

Life Satisfaction of Older Priests and Members of Religious Orders in Malta and Gozo

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A dissertation submitted in partial fulfilment of the requirements of the
Master of Gerontology and Geriatrics

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May 2021



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ABSTRACT

Background

The life satisfaction of oldest persons, including the oldest old, has garnered increasing attention and research as populations live longer. Psychosocial and developmental theories had to be updated to address increasing longevity. Gerontological theories like Gerotranscendence were formulated to address this emerging reality. The search for the contributing factors which contributed to a higher life satisfaction of the oldest old became an empirical must.

This study set out to explore the life satisfaction of a unique and particular subpopulation of older persons in Malta and Gozo: older priests and male and female members of religious orders. Historically occupying a prominent role in Maltese religious, cultural, and social life, this group of people's lives were shaped by particular lifestyles and choices.

Aims

This study was a first attempt to capture the level of life satisfaction of older priests and male and female religious in Malta and Gozo. Its aim was also to explore the factors which contributed to the life satisfaction of these older persons.

Design

This study was based on a quantitative research design. A four-section questionnaire which included two internationally validated measures, the Control, Autonomy, Self-Realisation, Pleasure Scale, (CASP-19), and the Gerotranscendence Scale (GS), was used to assess the life satisfaction of older priests and religious in Malta and Gozo. Gatekeepers were utilised to gather data on the population, assess eligibility, and distribute the questionnaire. Data collection was held in late 2020.

Results

Results confirmed the paradox of ageing. Older priests and religious did not show decreased life satisfaction scores as they grew older. Life satisfaction was found to be dependent on (1) health, (2) living arrangements, (3) educational level, and (4) a sense of personal autonomy.

Older diocesan priests scored higher than male religious. In turn, male affiliations scored higher than female religious on total scores for life satisfaction and gerotranscendence. Thus, confirming an association of life satisfaction with gender and affiliation. Older female religious living in convents were identified as the most impacted by multiple intersecting variables which influenced their life satisfaction in old age. Older diocesan priests living with family members also scored lower in life satisfaction scores compared to older diocesan priests living alone or in residential care. Older male religious scored lower in life satisfaction than diocesan priests and female religious when worry about finances was factored in.

Older priests and religious all grew in gerotranscendence independently of their gender, age and health status. Educational level and living arrangements were associated with higher levels of gerotranscendence.

Conclusion

This study provided a snapshot of a very unique population of older persons in Malta and Gozo: older priests and older male and female religious. It provided a wealth of information which both confirmed other research such as the paradox of ageing, and contributed further to the discussion of what impacts on the life satisfaction of this older population. The results suggested that more could be done to address, in a practical way, ways and means to improve the quality of life, wellbeing and life satisfaction of this unique population of older persons.

DEDICATION

*To my parents Carmel and Pauline,
And to those, of all ages,
who have travelled, and yet journey with me,
as elders.*

ACKNOWLEDGEMENTS

Dr Maria Aurora Fenech, supervisor for this dissertation, for her enthusiasm, tenacity, and continuous support beyond the call of duty, especially when my self-doubts crept in. Her intellectual curiosity, scientific rigour, attention to detail and unflagging positivity has helped immensely in bringing this ship to port.

The Archbishop of Malta, H.G. Mgr. Charles J. Scicluna, H.E. Auxiliary Bishop Joe Galea Curmi, the Bishops of Gozo, H.Em. Mario Cardinal Grech and Bishop Mgr. Anton Teuma for their permissions to include older diocesan priests in the study. Heartfelt thanks to Fr. Noel Vassallo and Fr. Giovanni B. Curmi, gatekeepers for the Archdiocese of Malta and Diocese of Gozo respectively, and staff at both diocesan Curias who provided statistical and historical information.

Provincial Superiors of male and female religious congregations in Malta and Gozo for their permission and support to hold this research with older male and female religious in their institutions.

The Missionary Society of St. Paul, for permission to conduct this research and for the leeway granted to me by my community to finish this project.

Mr. Sergio Laferla for assistance with data input, Prof. Anthony Fenech for statistical advice, Ms. Rozyln Scerri for proofreading, and the many friends who have helped with ideas, corrections and feedback.

And finally, the older persons, some of whom dedicated priests and religious, who have shown to me a path to ageing which is full of life and purpose.

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LIST OF ABBREVIATIONS

CASP-19:	Control, Autonomy, Self-realisation Pleasure Scale (19 item version).
GS:	Gerotranscendence Scale.
KSMR:	<i>Konferenza tas-Superjuri Magguri tar-Religjuzi</i> (Conference of Major Superiors of Religious).
LS:	Life Satisfaction
SOC:	Social Optimisation Theory
SSC:	Socioemotive Selectivity Theory.
WHO	World Health Organisation

OPERATIONAL DEFINITION OF TERMS

Activity Theory: This theory of ageing proposed that remaining as active as possible helped older persons delay the process of ageing and improve their quality of life and life satisfaction. It was developed by Robert Havighurst in 1961 and was widely seen as a reaction to Disengagement Theory.

Continuity Theory: This theory postulated that older persons tried to continue doing as much as possible the same things they did in their younger years. Continuity Theory focused on the individual and how they react to changes in their life course. Robert Atchley is the gerontologist mostly associated with this approach (Atchley, 2009).

Disengagement Theory: Developed by Elaine Cumming and William Henri in 1961, this theory postulated that there is a mutual disengagement between the ageing person and society, that is both the older person and society withdrew from each other as the older person grows in age.

Erik Erickson's Lifespan Theory: A developmental stage theory influenced by Freudian and psychoanalytic psychology. The main tenet of the theory was that development occurs in stages according to each life stage. For a person to move on to a next stage they had to negotiate a crisis which brought about maturity to the next stage (Erikson & Erikson, 1998).

Gerotranscendence: A final, ninth stage of development, in a possible natural progression towards maturation and wisdom in later life. The Theory of Gerotranscendence was developed by Lars Tornstam who postulated that older persons developed in such a way as to have new understandings of the self, relationship to others and fundamental existential questions (Tornstam, 2005).

Hierarchy of Needs: Abraham Maslow's Theory of Needs postulated a hierarchical pyramid with persons moving upwards from the most basic needs such as food and clothing, to safety needs, love and belonging, culminating in self-realisation. The theory was later revised to include also another higher level of transcendence (Koltko-Rivera, 2006).

Psychosocial Theories: The generic term for psychological, sociological and developmental theories which explore how individuals related with themselves and with other significant others and society as they matured through the different life events and stages.

Selection Optimisation and Compensation Theory: Developed by Baltes and Baltes, this Theory of Ageing postulated that older persons, employ processes which help them minimise the losses associated with ageing, and maximising gains (Paul Baltes, 1997).

Socioemotive Selectivity Theory: Developed by Laura Cartensen. This theory stated that older persons selected what was most important for them, given that they had less time to live. They chose which activities and relationships to invest in, aiming to improve their psychological wellbeing. (Cartensen, 2007).

Bishop: An ordained and consecrated minister of the Catholic Church who is generally entrusted with authority over a territory named Diocese.

Curia: The administrative centre of a Diocese or Archdiocese

Diocese: The territorial area which falls under the pastoral care of a Bishop (Diocese), or Archbishop (Archdiocese). Malta has one Diocese (Gozo), and one Archdiocese (Malta), and thus an Archbishop for Malta and a Bishop for Gozo.

Priest: An ordained minister of the Catholic Church, falling under the jurisdiction of the Bishop of the Diocese.

Provincial Superior: The elected or appointed superior in charge of members of religious congregation.

Religious (noun): A member of a religious order, congregation; a monk, friar, or nun, bound by monastic vows.

Religious Institute/Order/Congregation: A type of religious Institute in the Catholic Church. Generally, there are two types of such Institutes, Religious Orders and Religious

Congregations. In this study, the terms institute, order, and congregation were used as synonyms. The term religious communities is also similarly used.

Eudaimonic: A Greek term comes from Aristotle defining a type of happiness. This approach took the wide view that wellbeing and life satisfaction are derived from a wider sense of meaning and purpose, autonomy, self-acceptance, realisation of potential and living fully as opposed to the more immediate emotional experience captured by hedonic pleasure.

Hedonic: Originating from the term coined by Greek philosopher Aristippus, originally the term implied that the main aim of life is to increase pleasure and minimise pain. In the light of life satisfaction studies, it focused on the immediate sense of pleasure and emotional wellbeing in the moment, or subjective wellbeing.

Transcendence: The ability to go beyond normal, natural or physical limits. Often seen as synonymous with self-transcendence.

CHAPTER 1

INTRODUCTION

1.0 INTRODUCTION

This study set out to explore the lived experience of a particular subpopulation of older persons in Malta and Gozo: priests and members of religious orders. It zooms in on their level of life satisfaction as they grew older. Research on the oldest old in Malta was still in its infancy. That on older priests and religious in Malta was even more scant. This particular subpopulation is a group of people who have had a substantial impact on Maltese life and history. As an ageing society, priests and religious, both mirror and precede an ageing Maltese society. This study drew on the knowledge of the study of the oldest old in different parts of the world and saw whether the same held true for this unique Maltese cohort. This introduction defined the main concepts and constructs to be used in this work. It then explained the rationale for this study and presented the research questions posed. It laid out the methodological approach and mapped out the chapter sequence for the rest of the study.

1.1 LIFE SATISFACTION

A plethora of scientific studies explored the related themes of life satisfaction, quality of life, subjective wellbeing, happiness and other similar terms (Birren et al., 1991; Vella et al., 2019). Various attempts have been made to explore this overlap between these notions. Others note the convergence between the terms: “these definitions indicate close relationship between the constructs, happiness, subjective well-being, quality of life, and life satisfaction” (Medvedev & Landhuis, 2018, p. 2). Subtle distinctions do exist: for example, research on quality of life by the World Health Organisation (WHO), tends to gather more information about physical and mental health (*WHO | WHOQOL*, n.d.). Studies on happiness covered a range of experiences, from hedonic pleasure, to immediate psychological states like flow, to economics (Briguglio, 2015, 2019; Csikszentmihalyi, 1990). Hedonic approaches to happiness emphasised the immediate and current state of emotional wellbeing and pleasure. Life satisfaction studies differed because they encompassed a wider assessment of goals and accomplishments in life (Castel, 2018). This research adopted the term life satisfaction as the main term for assessing older persons’ state of being (Diener, 2006). Diener defined life satisfaction as a report of “how a respondent evaluates or appraises his or her life taken as a

whole, a global evaluation of life satisfaction” (p.401). Also termed the eudaimonic approach, this perspective focused less on the immediate measures of emotional states and embraced a wider perspective on themes such as meaning, integration, personal values, and congruence (Psaila, 2019). This research adopted the four main themes of control, autonomy, self-realisation and pleasure as a first measurement of life satisfaction. Similarly, the development of social gerontological theories such as Gerotranscendence introduced other factors such as transcendence, coherence, social relations and solitude, in assessing the contributing factors to life satisfaction of older persons (Tornstam, 2005). Life satisfaction is a multifaceted construct dependent on many factors. This research attempted to bring out some of the most salient variables at play in the life of the group of older persons being researched.

1.2 THE OLDEST OLD

If the field of life satisfaction was a theoretical swamp, defining who forms part of the oldest old population was equally fluid. Some argued against a strict chronological approach to classifying old age (Cohen-Mansfield et al., 2013).

The age of 60 years has often been seen as the first marker of old age. It previously marked the age of retirement up to the turn of the millennium (The Pensions Work Group, 2004). In Malta, people get their Identity Card marked showing that they are older persons at the age of 60 years, and start to enjoy privileges such as free bus and ferry fares. With retirement ages progressively coming later, the age of 65 years increasingly began to be seen as the cut-off point in many gerontological studies and datasets such as those of the United Nations, the World Health Organisation and Eurostat (Eurostat, 2020a). In terms of life expectancy, there has also been a shift towards longevity where the life expectancy at birth in Malta went up in the last century from 64.4 years in 1950 to 82.5 years in 2018 (Eurostat, 2020b). Worldwide, the number of centenarians is doubling every decade (Buettner, 2012). Old age was now no longer the short tail at the end of the lifespan, but rather a stretch of time which could span over four decades. The distinctions between young old, middle old, and oldest old, came into being to address this increasing longevity. Whilst there are various definitions of different phases of old age, this research study relied on a classification used often in gerontology, that is: the young-old (65-74 years), middle-old (75-84 years), and oldest-old (85 years and older) (Forman et al., 1992; Zizza et al., 2009). The population of this study

comprised both the oldest old, (85 years plus), and the middle old (75-84 years). In this research the term older priests and religious was used to include both categories of the middle old and the oldest old, that is over the age of 75 years.

1.3 PRIESTS AND MALE AND FEMALE RELIGIOUS IN MALTA AND GOZO

The term priests referred to Catholic male persons who studied to be priests in a seminary and served in parishes, whilst living either with their family of origin, alone, or with a group of other priests. They fell under the jurisdiction of the Archbishop or Bishop of their Diocese. In literature they are also referred to as diocesan or secular priests or clergy.

Religious are male and female members of religious institutes, orders or congregations who profess religious vows, and generally live together in community (monasteries, convents). They fall under the responsibility of their respective superiors. Canon 573 §1 of the Code of Canon Law defined religious as “a stable form of living,” whilst §2 stated that they are “canonically established by the competent ecclesiastical authority. By vows or by other sacred bonds, in accordance with the laws of their own institutes, they profess the evangelical counsels of chastity, poverty and obedience” (Beal, 2000, p. 650). Most but not all of the male members of religious orders in Malta are also priests. Some included also lay brothers. For them the Maltese term, “*patri*”(monk) and “*fra*” (lay-brother), distinguished them from diocesan priests. Because male and female religious tend to live more together, there are particular lifestyle differences in how priests and religious’ lives were lived out daily, with priests tending to live more on their own and make their own decisions, whereas religious tended to have more communal structures like shared meals and prayer times (Knox et al., 2002; Weafer, 2014).

Historically, priests and religious have played an influential, and at times crucial role, in Maltese society with involvement and leadership in religious, social, political and cultural aspects of this island’s history (Boissevain, 1969; Koster, 1984; Vassallo, 1979). Figure 1.1 gives a historical overview of this population of priests and religious in Malta and Gozo from 1950 to 2020 (Vatican, 1950, 1958,1970,1980,1990, 2000, 2010)

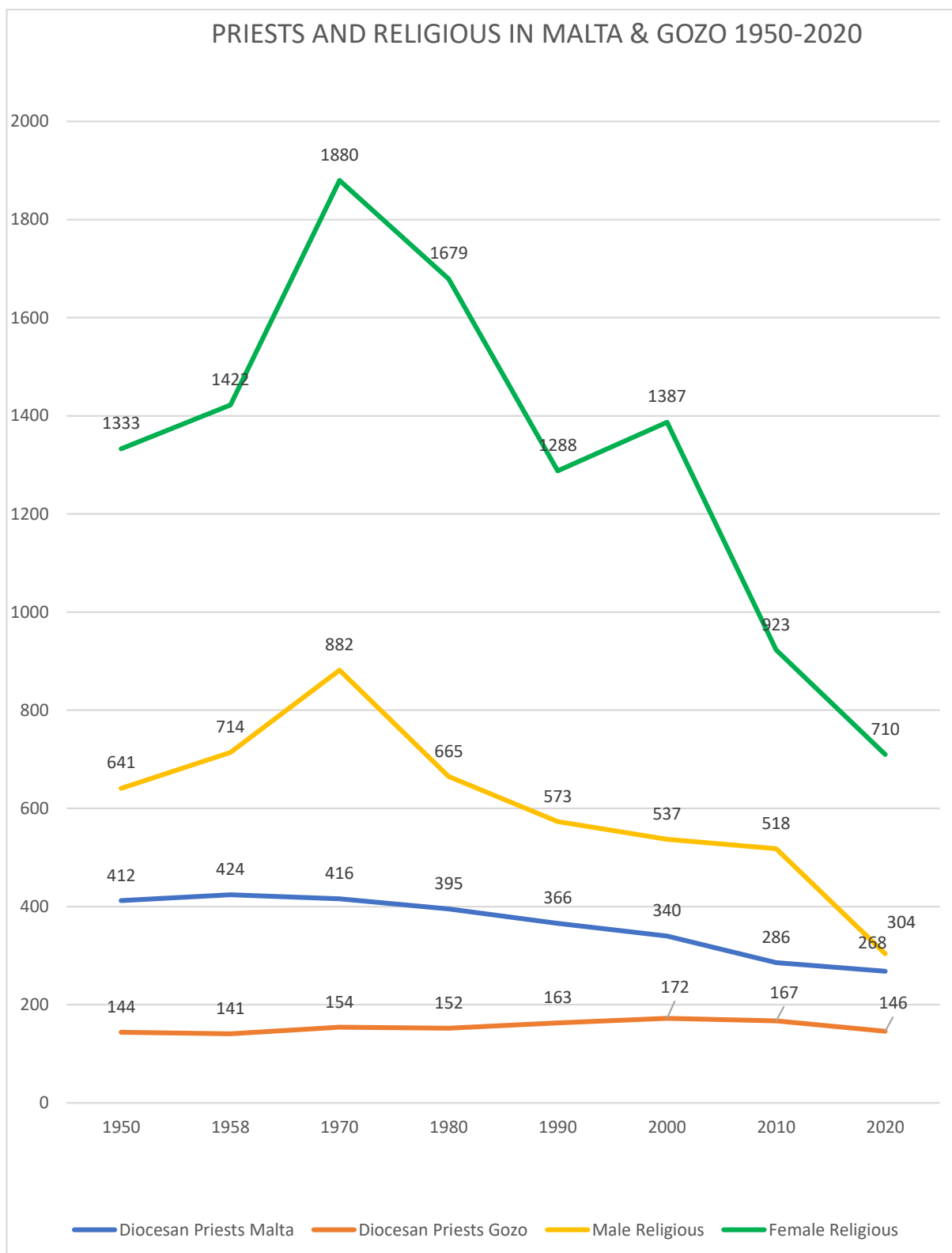


Figure 1.1: Total Number of Priests, Male and Female Religious in Malta and Gozo, 1950-2020

Note: Data compiled from Vatican Annuario Pontificio of 1950, 1958, 1970, 1980, 1990, 2000 and 2010 at Gozo Curia Archives, and Major Seminary Library, Rabat Malta. Data for 2020 from email correspondence with various persons responsible for record keeping in respective organisations. Names and dates in text.

Figure 1.1 indicated a clear surge in the number of male and female religious in the post-World War II period, whilst numbers of diocesan priests remained stable or declined slightly. This data mirrors that of the general Maltese population and other nations with baby boomer cohorts (Eurostat, 2020b). In 1970, the number of women religious peaked at 1880. Large families, and the relative prestige of the priesthood and religious life, were some of the reasons why a number of young men and women joined religious communities (Vassallo, 1979). This result was more marked for females, in part because of the effect of massive migration of men away from Malta in 1950s and 1960's (Koster, 1984). For the women in particular, this meant joining religious communities with only a primary or secondary level of education. A young woman born in 1945, who would have joined a religious congregation at around the age of 17 years in 1962, was thus aged around 75 years at the cut off point for this study in 2020. The other participants in the study were born before that date. The subsequent drastic reduction in numbers, especially for female religious after the 1970's was not exclusive to Malta. As a point of comparison the number of female religious in the United States went down from 175,954 in 1965 to 51,247 in 2013 (Piazza, 2014).

In 2021, the presenting picture showed clearly that this cohort of older priests and religious was a large group. At the end of 2020 the number of diocesan priests over 60 years in Malta stood at 57%, whilst that in Gozo was of 62%. A total of 26 % of diocesan priests in Malta and 30% of diocesan priests in Gozo were over 75 years of age at the end of 2020 (F.P.Attard, personal communication, Michelle Meli, personal communication, 19th-21st January, 2021) In the case of statistics for male and female religious the parameters were slightly different, but the emerging picture was similar. In 2020, 18.4% of male religious were aged over 80 years, with the number of female religious over the age of 80 years standing at 44.5%. Of the total number of male and female religious in Malta and Gozo, only 8.16% of female religious and 25% of male religious were under the age of 50 years (Nathalie Abela, personal communication, 18th January 2021). Figure 1.2 portrayed this schematically

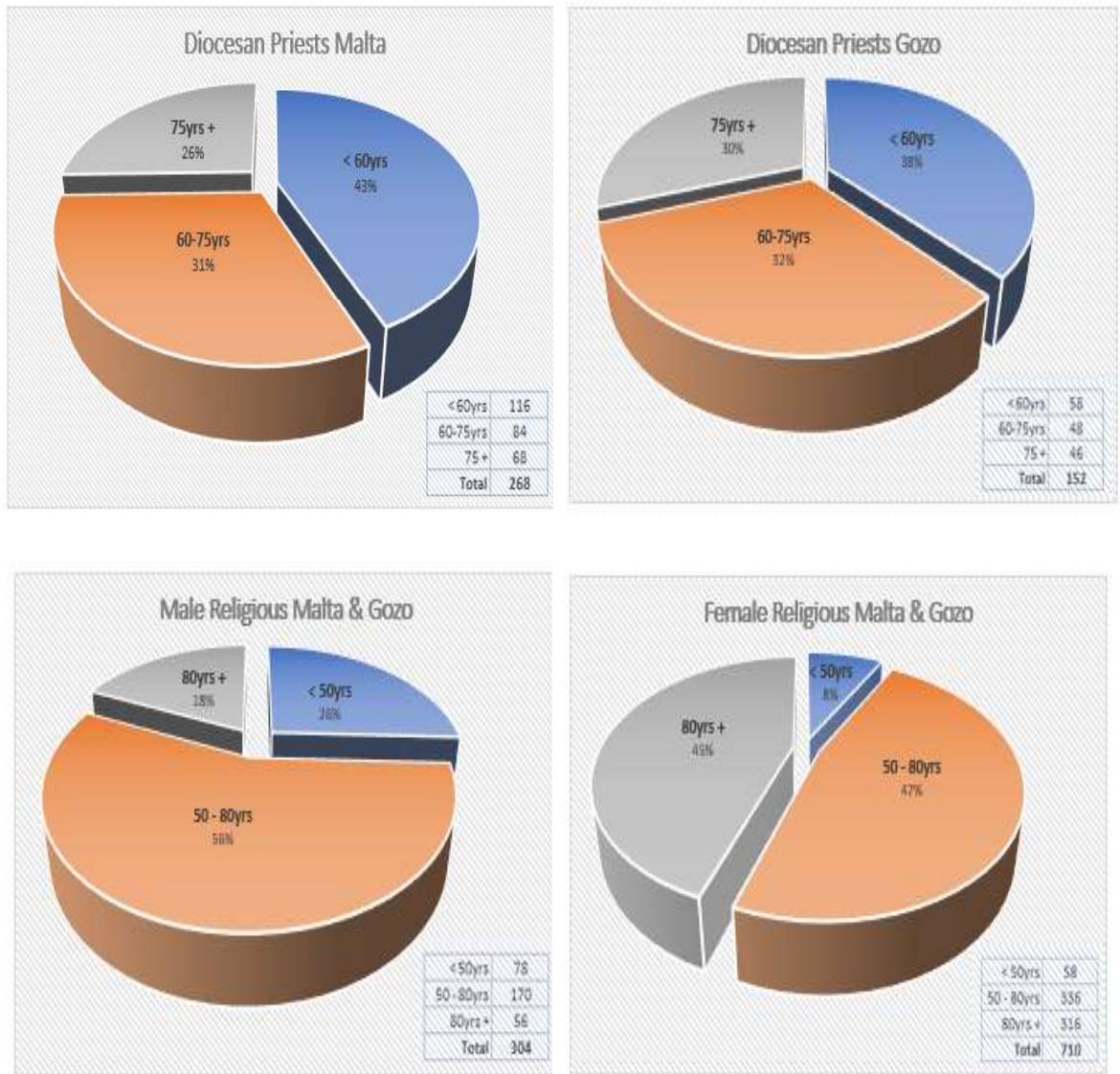


Figure 1.2: Age distribution of Diocesan Priests and All Religious in Malta and Gozo, January 2021

Note: Data compiled as at 1st January 2021. Data compiled by the *Konferenza tas-Superjuri Magguri tar-Religjuzi (KSMR)* uses different age parameters for male and female religious, than the Malta and Gozo Dioceses.

1.4 OLDER PRIESTS AND RELIGIOUS AS RESEARCH PARTICIPANTS

The presented data clearly indicated priests and religious already constituted what is termed as an “aged society” (Luy et al., 2015). Demographically, they were already where the general population would be in a few decades. They are unique subjects for gerontological study because they were already deeply marked by demographic ageing: “nuns and monks know what life in an aged society *really looks like*” (Luy et al., 2015, p. 5).

By comparison, the percentage of people aged over 65 years in Malta and Gozo stood at 18.8% in 2020. It is projected to reach 30.2% of the general population in 2060 (Eurostat, 2020a). This meant that by studying this population of priests and religious in 2020, this study would shed a light on what some aspects of ageing would look like in a few decades for the rest of the population. This offered a unique academic and research vantage point. Ageing of clergy and religious has already created real problems in parishes, convents, and monasteries, “from retirement funding, care for older members, maintenance of buildings....along with problems of morale among the remaining economically active members” (Luy et al., 2015, p. 7). This study was also held at a crucial juncture, particularly in view of the real possibility that the next decade would see the demise of a number of the religious orders currently still active in Malta and participating in this study.

Studying this group of people also held other advantages. Religious who lived in convents and monasteries shared a lot in common. A shared lifestyle eliminated a number of variables such as differences in diet, daily routines and socio-economic status. Whilst this is less the case of diocesan priests who tend to live less communally, there was still a fair amount of homogeneity (Schott & Krull, 2019). In the case of large longitudinal studies religious and priests offered the added advantage of stability as most religious and priests are easy to trace (Snowdon, 2002). Like the study on Blue Zones, which identified common lifestyle characteristics that contributed to longevity, religious life presented a unique “bubble” for study, because it maintained its own internal cultural identity and qualities (Buettner, 2012). In this sense religious communities and the clergy became microcosms which enabled gerontologists to zoom in on particular aspects of ageing. The downside to this was that these same factors made it difficult to generalise research findings gleaned from within the protected walls of convents to the general ageing population (Neuman, 2014). What contributed to life satisfaction for this population did not necessarily hold true for the rest of the general population of older persons. Inversely, the factors and determinants of life satisfaction for the oldest old which were brought out in the empirical literature were not always completely applicable to this population of older priests and religious

There was also the added bonus that priests and religious tended to look favourably on research (Jones, 2012). Other studies also noted how this group of people “are altruistic and

have a history of agreeing to studies for which they may derive little or no direct benefit” (Wilson et al., 2004, p. 281). In the words of a teaching nun donating her brain for study after her death: “this allows me an opportunity to teach even after I die” (Lerner, 2009).

Members of religious orders espoused different paradigms about ageing and retirement (Kane, 2016). Research studies have highlighted the fact that many clergy and religious define their wellbeing differently from the general population. As a cohort, they do not put as much emphasis as the general population on that holy grail of old age, independence: “instead the model of ageing is one of acceptance of meaningful decline in which old age is seen as normal part of the life course (Lagan, 2020). The same applied for the view of retirement. In many ways, whereas retirement was a clear-cut marker for many people in the workforce, for most priests and religious this was more of a fluid, and gradual transitioning. According to Canon 401 of Canon Law, the mandatory retirement age for Catholic Bishops and in active ministry is of 75 years whilst Cardinals lose their right to vote for a new Pope in a conclave at the age of 80. (Beal, 2000; Wooden, 2014). Up to the 1970’s, many religious congregations elected their abbots, and superiors for life (*ad vitam*) (Padberg, 1996). Previous to 2013, no Roman Catholic Pope had resigned office since 1415 (Benedict XVI, 2013). A recent resolution of the congregation this researcher belongs to, affirmed the idea of retirement from active ministry at the age of 75 years, yet confirmed that, “as long as one’s health permits, all members are encouraged to continue to contribute to the ministries of the congregation.” (MSSP, 2018, p. 7).

1.5 AIM OF THE STUDY

An increasingly robust body of research in gerontological circles in Malta has covered many aspects of wellbeing of older persons in Malta, with a particular emphasis on medical issues, residential care services, active and healthy ageing and geragogy (Fenech, 2015; Formosa & Galea, 2020; Mallia & Fiorini, 2003). Locally no research specifically focused on the life satisfaction of middle old and oldest old persons was found. No research done to explore the self-assessed life satisfaction of older priests and religious in Malta was traced. International literature on the life satisfaction of older priests and religious was also scarce. (Merakou et al., 2017a, 2017b) This study addressed this gap in local and international research.

The aims of this study were to

1. Assess how older priests and members of religious orders in Malta gauged their life satisfaction
2. Explore the various factors which had a significant impact on self-assessed satisfaction and non-satisfaction amongst this group.

1.6 RESEARCH QUESTIONS

The research questions for this study were formulated as follows:

1. How do older priests and members of religious life in Malta assess their own life satisfaction?
2. What factors significantly impact on their self-assessed satisfaction or non-satisfaction?

1.7 RESEARCH DESIGN

A quantitative research design was chosen for this research. The relatively stability of this cohort, made it possible for the researcher to attempt a whole population study of older priests and religious in Malta. Thus, this study became a snapshot of a particular category of older persons (priests and religious), at a particular moment in time. A printed questionnaire with measures to assess life satisfaction and gerotranscendence in old age, was used to collect data about this population's level of life satisfaction. Using gatekeepers to access this population, the study collected data in late 2020.

1.8 SIGNIFICANCE OF THE STUDY

This study was aimed to assess the situation with life satisfaction of this group of older persons. It was hoped that Church and civil authorities, policy makers and planners respond to the needs of the population of older priests and religious based on results from this study. Apart from being a first wide angle look on the self-reporting of this population, this study was significant in its scope and representativeness. It added to the increasing international body of literature on the oldest old and their life satisfaction. Like similar studies on priests and religious it was significant in that it offered an insider's look from within the world of older priests and members of religious orders.

