.

4.4 Correlation and regression analysis

Table 4: Correlational analysis showing the relationship between Spiritual Support and psychological well-being among the elderly nuns in western Uganda

Variable	1	2
1. Spiritual Support	1.000	
2. Psychological Well-Being	0.550 (0.000)	1.000

Source: Primary data 2025

Table 4 presents the correlational analysis examining the relationship between Spiritual Support and psychological well-being among elderly nuns in Western Uganda. The findings show a positive correlation of r = 0.550 between Spiritual Support and psychological well-being, which is statistically significant ($p < 0.001$). The results highlight the critical role of spiritual support in promoting mental health and overall life satisfaction among ageing nuns. Spiritual guidance and activities not only provide emotional comfort but also reinforce a sense of belonging, meaning, and personal fulfillment, which are essential components of psychological well-being. These findings underscore the importance of integrating structured spiritual care into elderly care programs to enhance both the mental and emotional resilience of elderly nuns.

Table 5:Regression analysis showing the relationship between Spiritual Support and psychological well-being among the elderly nuns in western Uganda

Predictor	B	SE	t	p	95% CI for B
Spiritual Support	0.465	0.049	9.58	< .001	[0.369, 0.561]
Constant	1.921	0.190	10.13	< .001	[1.548, 2.295]

$F(1, 211) = 91.69$, $p < .001$, $R^2 = .303$, Adjusted $R^2 = .300$, RMSE = 0.467.

Source: Primary data, 2025.

The regression results indicate that spiritual support has a statistically significant positive relationship with psychological well-being among elderly Catholic nuns in Western Uganda ($B = 0.465$, $t = 9.58$, $p < .001$). This implies that a one-unit increase in spiritual support is

associated with a 0.465-unit increase in psychological well-being. The positive coefficient suggests that higher levels of spiritual support, including access to prayer, pastoral care, sacraments, spiritual counseling, and closeness to God, contribute to improved psychological well-being among elderly nuns.The model was statistically significant, $F(1, 211) = 91.69$, $p < .001$, indicating that spiritual support is a significant predictor of psychological well-being. The coefficient of determination ($R^2 = .303$) shows that spiritual support explains approximately 30.3% of the variation in psychological well-being among elderly Catholic nuns, while the remaining 69.7% is attributable to other factors not included in the model. These findings demonstrate that spiritual support plays an important role in enhancing emotional stability, purpose in life, self-acceptance, and overall psychological well-being among elderly Catholic nuns.

4.5 Discussion of Findings

Empirical evidence consistently shows that spirituality and religious engagement are positively associated with psychological well-being, greater life satisfaction, and stronger emotional resilience among older adults. Spiritual involvement has been found to reduce depressive symptoms, strengthen emotional coping, and provide a sense of meaning and coherence, all of which support mental health in aging populations. Furthermore, higher levels of spiritual well-being are linked to greater resilience the ability to manage stress and maintain psychological stability highlighting the contribution of spiritual resources to emotional balance and overall life satisfaction in later life (BMC Geriatrics, 2025; BMC Psychology, 2023).

In the context of elderly nuns, the significant predictive effect of spiritual support indicates that structured and intentional spiritual care is an essential component of holistic well-being. While collective devotional activities provide general spiritual nourishment, these findings suggest that personalized spiritual mentoring, enhanced pastoral engagement, and opportunities for reflective spiritual growth can further strengthen psychological well-being. Such interventions not only foster a sense of purpose and belonging but also promote inner peace dimensions that are particularly important in later life and integral to the overall quality of life of elderly nuns.

4.6 Hypothesis testing

Based on the regression results in Table 5, the null hypothesis (Ho) that there is no statistically significant relationship between Spiritual Support and psychological well-being among elderly nuns in Western Uganda is rejected. The alternative hypothesis (H1) is supported, as Spiritual Support significantly predicts psychological well-being ($\beta = 0.465$, $p < 0.001$). This indicates that a one-unit increase in spiritual support is associated with a 0.465-unit increase in psychological well-being. The model explains approximately 30.3% of the variance in psychological well-being ($R^2 = 0.303$, Adjusted $R^2 = 0.300$), and the overall model is statistically significant ($F(1, 211) = 91.69$, $p < 0.001$). These findings highlight the important role of spiritual support in enhancing mental health and overall life satisfaction among elderly nuns. These results underscore that spiritual resources play a critical role in promoting holistic well-being among elderly nuns. While collective spiritual activities provide general nourishment, the findings suggest that structured and intentional interventions, such as personalized spiritual mentoring, enhanced pastoral engagement, and opportunities for reflective spiritual growth, are necessary to strengthen psychological well-being further. Overall, the chapter emphasizes that spiritual support is an essential dimension of elderly care, contributing to emotional balance, purpose, belonging, and inner peace, all of which are integral to the quality of life of ageing nuns.

5. Conclusion and Recommendations

5.1 Conclusion

This study established a significant positive relationship between spiritual support and psychological well-being among elderly nuns in Mbarara Archdiocese. The findings reveal that continued participation in prayer, sacraments, spiritual counseling, and religious identity reinforces inner peace, emotional balance, and meaning in life. Spiritual support enabled elderly nuns to reinterpret physical decline and aging as meaningful phases of vocation rather than loss or failure.

Elderly nuns who remained spiritually engaged exhibited lower levels of despair, anxiety, and existential distress, and higher levels of acceptance, hope, and psychological stability. The study affirms spirituality as a distinctive and indispensable dimension of care within faith-based aging contexts, functioning as a source of strength, continuity, and emotional regulation.

In conclusion, spiritual support is central to sustaining psychological well-being among elderly nuns, as it nurtures resilience, purpose, and inner harmony throughout the aging process.

5.2 Recommendations

Based on the findings of the study, the following recommendations were made.

1. Religious congregations should strengthen structured spiritual accompaniment programmes by ensuring regular access to spiritual directors, chaplains, retreats, and individualized spiritual mentoring for elderly nuns. Special attention should be given to supporting sisters experiencing grief, declining

health, and other age-related spiritual challenges.

2. Catholic dioceses and religious institutes should integrate psycho-spiritual support into elderly care programmes through age-sensitive counseling services, grief-support interventions, and pastoral care initiatives that promote both spiritual growth and psychological well-being among elderly nuns.
3. The Uganda Episcopal Conference and Catholic Church leadership should develop and implement comprehensive faith-based elderly care policies that recognize spiritual support as a central component of holistic well-being and provide clear guidelines for spiritual care, emotional support, and dignified ageing within religious communities.

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