1.9 CHAPTER SUMMARY

The next chapter reviewed the literature on the main theoretical advances in the study of psychosocial development in later life. It also reported on findings from life satisfaction research with the oldest old, and explored research studies on older priests and religious in Malta and abroad. The third chapter explored the methodology being used in researching this cohort and the way the research was set up and conducted. Chapter 4 presented the results of the study. Chapter 5 discussed the salient findings from the research, arising implications, and the strengths and limitations of the research conducted. Concluding, the final chapter proposed recommendations and possible avenues for further empirical work on the subject of life satisfaction of older priests and members of religious communities in Malta and Gozo.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

This literature review was built up mainly through searching the University of Malta Hydi search facility. A general search of the literature was carried out using the following keywords and their derivatives: life satisfaction, well being, oldest old, happiness, priests and religious/monastic communities, gerotranscendence, transcendence. Most searches were narrowed down to 2015-2020. The search included databases such as Ageline, Proquest Social Science Database, PlosOne, PsycINFO, PubMed, Taylor and Francis, SAGE Journals, and SSRN – Social Science Research Network. Studies chosen were based on their relevance to the research topic. Priority was given to quantitative, population, and longitudinal studies. Recently published books on longevity and life satisfaction in the oldest old were also reviewed. The theoretical review included reference to classical works from 20th century psychologists. The section on older priests and religious included personal conversations and email communications with priests and religious involved in similar previous research projects in Malta, including Michael Galea, Jaqueline Jones, Fr. Rene Camilleri, and archivists from the Diocese of Gozo and the Archdiocese of Malta who supplied historical data.

Whilst searches on life satisfaction and the oldest old yielded a copious number of studies, results on studies on life satisfaction and older priests and religious were meagre. For this reason, the literature review presented the findings of studies on life satisfaction and the oldest old persons in general first, followed by findings of studies on older priests and religious and their life satisfaction.

This literature review was divided into 3 sections namely,

- 1 The challenge of rising longevity to theory;
- 2 Life Satisfaction and the oldest old – research findings;
- 3 Research on older priests and religious.

2.2 DEVELOPMENTAL THEORIES IN LIGHT OF INCREASED LONGEVITY

The demographic developments of the post war period caught social psychology and the emerging field of gerontology unawares (Gawande, 2017). Increasingly social gerontologists were turning to the major humanistic theories of the 1960's and finding them inadequate to express the needs of the emerging demographic of a greying population. This led to a theoretical deficit in understanding this new reality and how to understand the life satisfaction and wellbeing of a population who lived decades longer. Good theory is needed to make sense of research findings: "the most useful practical tool for understanding is said to be a good theory" (Tornstam, 2005, p.7). The following four sections give a brief overview of theoretical developments in the field.

2.2.1 Need theory and psychosocial developmental theories – Maslow and Erikson

Social psychological and developmental theories such as those of Victor Frankl, Erik Erickson and Abraham Maslow, scrambled to account for the emerging cohort of post war and ageing baby boomers. By 1969 Abraham Maslow had revised his famous hierarchy of needs published in the 1940's and 50's to reflect a better understanding of what went beyond self-actualisation (Koltko-Rivera, 2006). Often referred to also as a needs satisfaction approach to measuring life satisfaction, subsequent theorists strived to explore how the fulfilment of needs described by Maslow, contributed to a better sense of wellbeing, and happiness (Higgs et al., 2003). Maslow realised that his original theory based on 5 levels was inadequate to explain issues such as altruism, meaning, spirituality, self-transcendence, and wisdom: qualities increasingly associated with older persons (Maslow, 1970). This led to a focus on the concept of self-transcendence in later life, an element which did not feature in early models of the need hierarchy: "transcendence refers to the very highest and most inclusive or holistic levels of human consciousness" (Garcia-Romeu et al., 2015, p. 2). Maslow's previous work on peak experience and religion, which he also revisited in his later years also influenced this revision (Maslow, 1964, 1970).

In view of criticisms that Maslow's theories lacked empirical backing, researchers like Ed Diener produced a large corpus of research instruments and studies, including the well-known "Satisfaction with Life Scales" which operationalised some of the main themes of

Maslow's work (Diener et al., 1985, 2009). Increasingly these tools started to be fine-tuned to be applied with older populations. This was particularly the case with one of the instruments chosen for this research: the Control Autonomy Self-Realisation and Pleasure Scale (CASP19) which theoretically leans on Maslow's need categorisation: "it was possible to identify areas of human need, which could be seen as domains of quality of life, but that these should include both material and post-material dimensions (Hyde, 2015).

A few decades later, Erik Erikson's life stages theory also went through major updating to respond to the reality of an increasing segment of older persons (Erikson & Erikson, 1998). The fascinating thing about Erik Erikson and his wife Joan's writings on psychosocial development is that they both lived long enough to rewrite the stages of life as they went through them themselves. Joan Erickson recounts an episode where both she and Erik realised they had jumped from the "intimacy" stage of early adulthood, straight to old age, skipping the whole stage of what was to be termed the "generativity vs stagnation" stage at the time they were parenting their own children (Erikson & Erikson, 1998). In a similar way as both he and his wife Joan entered into their late eighties, Erik Erikson revisited and "amplified the 8th stage of his developmental theory which explored the conflict between "integrity vs despair" (Tornstam, 2011, p. 166). Erikson's final and important contribution to the field was that he saw the eighth stage, (integrity vs despair), not as a tension between opposing polarities but as a movement towards wisdom: "wisdom thus transcends both integrity and despair" (Atchley, 2009, p. 84). After Erik's death, Joan Erickson, again revised the theory to include a ninth stage, and connected the dots with Tornstam's emerging work at the time on gerotranscendence (Brown & Lowis, 2003; Bugajska, 2017; Tornstam, 1997b). Like Tornstam she also reflected on the withdrawal associated with later years, referring specifically to what happens in religious life,

"I am told that even spiritual leaders in many areas of the world have responded with physical withdrawal from the over busy schedules of monasteries and convents. Perhaps the really old find a safe place to consider their states of being only in privacy and solitude. ... The race and competition are over and done with..."(Erikson & Erikson, 1998, p. 126)

Both Maslow's stage of self-transcendence and Erikson's ninth stage of development have remained virtually absent from mainstream psychology texts. An internet search for images of Erikson's stage theory which includes the 9th stage, failed to bring up any image of the revised model.

2.2.2 Theoretical developments in Gerontology – Lars Tornstam

Lars Tornstam's work at Uppsala University in Sweden was marked by his theory of Gerotranscendence, a term he coined and defined;

“the theory suggests that human ageing includes a potential to mature into a new outlook on and understanding of life. Gerotranscendence implies a shift in metaperspective, from a midlife materialistic and rational vision to a more cosmic and transcendent one, accompanied by an increase in life satisfaction” (Tornstam, 2011, p. 166).

Relying in part on Erikson's work mentioned earlier, Tornstam postulated that as people grow older, they were marked by three particular shifts:

1. A cosmic world view: older persons started to have a more expansive view of their life and reality where time, space, death and life were increasingly seen against a wider horizon.
2. Coherence: the centre of attention shifted away from oneself and there was greater self-acceptance, honesty and congruence.
3. Social Relationships and Solitude: older persons become more at ease with solitude. They were more selective about who they spent time with and the quality of relationships, rather than the quantity (Tornstam, 2005).

Critics of Tornstam have argued that his approach was very close to disengagement theory, an accusation he refuted by qualifying this type of withdrawal into solitude as a trait of positive ageing (Tornstam, 2005). Some have found Tornstam's claim that his was a paradigmatic shift of Copernican proportions to be somewhat “overstated” (Jewell, 2014, p. 114). However, the theory of Gerotranscendence and similar theories do mark an interesting shift in social gerontology which went beyond first wave gerontological theories such as disengagement, activity and continuity theories, and the ego-integrity or self-actualisation stages described in the psychosocial developmental theories presented above. Whilst the ego-integrity conflict described by Erikson was seen as a retrospective process of integration within the same paradigm, the process of gerotranscendence implied a forward looking and outward direction, including a qualitative redefinition of reality. The individual reached a fundamental acceptance of the life lived (Brown & Lewis, 2003; Tornstam, 1989).

This paradigmatic shift was particularly relevant for this research because it entertained domains such as transcendence which were more usually associated with spirituality and its effect on life satisfaction. Gerotranscendence was defined as a “broadened spiritual perspective....when an individual makes a shift from experiencing personal existence as a solitary being to experiencing existence as part of a larger being or web of being, then transcendence can be said to have occurred” (Atchley, 2009, p. 35).

2.2.3 Rehabilitating Spirituality and Transcendence in Gerontology

Empirical findings in gerontological studies started to indicate that self-transcendence and spirituality played an important part in the life satisfaction of the oldest old (Janhsen et al., 2019; Tornstam, 1997b). This assertion was not always self-evident in gerontological literature. “Gerontology as a field of knowledge and practice has lagged far behind its target population in understanding the importance of spirituality for ageing people and developing complex concepts and language about spirituality” (Atchley, 2009, p. ix). For this research spirituality was defined broadly as all that that pertained to “the to the inner field of human experience ...an intense awareness of the present, transcendence of the personal self,...a feeling of connection with all of life, the universe, a supreme being or a web of being.” (Atchley, 2009, p. 2).

Often seen as a *bete noir* of humanistic and gerontological studies in the second part of the 20th century, spirituality was gradually relegated to the obscure corners of academic programmes under esoteric titles such as the “archaeology of human belief” (Coleman, 2003, p. 103). First wave theories of ageing ignored spiritual concerns (Atchley, 2009). This started to change in response to empirical findings showing the importance of spirituality for persons as they grow older. Models of positive ageing increasingly acknowledged how, irrespective of religious affiliation or non-affiliation, a positive spirituality helped in successful ageing (Crowther et al., 2002; Rowe & Kahn, 1997). Tornstam’s theory and further research on the oldest old indicated a clear rise in transcendence and spirituality with age (Koenig et al., 2004; Rykkje et al., 2013). After retirement, many older persons tended to seek to “become part of something bigger than themselves” (Castel, 2018, p. 167). Tornstam’s theory of gerotranscendence held that as persons grow older, they gradually “transcend the biological, psychological, and social bonds that cause us all so much anxiety

...they were less afraid of death now, felt a greater connection with the universe, and got more enjoyment from their inner life.” (Atchley, 2009, pp. 115–116).

These theoretical shifts led to a renewed interest and impetus to explore the role spirituality, and related concepts such as self-transcendence and gerotranscendence, played in the life satisfaction of older persons: “gerotranscendence develops with age and seems to be associated with increased life satisfaction (Tornstam, 2011, p. 174). This approach to studying the life satisfaction of the oldest old borrowed also from Jungian psychology, and Zen Buddhism (Tornstam, 2005). Approaches such as the Age-ing to Sage-ing philosophy and others use Judaism and early Christian monasticism as other sources of inspiration. (Bianchi, 2018; Chittister, 2010; Schachter-Shalomi & Miller, 2014). These contributions have enriched the discussion on successful ageing to include dimensions previously not captured by quality of life, life satisfaction and wellbeing studies (Coleman, 2003; Janhsen et al., 2019; Levitin, 2020).

2.2.4 Socioemotional Selectivity Theory and Selective Optimisation Theory

Two further theories which have also influenced life satisfaction studies on the oldest old are Socioemotional Selectivity Theory (SST) and Selective Optimisation Theory (SOC)(Paul B. Baltes, 1997; Freund & Baltes, 2002; Reed & Carstensen, 2012). Laura Cartensen’s work on SST tended to be more positivist in approach, in analysing what happens to older persons (Levitin, 2020). In responding to the paradox of ageing, which sees older persons reporting a better sense of wellbeing and life satisfaction, SST postulated that older persons calculate time from “perceived time horizons”, rather than chronological age from birth. This particular time perspective influenced the older person in prioritizing meaningful relationships and experiences in light of constrained timeframes where “people are motivated to deepen existing relationships and to savor life” (Cartensen, 2007, p. 15). Whilst in Tornstam’s focus solitude has at times been viewed as a negative type of withdrawal, the focus of SST was more on motivation and the “positivity effect” (Jewell, 2014, Reed & Carstensen, 2012). Tornstam himself argued that the third dimension of gerotranscendence, namely social relationships and solitude was not about withdrawal, but rather a positive focusing on the relationships which were most important for the older person, such as family and close friends (Tornstam, 2011). Assuming the older person did

not have cognitive impairments, certain adaptive shifts helped the older person choose more positive experiences, environments and relationships in order to enhance their emotional wellbeing and satisfaction with life (Levitin, 2020).

Similarly, Baltes Selective Optimisation with Compensation (SOC) theory argued that older adults were not totally reactive to life events. They actively selected life goals, and optimised and compensated through adaptive strategies (Freund & Baltes, 2002). These mechanisms of compensation, optimisation and selection all helped maintain a level of functioning which bolstered psychological wellbeing irrespective of physical decline. This theory assumed a fairly high level of cognitive function and noted that it became increasingly more difficult to attain a positive balance when a person's life span, extended into "advanced old age" (Paul B. Baltes, 1997, p. 376).

2.3 LIFE SATISFACTION AND OLDER PERSONS - EMPIRICAL FINDINGS

This section gave an overview of studies exploring the life satisfaction of older persons. Stone et al.'s, seminal study on psychological wellbeing in the United States, with over 350,000 interviews, was a reference point in the discussion of happiness and life satisfaction across life (Stone et al., 2010). In Castel's words, "a funny thing happens as we get older" (Castel, 2018 p.23). A U-shaped curve indicated decreasing levels of happiness for people up to their mid-50's, with scores increasing steadily as people get older, and dipping slightly again past the age of 80 years. This phenomenon has also termed the paradox of ageing (López Ulloa et al., 2013; Reed & Carstensen, 2012). Stone et. al's study was replicated often internationally and was considered a standard benchmark in measuring Life Satisfaction (LS) and happiness over the lifespan (Gana et al., 2013; Gaymu & Springer, 2010; Steptoe et al., 2015). These results, indicating that life satisfaction in later life remains high are very striking because they defied the common misconception that life satisfaction decreased with age. These studies clearly showed that older persons actually reported fairly high levels of life satisfaction and happiness. The subject was popularised by Dan Buettner's books about Blue Zones and studies like the Harvard Longitudinal Happiness Study (Buettner, 2012; Waldinger, 2015). Whilst some of these studies focused on very particular dimensions of old age, other studies of LS of the oldest old tended to explore multiple factors.

This was especially the case in larger national and international studies (Cresswell-Smith et al., 2019;Emmy Consortium, n.d., Lara et al., 2020). Table 2.1 below presented a selected list of some of the major longitudinal studies which informed aspects of this review.

Table 2.1: Selected large scale longitudinal studies of ageing and the oldest old.

Abbreviation/ Acronym	Full name of Study/Country	Salient Features	References
BASE & BASE II	Berlin Ageing Study Germany	Initiated in 1989 in West Berlin (1990-1993). BASE II is a continuation study from 2014, currently in 3 rd wave of data)	Baltes & Mayer, 1998 https://www.mpib-berlin.mpg.de/research
CHARLS	China Health and Retirement Longitudinal Study/China	10,000 households <i>n</i> =17,500 Currently in 4 th wave. First wave in 2011	Xu, 2019
CLAS	Chinese Longitudinal Ageing Study/China	<i>n</i> =1068 Males 42.2% mean age = 72.8 years	Xiao et al., 2016
ELSA	English Longitudinal Study of Ageing/ United Kingdom	9 waves of data every two years from 2002.	Banks et al., 2019 https://www.elsa-project.ac.uk/study-documentation
ELSI - Brazil	Brazilian Longitudinal Study of Ageing/Brazil	<i>n</i> =9412. First wave in 2015/2016, waves planned every three years	Lima-Costa et al., 2018
EMMY	European Welfare Models and Mental Wellbeing in Final Years of Life/European Union	Comparative study including Finland, Italy, Norway, Spain, 2017-2019	Cresswell-Smith et al., 2019; Emmy consortium, n.d., Lara et al., 2020
HRS	Health and Retirement Study/USA	<i>n</i> =20,000, ongoing since 1990, at University of Michigan. Has generated over 5000 academic papers	Hudomiet et al., 2020
Leiden 85+	Leiden 85 Plus Study/Netherlands	<i>n</i> =599 who turned 85, between 1997-1999. Yearly measurements of social, psychiatric, functional and physical dimensions	Puvill et al., 2016
Newcastle 85+	Newcastle 85+ study/United Kingdom	<i>n</i> =1000 aged over 85.	Brittain et al., 2015
NUJLSOA	Nihon University Japanese Longitudinal Study of Ageing/Japan	Started in 1999 with 4997 participants aged over 65. Second wave in 2001, third wave in 2003	Takagi & Saito, 2013
SHARE	Survey of Health, Ageing and Retirement in Europe/ European Union	Interviews with 140,000 people in 28 countries. 8 waves, since 2004	Gwozdz & Sousa-Poza, 2010; Puvill et al., 2019
TILSA	The Irish Longitudinal Study of Ageing/ Ireland	<i>n</i> =8,504. Analyses how participants age in a 10-year period. Currently at Wave 6 (suspended because of covid-19 restrictions)	Layte et al., 2013; Ward et al., 2019 https://tilda.tcd.ie/

These studies have generated a wealth of literature from which I will try to elicit some of the most important findings.

2.3.1 Physical health, autonomy and control

Physical health was by far the most studied factor in a host of international literature (Donisi et al., 2021; Holwerda et al., 2016). Whilst health itself appears as a regular determinant of LS in old age (Cantarero-Prieto et al., 2018), it was not always a predictor (Leung et al., 2016). Many medical studies of the oldest old zoom in on particular health issues and their impact on LS. Topics included (a) oral health (Santucci & Attard, 2015), (b) low scores in activities of daily living (ADL), (Banjare et al., 2015), (c) cardiovascular risk factors, (d) diabetes, (e) sleep disorders, and (f) being free of pain (Barbera et al., 2020; Buczak-Stec et al., 2020; Nosraty et al., 2015).

On the physical level, a sense of control, autonomy and self-efficacy emerged as crucial aspects in the oldest old's efforts to maintain independence. These research findings indicated how older persons viewed control and autonomy on the physical level as a first basic element essential for life satisfaction (G. Carstensen et al., 2019; Levitin, 2020).

The relationship between increasing physical frailty in later life and LS is not, as expected, a straightforward correlation (Qin et al., 2019). Longitudinal studies like the Leiden 85+Plus Study indicated that older persons who were ill were just as satisfied with their lives as those who were healthy (Puvill et al., 2016a). An important distinction highlighted by research was that between raw medical data or physician assessments on one hand and self-rated health assessments, or perceived health on the other. Subjective health was often found to be more important than actual medical facts for older persons (Ng et al., 2017; Puvill et al., 2016a, 2019). However these same studies indicated that once extreme frailty and physical ailments accumulated, there were serious dips in quality of life and life satisfaction (Hudomiet et al., 2020). As indicated in the exploration of Balte's SOC theory, the cumulative toll and ravages of frailty, dependence, and institutionalisation finally started to curtail life satisfaction (Paul B. Baltes, 1997; Erikson & Erikson, 1998; Gwozdz & Sousa-Poza, 2010).

2.3.2 Income and Educational level

Whilst many subjective elements shaped the experience of the oldest old, income and access to resources featured regularly in studies identifying the predictors of LS. A study on Korean older persons indicated financial security as one of four elements that predicted higher LS (Lim et al., 2017). Studies highlighting the close relationship between economics and wellbeing also indicated strong association between mental wellbeing and level of income and debt for older persons (Hiilamo, 2020; López Ulloa et al., 2013).

Closely related to this was the finding that high educational attainment was positively correlated with higher scores for life satisfaction in the oldest old (Campos et al., 2014; Ng et al., 2017). In one such study from Spain, results clearly showed that life satisfaction scores increased with higher levels of education for both men and women, with women scoring relatively higher than men (Solé-Auró & Lozano, 2019).

2.3.3 Cognitive ability and mental health

Studies on Alzheimer's, Dementia, and other degenerative brain diseases, including research done with communities of monks and nuns, indicated clearly that cognitive ability was very often strongly correlated with quality of life and happiness in old-old age. Reviewing the literature, McKee & Schüz, highlighted how the perception of control played a crucial part in LS in the oldest old (McKee & Schüz, 2015). The concern of many older persons that their cognition became impaired was not just anecdotal. Cognitive health was repeatedly seen as the most important factor in determining LS among both men and women (Banjare et al., 2015). Studies showed how the oldest old had worse physical health scores but better levels of LS than younger persons particularly because of their level of mental health (Lee et al., 2020; Scelzo et al., 2018; Thomas et al., 2016).

Specifically, depression remained a huge elephant in the room of old age mental health studies. Silverston et. al's review of 74 studies on the link between depression and quality of life in older persons found a significant correlation between higher scores for depression and lower scores for quality of life (Sivertsen et al., 2015). The Amsterdam Longitudinal Ageing Study found clear links between depression, loneliness and mortality, particularly for older men (Holwerda et al., 2016).

2.3.4 Social support, isolation, and loneliness

Social support featured prominently as a recurrent theme contributing to LS in the oldest old. This area of research was more culturally nuanced. Cultures where family ties were stronger like southern Europe (Scelzo et al., 2018) and Asian countries like Korea (Lee et al., 2020), India (Banjare et al., 2015) and Japan (Takagi & Saito, 2013), reported how family support was a crucial determinant of LS in the oldest old and featured more prominently than cultures where it was less so like the USA (Nakagawa et al., 2018a). In a particularly interesting study, Enkvist et al., noted how a “sense of affinity with family, friends, neighbours or other social groups as components of social anchorage predict life satisfaction in older persons more than does the frequency of social contacts, feelings of loneliness and having personal support in hard times” (Enkvist et al., 2012 p.144). The studies on grandparenting, and intergenerational relationships showed how family relationships improved life satisfaction (Chai & Jun, 2017; Chen & Jordan, 2018).

Having insightful experiences with friends was also identified with higher LS, as opposed to having a very large circle of relationships (Donisi et al., 2021; Lara et al., 2020). Studies on this aspect of life satisfaction reported that older women had higher scores for LS than men when it came to community wellbeing. A study focusing on older men, identified belongingness as one of the main factors which contributed to a “good old age” (Carstensen et al., 2019, p. 42). Social participation was another crucial element which helped bolster the oldest old’s satisfaction with life (Au et al., 2017).

The flipside of this coin was the reality of social isolation and loneliness. The so called loneliness epidemic has often been seen as an unwelcome visitor, negatively impacting the LS of the oldest old (Alberti, 2019). In a tour de force on the subject, Fay Bound Alberti argued that whilst loneliness is a marker of all stages of life, it was particularly evident in the “silent generation” born between 1925-1945, currently the oldest old cohort, which was the target population of this research. Alberti argued that this group found it difficult to talk about their lives because of their “work hard, keep quiet ethic....it is the closing down of options available to the individual that cause loneliness even for the older infirm. It is not ageing itself, which could be an opportunity for reflection and growth” (Alberti, 2019, p. 157).

Research in this area of LS of the oldest old often focused on two main themes: a) an exploration of social isolation and loneliness in later life (Brittain et al., 2015; Ward et al., 2019) and b) increased usage of information and communication technology as a predictor of higher LS scores for the oldest old. (Schlomann et al., 2020; Sims et al., 2016).

2.3.5 Self-realisation, meaning and purpose in life

Older persons grappled with a lot of health and mental health issues. However even in advanced old age, they “view themselves as active agents, and are highly involved in a dynamic process of finding meaning in everyday life and sustaining their wellbeing through their ability to manage changes in their life brought about by the ageing process” (Carstensen et al., 2019, p. 42). This quote from a Swedish study of older men pointed to the eudaimonic wellbeing defined in the first chapter, where life satisfaction was defined not only in terms of immediate pleasure, but as a more overarching and retrospective assessment of life in general by the older persons themselves.

Positive outlooks to life and optimism have often been correlated with LS in post-retirement years (Lowis et al., 2009). Attitudes such as positivity and optimism in life indicate both higher levels of LS and even good survival prognosis independently of subjective health (Leung et al., 2016; Tilvis et al., 2012). One of the offshoots of the Nuns’ study examined the emotional content and writing style of the nuns at their point of entry in the congregation (Danner et al., 2001; Weinstein et al., 2019). This study highlighted how positive emotions articulated in these writings in early life predicted longevity. Similarly, a sense of purpose and meaning in life was strongly correlated with improved LS in advanced old age (Lee et al., 2019; Nygren et al., 2005). Research indicated that older persons did better if they had a positive attitude, something to wake up to and a purpose to do something (Steptoe et al., 2015). Conversely however, other studies found that advanced old age led to a decrease in psychological wellbeing and meaning in life (Pourebrahim & Rasouli, 2019). This was partly because the perspective of limited time, impacted the sense of meaning and life satisfaction in the oldest old, as also highlighted by Cartenensen’s SOC theory. (Palgi & Shmotkin, 2010).

2.3.6 Spirituality, Self-Transcendence and Gerotranscendence

Closely related to the findings on meaning and purpose in life in old age were the studies exploring the role of spirituality and self-transcendence in old age. These studies clearly indicated how spirituality had a positive effect on ageing (Fagan et al., 2019; Janhsen et al., 2019; Pandya, 2016). In other circumstances, spirituality and religiosity were also found to be a liability (Psaila, 2019). Spirituality informed other aspects of life for the older person, with issues such as coping with increasing frailty, palliative care, advanced directives and end of life situations (Bishop, 2011; Koenig et al., 2004; Rykkje et al., 2013). Research on older persons also highlighted the aspects of spirituality which served to foster belonging, social support and a sense of community especially in times of transition such as moving into residential homes (Borg Xuereb, 2019; Buettner, 2012).

More specifically with regards to the concept of transcendence postulated by Tornstam, research indicated that the oldest old continued to grow into gerotranscendence (Lee et al., 2020). Significant correlations with LS and successful ageing have been reported indicating that gerotranscendence was an important source of LS amongst the oldest old (Carver & Buchanan, 2016; Gondo et al., 2013; Hoshino et al., 2012; Norberg et al., 2015).

The spiritual aspect of life is very central to older priests and members of religious orders, the participants in this study. Priests and members of religious orders are steeped in traditions, habits, and rhythms of life which have also been the subject of scientific inquiry. (Thauvoye et al., 2018, 2019). Studies of priests and religious communities have tried to establish whether their particular lifestyle and way of life in itself was a contributor to LS. This subset of studies will be explored in the next section.

2.4 RESEARCH ON PRIEST AND RELIGIOUS

This section of the literature review brought together some of the findings of research on priests and religious in Malta and abroad. It tried to bridge the gap in knowledge about the life satisfaction of older priests and religious by exploring what had been found so far, in identifying the factors which influence the level of LS of this population.

2.4.1 Research on the life satisfaction of priests and religious

Stephen Rossetti's "The Happiness of Priests" a study on priests in the United States, was a milestone study on the happiness and life satisfaction of American priests (Rossetti, 2011). Based on a sample of over 2000 priests, the results showed levels of psychological health which were slightly higher than those of the general population in the United States. It also found comparatively low scores for burnout, and high scores for happiness. Replicating aspects of this study in Italy, Francis & Crea also found high levels of personal happiness among priests and religious sisters in Italy (Francis et al., 2018). John Weaver's qualitative sociological research based on extensive interviews with 33 Irish priests highlighted a particularly interesting finding on social support. Whereas most research on life satisfaction brought to the fore the importance of family as a first circle of social support, Weaver's study included also healthy friendships with other priests and colleagues as a source of encouragement and support (Weaver, 2014).

These works challenged the conventional myth that the typical Catholic priest is a lonely dispirited figure living an unhealthy life that bred sexual deviation (Lagan, 2020). This does not mean the picture is all rosy. Various other studies comparing religious priests with diocesan priests, showed fairly high levels of burnout, depression and anxiety, particularly in the diocesan priests who had less social support (Knox et al., 2002; Virginia, 1998). Some showed how priests were struggling with high anxiety scores, depression, and burnout (Bishop, 2009). In both popular and academic circles, a lack of received social support and "crowded loneliness is frequently cited as a key factor contributing to poor mental health among clergy" (Eagle et al., 2018, p. 3).

Studies focusing specifically on older priests and religious, were rare up to a couple of decades ago. That changed with the Nun Study (Riley et al., 2005; Snowdon, 2002). Essentially this study, with an initial study cohort of 678 nuns from the School Sisters of Notre Dame, included autopsies of the nuns' brains, access to their archived writings, and yearly cognitive and physical assessments. The study found that even though the brains of some nuns were ravaged by Alzheimer's, the nuns did not show any outward signs of the disease (Castel, 2018). This ongoing longitudinal study not only broke new ground in research on ageing, but has spawned a body of other studies which use religious life and the priesthood as the petri dish for studying aspects of ageing such as (a) the onset of

Alzheimer's (Riley et al., 2005), (b) autonomy and its link to longevity (Weinstein et al., 2019), (c) to emotional maturity, spirituality and a sense of optimism (Danner et al., 2001). Other studies such as the Religious Order Study and the Rush Memory and Aging Project, continue to collaborate with the Nun's study in analysing aspects of ageing, based on populations of older priests and religious, but tend to be limited to the physical aspects of ageing (Bennett et al., 2018; Wilson et al., 2004).

The Cloister study, held in German and Austrian monasteries in particular highlighted an issue which has vexed gerontologists for quite some time (Luy & Gast, 2014). Analysing a cohort of nuns and monks from Austria and Germany, the HEMOX study challenged the popular maxim that "women get sicker, men die quicker". Results from this research confirmed other studies which show that "there is a logical explanation for the so-called gender health paradox. Women do get sicker in that they typically suffer from more chronic diseases than men. However this is not because they are women but because they live longer." (Luy, 2020; Luy & Gast, 2014). This research was important because it contributed to the vast body of literature which studied gender differences in life satisfaction of the oldest old. Studies of gender differences in life satisfaction of the oldest old have often highlighted cultural differences and other social inequalities, often through a critical feminist gerontological lens (Cantarero-Prieto et al., 2018; Formosa, 2005; Nakagawa et al., 2018a). Studies on the oldest old from religious monasteries and convents eliminated some of the confounding variables in studying the effect of gender and life satisfaction, given that female and male older religious shared the same lifestyles within their communities

A rare but unique study in the difficult-to-reach population of Mount Athos in Greece, found that the monks on the reclusive island scored higher than the Greek general population for a sense of coherence, one of the sub categories of gerotranscendence. These findings were replicated in another study of monks and nuns on mainland Greece, with a better score reported for men than for women (Merakou et al., 2017a, 2017b). A study on Polish nuns and their LS found that the level of LS and wellbeing of religious nuns was higher than expected and higher than that of a control group of lay women (Skrzypińska & Chudzik, 2012).

2.4.2 Research on Priests and Religious in Malta

A number of references to clergy in Maltese academic studies, referred mostly to the role of the Catholic Church in Maltese society. Historical anthropological studies (Boissevain, 1969; Koster, 1984; Vassallo, 1979) explored the role of the clergy in the complex web of politics and religion in Malta particularly in the 19th and 20th Century. These books showed how the clergy and religious life a shaping impact had on many aspects of Maltese social life, from the interplay between church and state, to the development of philanthropy in the late 19th century, to cultural influences on the arts and architecture, to the secularisation process of the last half century (Vassallo, 1979). However, few studies delved into the personal, individual experiences of priests and religious and particularly, older ones.

Some studies which have been held in recent years with this population highlighted particular issues. Michael Galea profiled some of the strengths and weaknesses of priests in Gozo through a quantitative population study of priests which had a response rate of 52%. He reported that priests “seemed fairly satisfied with most area of their lives: specifically the majority registered a fair assessment between their work and rest (Galea, 2011, p. 865). On the other hand, issues related to celibacy were highlighted as areas of concern. An internal study commissioned by the Maltese Presbyteral Council on the wellbeing of priests in 2011, highlighted an urgent need for further support for priests in their ministry. This research included an Interpretative Phenomenological Analysis of interviews held with 10 priests but its sample included priests only up to the age of 65 years Rene Camilleri, personal communication, 28 April, 2020). A research held by Jacqueline Jones with members of religious orders in Malta in 2012, reported low maturity scales on some of Erickson’s life stages, and significant gender differences in LS in religious life, with lower scores for female religious (Jones, 2012). However, none of these studies were held exclusively with the older population of priests and religious of Malta and Gozo.

2.5 INTERSECTIONALITY: AN INTERPRETATIVE KEY FOR LIFE SATISFACTION STUDIES OF THE OLDEST OLD

The literature review presented for this research clearly indicated that the study of life satisfaction of the oldest old, and in particular studies of life satisfaction of older priests and religious consisted of a complex web of interconnected variables. Threading through this

web needs an interpretative key. Gerontology has at times been accused that it focused too much on medical data, or intrapersonal processes such as the psychosocial and developmental theories mentioned above. In the process complex power structures, culture, cohort effects, and other inter-relationships were glossed over or ignored (Charles-Ashley, 2020, Formosa, 2005). A case in point was the research on the effect of gender on life satisfaction of the oldest old. Findings were complex, multifaceted and often contradictory: they differ across geographical and cultural contexts (Cresswell-Smith et al., 2019). For this research, a feminist critical gerontological approach was employed to interpret the data. In particular, the notions of intersectionality and triple or multiple jeopardy were used as a paradigmatic frame through which a more nuanced understanding impacting the life satisfaction of older priests and religious could be arrived at. Originating from the studies of minority ageing populations such as black older women in the USA, older LGBTQIT persons, older persons with disability, and more recently older populations affected by COVID-19, such an approach highlighted the cumulative disadvantages of such populations when compared to the rest of the population of older persons (Samal, 2012; Sinclair & Abdelhafiz, 2020; Taylor & Richards, 2019). Looking at the population of this study through an intersectional lens gave the researcher the possibility to make sense of multiple intersecting, and at times, oppressing variables adversely influencing this older population.

2.6 CONCLUSION

This literature review gave an overview of some of the theoretical developments made in gerontology and related fields in order to cater for an ever-increasing population of older persons. It then delved into research findings on the main recurrent contributors to life satisfaction in the oldest old. The third section focused particularly on studies on priests and religious, bringing out the relative absence of research on the life satisfaction of this population to date. A final section explored the issue of how to interpret a multitude of research variables through a particular approach to gerontological research.

The next chapter outlined the methodology adopted for this study to assess the life satisfaction of older priests and religious in Malta and Gozo.

CHAPTER 3

METHODOLOGY

3.1 INTRODUCTION

This chapter discussed the methodological approach used for this study and how it was employed to answer the research questions posed by this study. It started with a reflection on the philosophical orientation for the research. This was followed by the procedures applied in this study including a presentation of the population cohort for the study, the inclusion and exclusion criteria, the instruments chosen and the rationale for these choices. This chapter also discussed the process of data collection through the use of gatekeepers. Ethical considerations and the process of data input and analysis were also described.

3.2 AIMS AND RESEARCH QUESTIONS

Research literature on the life satisfaction of older priests and religious internationally and in Malta, is rare. This study addressed this gap in the literature. The aims of the study were to,

1. Assess how older priests and members of religious orders in Malta gauge their life satisfaction;
2. Explore the various factors which have a significant impact on self-assessed satisfaction and non-satisfaction amongst this group.

The research questions for this study were formulated as follows:

1. How do older priests and members of religious life in Malta assess their own life satisfaction?
2. What factors significantly impact on their self-assessed satisfaction or non-satisfaction?

3.3 RESEARCH FRAMEWORK

3.3.1 Philosophical worldview

This section dealt with the philosophical and epistemological worldview that shaped the methodological design of this study (Neuman, 2014). This study adopted a post positivist approach to a particular area of gerontological knowledge: life satisfaction in a subpopulation of older persons. Positivist research focused on what is empirically directly observable. Research conducted through instruments like questionnaires, grew within a positivist approach to social sciences. However, the study of multidimensional constructs like this study's concept of life satisfaction, which included many interdependent variables and subjective experiences led to what is termed the post positivist research approach. Whilst sharing the positivist emphasis on quantifiable data, the post positivist researcher also understood that a research approach needed to factor in subjective experiences (Creswell & Creswell, 2014). Fernandez-Ballestros highlighted the shift from assessing the quality of life of older persons from a reductionist medical point of view. These studies tended to reduce quality of life to medical data. Post positivist approaches on the other hand, also roped in measures of subjective experience of this population (Fernández-Ballesteros, 2010). This marked the shift from a positivist to a post positivist paradigm. It was a move away from the methodological reductionism of raw clinical data, to wider conceptualisations which included psychological wellbeing and subjective appraisals of life satisfaction of older priests and religious. Writing from the related field of nursing, Corry et al, (2019), argued how “many other researchers have abandoned it (positivism) in favour of paradigms that they believe better incorporate the experiences, needs and aspirations of human subjects” (Corry et al., 2019, p. 9). A post positivist approach broke constructs into smaller measurable items which were then compared with each other.

3.3.2 Research Design

This study employed a quantitative research design. As an exploratory population study, this study set on researching a particular subpopulation from the general population of older persons in Malta and Gozo through a cross-sectional research design. This subpopulation was that of older priests and members of religious communities in Malta and Gozo. The

researcher himself formed part of one of these religious communities in Malta and was thus keenly interested in the subject.

The main argument in favour of a quantitative approach based on a survey was the uniqueness of the population under study and the fact that life satisfaction studies on this population of older persons had not been carried out locally. Quantitative research is “the best approach to use to test a theory or explanation” (Creswell & Creswell, 2014, p. 20). This subpopulation could thus be studied as a whole national cohort. A quantitative data approach gave the researcher the opportunity of including data from a fairly large number of persons in this population, leading to more rigorous and accurate results (Creswell & Creswell, 2014). The most often quoted limitation of quantitative research lay in the lack of personal or individual experience. However the researcher felt that this limitation was well compensated for by the choice of instruments for the questionnaire: the measures chosen included elements of subjective experience such as autonomy, self-pleasure, solitude and other emotional states (Cozort, 2008; Martin Hyde, 2015).

3.3.3 Research Method

Research was conducted through the use of a questionnaire. This study consisted of using a self-administered questionnaire to collect data from priests and members of religious orders, aged over 75 years, about their level of life satisfaction at a particular point in time. This approach brought certain advantages to this research:

1. A questionnaire asked many questions and thus explored a number of variables (Neuman, 2014). This gave the researcher the possibility to study various possible factors which potentially influence life satisfaction in the population being studied.
2. This quantitative approach enabled the researcher to take a clear snapshot of life satisfaction, more so as older priests and religious were able to complete the questionnaire within the comfort of their own homes.
3. Through this approach, the researcher was permitted to generate enough responses so the research was representative of the target population of older priests and religious over 75 years of age. Neuman (2014), described surveys as “quantitative beasts” (pg.317), as they generated large amounts of data.

This research method however also had its limitations.

1. It did not cover individual experiences and subjective nuances of the experience of older priests and religious.
2. Questionnaires always carried the risk of being misunderstood, or not understood by those responding.
3. Some participants potentially replied though a sense of obligation or need to please the gatekeepers and/or researcher through social desirability bias (Fastame et al., 2019).

Notwithstanding these limitations, the self-administered questionnaire was deemed to be the most effective way to capture the level of life satisfaction of older priests and religious.

3.4 HYPOTHESIS

From within the post positivist paradigm, the intent of this study was to determine associations amongst various variables. The tested null hypotheses for this research were

1. Life satisfaction for older priests and religious does not decrease with age.
2. Gender, affiliation, educational level, health and living arrangements were not associated with levels of life satisfaction of older priests and religious.
3. There was no association between scores for life satisfaction and gerotranscendence in older priests and members of religious orders.

3.5 CONCEPTUALISATION AND OPERATIONALISATION

For the purpose of this research study the concepts were defined as shown in Table 3.2.

Table 3.2: Definition of concepts and constructs used in this study

Concept	Definition
Older Priest and Religious	Persons over chronological age of 75 years (Atchley, 2009).
Priests and Religious	Priests: Catholic Ordained men under the jurisdiction of the Archbishop of Malta or Bishop of Gozo, also referred to as Diocesan priests. Religious: male and female members of religious or monastic orders who profess religious vows and who generally live together in community (monasteries, convents), and fall under the responsibility of their respective superiors.
Life Satisfaction	“how a respondent evaluates or appraises his or her life taken as a whole, a global evaluation of life” (Deiner et al., 2002). Higher scores on CASP-19 and Gerotranscendence Scales are taken as indicative of higher levels of life satisfaction.
Control	“the ability to actively intervene in one’s environment” (Hyde et al., 2003, p. 187)
Autonomy	“the right of an individual to be free from the unwanted interference of others” (Hyde et al., 2003, p. 187)
Self-realisation /Pleasure	“Self-realisation and pleasure capture the active and reflexive processes of being human” (Hyde et al., 2003). Self-realisation refers to the ability to achieve self-fulfilment and happiness. Pleasure is the ability to enjoy doing what one desires to do.
Gero-transcendence	A theory of ageing which explains how older persons continue to adapt and change in a positive way (Tornstam, 2005). “A shift in metaperspective, from a materialistic and rational view of the world to a more cosmic and transcendent one, normally accompanied by an increase in life satisfaction” (Tornstam, 2011, p. 166).
Cosmic transcendence	Aspects of the cosmic transcendence include the following: a change in definition of space and time, including connection with past generations, a different perspective of life and death with less fear of death, a sense of mystery and rejoicing (Massmann, 2012)
Coherence/self transcendent	The self is no longer at the centre of attention, and there is increased honesty and self-acceptance (Tornstam, 2005). Aspects of this dimension include the ability to self-confront, less self-centredness, less obsessiveness with body image, a discovery of the child within, and ego integrity. (Erikson, 1994)
Social and individual relations / solitude	An ease with being in solitude develops. (Tornstam, 1997b). Relationships are viewed differently with more emphasis on close family and friends rather than casual acquaintances and strangers. This aspect is also characterised by the need to abandon previous roles, a type of asceticism which does away with unnecessary possessions, less black and white thinking in making judgements and wisdom (Massmann, 2012).

3.5.1 Operational Definitions of Variables

The variables used in this research study were defined as shown in table 3.3

Table 3.3: Definition of variables used in the research

Variable	Measure
Age	<ul style="list-style-type: none"> • Chronological age of a person
Gender	<ul style="list-style-type: none"> • Male, Female, Other
Affiliation	<ul style="list-style-type: none"> • Diocesan: Priests forming part of the Archdiocese of Malta or Diocese of Gozo. • Religious: Member of Religious Institute (Order or Congregation), with a presence in Malta and/or Gozo.
Place of Birth	<ul style="list-style-type: none"> • Malta, Gozo.
Years abroad	<ul style="list-style-type: none"> • Number of years spent abroad for study, pastoral or missionary service.
Level of Education	<ul style="list-style-type: none"> • Primary, Secondary, Tertiary, M.A., Ph.D.
Ministries involved in	<ul style="list-style-type: none"> • Parish work, Education, Social, Administration, Formation, Vocations, Missionary, Other.
Residence	<ul style="list-style-type: none"> • Alone. • With a religious community (convent/monastery) • With family of origin members (parents, siblings, nieces). • Residential care setting, (such as Dar tal-Kleru, a residence for older diocesan and male religious priests).
Life Satisfaction and Quality of Life	<ul style="list-style-type: none"> • CASP-19: Control Autonomy Self-realisation Pleasure 19 item scale.
Gerotranscendence	<ul style="list-style-type: none"> • Gerotranscendence Scale (GS).

3.6 RESEARCH SETTING

The study was held at the older priests and religious' places of residence. For diocesan priests (i.e Archdiocese of Malta, and the Diocese of Gozo) this meant their personal residences, since most diocesan priests lived on their own or with relatives. 44 priests lived at *Dar tal-Kleru*, a residence for older priests and male religious. In their case, the questionnaires were distributed within this residence. With regards to the older male and female religious, the research settings were the convents and monasteries where they lived. Older religious males and females lived together in same sex communities within their respective congregations. Some of these residences double up as infirmaries, or long-term care residences for members of the same congregation as the older religious grew cognitively or functionally more dependent and in need of assistance. Some of these communities employed care workers and nursing staff together with other allied health staff to help with the care of these older members.

3.7 RESEARCH PARTICIPANTS

Defining a population for a study is always crucial in determining the scope and limits of the research: "a target population is the specific collection of elements we will study" (Neuman, 2014, p. 252). This section discussed the way the researcher identified the target population to be studied and the process through which the final group of participants eligible for the study was arrived at.

3.7.1 Inclusion criteria

Inclusion criteria included the following:

1. Priests in the Archdiocese of Malta;
2. Priests in the Diocese of Gozo;
3. Members of male religious institutes in Malta and Gozo;
4. Members of female religious institutes in Malta and Gozo;
5. Of the age of 75 years or older as of 1st September, 2020.

Older diocesan priests and male and female religious within these institutions were invited to participate in the study. Members of religious orders living either in Malta or Gozo were grouped together. This study garnered the participation of 23 out of a possible total of 29 institutions as follows:

1. Archdiocese of Malta;
2. Diocese of Gozo;
3. 10 of 11 registered congregations of Male Religious;
4. 11 of 16 registered congregations of Female Religious.

In the case of both the Archdiocese of Malta, and the Diocese of Gozo, this information was given in formal meetings with the gatekeepers who supplied the lists of diocesan priests eligible for the study. The details supplied by the Provincial Superiors of the Religious Institutes, who also acted as gatekeepers were mostly done by email or over the phone, because of restrictions on physical meetings due to COVID-19 measures. Table 3.4 below shows the numbers of priests and religious aged over 75 years who formed the population of this study.

Table 3.4: Target Population for the study

Note: Older Priests and Religious (male and female) showing the number of members aged over 75 on 1st Sept 2020, in each institution. The abbreviations in brackets are those normally used by each particular order/congregation as its identifier.

Name of Institution	Number of members aged over 75 years
Priests	
• Archdiocese of Malta	68
• Diocese of Gozo	46
<i>Subtotal Priests</i>	114
Male Religious Orders/Congregations	
• Jesuits (SJ)	19
• De La Salle Freres (FSC)	5
• Missionary Society of St. Paul (MSSP)	12
• Franciscans Minor (OFM)	8
• Franciscan Capuchins (OFM Cap)	25
• Franciscan Conventuals (OFM Conv)	13
• Carmelite Fathers (OCarm)	8
• Dominican Fathers (OP)	8
• Augustinian Fathers (OSA)	5
• Salesians (SDB)	8
<i>Subtotal Male Religious</i>	111
Total Priests and Male Religious	225
Female Religious Orders/Congregations	
• Franciscan Sisters of the Immaculate Heart (CIM)	4
• Daughters of the Sacred Heart (DSH)	29
• Franciscan Sisters of the Sacred Heart (FCJ)	93
• Franciscan Missionaries of Mary (FMM)	14
• Augustinian Sisters (OSA)	51
• Good Shepherd Sisters (RGS)	8
• Sisters of the Sacred Heart (RSCJ)	13
• Sisters of St. Joseph of the Apparition (SJA)	30
• Sisters of Charity (SOC)	44
• Ursuline Sisters (USAM)	27
• Sisters of St. Dorothy (SSD)	22
<i>Subtotal Female Religious</i>	335
<i>Total Priests and Male Religious</i>	225
Total Priests and Religious over 75 years	560

3.7.2 Exclusion Criterion

This study excluded older priests and male and female religious living with cognitive impairment. This criterion was explained to the gatekeepers and therefore gatekeepers were aware that the questionnaires were to be distributed to all those older persons fitting the inclusion criteria indicated earlier. They were the ones to apply this criterion to their community/institution and submit a final figure of eligible participants from within their institution. Figure 3.3 gave an overview of how the final sample of 417 participants was arrived at after the application of the exclusion criterion.

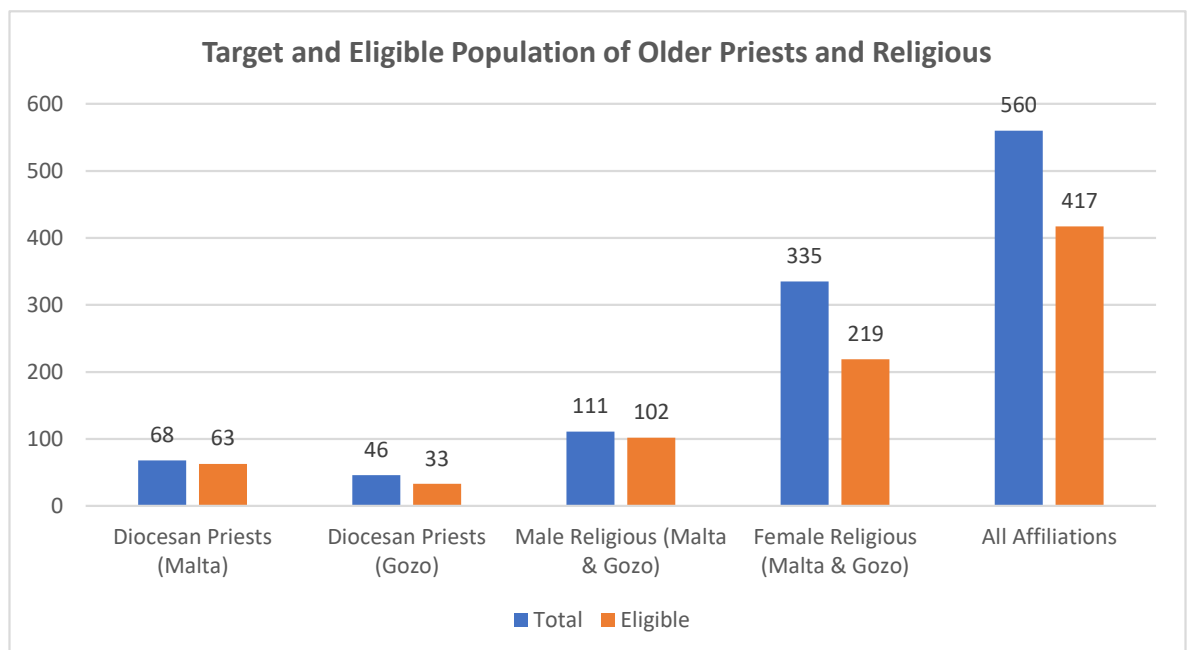


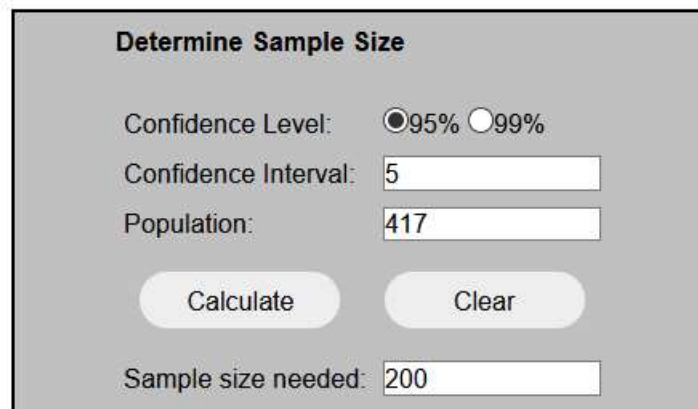
Figure 3.3: Target and Eligible population for the study.

Note: First columns show the total population of priests/religious aged over 75, by affiliation (Diocesan or Religious). Second columns indicate the number of participants deemed eligible for the study by the gatekeepers. Given the relatively smaller number of male and female religious in Gozo, the affiliations of Male and Female Religious include both Malta and Gozo.

3.7.3 Sample

For this study, the researcher opted to include the whole cohort population of older priests and male and female religious in Malta and Gozo. In ‘Social Research Methods: Qualitative and Quantitative Approaches’, Neuman (2014), described how results were required to be representative of the population, where the sample size and sampling method needed to be considered (Neuman, 2014).

The Confidence Level was set at 95% and the Confidence Interval or Margin of Error was set at 5. These were the standard levels used in most research. The online sample size calculator available at <https://www.surveysystem.com/sscalc.htm#one>, was used to calculate the number of older priests and male and female religious required to participate in this study. This allowed for the generalisability of the findings to the target population of priests and male and female religious. It was calculated at 200 as presented by Fig 3.4.



The image shows a web-based calculator titled "Determine Sample Size". It has a grey background and a white border. The interface includes the following elements:

- Confidence Level:** Two radio buttons, with "95%" selected and "99%" unselected.
- Confidence Interval:** A text input field containing the number "5".
- Population:** A text input field containing the number "417".
- Buttons:** Two rounded rectangular buttons labeled "Calculate" and "Clear".
- Sample size needed:** A text input field at the bottom containing the number "200".

Figure 3.4: Minimum sample size calculation

Note: This calculation was based on a total eligible population of 417, a confidence interval of 5% and a confidence level of 95%, as computed by the open-source tool <https://www.surveysystem.com/sscalc.htm#one>.

3.8 RESEARCH INSTRUMENTS

Studies in life satisfaction, quality of life, and subjective wellbeing generated a vast number of instruments, especially since the early 1960's (Neugarten et al., 1961; Poon & Cohen-Mansfield, 2011). Researchers realised that tests assessing the life satisfaction of older persons necessitated different approaches, because older persons utilised different cognitive abilities (Gondo et al., 2013). In the case of the category of the oldest old, research instruments were even harder to find (Lara et al., 2020). Studies on priests and religious at times created their own scales (Galea, 2011). Others utilised generic and popular tools to assess the wellbeing of priests and religious (Knox et al., 2002; Rossetti, 2011). However, the researcher noted a dearth of research instruments intended to specifically measure the life satisfaction of older priests and religious.

The researcher opted not to add to the hubris by creating yet another tool but rather researched and identified the life satisfaction scales which would best fit the population of this study, namely older priests and religious (Hyman et al., n.d.). Choosing existent scales,

held the advantage that it could provide for cross-study comparison or replication (Poon & Cohen-Mansfield, 2011). The difficulty lay in making sure that the instruments chosen were the right fit for the particular population of older priests and religious being studied. As Poon et. al point out, “gerontologists investigating subjective wellbeing must remain cautious but strategic in the selection of developmentally appropriate instrumentation” (Poon & Cohen-Mansfield, 2011, p. 190).

With this in mind, the researcher short listed scales used with life satisfaction studies of the oldest old and evaluated their applicability to the population of older priests and religious being studied. Following a thorough search of the literature, CASP-19 and the Gerotranscendence Scale were chosen for the study. The choice of the scales was shaped in particular by the following criteria:

1. A sound theoretical background on psychosocial development in later life.
2. Emerging literature on contributing factors to life satisfaction in advanced old age.
3. A wide spectrum of domains covering a range of contributing factors to life satisfaction.
4. Applicability of the scales to the population being studied.

Taken together, the two scales covered multiple dimensions and contributing factors to life satisfaction in older populations such as one being researched: older priests and members of religious orders. Both tools came from a sound theoretical underpinning and complemented each other. CASP-19, contained questions normally associated with quality of life in old age (Higgs et al., 2003). The Gerotranscendence Scale covered other complementary aspects which contributed to the life satisfaction in the oldest old not normally captured by other tools of life satisfaction and quality of life (Tornstam, 2005).

3.8.1 The Control Autonomy Self-realisation Pleasure Scale

The Control, Autonomy, Self-realisation and Pleasure Scale (CASP-19) consisted of a 19-item scale compiled by Martin Hyde et al in 2003 (Hyde et al., 2003). It drew on the theoretical background of Maslow’s need theory and the work of positive psychologists like Deiner in assessing quality of life of older persons (Deiner et al., 2002). Through CASP-19, “eudemonic wellbeing can be measured using an instrument that emphasises control, self-

actualisation, and meaning in life as its conceptual base for human flourishing.” (Vanhoutte & Nazroo, 2014, p. 9). Initially designed for early old age, the scale has been increasingly and extensively used with older populations and in longitudinal studies. (M. Hyde et al., 2003; Layte et al., 2013; Vanhoutte & Nazroo, 2014). Its psychometric qualities have been measured in various international studies (Heravi-Karimooi et al., 2016; Pérez-Rojo et al., 2017).

CASP-19 was comprised of 19 items constructed to measure four different dimensions of quality of life in old age. These dimensions were Control, Autonomy, Self-realisation and Pleasure. Four questions deal with the domain of control, whilst the domains of autonomy, self-realisation and pleasure are covered by five questions each. Scoring was done on a 4-point Likert Scale. Often, Sometimes, Rarely, and Never were the four options provided. Participants were required to tick the variable which best described their lives illustrating how they felt from the four options given. There were no right or wrong answers. Scores were numbered: 3 for Often, 2 for Sometimes, 1 for Rarely and 0 for Never. Questions 3, 4, 7, and 10 to 19 were negatively scored where Often was scored as 0, Sometimes was scored as 1, Rarely as 2, and Never as 3.

Higher scores on this scale indicated higher quality of life. Table 3.5 summarises the salient features of this tool.

Table 3.5: Features of CASP-19

	Abbreviation	Number of Questions	Question Numbers
CASP – 19		19	1-19
Sub domains			
• Control	C	4	1-4
• Autonomy	A	5	5-9
• Self-Realisation	S	5	15-19
• Pleasure	P	5	10-14
• Negatively scored questions			3, 5, 7, 10-19

3.8.2 Gerotranscendence Scale

The Gerotranscendence Scale was specifically devised by Lars Tornstam in 2005 for use with older populations (Tornstam, 1997b, 2005). Bishop and Martin (2011), argued for the importance of “domain specific measures” (p. 307). Particularly when focusing on specific aspects of the life satisfaction of the population being researched, such a scale was more apt because its subdomains capture some of the unique factors impacting life satisfaction of the oldest old (Bishop & Martin, 2011).

The Gerotranscendence Scale consists of 25 items with participants asked to choose one of the four options provided on a Likert scale. The scores were as follows: 1 for Strongly Disagree, 2 for Disagree, 3 for Agree and 4 for Strongly Agree. Higher scores indicate higher levels of Gerotranscendence. The scale is subdivided into three main domains built on Tornstam’s theory of Gerotranscendence. Some of the questions in this scale were negatively scored. A brief breakdown of the Gerotranscendence Scale follows in Table 3.6.

Table 3.6: Features of the Gerotranscendence Scale

Name of Tool	Number of of Questions	Question Numbers
Gerotranscendence Scale	25	1-25
Domains		
<ul style="list-style-type: none"> • Cosmic Transcendence 	11	1 - 10
<ul style="list-style-type: none"> • Coherence • (ego/self-transcendence) 	6	11-16
<ul style="list-style-type: none"> • Solitude and Relationships. 	9	17-25
<ul style="list-style-type: none"> • Negatively scored questions 	11	5, 7, 12-14, 17, 19, 20, 23-25

3.8.3 Reliability and validity

Choosing the right design, samples, methods and instruments, and ensuring the research was done carefully and thoroughly, helped ensure the strength of this research study (Creswell & Creswell, 2014). A research study is as good in so far as it can be replicated and generalised; for this to happen, a study has to have reliability and validity (Neuman, 2014).

In quantitative studies, validity referred to how well a research instrument accurately measured what it was intended to measure (Heale & Twycross, 2015). In other words, validity refers to how closely the instruments identified by the researcher matched the concepts or theories being studied. In this research study, validity checked how much the measures chosen for the study, accurately brought out and described succinctly the levels of life satisfaction of older priests and male and female members of religious orders in Malta and Gozo.

On the other hand, reliability was related to the consistence and dependability of a measuring tool. This means that if the same measuring tool is used under similar conditions it would yield similar results (Neuman, 2014, p. 212). Measures of reliability include test/retest reliability, interrater, parallel forms and internal consistency. Internal consistency was often measured using Cronbach Alpha, a statistical measure aimed to assess this type of reliability. The relative international studies assessing and comparing the reliability and validity of CASP-19 and the Gerotranscendence Scale, were presented and compared with the results for the Cronbach Alpha scores for this study in sections 4.3.1 and 4.4.1 of Chapter 4, which reported the results of the study.

3.8.4 Translation and equivalency

The tools selected were then translated from the English to the Maltese language using the two-stage validation process of forward and backward translations. Three different persons separately translated the English version to Maltese. The resultant Maltese version was then re-translated into English by a third translator so that validation of the translation could be achieved. This type of stringent translation methodology emphasised equivalence with the original. Equivalence was crucial to this type of research because it allowed for comparisons of data across cultures and nationalities (Tsang et al., 2017).

3.9 RESEARCH PROCEDURE

The actual research process was embarked on when the research tools were ready, the consent forms received and contact with the gatekeepers established.

3.9.1 The questionnaire

The questionnaire booklet, “Life Satisfaction of Older Priest and Religious in Malta and Gozo” (Appendices A & B) consisted of four main sections,

1. An introductory section, wherein the researcher introduced himself and gave an overview of the research project, indicating that compiling the questionnaire indicated consent from the participants by opting in; the researcher included his contact details should participants wish to establish contact.
2. A demographic section which asked participants information which included (a) educational levels, (b) years spent abroad, (c) ministries participants were involved in, (d) current living arrangements and (e) health status as described in Table 3.7.
3. The third section consisted of the 19-item Control, Autonomy, Self-Realisation, Pleasure Scale (CASP-19).
4. Section 4 of the questionnaire consisted of the 25-item Gerotranscendence Scale (GS). The questions on this scale included the subdomains of Cosmic Transcendence, Coherence and Solitude.

A hard copy of the questionnaire, printed in both the Maltese and English languages and using larger fonts was distributed to all eligible participants by the gatekeepers (Appendices A, B).

3.10 PILOT STUDY

Prior to embarking on the main study, a pilot study was carried out by distributing the questionnaire to a number of older priests and male and female religious, selected from the total eligible cohort, in order to establish whether any issues would be encountered with the questionnaire. Pilot study participants were asked to provide any feedback on questions, which appeared ambiguous or difficult to understand and/or answer.

The number of older priests and male and female religious required for the pilot study were calculated according to the method laid out in Viechtbauer *et al.* (2015) and using the following formula:

$$n = \frac{\ln (1 - y)}{\ln (1 - \pi)}$$

Where,

n is the number of participants required for the pilot study

π is the estimated probability (0.1) at which a problem with the questionnaire might manifest itself and

y is the level of confidence (0 to 1) at which the number of pilot study participants n is sufficient in order to identify a questionnaire issue that has a probability of π of being manifested in the total number of eligible study participants.

An equation with a confidence level of 95% ($y=0.95$) was used in order to identify potential questionnaire problems that could manifest themselves in 15% ($\pi=0.15$) (assumption), or more of the total eligible study participants.

Given the above formula the workings for the pilot study for this research were as follows:

$$n = \frac{\ln (1-0.95)}{\ln (1-0.15)} = \frac{-2.99}{-0.16} = 18.68$$

This number was rounded to 19 for the final pilot study sample (Viechtbauer et al., 2015, p. 4).

The questionnaire was consequently piloted on a group of 19 older priests and religious in August 2020. This group included four diocesan priests, four religious from male religious orders and 11 female religious as presented in Table 3.7

Table 3.7: Demographic Information, Pilot Study

Note: The pilot study was held in August 2020. Demographic information from the first section of the questionnaire: Life Satisfaction of Older Priests and Religious in Malta and Gozo, showing the variables asked for in the first section.

Demographic information	Number of Participants (n)
Gender	
• Male	8
• Female	11
• Other	0
Age	
• 75-84 years	14
• 85 years and older	5
Residence	
• Malta	18
• Gozo	1
Affiliation	
• Diocesan	4
• Religious	15
Level of Education	
• Primary	0
• Secondary	5
• Tertiary	13
• Masters	1
• Doctorate	0
Years spent abroad	
• None	6
• Up to 20 years	6
• More than 20 years	7
Ministries involved in <i>(multiple choices allowed)</i>	
• Parish	13
• Education	11
• Social	6
• Administration	11
• Formation/Vocations	5
• Missionary	6
• Other	4
Residential Arrangements	
• Alone	3
• Convent	14
• Living with family members	0
• Residential Care	1
• Other	1
Health Status	
• Excellent	0
• Good	10
• Fair	8
• Poor	1

The idea of the pilot study was to assess the time needed to fill the questionnaire, any difficulties in understanding any of the terms in the questionnaire and iron out any other difficulties related to its completion. Analysis from the pilot studies showed that it took between 10 to 15 minutes to fill in the questionnaire. None of the participants in the pilot study reported any difficulties in responding to the questions, so it was retained without changes. No issues were encountered in the process of entering the data, coding, and transferring to SPSS where the data was analysed. These 19 questionnaires were then added with the returned questionnaires when the rest of the study was conducted.

3.11 DATA COLLECTION

This section analysed how the data was collected, both through the use of gatekeepers as the main point of access to the research participants and the timeframe adhered to collect the data.

3.11.1 Gatekeepers

This research employed the role of gatekeepers in order to collect data. Gatekeepers are people chosen purposely to stand between the potential respondent and the researcher. The advantage of using gatekeepers in such a research, was that it kept the researcher at arm's length from the respondents, thus minimising experimenter bias (Vinkenburg, 2017). The main disadvantage encountered at this stage, was the lack of physical accessibility to gatekeepers as a result of COVID-19 restrictions in late 2020. Formal face to face meetings had been held just in time with the gatekeepers for the Archdiocese of Malta and Diocese of Gozo, that is for the the diocesan priests. For the other gatekeepers for male and female religious, these meetings, which explained details about the questionnaire such as the exclusion criteria and the way it was constructed in Maltese and English, had to be done over the phone.

This relative inaccessibility could have led to the exclusion criteria being applied too liberally by some of the gatekeepers, thus constituting gatekeeper bias. As Bailey et al note, "access to older participants is a key factor for gerontological research success. When access is limited by a gatekeeper's perceptions or experiences, generalizability suffers" (Bailey et al., 2012, p. 505).

The role of the gatekeepers in this study was threefold:

1. The first was to provide updated statistics of priests and religious aged over 75 years as of 1st September 2020, living in Malta and Gozo or in the religious communities of their congregations. This data was displayed above in section 3.7.1 and Table 3.4.
2. They were then tasked with applying the exclusion criteria for the research and coming up with a final list of eligible study potential participants (Figure 3.3).
3. Gatekeepers co-ordinated the distribution of the questionnaires.

3.11.2 Collection of Data

Delivery of the questionnaires to gatekeepers was staggered in the months of September through to November 2020 depending on the availability of the gatekeepers. At the time originally allotted for data collection (September to mid-October 2020), a spike in COVID-19 cases in Malta and Gozo, including in some of the convents identified for the research, made it difficult to adhere to the original data collection schedule. Some communities were in quarantine or isolation, others had positive COVID cases, and in two cases related deaths of older members in the community. Arrangements were made with the gatekeepers for more flexibility on a case-by-case basis. For this reason, the period for data collection was extended by six weeks to the end of November 2020. Questionnaire booklets were either returned by post to the researcher via a self-addressed envelope or else placed in boxes left by the researcher in the convents, monasteries or residences for elderly priests and religious such as *Dar tal-Kleru*. The researcher collected the boxes himself at the end of the time-frame required for compiling the tool. The last booklets were collected towards the end of November 2020.

3.12 ETHICAL ISSUES

Both CASP-19 and the Gerotranscendence Scale were free to use. However, the researcher still communicated in writing with Prof Martin Hyde for CASP-19, and Prof Sandra Torres Chair of Social Gerontology at Uppsala University, Sweden, for the Gerotranscendence Scale (Appendix G).

Written permissions from the Archbishop of Malta, the Bishop of Gozo and the Provincial Superiors of religious institutes who expressed an interest in the study, were acquired in April 2020 (Appendices C, E, F). In all, 23 consents were granted in time for review by the Faculty Research Ethics Committee (FREC) May 2020 session. Two dioceses (Malta and Gozo), and 21 religious orders consented to participate in the study (Appendix D). The Bishops appointed gatekeepers for the study. One gatekeeper was nominated for the Archdiocese of Malta and another gatekeeper covered the priests of the Diocese of Gozo. The Provincial Superiors of religious institutes themselves acted as gatekeepers for their respective communities. Once this was established the researcher communicated by email and telephone with all the gatekeepers and later managed to hold face-to-face with the gatekeepers for diocesan priests before COVID-19 measures restricted such meetings from being held with the Provincial Superiors of religious.

Ethical clearance to commence the research was obtained from the Faculty Research Ethics Committee, University of Malta in May 2020 (Appendix H).

Participation in the study was voluntary. By opting to respond and send back the questionnaire booklet, participants opted in to participate into the study. Anonymity and confidentiality were guaranteed through all stages of the research process, particularly through the use of the gatekeepers as intermediaries. Confidentiality, anonymity and the right to withdraw from the study or to have any data modified or erased were safeguarded throughout the research process. Moreover, all the collected data was securely stored and once the results of the dissertation were published, all data destroyed.

Beneficence towards the older persons was ensured by obtaining consent from the respective superiors of the communities or Bishops.

3.13 DATA ANALYSIS

Each participating congregation was given a research code. Data was first entered into excel form, and then transferred to the Statistical Package for the Social Sciences (SPSS) *en toto*. Apart from the first section which consisted of demographic data, both scales included questions which were negatively scored, so data input had to be done slowly and

methodically. Of the questionnaires received, eight were returned empty, and three were deemed invalid because they were incorrectly filled by ticking more than one option on the Likert scales, and thus were not included in the total to be analysed.

The data was analysed using the IBM SPSS Statistics Version 25. The data was analysed using descriptive statistics and statistical tests to test the null hypothesis. Comparative statistics included Mann Whitney U and Krusal Wallis Tests, and Spearman Correlation for relationships between variables.

3.14 CONCLUSION

This study was based on a quantitative research design consisting of a four section questionnaire distributed by gatekeepers and self-administered by older priests and religious eligible for the study. After obtaining the necessary permissions to conduct this study, the planned study was piloted, with no changes deemed necessary. Data was then collected, scored and analysed. The results were presented and discussed in the subsequent chapters.

CHAPTER 4

FINDINGS

4.1 INTRODUCTION

This chapter presented the findings and results generated by the study based on the questionnaire “Life Satisfaction of Older Priests and Religious in Malta and Gozo” (Appendices A, B). This chapter was divided into four sections as follows. The first section, presented an overview of the response rate to the questionnaire, and a breakdown of the demographic data from the first section the questionnaire. The second section presented the descriptive data emerging from the Control, Autonomy, Self-realisation, Pleasure Scale (CASP-19) including the reliability scores and main highlights from the data. The third section, did the same with results from the Gerotranscendence Scale (GS). The fourth section, provided a cross-sectional analysis of relevant variables across both instruments.

4.2 DEMOGRAPHIC CHARACTERISTICS

The eligible population for this study was of 417 older priests and religious. Of the 417 questionnaires distributed, 263 were returned and considered valid for the research. Figure 4.5 below presented the response rate by category and gender.

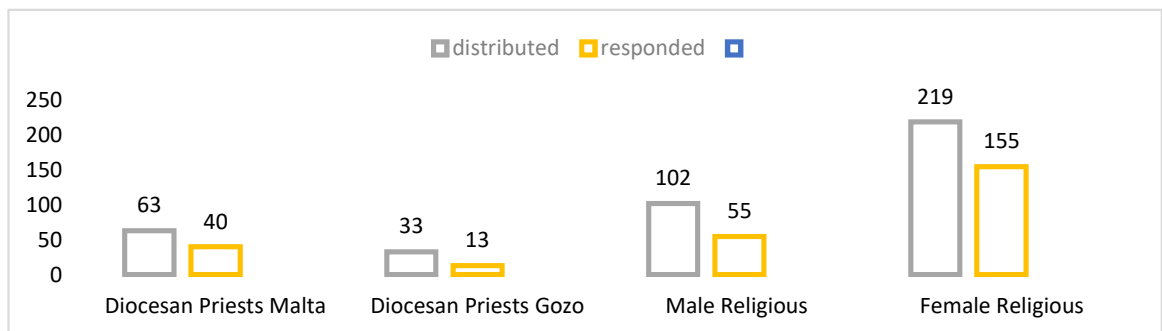


Figure 4.5: Response to Questionnaire by categories and gender

This number of responses generated a total response rate of 63.1%. Of the eligible female religious, 70.8% responded, compared to 63.5% of diocesan priests and 53.9% for male religious. The response rate from Gozo diocesan priests was lower at 39.4%. The response of 263 participants was also well over the 200 needed for generalisation to the target population to be possible.

Table 4.8 below gave a detailed breakdown of the demographic characteristics of the respondents, based on answers given in the second, demographic section of the questionnaire.

Table 4.8: Demographic Characteristics of Sample from Section 2 of Questionnaire.

Demographic information	Number of Participants <i>n</i>			Percentage (%) of 263
Gender				
Male	108			41
Female	155			59
Other	0			0
Age				
Middle Old 75-84 years	189			72
Oldest Old 85 years & over	74			28
Residence				
Malta	250			95
Gozo	13			5
Affiliation				
Diocesan	54			21
Religious	209			79
Level of Education	Male	Female	Total	
Primary	0	41	41	15.6
Secondary	15	65	80	30.0
Tertiary	42	63	105	40.0
Masters	13	7	20	7.5
Doctorate	10	1	11	4.2
Unspecified	0	0	7	2.7
Years spent abroad				
None	87			33.1
Up to 20 years	103			39.2
More than 20 years	73			27.7
Ministries involved in <i>(multiple choices allowed)</i>				
Parish	160			
Education	131			
Social	60			
Administration	78			
Formation/Vocations	37			
Missionary	71			
Other	45			
Residential Arrangements				
Alone	21			8
Convent	198			75.3
Living with family members	24			9.1
Care Home	15			5.7
Other/Unspecified	5			1.9
Health Status				
Excellent	6			2.3
Good	97			36.9
Fair	145			55.1
Poor	15			5.7

4.3 CONTROL, AUTONOMY, SELF-REALISATION, PLEASURE SCALE

This section presented the results of the Control, Autonomy Self-realisation, Pleasure Scale (CASP-19), starting with the Cronbach Alpha calculation, followed by the descriptive statistics. The third batch of results consisted of the comparative statistics

4.3.1 Reliability of CASP-19

Cronbach Alpha for the four domains of Control, Autonomy, Self-realisation and Pleasure and the overall CASP-19 Score generated a value of 0.802. This showed a high level of consistency, indicating that diocesan priests and male and female religious understood the CASP-19 questions and did not reply haphazardly. This compared very well with international studies using the same tool. Reviewing the CASP-19, Cvjetnicanin et al., reported studies using CASP-19 which showed test/retest reliability scores for studies on the oldest old of between 0.65 to 0.96, and internal consistency scores from 0.52 to 0.874. (Cvjetnicanin et al., n.d.). Convergent validity with measures such as the Life Satisfaction Index, another instrument often used in similar studies, was deemed to be excellent at 0.63. Cronbach Alpha scores for each of the four domains were recorded as follows in the original formulation of the scale: Control: 0.59, Autonomy , 0.64, Pleasure, 0.74 and Self-realisation 0.77 (M. Hyde et al., 2003, p. 190).

4.3.2 Descriptive Statistics for CASP-19

This section presented the descriptive statistics for the CASP-19, including the domains of the tool, namely Control, Autonomy, Self-Realisation and Pleasure. The Test of Normality, was applied to the CASP-19 domains in order to decide on parametric or non-parametric testing. A 0.000 level of significance implied that analysis required non-parametric testing as shown by Table 4.9.

Table 4.9: Test of Normality for CASP-19, including subdomains

	Sig: Shapiro-Wilk $p < 0.001$	Sig: Kolmogorov-Smirnov $p < 0.001$
Control	0.000	0.000
Autonomy	0.000	0.000
Pleasure	0.000	0.000
Self-Realisation	0.000	0.000
CASP-19	0.000	0.000

Frequency Distribution measures were applied to each domain and to the CASP-19 tool as a whole, with the following results shown in Figures 4.6 to 4.10.

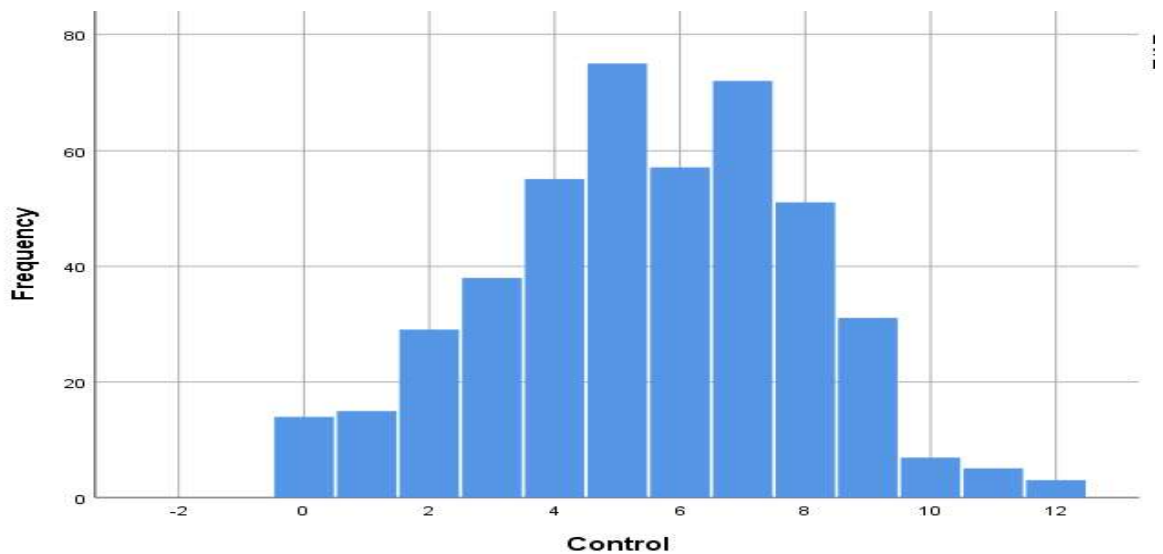


Figure 4.6: Frequency distribution of scores for the CASP-19 Control domain

Note: $n=263$, Shapiro-Wilk $p < 0.001$, Kolmogorov-Smirnov $p < 0.001$

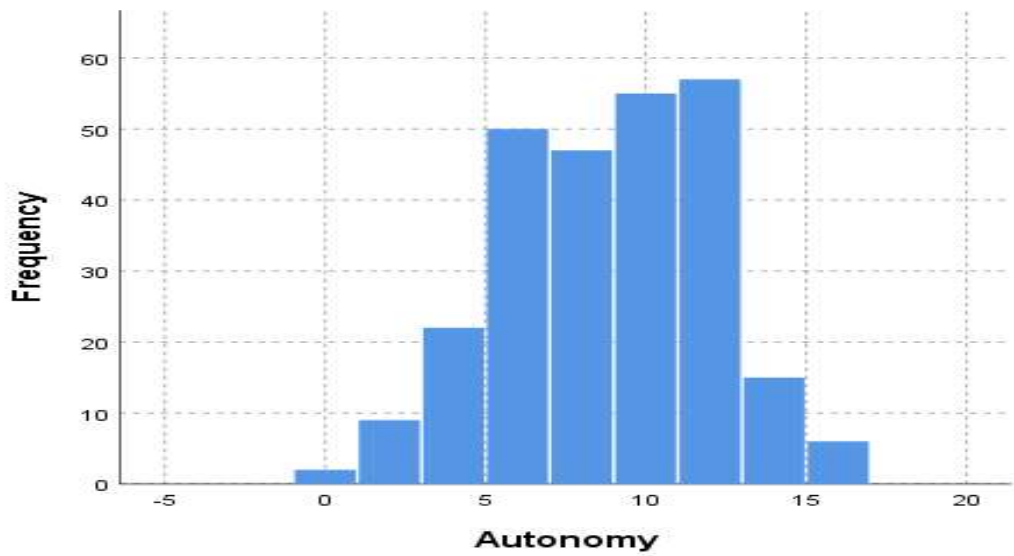


Figure 4.7: Frequency distribution of scores for the CASP-19 Autonomy domain
 Note: $n=263$, Shapiro-Wilk $p<0.001$, Kolmogorov-Smirnov $p<0.001$

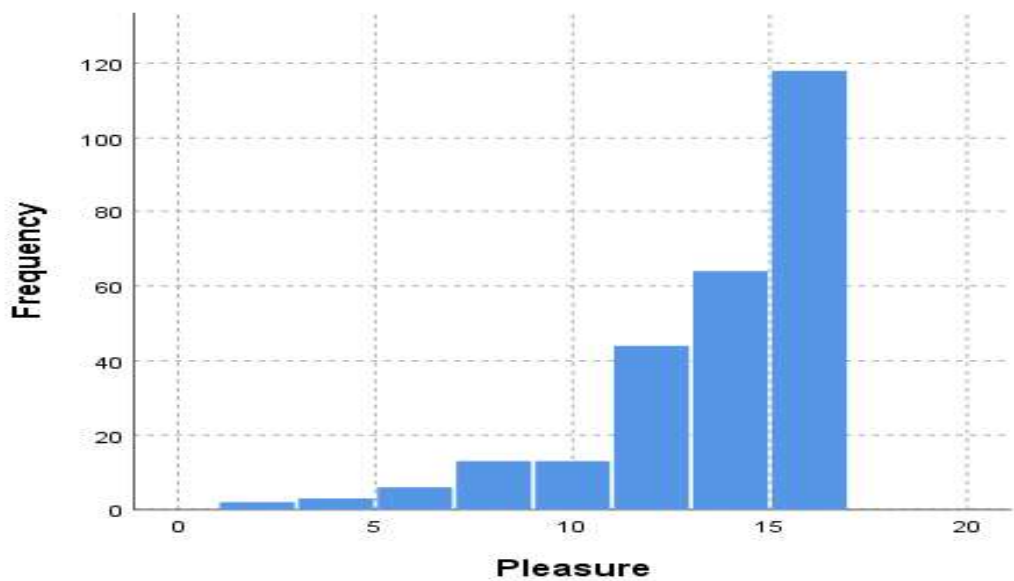


Figure 4.8: Frequency distribution of scores for the CASP-19 Pleasure domain
 Note: $n=263$, Shapiro-Wilk $p<0.001$, Kolmogorov-Smirnov $p<0.001$

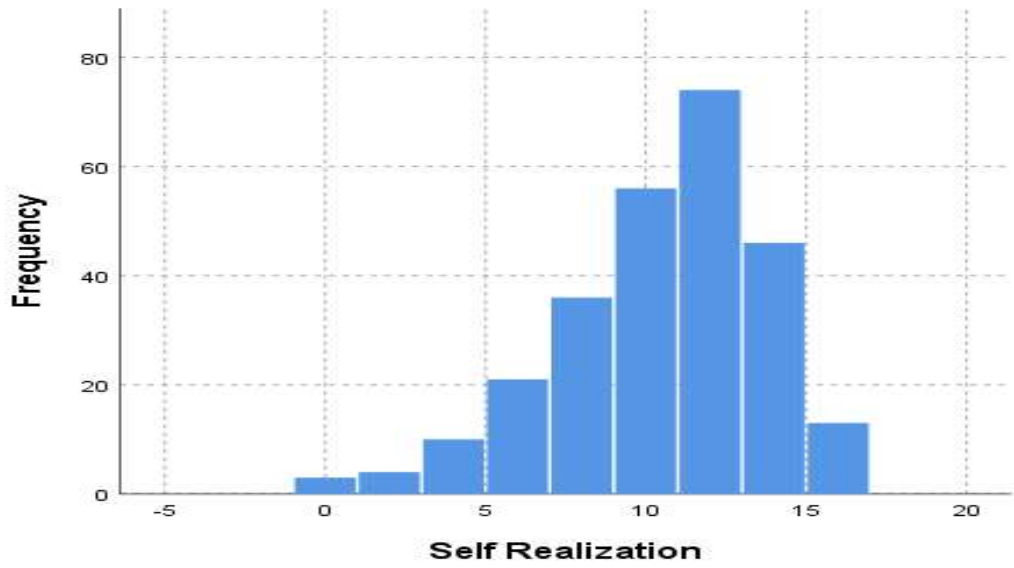


Figure 4.9: Frequency distribution of scores for CASP-19 Self-realisation domain
 Note: $n=263$ Shapiro-Wilk $p<0.001$, Kolmogorov-Smirnov $p<0.001$

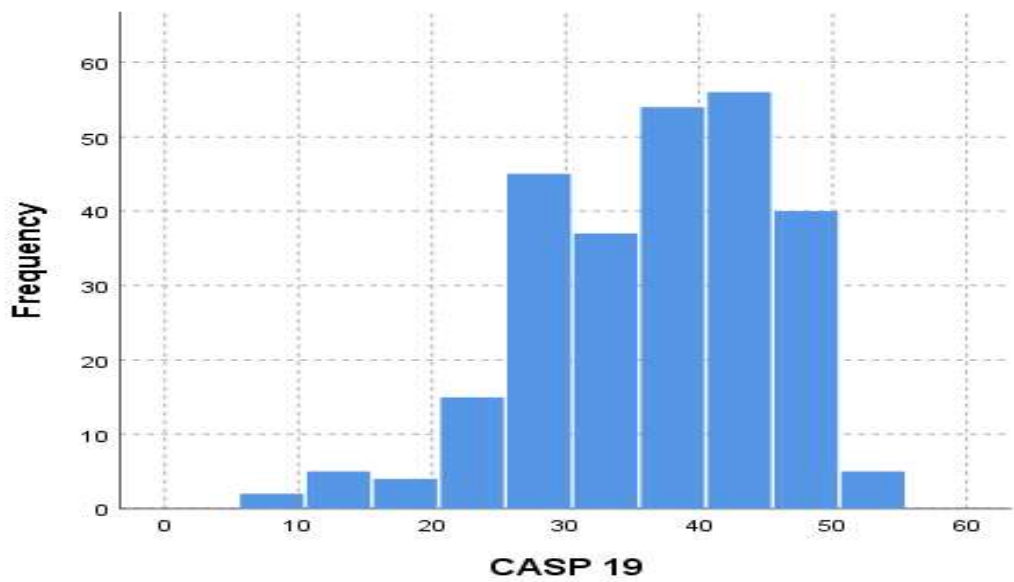


Figure 4.10: Frequency distribution of scores for the CASP-19 Total Score
 Note: $n=263$, Shapiro-Wilk $p<0.001$, Kolmogorov-Smirnov $p<0.001$)

Table 4.10 below, presented a summary of the distribution range and the percentile values for the four domains and the overall CASP-19 score.

Table 4.10: Range and percentile values for the 4 domains and overall CASP-19 score.

	<i>n</i>	Minimum	Maximum	Percentiles		
				25th	50th (Median)	75th
Control	263	0	11	3.00	5.00	7.00
Autonomy	263	0	15	6.00	9.00	11.00
Self-realisation	263	0	15	8.00	11.00	12.00
Pleasure	263	2	15	12.00	14.00	15.00
CASP-19	263	8	53	30.00	37.00	43.00

4.3.3 Comparative Statistics of CASP-19

This section presented the comparative statistical analysis of the CASP-19 domains, namely Control, Autonomy, Pleasure and Self-realisation, as well as the overall instrument Total Score within the various respondent categories. The total number of respondents was 263. In cases where respondents failed to provide an answer to a specific variable under analysis, the *n*-value for that analysis was therefore accordingly less than 263.

4.3.3.1 CASP-19 by Age: comparison between Middle Old and Oldest Old Categories.

Analysis of the potential dependency of total CASP-19 life satisfaction score on age, was carried out using two approaches. The first utilised the Mann Whitney U, test comparing the participants aged 75-84 years of age, (middle old), with those aged over 85 years (oldest old). This analysis yielded a statistically significant value on the subdomain of Control ($p = 0.005$), but no significant values on the other domains and the total CASP-19 scores as follows: Autonomy was at $p = 0.454$, Pleasure was at $p = 0.061$, Self-realisation reported a value of $p = 0.121$, whilst the Total Score for CASP-19 had a p value of 0.125. This result indicated a lack of association between CASP-19 and age, with the exception of the Control subdomain. When the Mann-Whitney analysis of the total CASP-19 scores across the middle-old and oldest-old age categories was also analysed by gender, male participants did not show any statistically significant difference ($p = 0.760$, $n=108$), whilst female participants showed a similar non-significant result ($p = 0.121$, $n=155$).

When this same dependency was examined also through the added variable of gender through a Spearman correlation of age with the CASP-19 total score, the result for males yielded a p -value of 0.104 ($n=108$) while for females the p -value was 0.062 ($n=155$). This test thus confirmed the non-significance of the association between the two age brackets.

4.3.3.2 CASP-19 by Affiliation (Diocesan, Male Religious, Female Religious)

Analysis employing the Mann-Whitney Test between the older diocesan priests against the older male and female religious, revealed a statistical significance within the autonomy domain and the overall CASP-19 Score. Diocesan priests scored higher in the autonomy domain and in the total CASP-19 score when compared to male and female religious as shown by Table 4. 11.

Table 4.11: Mann Whitney Test by Affiliation (Diocesan or Religious)

Note: IQR; Interquartile Range

Domain	Affiliation	<i>n</i>	Mean Rank	Median (IQR)	Mann-Whitney U	<i>p</i> -value
Control	Diocesan	53	141.25	5 (3)	5022.000	0.291
	Religious	209	129.03	5 (4)		
	<i>Total</i>	262				
Autonomy	Diocesan	53	161.32	10 (5)	3958.000	0.001
	Religious	209	123.94	8 (5)		
	<i>Total</i>	262				
Self-Realisation	Diocesan	53	141.84	11 (4)	4774.500	0.119
	Religious	209	128.88	10 (4)		
	<i>Total</i>	262				
Pleasure	Diocesan	53	145.92	14 (3)	4990.500	0.242
	Religious	209	127.84	14 (3)		
	<i>Total</i>	262				
CASP-19	Diocesan	53	155.29	41 (13)	4277.500	0.010
	Religious	209	125.47	37 (12)		
	<i>Total</i>	262				

Kruskal-Wallis testing identified a statistically different response profile between female religious, male religious and diocesan priests for the autonomy domain ($p=0.001$), self-realisation domain ($p = 0.025$) and total CASP-19 scores ($p = 0.004$) as shown in Table 4.12.

Table 4.12: Kruskal-Wallis for Total CASP-19 Score and domains, by Affiliation

Note: Analysis for score differences of the 4 domains and overall CASP-19 score against the 3 categories of Diocesan priests, Male religious and Female Religious.

Domain	Category	n	Median (IQR)	Mean Rank	Kruskal-Wallis p-value
Control	Diocesan priest	53	5 (3)		0.060
	Male religious	54	6 (3)		
	Female religious	154	5 (4)		
	<i>Total</i>	261			
Autonomy	Diocesan priest	53	10 (5)	160.43	0.001
	Male religious	54	9 (4)	138.98	
	Female religious	154	8 (5)	118.07	
	<i>Total</i>	261			
Pleasure	Diocesan priest	53	14 (3)		0.402
	Male religious	54	14 (3)		
	Female religious	154	14 (4)		
	<i>Total</i>	261			
Self-realisation	Diocesan priest	53	11 (4)	146.38	0.025
	Male religious	54	11 (4)	145.94	
	Female religious	154	10 (4)	120.47	
	<i>Total</i>	261			
Total CASP-19 Scores	Diocesan priest	53	41 (13)	154.95	0.004
	Male religious	54	40 (11)	143.80	
	Female religious	154	36 (13)	118.27	
	<i>Total</i>	261			

Post-hoc pairwise comparison of the Autonomy, Self-Realisation and Total CASP-19 scores were then held as shown in Table 4.13. *Post-hoc* pairwise comparisons of total CASP-19 scores between diocesan priests, male religious and female religious revealed a statistically significant difference between the scores for diocesan priests and female religious in

autonomy ($p = 0.001$) and the Total CASP-19 score ($p = 0.007$). *Post-hoc* pairwise comparison of the self-realisation domain did not identify any significant differences between the 3 paired groups as reported by the adjusted p -value. However, earlier Kruskal-Wallis analysis reported a significant difference for this domain across the 3 groups ($p = 0.025$, shown in Table 4.12). Therefore, *post-hoc* p -adjustment failed to identify which group contributed to the overall Kruskal-Wallis reported p -value, suggesting that the category contributing to this Kruskal-Wallis' analysis was not strongly defined enough to stand up to *post-hoc* testing. However, non-adjusted p -values for the same comparisons showed values of 0.032 and 0.030 (data not shown) for female religious against male religious and female religious against diocesan priests respectively, suggesting that the Kruskal-Wallis reported p -value was potentially due to the low mean ranks for the self-realisation domain of female religious.

Female religious had a mean rank of 118.27, while diocesan priests had a mean rank of 154.95, implying that the female religious scored lowest on the CASP-19 tool for these comparisons. Male religious had a mean rank of 143.80 which posit them close to the rank of diocesan priests, but their score difference with the female religious was not statistically significant. Table 4.13 below laid out these results.

Table 4.13: *Post-hoc* pairwise comparisons, Autonomy, Self-Realisation, and Total CASP-19 Score, by Affiliation

The adjusted p -value is corrected for multiple comparisons.

Domain	Pairwise comparison	Adjusted p -value	Mean Ranks
Autonomy	Diocesan vs Male Religious	0.420	160.43, 138.98
	Diocesan vs Female Religious	0.001	160.43, 118.07
	Male religious vs Female Religious	0.236	138.98, 118.07
Self-realisation	Diocesan vs Male Religious	1.000	146.38, 145.94
	Diocesan vs Female Religious	0.091	146.38, 120.47
	Male religious vs Female Religious	0.096	145.94, 120.47
Total CASP-19	Diocesan vs Male Religious	1.000	154.95, 143.80
	Diocesan vs Female Religious	0.007	154.95, 118.27
	Male religious vs Female Religious	0.097	143.80, 118.27

The box and whisker plots in Figures 4.12 and 4.13 below, presented the two statistically significant results highlighted above namely between diocesan priests and female religious on the autonomy domain and on the total CASP-19 score.

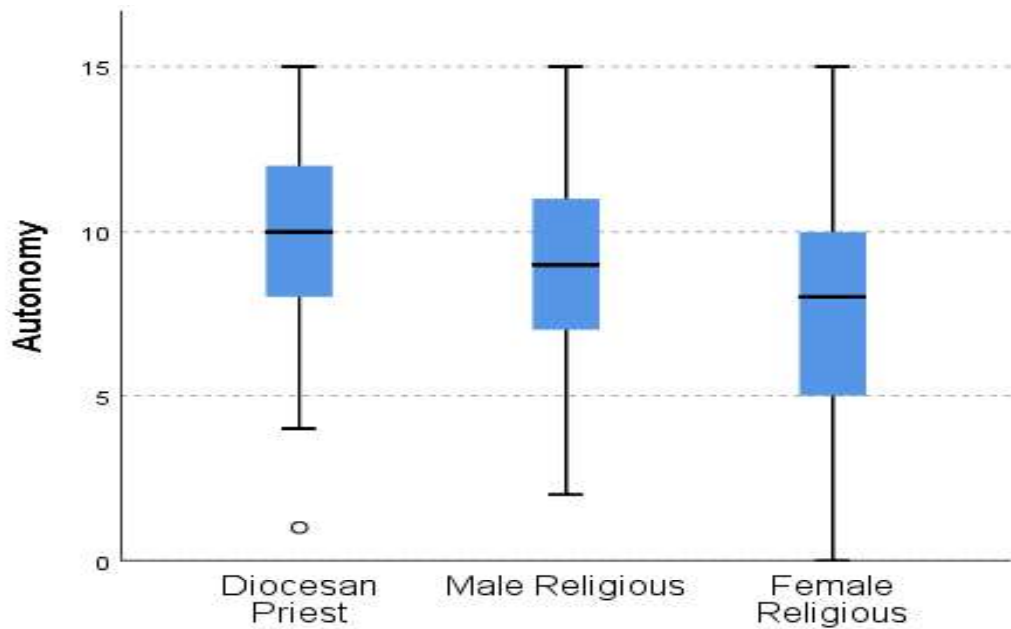


Figure 4.12: CASP-19- Autonomy domain by Affiliation

Note: ($n=261$ $p=0.001$). The affiliations were Diocesan, Male Religious and Female Religious. The whiskers denote the range, the rectangle denotes the inter-quartile distance, and the horizontal line denotes the median.. Outliers identified by SPSS are denoted as small circles beyond the data range.

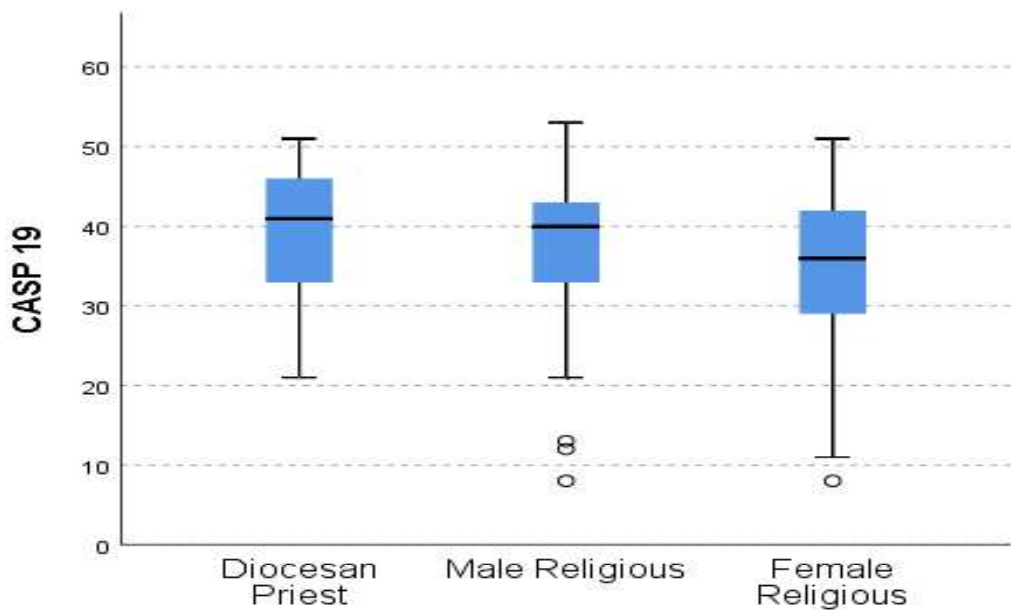


Figure 4.13: CASP-19- Total score by Affiliation

Note: ($n=261$ $p=0.007$) The affiliations were Diocesan, Male Religious and Female Religious. The whiskers denote the range, the rectangle denotes the inter-quartile distance, and the horizontal line denotes the median. Outliers identified by SPSS are denoted as small circles beyond the data range.

4.3.3.3 CASP-19 by Gender

Gender based comparison of the CASP-19 domain scores for all the participants of this study revealed statistically significant differences for the Control, Autonomy and Self-realisation domains as well as for the total CASP-19 scores, with males scoring more than their female counterparts in every domain as shown by table 4.14.

Table 4.14: CASP-19 domains and Total CASP-19 Score by Gender

Note: The *p*-value refers to the Mann-Whitney Analysis.

	Gender	<i>n</i>	Median (IQR)	Mean Rank	<i>p</i> value
Control	Male	108	5 (3)	145.72	0.014
	Female	155	5 (4)	122.44	
	<i>Total</i>	263			
Autonomy	Male	108	10 (4)	151.06	0.001
	Female	155	8 (5)	118.72	
	<i>Total</i>	263			
Pleasure	Male	108	14 (3)	138.83	0.201
	Female	155	14 (4)	127.24	
	<i>Total</i>	263			
Self-realisation	Male	108	11 (4)	147.52	0.005
	Female	155	10 (4)	121.18	
	<i>Total</i>	263			
CASP-19	Male	108	40.5 (13)	151.01	0.001
	Female	155	36 (13)	118.75	
	<i>Total</i>	263			

4.3.3.4. CASP-19 by Educational Level

This section of results analysed the data when considering the educational level reported by participants, shown by Table 4.15 below.

Table 4.15: CASP-19 domains and Total CASP-19 Score, by Levels of Education

Note: IQR refers to the Interquartile ranges

Domain	Educational Level	n	Median (IQR)	Mean Rank	Kruskal-Wallis <i>p</i>-value
Control	Primary	41	6.0 (3.0)	133.26	0.001
	Secondary	82	5.0 (3.0)	110.55	
	First Degree	102	5.0 (4.0)	126.22	
	Masters	18	5.5 (5.0)	141.97	
	PhD	10	7.5 (2.0)	217.20	
	Total	253			
Autonomy	Primary	41	8.0 (5.0)	100.43	0.001
	Secondary	82	8.0 (5.0)	107.68	
	First Degree	102	10.0 (5.0)	142.78	
	Masters	18	9.5 (4.0)	147.58	
	PhD	10	11.0 (5.0)	196.30	
	Total	253			
Pleasure	Primary	41	14.0 (3.0)	124.62	0.003
	Secondary	82	13.0 (5.0)	104.98	
	First Degree	102	14.5 (3.0)	137.54	
	Masters	18	15.0 (2.0)	152.39	
	PhD	10	15.0 (1.0)	164.05	
	Total	253			
Self-realisation	Primary	41	10.0 (3.0)	115.09	0.001
	Secondary	82	9.0 (5.0)	108.64	
	First Degree	102	11.0 (4.0)	135.17	
	Masters	18	12.5 (6.0)	155.17	
	PhD	10	13.0 (2.0)	192.40	
	Total	253			
CASP-19	Primary	41	36.0 (11.0)	113.90	0.000
	Secondary	82	33.0 (12.0)	100.37	
	First Degree	102	40.0 (11.0)	139.93	
	Masters	18	42.5 (15.0)	157.36	
	PhD	10	46.5 (60)	212.55	
	Total	253			

Post-hoc pairwise comparisons for the 4 CASP-19 domains and the total CASP-19 Scores for the different Levels of Education generated multiple significant correlations (Table 4.16). These results were subsequently plotted on box and whisker plots to graphically show the distribution of responses with regards to educational level as shown in Figures 4.14-4.18.

Table 4.16: *Post-hoc* pairwise comparisons for CASP-19 domains and Total CASP-19 Scores for Educational level

Note: The adjusted p-value is corrected for multiple comparisons.

Domain	Pairwise comparison	<i>n</i> value	Adjusted <i>p</i> -value	Mean Ranks
Control	Secondary-First Degree	82, 102	1.000	110.55, 126.22
	Secondary-Primary	82, 41	1.000	110.55, 133.26
	Secondary-Masters	82, 18	0.964	110.55, 141.97
	Secondary-Doctorate	82, 7	0.000	110.55, 217.20
	First Degree-Primary	102, 41	1.000	126.22, 133.26
	First Degree-Masters	102, 18	1.000	126.22, 141.97
	First Degree-Doctorate	102, 7	0.002	126.22, 217.20
	Primary-Masters	41, 18	1.000	133.26, 141.97
	Primary-Doctorate	41, 10	0.010	133.26, 217.20
	Masters-Doctorate	18, 10	0.086	141.97, 217.20
Autonomy	Secondary-First Degree	82, 102	0.012	107.68, 142.78
	Secondary-Primary	82, 41	1.000	107.68, 100.43
	Secondary-Masters	82, 18	0.354	107.68, 147.58
	Secondary-Doctorate	82, 10	0.003	107.68, 196.30
	Primary, First Degree	41, 102	0.017	100.43, 142.78
	First Degree-Masters	102, 18	1.000	142.78, 147.58
	First Degree-Doctorate	102, 10	0.267	142.78, 196.30
	Primary-Masters	41, 18	0.221	100.43, 147.58
	Primary-Doctorate	41, 10	0.002	100.43, 196.30
	Masters-Doctorate	18, 10	0.900	147.58, 196.30
Pleasure	Secondary-First Degree	82, 102	0.016	104.98, 137.54
	Secondary-Primary	82, 41	1.000	104.98, 124.62
	Secondary-Masters	82, 18	0.088	104.98, 152.39
	Secondary-Doctorate	82, 10	0.112	104.98, 164.05
	First Degree-Primary	102, 41	1.000	137.54, 124.62

	First Degree-Masters	102, 18	1.000	137.54, 152.39
	First Degree-Doctorate	102, 10	1.000	137.54, 164.05
	Primary-Masters	41, 18	1.000	124.62, 152.39
	Primary-Doctorate	41, 10	1.000	124.62, 164.05
	Masters-Doctorate	18, 10	1.000	152.39, 164.05
Self- realisation	Secondary-First Degree	82, 102	0.140	108.64, 135.17
	Secondary-Primary	82, 41	1.000	108.64, 115.09
	Secondary-Masters	82, 18	0.140	108.64, 155.17
	Secondary-Doctorate	82, 10	0.006	108.64, 192.40
	First Degree-Primary	102, 41	1.000	135.17, 115.09
	First Degree-Masters	102, 18	1.000	135.17, 155.17
	First Degree-Doctorate	102, 10	0.176	135.17, 192.40
	Primary-Masters	41, 18	0.514	115.09, 155.17
	Primary-Doctorate	41, 10	0.026	115.09, 192.40
	Masters-Doctorate	18, 10	1.000	155.17, 192.40
Total CASP-19	Secondary-First Degree	82, 102	0.003	100.37, 139.93
	Secondary-Primary	82, 41	1.000	100.37, 113.90
	Secondary-Masters	82, 14	0.027	100.37, 157.36
	Secondary-Doctorate	82, 10	0.000	100.37, 212.55
	First Degree-Primary	102, 41	0.542	139.93, 113.90
	First Degree-Masters	102, 14	1.000	139.93, 157.36
	First Degree-Doctorate	102, 10	0.027	139.93, 212.55
	Primary-Masters	41, 14	0.355	113.90, 157.36
	Primary-Doctorate	30, 10	0.001	113.90, 212.55
	Masters-Doctorate	14, 10	0.441	157.36, 212.55

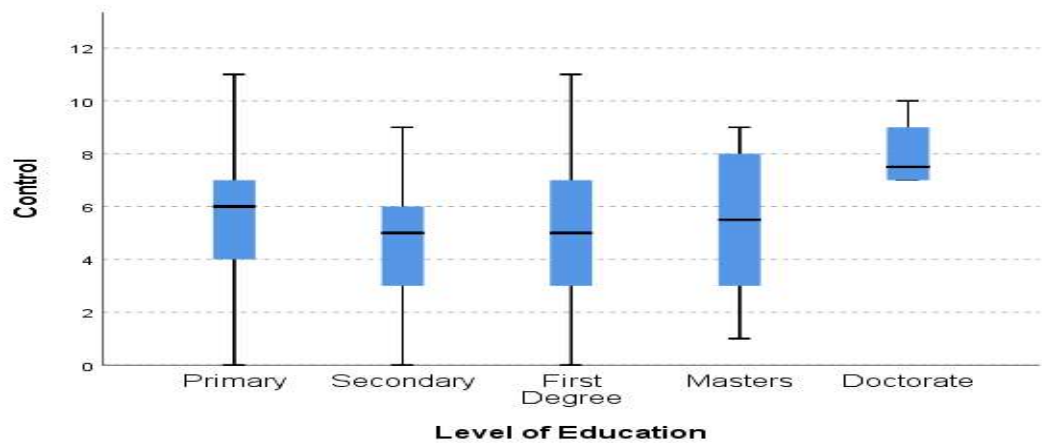


Figure 4.14: Comparison between levels of Education for Control domain on CASP-19

Note: Kruskal Wallis, $p=0.001$, ($n=253$). The whiskers denote the range, the rectangle denotes the inter-quartile distance, and the horizontal line denotes the median. Outliers identified by SPSS are denoted as small circles beyond the data range.

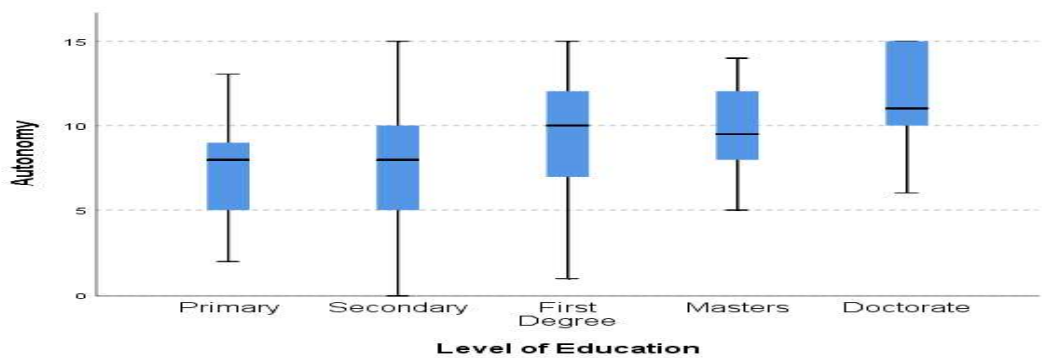


Figure 4.15: Comparison between Levels of Education for Autonomy domain on CASP-19

Note: Kruskal Wallis, $p=0.001$, ($n=253$). The whiskers denote the range, the rectangle denotes the inter-quartile distance, and the horizontal line denotes the median. Outliers identified by SPSS are denoted as small circles beyond the data range.

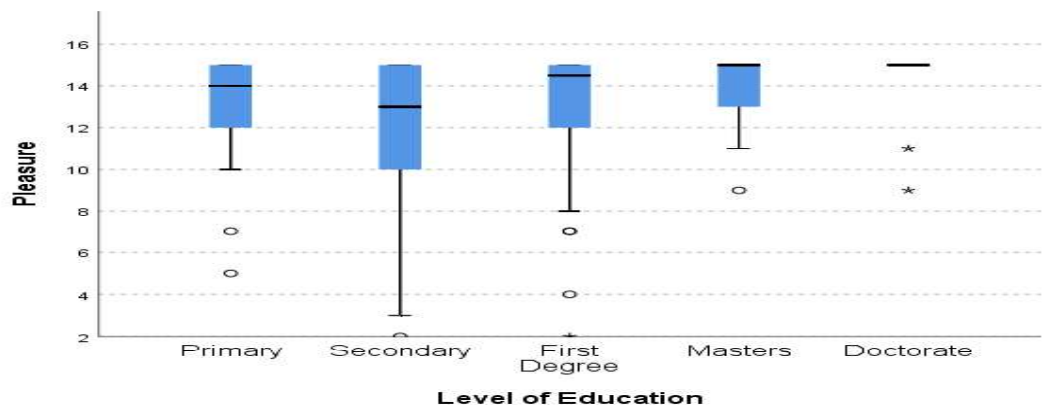


Figure 4.16: Comparison between Levels of Education scores for Pleasure domain on CASP-19

Note: Kruskal Wallis, $p=0.003$, ($n=253$). The whiskers denote the range, the rectangle denotes the inter-quartile distance, and the horizontal line denotes the median. Outliers identified by SPSS are denoted as small circles beyond the data range. Extreme outliers are denoted by asterisks.

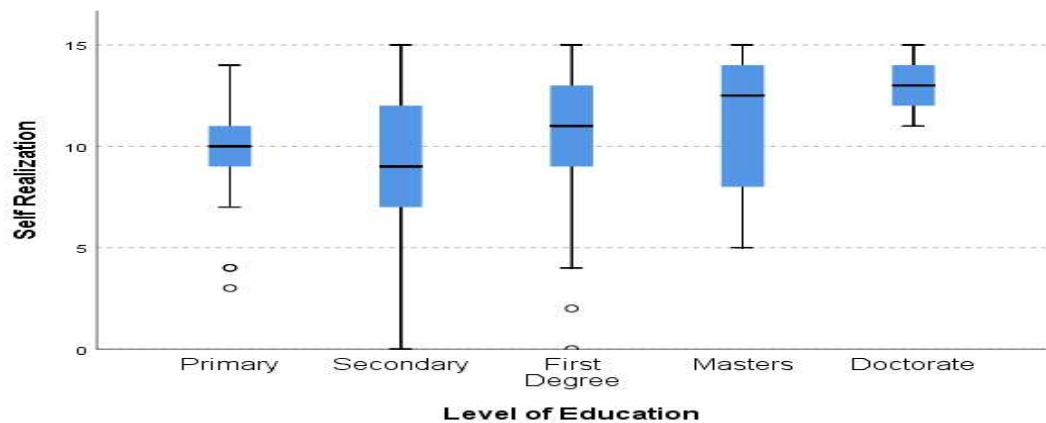


Figure 4.17: Comparison between Levels of Education scores for Self-Realisation domain on CASP-19

Note: Kruskal Wallis, $p=0.001$, ($n=253$). The whiskers denote the range, the rectangle denotes the inter-quartile distance, and the horizontal line denotes the median). Outliers identified by SPSS are denoted as small circles beyond the data range.

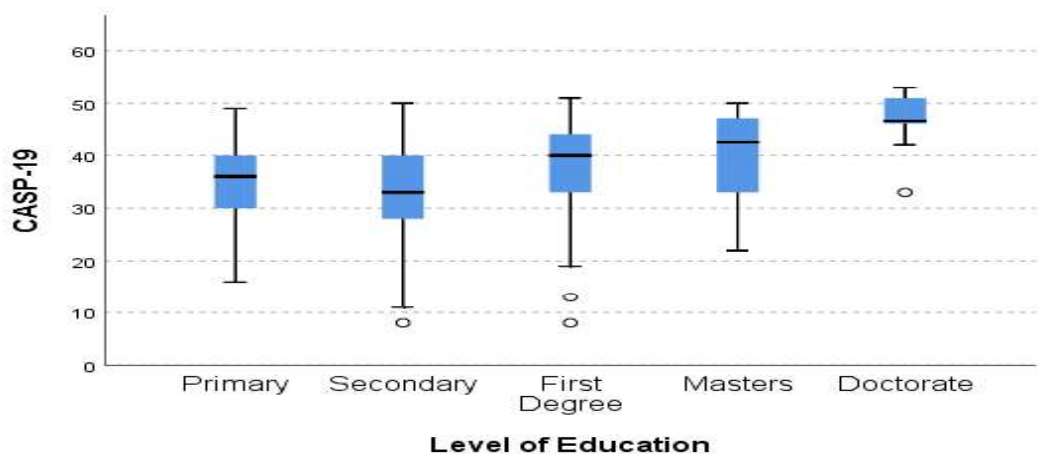


Figure 4.18: Comparison between Levels of Education for the total CASP-19 score.

Note: Kruskal Wallis, $p=0.000$, ($n=253$). The whiskers denote the range, the rectangle denotes the inter-quartile distance, and the horizontal line denotes the median). Outliers identified by SPSS are denoted as small circles beyond the data range.

4.3.3.5 CASP-19 and Health Status

Another analysis considered the Health Status of participants in the study. Table 4.17 summarised the significances found, including the Medians and Interquartile ranges. This result was then followed up with *post-hoc* pairwise comparisons as shown in Table 4.18. Subsequently Figures 4.19-4.23 brought out the distribution of responses of all the domains and the total CASP-19 score which were statistically significant through box whisker plots.

Table 4.17: Comparison of domains, and Total Scores of CASP-19 by Health Status

Note: IQR refers to the Interquartile ranges

Domain	Health Status	n	Median (IQR)	Mean Rank	Kruskal-Wallis <i>p</i>-value
Control	Excellent	6	7.0 (3.0)	192.58	0.000
	Good	92	6.0 (4.0)	152.27	
	Fair	146	5.0 (3.0)	117.33	
	Poor	15	3.0 (6.0)	91.70	
	Total	259			
Autonomy	Excellent	6	9.0 (4.0)	151.08	0.000
	Good	92	10.0 (5.0)	155.22	
	Fair	146	8.0 (4.0)	113.42	
	Poor	15	9.0 (6.0)	128.23	
	Total	259			
Pleasure	Excellent	6	15.0 (2.0)	169.75	0.004
	Good	92	15.0 (2.0)	148.93	
	Fair	146	14.0 (3.0)	116.84	
	Poor	15	15.0 (4.0)	126.10	
	Total	259			
Self-Realisation	Excellent	6	13.0 (5.0)	180.08	0.000
	Good	92	12.0 (5.0)	160.48	
	Fair	146	10.0 (4.0)	112.02	
	Poor	15	9.0 (4.0)	98.00	
	Total	259			
CASP-19	Excellent	6	43.5 (11.0)	178.33	0.000
	Good	92	42.0 (11.0)	163.42	
	Fair	146	35.0 (12.0)	109.66	
	Poor	15	38.0 (14.0)	103.63	
	Total	259			

Table 4.18 Post-hoc pairwise comparisons domains and the Total CASP-19 Scores for Health Status

Note: The adjusted p-value is corrected for multiple comparisons.

Domain	Pairwise comparison	n-value	Adjusted p-value	Mean Ranks
Control	Poor-Fair	15, 146	1.000	91.70, 117.33
	Poor-Good	15, 92	0.020	91.70, 152.27
	Poor-Excellent	15, 6	0.030	91.70, 192.58
	Fair-Good	146, 92	0.002	117.33, 152.27
	Fair-Excellent	146, 6	0.090	117.33, 192.58
	Good-Excellent	146, 6	1.000	152.27, 192.58
Autonomy	Poor-Fair	15, 146	1.000	128.23, 113.42
	Poor-Good	15, 92	1.000	128.23, 155.22
	Poor-Excellent	15, 6	1.000	128.23, 151.08
	Fair-Good	146, 92	0.000	113.42, 155.22
	Fair-Excellent	146, 6	1.000	113.42, 151.08
	Good-Excellent	146, 6	1.000	155.22, 151.08
Pleasure	Poor-Fair	15, 146	1.000	126.10, 116.84
	Poor-Good	15, 92	1.000	126.10, 148.93
	Poor-Excellent	15, 6	1.000	126.10, 169.75
	Fair-Good	146, 92	0.004	116.84, 148.93
	Fair-Excellent	146, 6	0.446	116.84, 169.75
	Good-Excellent	146, 6	1.000	148.93, 169.75
Self-realisation	Poor-Fair	15, 146	1.000	98.00, 112.02
	Poor-Good	15, 92	0.016	98.00, 163.42
	Poor-Excellent	15, 6	0.135	98.00, 180.08
	Fair-Good	146, 92	0.000	112.02, 163.42
	Fair-Excellent	146, 6	0.170	112.02, 180.08
	Good-Excellent	146, 6	1.000	163.42, 180.08
Total CASP-19	Poor-Fair	15, 146	1.000	103.63, 109.66
	Poor-Good	15, 92	0.025	103.63, 163.42
	Poor-Excellent	15, 6	0.233	103.63, 178.33
	Fair-Good	146, 92	0.000	109.66, 163.42
	Fair-Excellent	146, 6	0.166	109.66, 178.33
	Good-Excellent	146, 6	1.000	163.42, 178.33

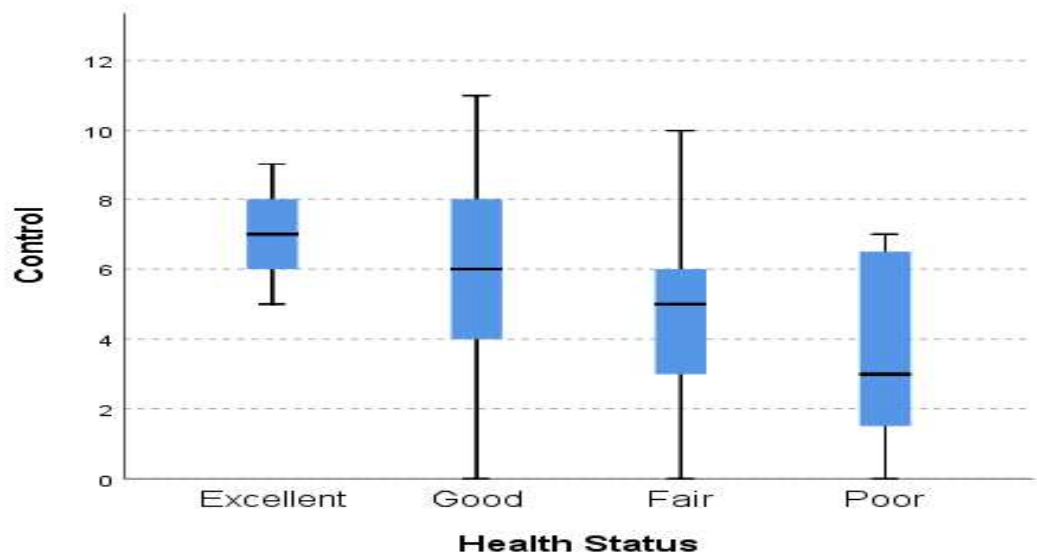


Figure 4.19: Comparison between Health Status for Control Domain on the CASP-19 tool

Note: Kruskal Wallis , $p=0.000$, ($n=259$). The whiskers denote the range, the rectangle denotes the inter-quartile distance, and the horizontal line denotes the median.

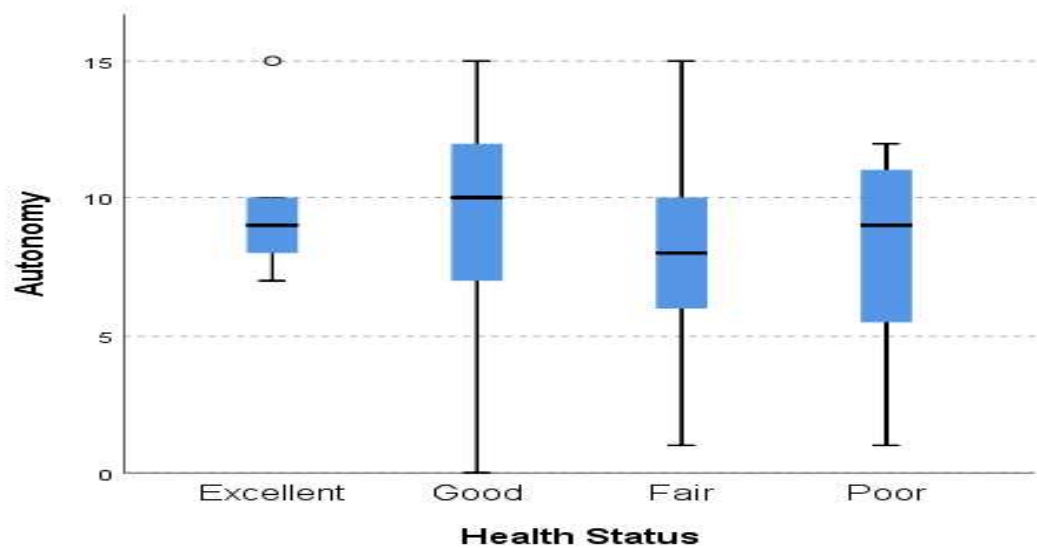


Figure 4.20: Comparison between Health Status for Autonomy Domain on the CASP-19

Note: Kruskal Wallis, $p=0.000$, ($n=259$). The whiskers denote the range, the rectangle denotes the inter-quartile distance, and the horizontal line denotes the median. Outliers identified by SPSS are denoted as small circles beyond the data range.

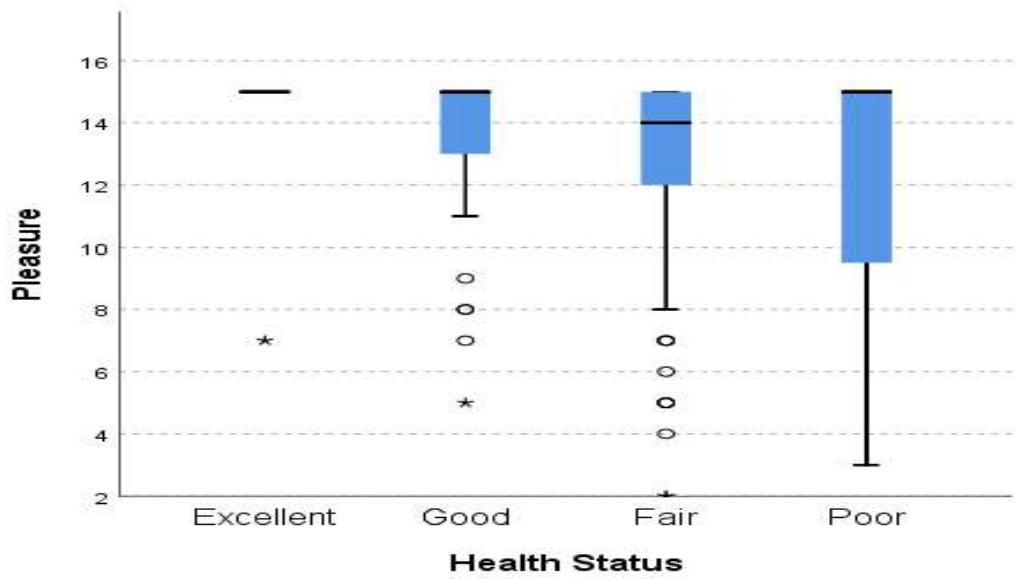


Figure 4.21: Comparison between Health Status for Pleasure Domain on CASP-19

Note: Kruskal Wallis, $p=0.000$, ($n=259$). The whiskers denote the range, the rectangle denotes the inter-quartile distance, and the horizontal line denotes the median). Outliers identified by SPSS are denoted as small circles beyond the data range. Extreme values (far outliers) are denoted by asterisks.

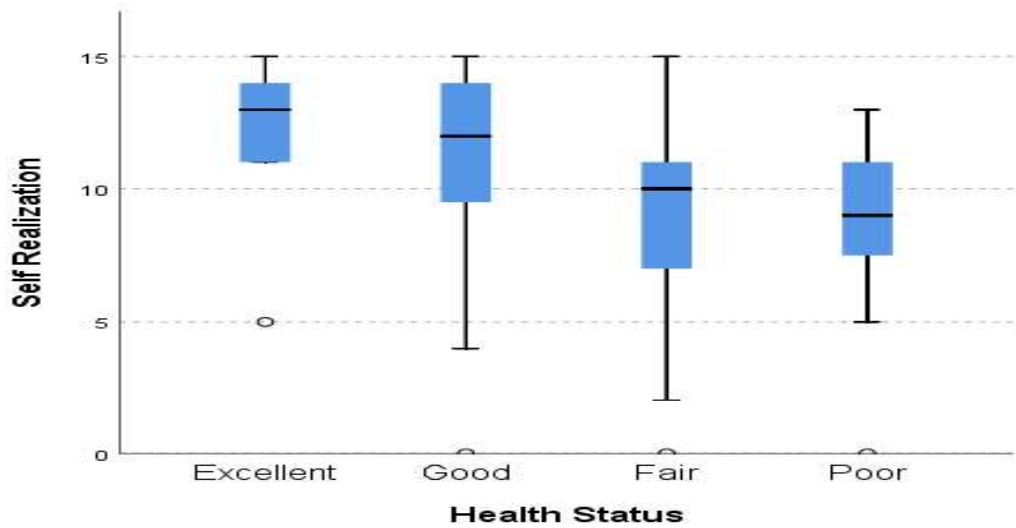


Figure 4.22: Comparison between Health Status and Self-realisation Domain on CASP-19

Note: Kruskal Wallis, $p=0.004$, ($n=259$). The whiskers denote the range, the rectangle denotes the inter-quartile distance, and the horizontal line denotes the median). Outliers identified by SPSS are denoted as small circles beyond the data range.

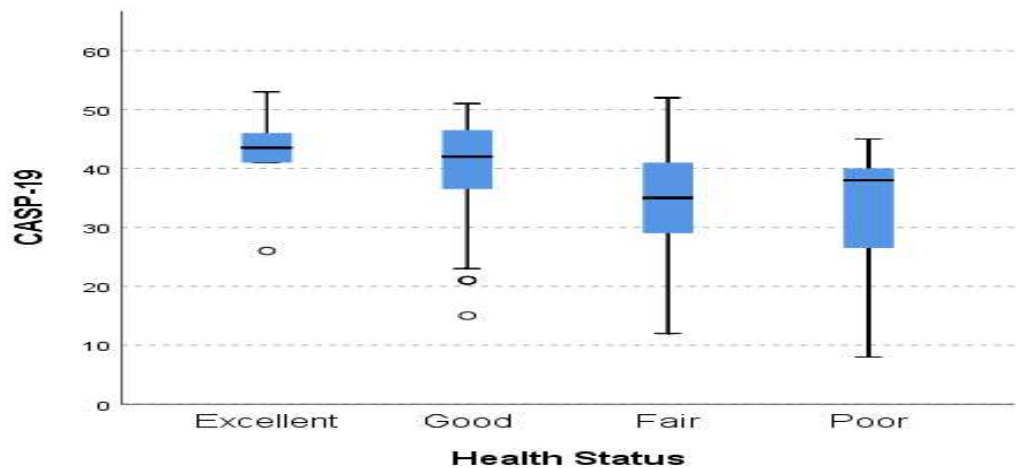


Figure 4.23: Comparison between Health Status for the Total CASP-19 Score

Note: Kruskal Wallis, $p=0.000$, ($n=259$). The whiskers denote the range, the rectangle denotes the inter-quartile distance, and the horizontal line denotes the median). Outliers identified by SPSS are denoted as small circles beyond the data range.

Spearman's Correlation was then applied to the data to confirm and consolidate this result as shown in Table 4.19 below. The resultant matrix clearly indicated the same high correlations between a good state of health and the domains and total scores on the CASP-19, brought out by the Kruskal Wallis analysis.

Table 4.19: Spearman correlations of CASP-19 Domains and Total Score by Health Status

Note: negative correlation values indicate that when the relevant CASP-19 domain score is high, the health status score is low (ie good health)

		Health Status	Control	Autonomy	Pleasure	Self Realisation
	Spearman's ρ	-0.279		0.449	0.411	0.437
	<i>p</i>	0.000		0.000	0.000	0.000
	<i>n</i>	259		263	263	263
Autonomy	Spearman's ρ	-0.236	0.449		0.426	0.436
	<i>p</i>	0.000	0.000		0.000	0.000
	<i>n</i>	259	263		263	263
Pleasure	Spearman's ρ	-0.208	0.411	0.426		0.553
	<i>p</i>	0.001	0.000	0.000		0.000
	<i>n</i>	259	263	263		263
Self Realisation	Spearman's ρ	-0.333	0.437	0.436	0.553	
	<i>p</i>	0.000	0.000	0.000	0.000	
	<i>n</i>	259	263	263	263	
CASP-19	Spearman's ρ	-0.350	0.710	0.783	0.738	0.790
	<i>p</i>	0.000	0.000	0.000	0.000	0.000
	<i>n</i>	259	263	263	263	263

4.3.3.6 CASP-19 by Residential Arrangement.

Analysing the scores through the viewpoint of residential arrangements chosen by respondents also followed the same pattern. Table 4.20 below presented the p values, whilst Table 4.21 presented the pairwise comparisons within this domain. Figures 4.24-27 presented the box and whisker plots for the significant results

Table 4.20: Comparison of CASP-19 Scores grouped by Residential Arrangements

Note: IQR refers to the Interquartile Range

Domain	Residential Arrangement	n	Median (IQR)	Mean Rank	Kruskal-Wallis p -value
Control	Alone	20	5.0 (3.0)	138.55	0.366
	Convent	194	5.0 (4.0)	129.78	
	With Family Members	27	4.0 (5.0)	106.31	
	Residential Care	15	5.0 (3.0)	138.43	
	Total	256			
Autonomy	Alone	20	11.0 (4.0)	175.80	0.009
	Convent	194	8.0 (5.0)	123.90	
	With Family Members	27	7.0 (5.0)	113.52	
	Residential Care	15	9.0 (6.0)	151.93	
	Total	256			
Pleasure	Alone	20	15.0 (1.0)	165.65	0.011
	Convent	194	14.0 (3.0)	128.52	
	With Family Members	27	12.0 (4.0)	96.69	
	Residential Care	15	14.0 (2.0)	136.03	
	Total	256			
Self-Realisation	Alone	20	12.0 (3.0)	169.60	0.002
	Convent	194	11.0 (4.0)	128.06	
	With Family Members	27	8.0 (4.0)	90.15	
	Residential Care	15	11.0 (3.0)	148.47	
	Total	256			
CASP-19	Alone	20	42.5 (9.0)	176.08	0.001
	Convent	194	37.0 (12.0)	126.50	
	With Family Members	27	32.0 (14.0)	94.04	
	Residential Care	15	37.0 (10.0)	152.93	
	Total	256			

Since the Control domain did not produce a significant result, the *post-hoc* pairwise comparisons presented below excluded this domain from the analysis.

Table 4.21: *Post-hoc* pairwise comparisons for CASP-19 domains and Total CASP-19 Scores by Residential Arrangement

Note: The adjusted p-value is corrected for multiple comparisons. Control Domain excluded for lack of statistical significance. The option, With Family Members is denoted by WFM

Domain	Pairwise comparison	<i>n</i> -value	Adjusted p-value	Mean Ranks
Autonomy	WFM-Convent	27, 194	1.000	113.52, 123.90
	WFM-Residential Care	27, 15	0.634	113.52, 151.93
	WFM-Alone	27, 20	0.025	113.52, 175.80
	Convent-Residential Care	194, 15	0.936	123.90, 151.93
	Convent-Alone	194, 20	0.016	123.90, 175.80
	Residential Care-Alone	15, 20	1.000	151.93, 175.80
Pleasure	WFM-Convent	27, 194	0.168	96.69, 128.52
	WFM-Residential Care	27, 15	0.498	96.69, 136.03
	WFM-Alone	27, 20	0.005	96.69, 165.65
	Convent-Residential Care	194, 15	1.000	128.52, 136.03
	Convent-Alone	194, 20	0.149	128.52, 165.65
	Residential Care -Alone	15, 20	1.000	136.03, 165.65
Self-realisation	WFM-Convent	27, 194	0.073	90.15, 128.06
	WFM-Residential Care	27, 15	0.084	90.15, 148.47
	WFM-Alone	27, 20	0.002	90.15, 169.60
	Convent-Residential Care	194, 15	1.000	128.06, 148.47
	Convent-Alone	194, 20	0.098	128.06, 169.60
	Residential Care -Alone	15, 20	1.000	148.47, 169.60
Total CASP-19	WFM-Convent	27, 194	0.196	94.04, 126.50
	WFM-Residential Care	27, 15	0.081	94.04, 152.93
	WFM-Alone	27, 20	0.001	94.04, 176.08
	Convent-Residential Care	194, 15	1.000	126.50, 152.93
	Convent-Alone	194, 20	0.026	126.50, 176.08
	Residential Care -Alone	15, 20	1.000	152.93, 176.08

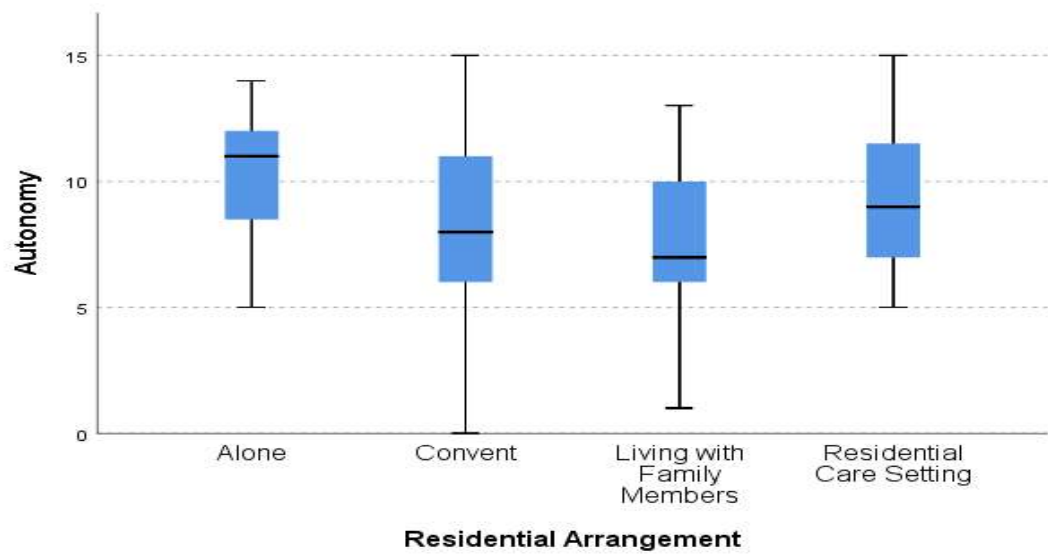


Figure 4.24: Comparison between types Residential Arrangement, Autonomy Domain on the CASP-19 tool

Kruskal-Wallis, $p=0.009$, ($n=256$). The whiskers denote the range, the rectangle denotes the inter-quartile distance, and the horizontal line denotes the median). Outliers identified by SPSS are denoted as small circles beyond the data range. Extreme values, far outliers are denoted by asterisks.

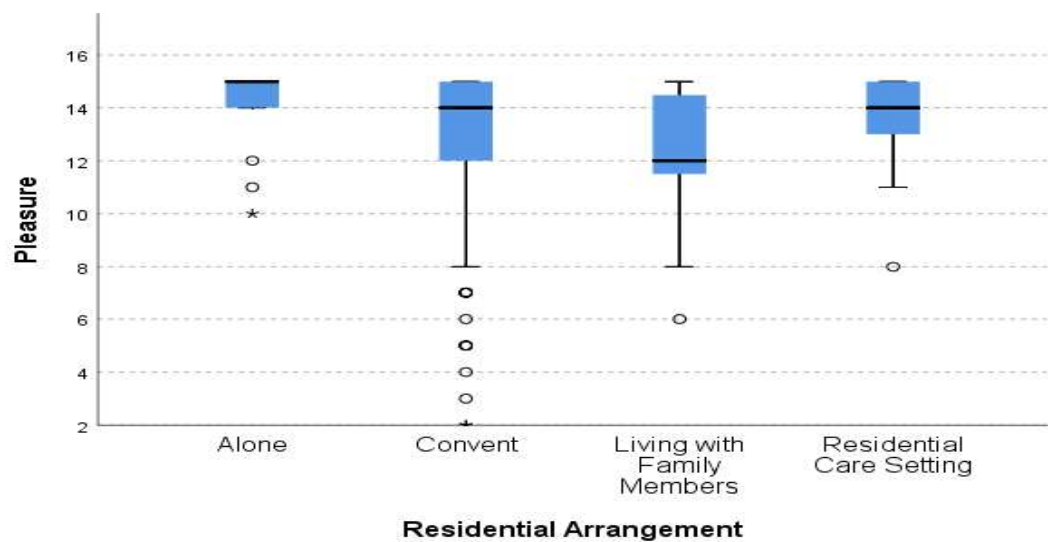


Figure 4.25: Comparison between types Residential Arrangement, Pleasure Domain on the CASP-19 tool

Kruskal-Wallis, $p=0.011$, ($n=256$). The whiskers denote the range, the rectangle denotes the inter-quartile distance, and the horizontal line denotes the median). Outliers identified by SPSS are denoted as small circles beyond the data range.

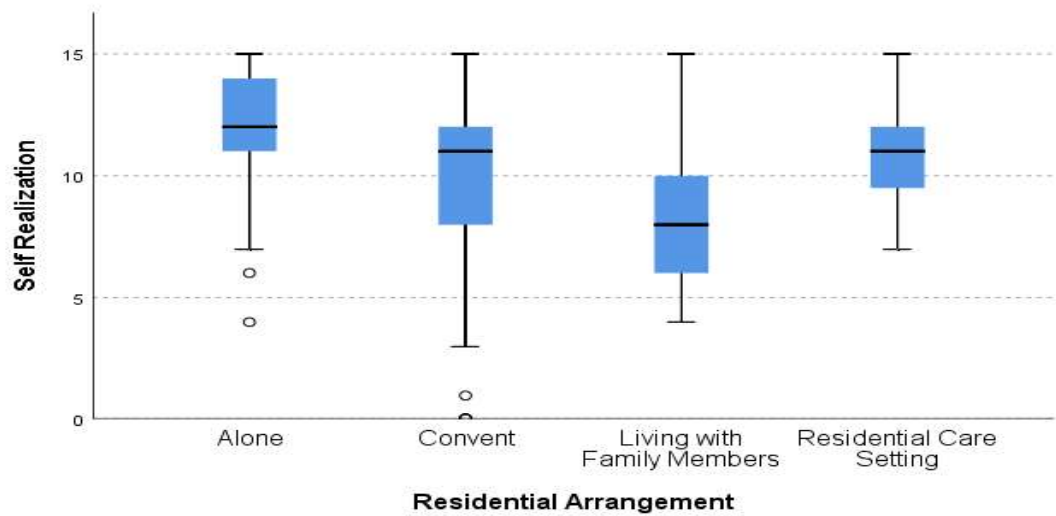


Figure 4.26: Comparison between types of Residential Arrangement, Self-realisation Domain on the CASP-19 tool

Kruskal-Wallis, $p=0.002$, ($n=256$). The whiskers denote the range, the rectangle denotes the inter-quartile distance, and the horizontal line denotes the median. Outliers identified by SPSS are denoted as small circles beyond the data range.

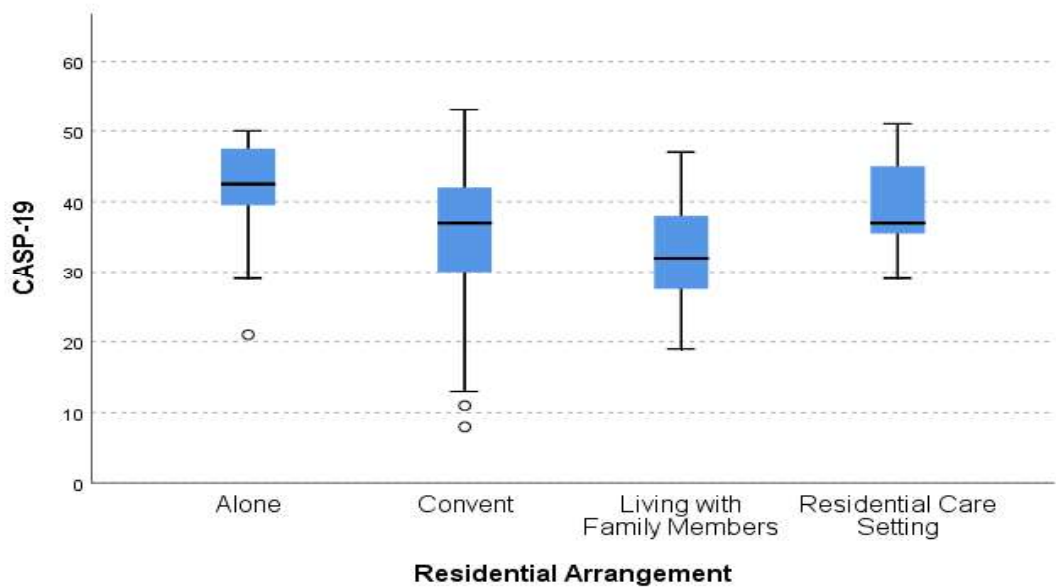


Figure 4.27: Comparison between types of Residential Arrangement, Total Score, CASP-19

Kruskal-Wallis, $p=0.001$, ($n=256$). The whiskers denote the range, the rectangle denotes the inter-quartile distance, and the horizontal line denotes the median. Outliers identified by SPSS are denoted as small circles beyond the data range.

The last sequence of analysis, centred on two particular questions in the CASP-19: Question 5, “Shortage of money keeps me from doing the things I want” and Question 19: “I feel that the future looks good for me”. No statistical significance was found for Question 19, with a p value on Kruskal-Wallis of 0.844. With regards to Question 5, a statistical significance of $p=0.007$ was recorded with the following pairwise comparisons presented in Table 4.22

Table 4.22: *Post Hoc* Pairwise comparison of Question 5: Shortage of Money Stops me from doing the things that I want to do.

	n	P value	Mean Rank
Male Religious - Diocesan	50, 51	0.106	88.95, 114.55
Male Religious - Female Religious	50, 123	0.005	88.95, 121.22
Diocesan - Female Religious	51, 123	1.000	114.55, 121.22

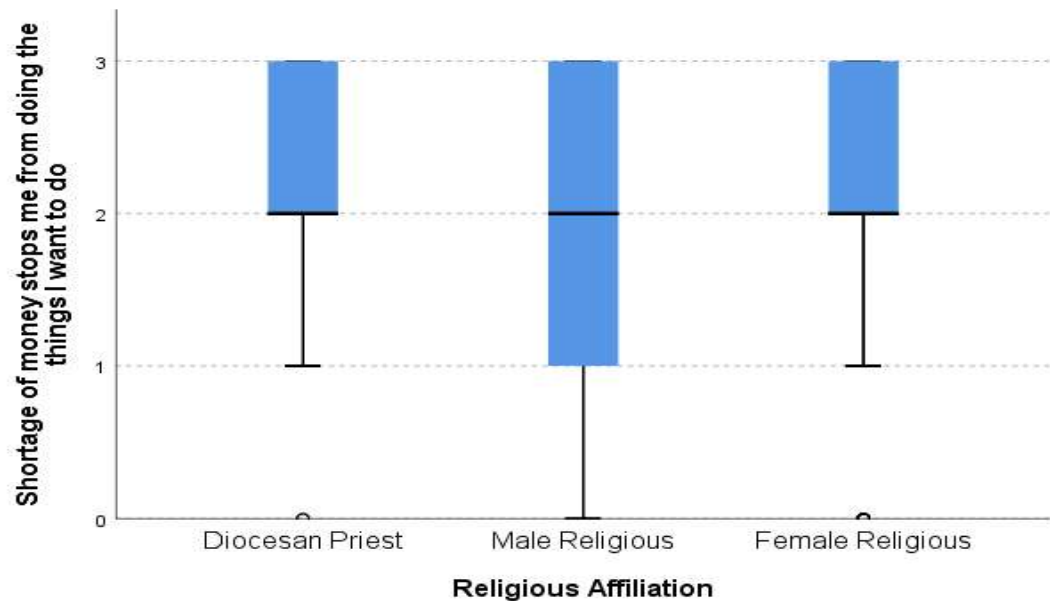


Figure 4.28: Comparison of responses to Question 5 on CASP-19: Shortage of Money stops me from doing the things I want to do

Note: Kruskal-Wallis, $p=0.001$, ($n=224$). The whiskers denote the range, the rectangle denotes the inter-quartile distance, and the horizontal line denotes the median.

4.4 GEROTRASCENDENCE SCALE

This section presented the results of the Gerotranscendence Scale (GS), starting with the Cronbach Alpha for reliability, followed by the descriptive statistics. The third batch of results presented are the comparative statistics.

4.4.1 Reliability of GS

In this study, the Cronbach's Alpha generated for the Gerotranscendence scale was of 0.829. This was a high score which showed that the participants understood the concepts and questions in the scale. When compared to other studies using the Gerotranscendence Scale, no points of comparison were found: most research was done with the shorter version of the scale, the Gerotranscendence Scale-Short. The Gerotranscendence Scale Short (GS-S) used in a recent research, recorded an Cronbach Alpha score of 0.72 (Asiri et al., 2019). Original scores for early research based on Tornstam's work was more difficult to trace partly because most of Tornstam's early research work emanated from qualitative rather than quantitative studies and also because Tornstam kept revising the scales (Hoshino et al., 2012, Tornstam, 2005). Cozort argued that since longer tools were more reliable than shorter ones, it would follow that the Gerotranscendence Scale which was used in this study would have had a higher reliability score:

“By using the Spearman Brown Prophecy Formula...one can approximate the alpha coefficient for the GS from those of the GS-S. Using the known reliability coefficients of the GS-S in the formula, the alpha coefficients for the GS are estimated as: cosmic transcendence subscale, 0.84; coherence, 0.82, and solitude, 0.80.” (Cozort, 2008, p. 38).

These numbers compared well with the Cronbach's Alpha generated by the study.

4.4.2 Gerotranscendence Scale: Descriptive Statistics

This section presented the descriptive statistics for the Gerotranscendence Scale, including the domains of the tool, namely Cosmic Transcendence, Coherence, and Solitude and Social Relationships domains. The Test of Normality was applied to the domains in order to decide on parametric or non-parametric testing. A 0.000 level of significance implied that analysis required non-parametric testing as shown by Table 4.23

Table 4.23: Test of Normality for Gerotranscendence Scale, including subdomains

	Sig: Shapiro-Wilk $p < 0.001$ Sig: Kolmogorov-Smirnov $p < 0.001$	
Cosmic Transcendence	0.000	0.000
Coherence	0.000	0.000
Solitude/Social Relations	0.000	0.000
Gerotranscendence	0.000	0.000

Frequency Distribution measures were applied to each domain and to the Gerotranscendence tool as a whole with the following results shown in Figures 4.29 to 4.32.

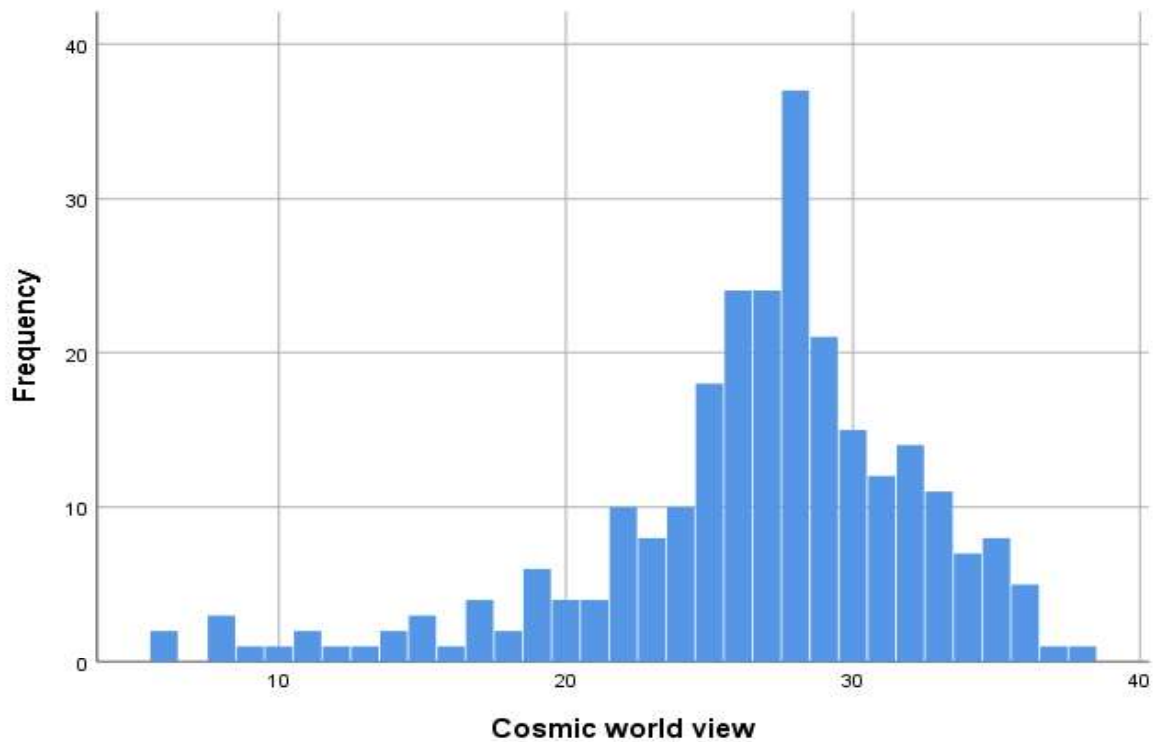


Figure 4.29: Frequency distribution of scores for the Cosmic Transcendence domain on the Gerotranscendence Scale

Note: ($n=263$, Shapiro-Wilk $p < 0.001$, Kolmogorov-Smirnov $p < 0.001$)

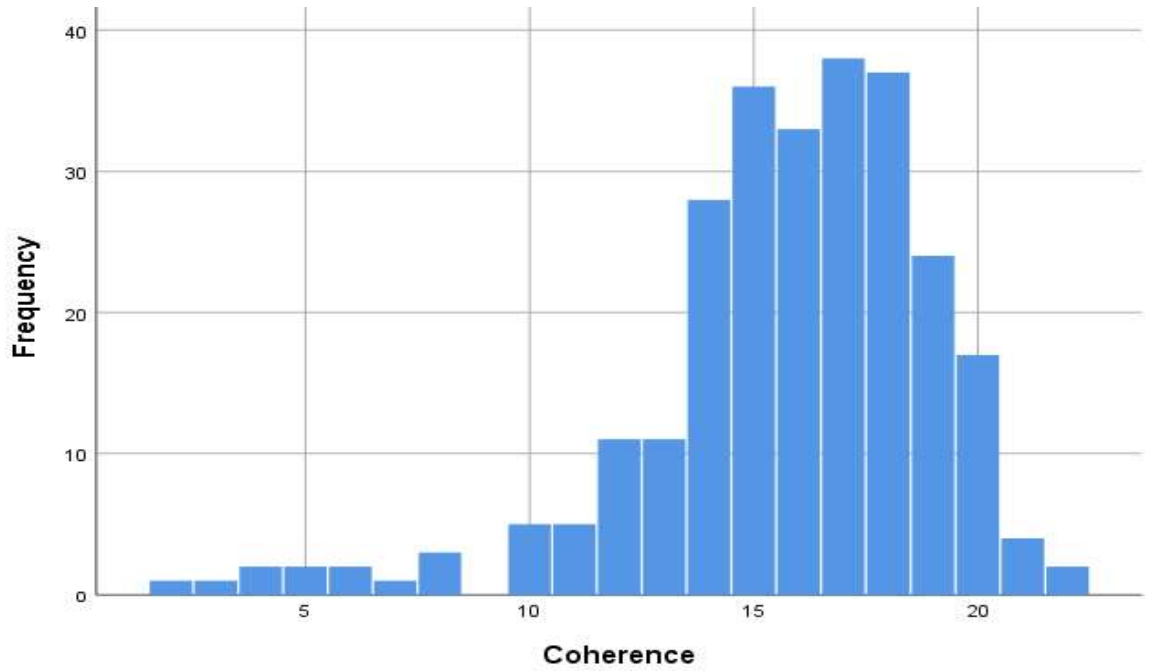


Figure 4.30: Frequency distribution of scores for Coherence domain on the Gerotranscendence Scale

Note: $n=263$, Shapiro-Wilk $p<0.001$, Kolmogorov-Smirnov $p<0.001$

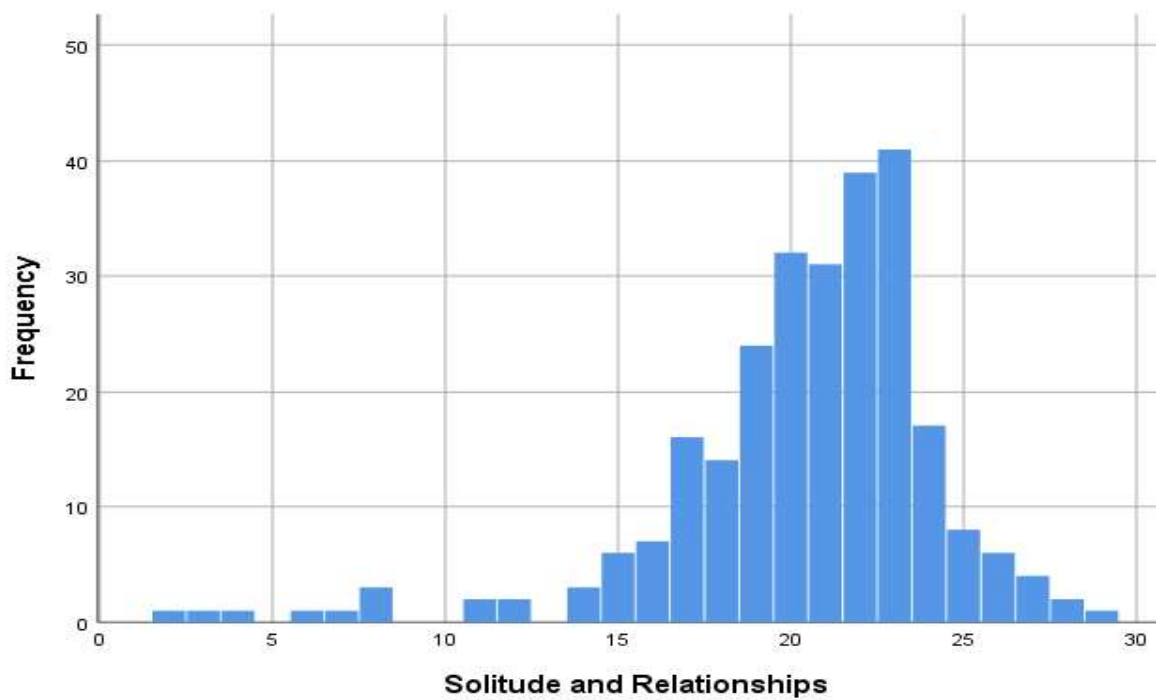


Figure 4.31: Frequency distribution of scores, Solitude and Relationships domain on the Gerotranscendence Scale

Note: $n=263$, Shapiro-Wilk $p<0.001$, Kolmogorov-Smirnov $p<0.001$

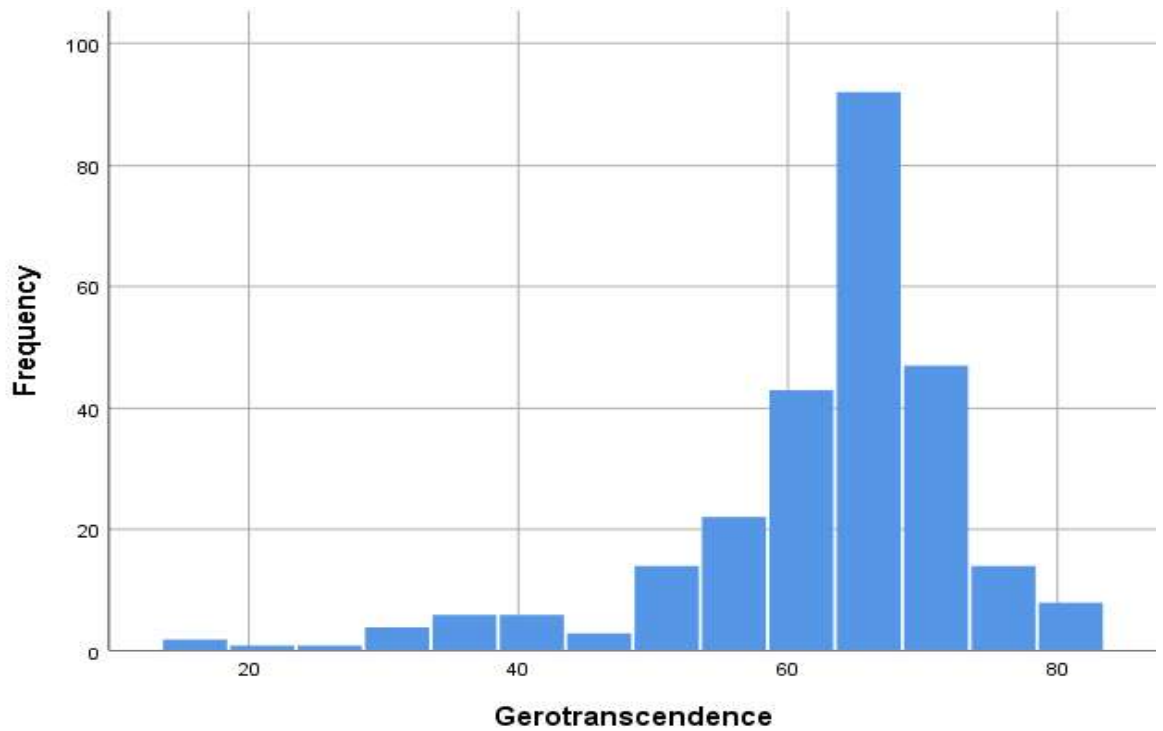


Figure 4.32: Frequency distribution of scores for the Gerotranscendence Total Score

Note: $n=263$, Shapiro-Wilk $p<0.001$, Kolmogorov-Smirnov $p<0.001$

Table 4.24 below, presented a summary of the distribution range and the percentile values for the four domains and the overall Gerotranscendence Scale

Table 4.24: Distribution range and percentile values for the 3 domain scores and Total Gerotranscendence Scale score.

	<i>n</i>	Minimum	Maximum	Percentiles		
				25th	50th (Median)	75th
Cosmic	263	6	38	25	28	30
Coherence	263	2	22	14	16	18
Solitude/Social Relationships	263	2	29	19	21	23
CASP-19	263	16	83	59	65	69

4.4.3 Gerotranscendence Scale: Comparative Statistics

This section presented the comparative statistical analysis of the Gerotranscendence domains, namely Cosmic Transcendence (or Worldview), Coherence, and Solitude and Relationships as well as the overall instrument score within the various respondent categories. The total number of respondents was 263. In cases where respondents failed to provide an answer to a specific variable under analysis, the *n*-value for that analysis would therefore be accordingly less than 263.

4.4.3.1 Gerotranscendence Scale by Age.

The Mann Whitney test was employed to analyse the potential dependency of Gerotranscendence Scale scores on the 2 age categories of respondents, namely the middle old (75-85) and the oldest old, (85+). No statistically significant results were produced with *p* values of 0.459 for Cosmic Transcendence subscale, 0.676 for Coherence, and 0.329 for Solitude and Relationship. The total Gerotranscendence Scale analysed by age yielded a *p* value of 0.335 (*n*=263). This showed clearly that there were no major differences in scores when analysed by age. The oldest old scored slightly higher on all domains than their younger middle old counterparts with the following results Mean Rank Results (*n* middle old=187, *n* oldest old = 76). In the subdomain of Cosmic Transcendence, the middle old had a Mean Rank of 129.79, with the oldest old scoring 137.43. In the subdomain of Coherence, the middle old had a Mean Rank of 130.76 with the oldest old scoring at 135.06. In the subdomain of Solitude, the middle old Mean Rank was at 129.79 whilst the oldest old had a Mean Rank of 139.14. In the total Gerotranscendence Scale score this pattern was repeated with the middle old having a mean rank of 129.12, and the oldest old scoring at 139.09. This data clearly indicated a gradual, if not statistically significant increase in Gerotranscendence by age.

The relationship between age and the scores on the Gerotranscendence Scale and its subdomains were then also analysed using Spearman's Correlations as presented in Table 4.25.

Table 4.25: Spearman's correlations for Age on the Gerotranscendence Scale and subdomains

			Age	Cosmic Transcendence	Coherence	Solitude and Relationships
Spearman's rho	Age	Spearman's ρ		0.043	-0.042	0.079
		<i>p</i>		0.484	0.500	0.199
		<i>n</i>		263	263	263
	Cosmic Transcendence	Spearman's ρ	0.043		0.446	0.261
		<i>p</i>	0.484		0.000	0.000
		<i>n</i>	263		263	263
	Coherence	Spearman's ρ	-0.042	0.446		0.385
		<i>p</i>	0.500	0.000		0.000
		<i>n</i>	263	263		263
	Solitude and Relationships	Spearman's ρ	0.079	0.261	0.385	
		<i>p</i>	0.199	0.000	0.000	
		<i>n</i>	263	263	263	
	Gerotranscendence	Spearman's ρ	0.031	0.816	0.730	0.639
		<i>p</i>	0.612	0.000	0.000	0.000
		<i>n</i>	263	263	263	263

4.4.3.2 Gerotranscendence Scale by Affiliation

The data was then analysed through the different affiliations, namely diocesan, male religious, and female religious. The Kruskal Wallis test yielded *p* values of 0.061 for Cosmic Transcendence, 0.527 for Coherence, and 0.270 for Solitude and Social Relationships. The total Gerotranscendence scale had a *p* value of 0.158. In Cosmic Transcendence, the highest Mean Rank was that of male religious at 148.74, followed by diocesan priests with a Mean Rank of 140.90, with female religious at 123.02. On the other two domains, Coherence, and Solitude and Social Relationships and the total Gerotranscendence Score, it was diocesan priests who scored higher than male religious who in turn scored higher than female religious albeit not at statistically significant levels.

4.4.3.3 Gerotranscendence Scale (GS) by Gender

When the Gerotranscendence Scale was analysed by using the Mann Whitney test on the whole group (middle old and oldest old), a significant result was noted in the Cosmic transcendence domain with a *p* value of 0.021 as shown in Table 4.26

Table 4.26: Comparison between male and female participants, Gerotranscendence Scale

Note: n=263. Mann Whitney. IQR refers to the Interquartile Range.

	Gender	<i>n</i>	Median (IQR)	Mean Rank	<i>p</i> value
Cosmic Transcendence	Male	108	28.0 (4.0)	144.89	0.021
	Female	155	27.0 (6.0)	123.023	
	<i>Total</i>	263			
Coherence	Male	108	16.0 (3.0)	136.77	0.393
	Female	155	16.0 (4.0)	128.68	
	<i>Total</i>	263			
Solitude and Social Relationships	Male	108	21.5 (4.0)	140.90	0.111
	Female	155	21.0 (5.0)	125.80	
	<i>Total</i>	263			
Gerotranscendence Scale Total	Male	108	66.0 (8.0)	142.61	0.059
	Female	155	64.0 (12.0)	124.61	
	<i>Total</i>	263			

When this analysis was split up by age categories, the middle old and oldest old were analysed separately. The same statistical significance showed up in the Cosmic Transcendence domain of the middle old Group ($p = 0.42$ n =male 80, female 107). In the oldest old group, no such significance was noted in any of the domains or the total Gerotranscendence Score ($n =$ male 28, female = 48). The Mean Ranks in both the middle old and oldest old categories, tended to be fairly close to each other, with Males scoring slightly higher in all domains except for Coherence in the oldest old Group where females scored higher than males.

4.4.3.4 Gerotranscendence by Educational Level

The Kruskal Wallis Test was then used to analyse the results grouped by their level of level, all the three domains and the total Gerotranscendence Score showed a p value of 0.000 as shown in Table 4.27.

Table 4.27: Gerotranscendence domains and Total Score, by Levels of Education.

Domain	Educational Level	n	Median (IQR)	Mean Rank	Kruskal-Wallis <i>p</i>-value
Cosmic Transcendence	Primary	41	27.0 (4.0)	113.11	0.000
	Secondary	82	26.0 (7.0)	107.22	
	First Degree	102	28.0 (6.0)	135.59	
	Masters	18	29.0 (4.0)	159.89	
	PhD	10	31.5 (3.0)	199.30	
	Total	253			
Coherence	Primary	41	16.0 (5.0)	121.34	0.000
	Secondary	82	15.0 (4.0)	99.45	
	First Degree	102	16.5 (3.0)	142.90	
	Masters	18	17.0 (3.0)	153.94	
	PhD	10	18.0 (4.0)	165.40	
	Total	253			
Solitude and Social Relationships	Primary	41	20.0 (3.0)	105.99	0.000
	Secondary	82	20.0 (6.0)	103.45	
	First Degree	102	22.0 (3.0)	150.52	
	Masters	18	21.0 (4.0)	137.44	
	PhD	10	22.0 (4.0)	147.60	
	Total	253			
Gerotranscendence Score	Primary	41	65.0 (9.0)	109.24	0.000
	Secondary	82	62.5 (16.0)	100.78	
	First Degree	102	66.0 (8.0)	143.37	
	Masters	18	68.5 (11.0)	157.58	
	PhD	10	70.0 (7.0)	192.80	
	Total	253			

Post-hoc pairwise comparisons were then applied as shown in Table 4.28.

Table 4.28: *Post-hoc* pairwise comparisons for Domains and Total Gerotranscendence Scale Score by Levels of Education.

The adjusted p-value is corrected for multiple comparisons.

Domain	Pairwise comparison	<i>n</i> value	Adjusted <i>p</i>-value	Mean Ranks
Cosmic Transcendence	Secondary-First Degree	82, 102	0.087	107.22, 135.59
	Secondary-Primary	82, 41	1.000	107.22, 113.11
	Secondary-Masters	82, 18	0.055	107.22, 159.89
	Secondary-Doctorate	82, 10	0.002	107.22, 199.30
	Primary-First Degree	41, 102	0.956	113.11, 135.59
	First Degree-Masters	102, 18	1.000	135.59, 159.81
	First Degree-Doctorate	102, 10	0.084	135.59, 199.30
	Primary-Masters	41, 18	0.234	113.11, 159.81
	Primary-Doctorate	41, 10	0.008	113.11, 199.30
	Masters-Doctorate	18, 10	1.000	159.81, 199.30
Coherence	Secondary-First Degree	82, 102	0.001	99.45, 142.90
	Secondary-Primary	82, 41	1.000	99.45, 121.34
	Secondary-Masters	82, 18	0.040	99.45, 153.94
	Secondary-Doctorate	82, 10	0.068	99.45, 165.4
	Primary - First Degree	41, 102	1.000	121.34, 142.90
	First Degree-Masters	102, 18	1.000	142.90, 153.94
	First Degree-Doctorate	102, 10	1.000	101.93, 165.4
	Primary-Masters	41, 18	1.000	121.34, 153.94
	Primary-Doctorate	41, 10	0.858	121.34, 165.4
	Masters-Doctorate	18, 10	1.000	153.94, 165.4

Solitude and Social Relationships	Secondary-First Degree	82, 102	0.000	99.45, 150.52
	Secondary-Primary	82, 41	1.000	99.45, 121.34
	Secondary-Masters	82, 18	0.725	99.45, 137.44
	Secondary-Doctorate	82, 10	0.700	99.45, 165.40
	Primary – First Degree	41, 102	0.009	121.34, 150.52
	First Degree-Masters	102, 18	1.000	150.52, 137.44
	First Degree-Doctorate	102, 10	1.000	150.52, 165.40
	Primary-Masters	41, 18	1.000	121.34, 137.44
	Primary-Doctorate	41, 10	1.000	121.34, 165.40
	Masters-Doctorate	18, 10	1.000	137.44, 165.40
Gerotranscendence Scale Total	Secondary-First Degree	82, 102	0.001	100.78, 96.59
	Secondary-Primary	82, 41	1.000	100.78, 109.24
	Secondary-Masters	82, 18	0.028	100.78, 157.58
	Secondary-Doctorate	82, 10	0.002	100.78, 192.80
	Primary – First Degree	41, 102	0.116	109.24, 143.37
	First Degree-Masters	102, 18	1.000	143.37, 157.58
	First Degree-Doctorate	102, 10	0.008	143.37, 192.80
	Primary-Masters	41, 18	0.193	109.24, 157.58
	Primary-Doctorate	41, 10	0.012	109.24, 192.80
	Masters-Doctorate	18, 10	1.000	157.58, 192.80

These comparisons and the resultant significant relationships between variables were brought out through the box and whisker plots in Figures 4.33 to 4.36 below.

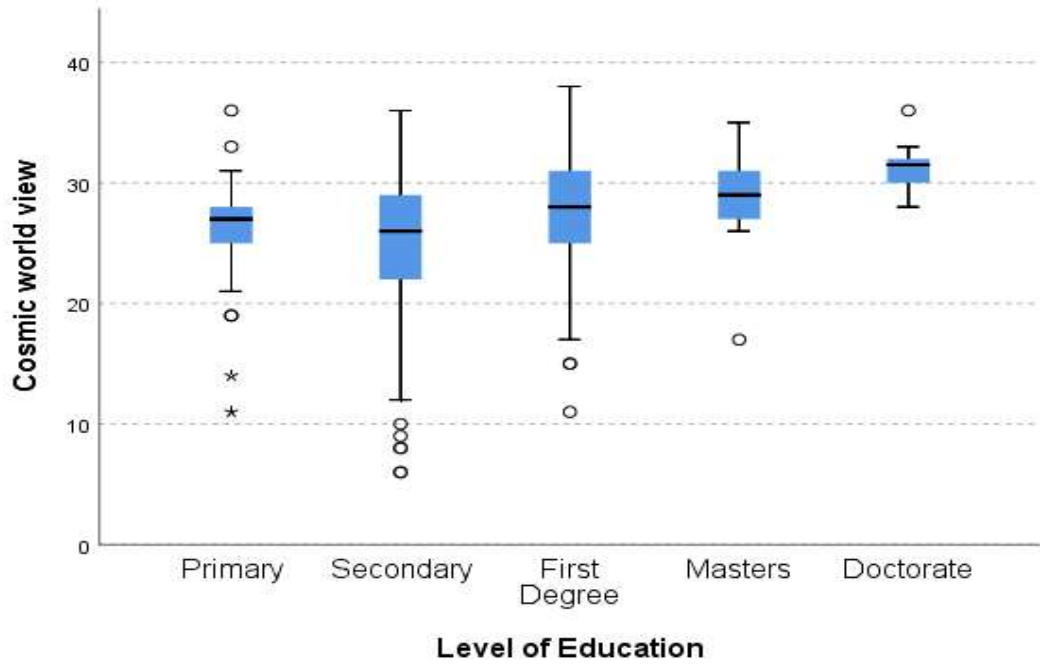


Figure 4.33: Comparison between Levels of Education scores for Cosmic Transcendence domain on Gerotranscendence Scale

Note: Kruskal Wallis Test, $p=0.000$, ($n=253$). The whiskers denote the range, the rectangle denotes the inter-quartile distance, and the horizontal line denotes the median. Outliers identified by SPSS are denoted as small circles beyond the data range. Extreme outliers are denoted by asterisks..

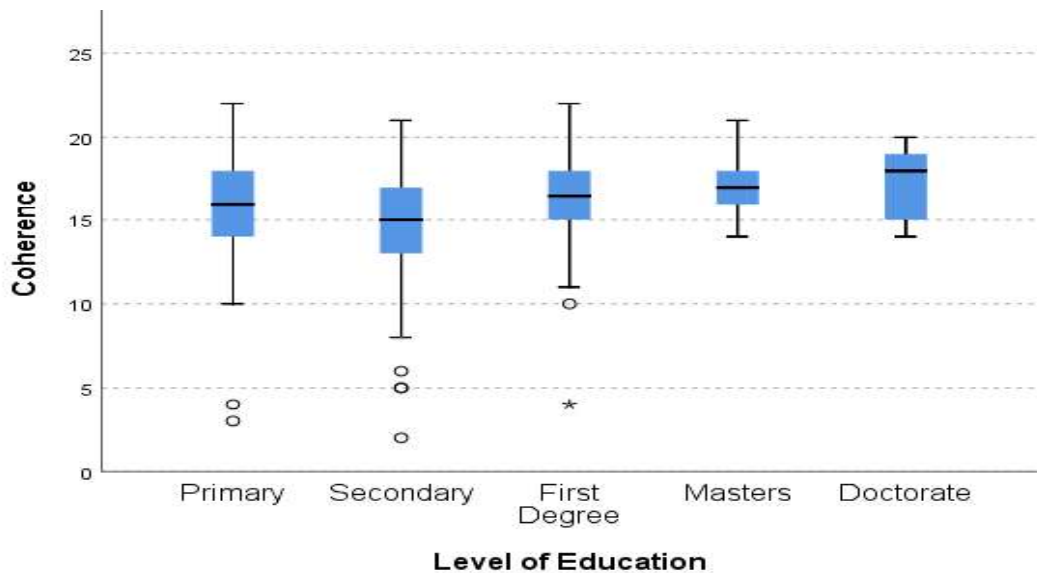


Figure 4.34: Comparison between Levels of Education for Coherence domain on Gerotranscendence Scale

Note: Kruskal Wallis Test, $p=0.000$, ($n=253$). The whiskers denote the range, the rectangle denotes the inter-quartile distance, and the horizontal line denotes the median. Outliers identified by SPSS are denoted as small circles beyond the data range. Extreme outliers are denoted by asterisks..

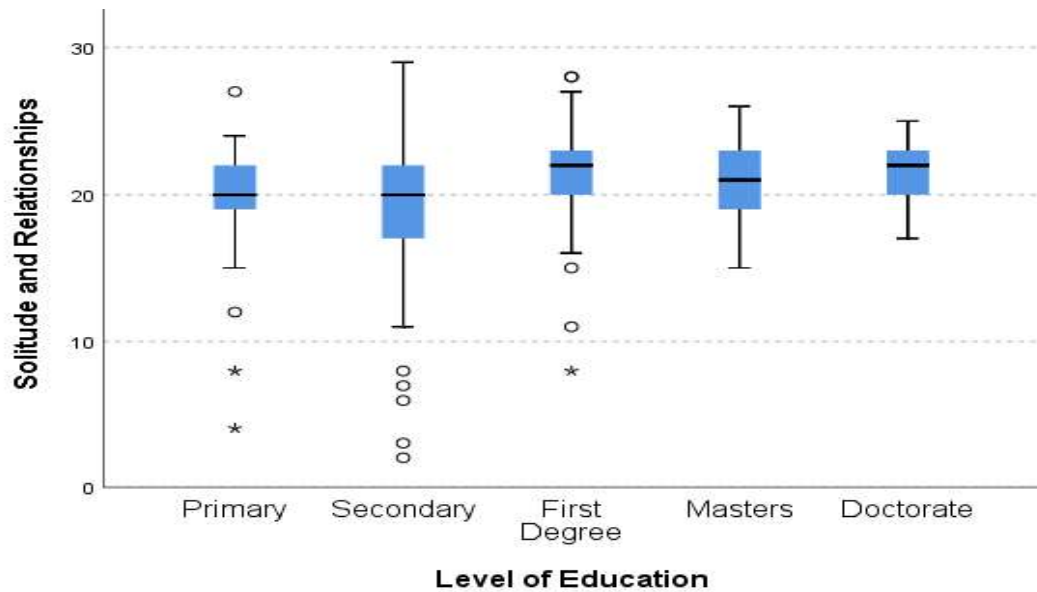


Figure 4.35: Comparison between Levels of Education scores for Solitude and Social Relationships domain on Gerotranscendence Scale.

Note: Kruskal Wallis Test, $p=0.000$, ($n=253$). The whiskers denote the range, the rectangle denotes the inter-quartile distance, and the horizontal line denotes the median). Outliers identified by SPSS are denoted as small circles beyond the data range. Extreme outliers are denoted by asterisks..

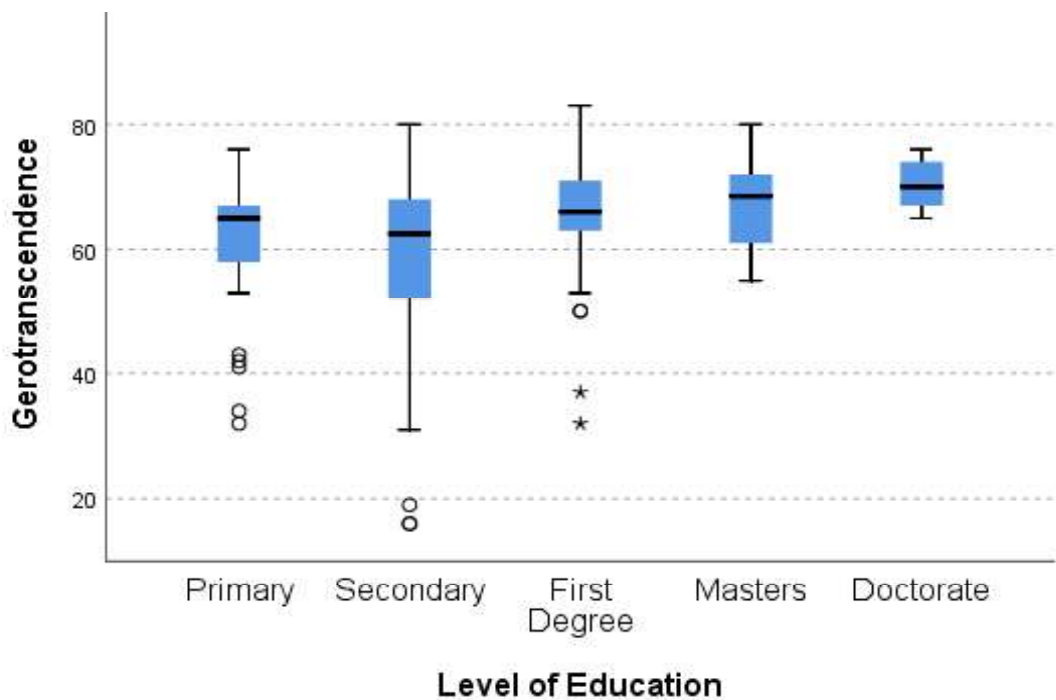


Figure 4.36: Comparison between Levels of Education scores for the Total Score on the Gerotranscendence Scale

Note: Kruskal Wallis Test, $p=0.000$, ($n=253$). The whiskers denote the range, the rectangle denotes the inter-quartile distance, and the horizontal line denotes the median). Outliers identified by SPSS are denoted as small circles beyond the data range. Extreme outliers are denoted by asterisks.

4.4.3.5 Gerotranscendence Scale by Health Status

When the Gerotranscendence Scale was analysed by Health status, the only statistically significant correlation reported was in the Cosmic Transcendence domain as shown in Table 4.29. However, there was a decrease in the Mean Rank as Health Status deteriorated on all the domains and the total score. Table 4.30 presented the *post-hoc* pairwise comparison of the statistically significant Cosmic Transcendence domain.

Table 4.29: Kruskal Wallis Analysis, Gerotranscendence Scale by Health Status

Domain	Health Status	n	Median (IQR)	Mean Rank	Kruskal-Wallis <i>p</i> -value
Cosmic Transcendence	Excellent	6	29.0 (5.0)	161.00	0.010
	Good	92	28.0 (5.0)	149.22	
	Fair	146	27.0 (6.0)	117.54	
	Poor	15	25.0 (7.0)	121.03	
	Total	259			
Coherence	Excellent	6	16.5 (5.0)	139.08	0.433
	Good	92	16.0 (4.0)	139.02	
	Fair	146	16.0 (4.0)	123.28	
	Poor	15	17.0 (4.0)	136.47	
	Total	259			
Solitude and Social Relationships	Excellent	6	19.5 (8.0)	104.08	0.759
	Good	92	21.0 (4.0)	132.02	
	Fair	146	21.0 (4.0)	128.65	
	Poor	15	22.0 (3.0)	141.10	
	Total	259			
Gerotranscendence Scale, Total	Excellent	6	64.5 (12.0)	127.50	0.103
	Good	92	66.0 (9.0)	144.99	
	Fair	146	65.0 (11.0)	120.30	
	Poor	15	65.0 (15.0)	133.43	
	Total	259			

Table 4.30: *Post hoc* pairwise comparisons of Cosmic Transcendence domain on Gerotranscendence scale, by Health Status

	<i>n</i>	<i>p</i>	Mean Ranks
Fair-Poor	146, 15	1.000	117.54, 121.03
Fair Good	146, 92	0.009	117.54, 149.92
Fair-Excellent	146, 6	0.974	117.54, 161.00
Poor Good	15, 92	1.000	121.03, 149.92
Poor Excellent	15, 6	1.000	121.03, 161.00
Good Excellent	92, 6	1.000	149.92, 161.00

The box and whisker plot of Figure 4.37 was done only for the Cosmic Transcendence domain on the Gerotranscendence Scale. The other domains and the total score on the Gerotranscendence Scale were not statistically significant.

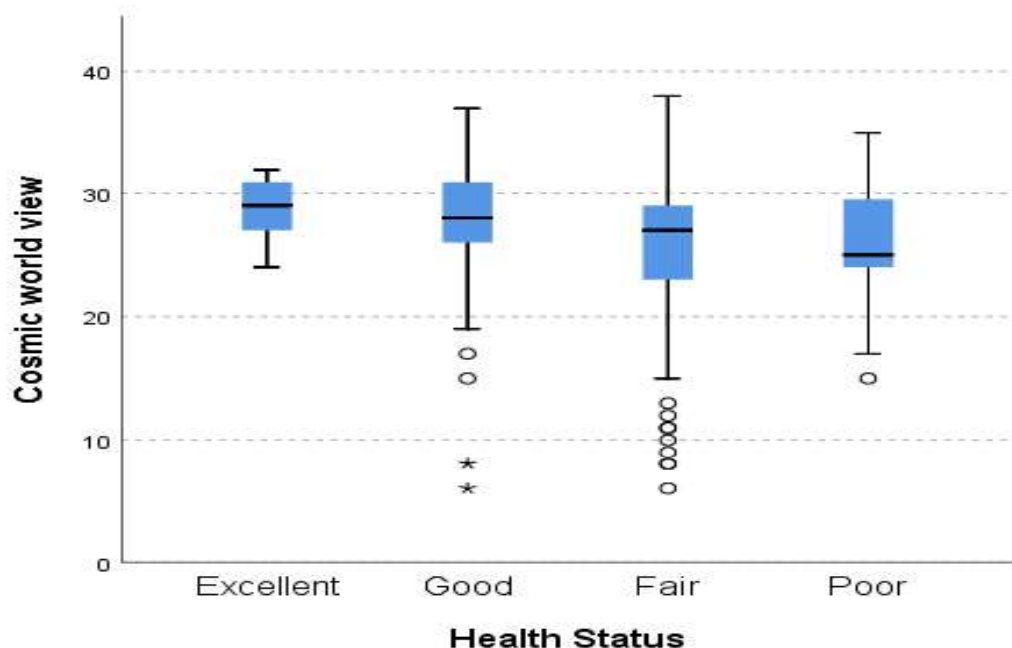


Figure 4.37: Comparison between Health Status and Total Score Gerotranscendence Scale

Note: Kruskal Wallis Test, $p=0.010$ ($n=259$). The whiskers denote the range, the rectangle denotes the inter-quartile distance, and the horizontal line denotes the median. Outliers identified by SPSS are denoted as small circles beyond the data range. Extreme outliers are denoted by asterisks.

Spearman Correlations were also used for another analysis of the relationship between reported Health Status and the Gerotranscendence Scale as shown in Table 4.31.

Table 4.31: Spearman Correlations for Health Status on the Gerotranscendence scale and domains.

Note: negative scores indicate an inverse relationship.

		Health Status	Cosmic transcendence	Coherence	Solitude and Relationships
Cosmic Transcendence	Spearman's ρ	-0.199		0.446	0.261
	<i>p</i>	0.001		0.000	0.000
	<i>n</i>	259		263	263
Coherence	Spearman's ρ	-0.079	0.446		0.385
	<i>p</i>	0.205	0.000		0.000
	<i>n</i>	259	263		263
Solitude and Relationships	Spearman's ρ	0.014	0.261	0.385	
	<i>p</i>	0.826	0.000	0.000	
	<i>n</i>	259	263	263	
Gerotran-scendence	Spearman's ρ	-0.124*	0.816	0.730	0.639
	<i>p</i>	0.047	0.000	0.000	0.000
	<i>n</i>	259	263	263	263

4.4.3.6 Gerotranscendence by Residential Arrangement

When the Gerotranscendence Scale was analysed through the choice of Residential Arrangement by participants, significance was recorded in the Total Score of the scale, and in all the domains as shown in Table 4.32.

Table 4.32: Gerotranscendence Scale and domains by Residential Arrangement.Note: Kruskal Wallis Test showing *p* values

Domain	Residential Arrangement	n	Median (IQR)	Mean Rank	Kruskal-Wallis <i>p</i> -value
Cosmic Transcendence	Alone	20	28.0 (7.0)	145.78	0.046
	Convent	194	27.0 (6.0)	128.00	
	With Family Members	27	26.0 (7.0)	100.72	
	Residential Care	15	28.0 (6.0)	161.97	
	Total	256			
Coherence	Alone	20	16.0 (3.0)	152.25	0.039
	Convent	194	16.0 (4.0)	128.67	
	With Family Members	27	15.0 (3.0)	97.20	
	Residential Care	15	17.0 (3.0)	151.00	
	Total	256			
Solitude and Social Relations	Alone	20	21.5 (3.0)	138.03	0.047
	Convent	194	21.0 (4.0)	127.51	
	With Family Members	27	20.0 (6.0)	105.20	
	Residential Care	15	22.0 (2.0)	170.53	
	Total	256			
Gerotranscendence	Alone	20	67.0 (6.0)	151.28	0.004
	Convent	194	65.0 (10.0)	127.48	
	With Family Members	27	63.0 (15.0)	94.07	
	Residential Care	15	67.0 (6.0)	173.23	
	Total	256			

The *post hoc* pairwise comparisons were then held as shown by Table 4.33, followed by the box and whisker plots in Figures 38-41.

Table 4.33: *Post hoc* Pairwise Comparisons by Residential Arrangement, Gerotranscendence Scale

Domain	Pairwise comparison	<i>n</i>-value	Adjusted p-value	Mean Ranks
Cosmic Transcendence	WFM-Convent	27, 194	0.433	100.72, 128.00
	WFM-Residential Care	27, 15	0.232	100.72, 161.97
	WFM-Alone	27, 20	0.060	100.72, 145.78
	Convent-Residential Care	194, 15	1.000	128.00, 161.97
	Convent-Alone	194, 20	0.516	128.00, 145.78
	Residential Care-Alone	15, 20	1.000	161.97, 145.78
Coherence	WFM-Convent	27, 194	0.224	97.20, 128.67
	WFM-Residential Care	27, 15	0.139	97.20, 151.00
	WFM-Alone	27, 20	0.067	97.20, 152.25
	Convent-Residential Care	194, 15	1.000	128.67, 151.00
	Convent-Alone	194, 20	1.000	128.67, 152.25
	Residential Care -Alone	15, 20	1.000	151.00, 152.25
Solitude and Relationships	WFM-Convent	27, 194	0.840	105.20, 127.51
	WFM-Residential Care	27, 15	0.784	105.20, 170.53
	WFM-Alone	27, 20	0.035	105.20, 138.03
	Convent-Residential Care	194, 15	1.000	127.51, 170.53
	Convent-Alone	194, 20	0.175	127.51, 138.03
	Residential Care -Alone	15, 20	1.000	170.53, 138.03
Gerotranscendence	WFM-Convent	27, 194	0.167	94.07, 127.48
	WFM-Residential Care	27, 15	0.053	94.07, 173.23
	WFM-Alone	27, 20	0.005	94.07, 151.28
	Convent-Residential Care	194, 15	1.000	127.48, 173.23
	Convent-Alone	194, 20	0.126	127.48, 151.28
	Residential Care -Alone	15, 20	1.000	173.23, 151.28

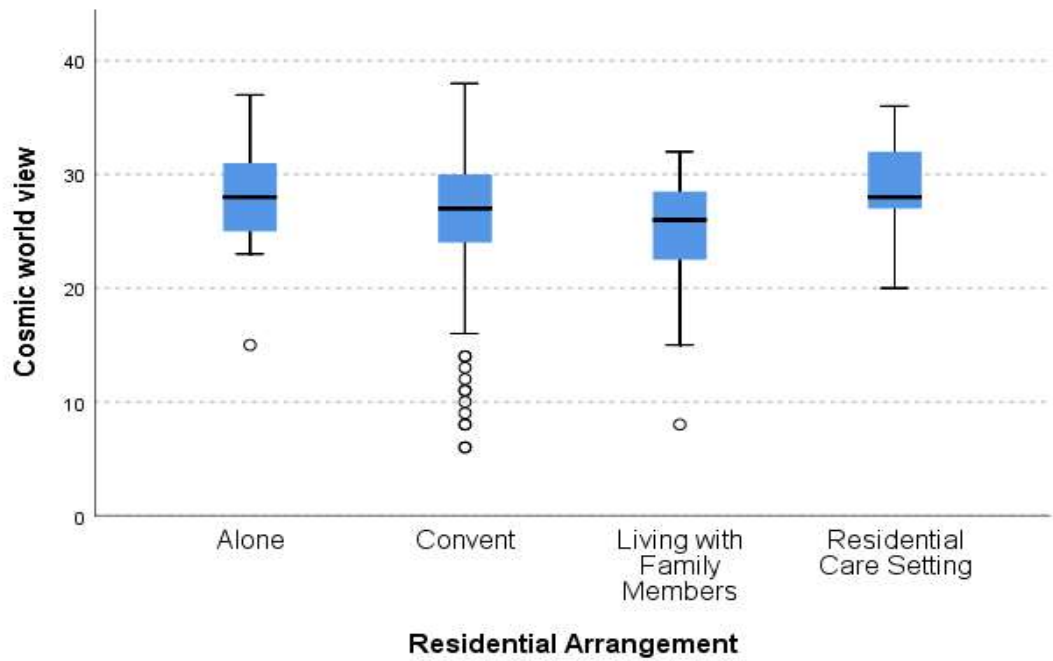


Figure 4.38: Comparison between Residential Arrangements for Cosmic Transcendence domain on the Gerotranscendence Scale

Kruskal Wallis Test, $p=0.46$, ($n=256$). The whiskers denote the range, the rectangle denotes the inter-quartile distance, and the horizontal line denotes the median). Outliers identified by SPSS are denoted as small circles beyond the data range.

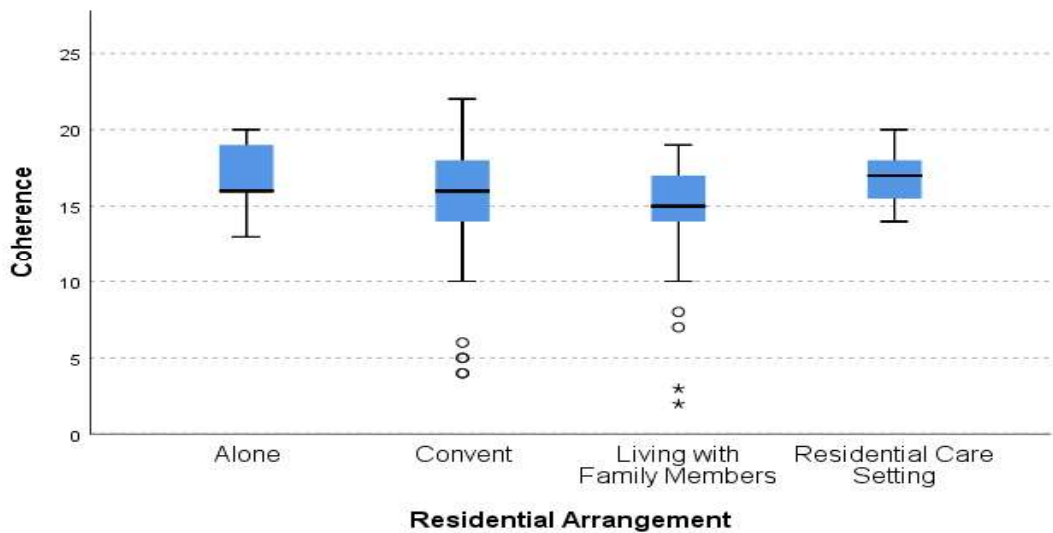


Figure 4.39: Comparison between Residential Arrangements for Coherence domain on the Gerotranscendence Scale

Kruskal Wallis Test, $p=0.039$, ($n=256$). The whiskers denote the range, the rectangle denotes the inter-quartile distance, and the horizontal line denotes the median). Outliers identified by SPSS are denoted as small circles beyond the data range. Extreme outliers are denoted by asterisks..

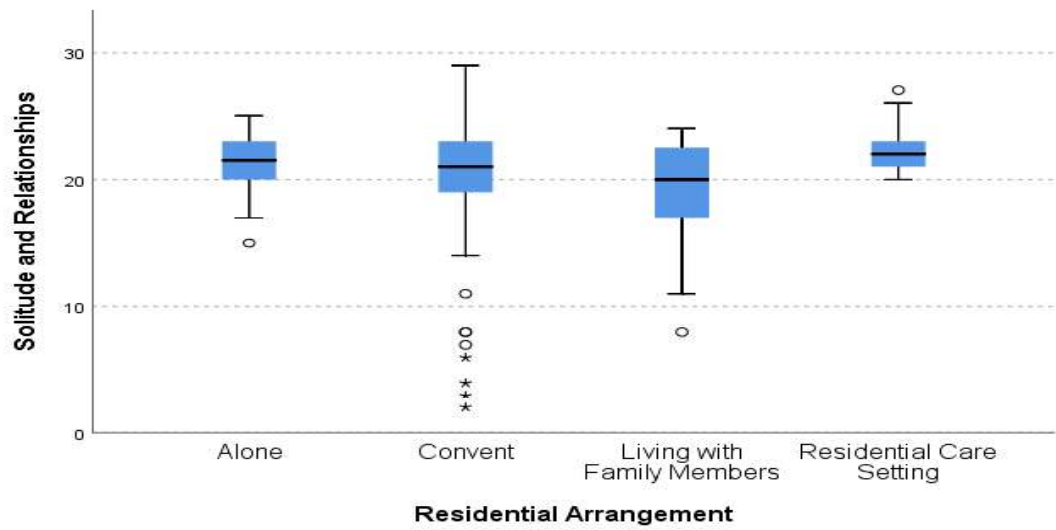


Figure 4.40: Comparison between Residential Arrangements for Solitude and Social Relationship Domain on the Gerotranscendence Scale

Kruskal Wallis Test, $p=0.047$ ($n=256$). The whiskers denote the range, the rectangle denotes the inter-quartile distance, and the horizontal line denotes the median). Outliers identified by SPSS are denoted as small circles beyond the data range. Extreme outliers are denoted by asterisks..

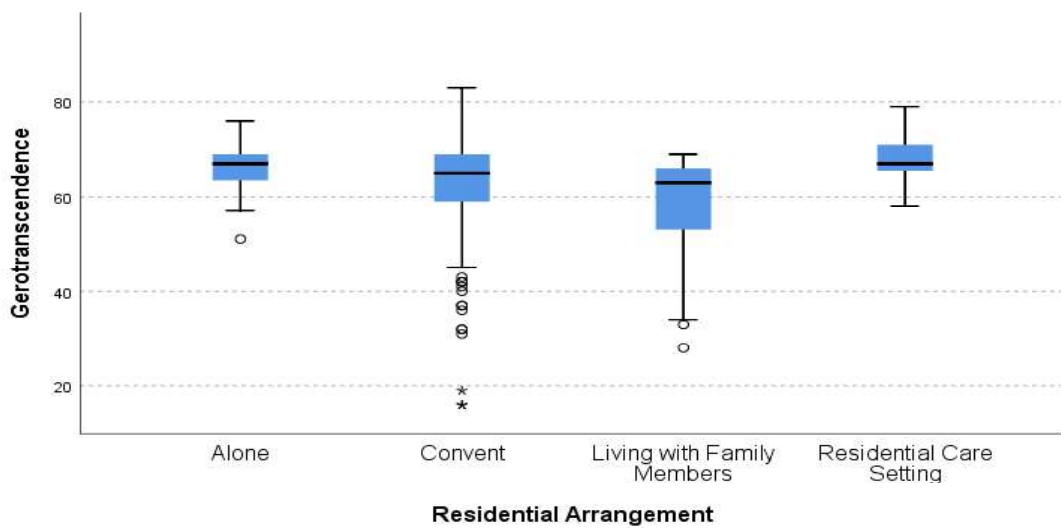


Figure 4.41: Comparison between Residential Arrangements for the Total Gerotranscendence Score

Kruskal Wallis Test, $p=0.004$, ($n=256$). The whiskers denote the range, the rectangle denotes the inter-quartile distance, and the horizontal line denotes the median). Outliers identified by SPSS are denoted as small circles beyond the data range. Extreme outliers are denoted by asterisks..

4.5 CORRELATIONS BETWEEN CASP-19 AND GEROTRASCENDENCE SCALE

The final set of analysis brought together the two tools, the CASP-19 and the Gerotranscendence Scale and their respective domains as shown in Table 4.34.

Table 4.34: Spearman Correlation of the two tools used in the questionnaire: CASP-19 and Gerotranscendence Scale

Spearman's correlation		Cosmic world view	Coherence	Solitude & Relationships	Gerotranscendence
Control	Spearman's ρ	0.189	0.266	0.081	0.226
	p	0.002	0.000	0.192	0.000
	n	263	263	263	263
Autonomy	Spearman's ρ	0.324	0.360	0.241	0.412
	p	0.000	0.000	0.000	0.000
	n	263	263	263	263
Pleasure	Spearman's ρ	0.391	0.368	0.174	0.381
	p	0.000	0.000	0.005	0.000
	n	263	263	263	263
Self Realisation	Spearman's ρ	0.454	0.376	0.162	0.438
	p	0.000	0.000	0.008	0.000
	n	263	263	263	263
CASP-19	Spearman's ρ	0.446	0.439	0.233	0.484
	p	0.000	0.000	0.000	0.000
	n	263	263	263	263

The following Chapter read and analysed these results in the light of the research questions posed and the literature unearthed about the subject of life satisfaction of older priests and religious.

CHAPTER 5
DISCUSSION

5.1 INTRODUCTION

This study set out to explore the reality of a particular group of older persons in Malta and Gozo: older priests and religious. A quantitative research methodology design was used. Older priests and religious over the age of 75, were required to fill in a self-administered questionnaire to establish their level of life satisfaction. Two internationally validated tools, the Control, Autonomy, Pleasure Self-Realisation Scale (CASP-19), and the Gerotranscendence Scale (GS), were used as part of a questionnaire to measure the life satisfaction of this section of the population of older persons in Malta and Gozo. Whilst CASP-19 has often been seen as a quality of life measure, the GS measured other aspects of older persons' being in the world which are not often captured by mainstream life satisfaction tools (Hyde et al., 2003; Tornstam, 2005).

The aims of this study were to:

1. determine the level of life satisfaction of older priests and religious in Malta and Gozo, and
2. explore factors which contribute to the life satisfaction of this population.

This study formed the first part of a larger national study capturing the whole cohort of diocesan priests and male and female religious aged over 60: the data for the first part of the study, covering the young old priests and religious (60 to 74 years) were still forthcoming.

This chapter gave an interpretation of the main findings of the study with reference to similar studies held with older persons and which had been highlighted in the literature review. Few studies on the life satisfaction of older priests and religious existed, so most of the points of comparisons had to be made with studies of life satisfaction of older persons within the general population. This was not an exhaustive analysis of all the results garnered from the large amount of data produced by the research. The most statistically significant results were highlighted. In some cases, the results of both scales, CASP-19 and GS, were presented together because they confirmed and corroborated each other on particular variables. In other

instances, the analysis dealt with the results of each tool separately. The chapter concluded with a discussion on the limitations and contributions of this study, and possible avenues for further research.

5.2 LEVEL OF PARTICIPATION IN THE STUDY

Of the 417 older priests and religious deemed eligible for the study, 263 sent in validly filled questionnaires. This gave a response rate of 63.1%. This figure made it possible to generalise the findings to the eligible population. As a first study on the life satisfaction of this population of older persons in Malta this response rate was on the high side and compared favourably with research held with diocesan priests and male and female religious internationally. The Knox et al. study had a response rate of 53% whilst the Greek nun and monk study had a response rate of 54% (Knox et al., 2002; Merakou et al., 2017). As noted in the introductory chapter, priests and religious tended to view research projects positively and with altruism, even if it is not of immediate benefit to them personally (Jones, 2012; Wilson et al., 2004).

5.3 THE PARADOX OF AGEING CONFIRMED

The correlations between age on both tools (CASP-19 and GS) showed no significant statistical differences between the two age subdivisions in the study, namely the middle old and the oldest old. In the CASP-19 the analysis by age yielded a *p* value of 0.125. (section 4.3.3.1). This lack of statistical significance when comparing the middle old and the oldest old participants of this study is in itself an important result. This study found various variables which brought about declines in life satisfaction scores but age was not one of them: in spite of advancing years, older priests and religious do not experience sharp drops in their scores for life satisfaction. It is not age itself which leads to lesser life satisfaction. In the case of Gerotranscendence there is actually an increase in scores with age, albeit not at statistically significant levels (GS *p* value = 0.335, section 4.4.3.1).

This result confirmed the reviewed literature on the subject of the paradox of ageing (Ng et al., 2017; Steptoe et al., 2015; Stone et al., 2010; Thomas et al., 2016). The paradox of ageing described how old age did not bring a decrease in life satisfaction. This finding had

been replicated often in research and had also been referred to as the stability despite loss phenomenon: life satisfaction remains stable in spite of the limitations of old age (Kunzmann et al., 2000).

This study confirmed that this finding from international literature on general populations of older persons held true also when applied to the participants of this study, older priests and religious in Malta and Gozo. As with other older persons, older priests and religious “express great contentment and appreciation with life despite being challenged by biopsychosocial limitations” (Poon & Cohen-Mansfield, 2011, p. 291). Hudomiet argued that this type of result where age remained positively associated with life satisfaction, was very clear in cross sectional studies like this research, but was not as strong when longitudinal studies were brought to bear onto the discussion, and realities like the infirmities of ageing became more prominent (Hudomiet et al., 2020). This implies that stakeholders need to look at other variables, other than age, which impact on the life satisfaction of older priests and religious. As a religious living in one such community of predominantly older male religious, this researcher could confirm that for these people, age does not define the individual’s level of wellbeing and life satisfaction. Immersion in ministry and daily life, and a sense of *joie de vivre* were common and indicate a relative sense of happiness with life in these convents and residences.

5.4 HEALTH AND ITS IMPACT ON LIFE SATISFACTION OF OLDER PRIESTS AND RELIGIOUS

Health status emerged as the first major contributor for life satisfaction for older priests and religious, in CASP-19 ($p=0.000$, Table 4.17). The subject of declining health in old age, has been extensively researched in the studies of the oldest old as seen in the literature review (Carstensen et al., 2019; Puvill et al., 2016b; Qin et al., 2019).

As noted in the literature review, perceived health was most often indicated as a contributor to life satisfaction (Ng et al., 2017). In spite of this particular subjective limitation, this research captured the moments of transition where participants felt that there was a clear marked decline in their own health status. This shift or decline had a marked effect on the way this group of older priests and religious assessed their life satisfaction. All the domains

of CASP-19 (Table 4.18), indicated statistically significant readings for the shift from Good to Fair Health Status. The perceived or actual loss of health, had a direct bearing on the participants' self-assessed quality of life. Older priests and religious shared the same concerns and worries about their declining health mirroring results found in various studies of the oldest old (Banjare et al., 2015; Emmy Consortium, n.d.; Gwozdz & Sousa-Poza, 2010).

This result was not as pronounced when the results from the Gerotranscendence Scale were also considered. Levels of gerotranscendence did not decrease at statistically significant levels with declining health, with the exception of the Cosmic Transcendence dimension ($p = 0.010$, Table 4.29). This result confirmed Torstam's research on the subject who consistently found increasing levels of gerotranscendence in older participants in his studies, irrespective of health status. Health did not impede older priests and religious from growing in gerotranscendence: "measures of Gerotranscendence increase with age" (Tornstam, 2005, p.108). This result was further confirmed by the Spearman Correlations between Health Status and the Gerotranscendence Scale (Table 4.31). Baltes' Selection, Optimisation and Compensation theory extensively argued how older persons drew on their inner reserves to combat the ravages of physical deterioration, as the cumulative pressure of physical infirmities took their toll (Freund & Baltes, 2002). These results from the Gerotranscendence Scale implied that older priests and religious retained a fairly high level of gerotranscendence even when their health deteriorated (Table 4.29).

The first main conclusion to be drawn from this study was that it is not age itself, but rather health status which impacted on some aspects of the life satisfaction of older priests and religious. Providing a safety-net, so that older diocesan priests and members of religious orders feel that their basic health needs would be met as they grew older could go a long way in giving these people the reassurance, they need to feel cared for and protected. The experience of the researcher is that on this level, most religious communities and both the dioceses of Malta and Gozo have concrete plans and programmes in place which cater for the medical needs of most of this population. Further research with the part of the ineligible population of this study, i.e., cognitively impaired and very frail older priests and religious, could help discern whether these persons truly feel supported as they grow older and their health invariably regressed.

5.5 AUTONOMY AND LIFESTYLE INFLUENCES ON THE LIFE SATISFACTION OF OLDER PRIESTS AND RELIGIOUS

One of the subdomains of the CASP-19, autonomy showed particularly relevant statistical significances. As previously indicated in the description of the differences in the way of life between older priests and religious, this discussion on autonomy also touched upon related issues such as lifestyle differences and finances.

5.5.1 Autonomy

CASP-19 brought out strong correlations between various variables, such as, gender, affiliation, health status, educational level and living arrangements with the autonomy subdomain of the tool. The statistically significant differences between older diocesan priests and female religious on the domain of autonomy in the CASP-19 when analysed by affiliation ($p = 0.001$, Table 4.12), were corroborated by the statistical differences brought out through analysis by gender ($p = 0.001$, Table 4.14). As in the case of the Total CASP-19 score, the Mean Ranks for the autonomy domain for male religious were located between the high scores of diocesan priests, and the relatively lower scores reported by older female religious (Tables 4.12 and 4.13). These results clearly showed that older diocesan priests scored higher on autonomy than male and female religious, and that males scored higher in this subdomain of life satisfaction than women.

The literature review clearly highlighted the role autonomy plays in the life satisfaction of the oldest old (Carstensen et al., 2019; Lara et al., 2020). One of Wienstien et al.'s most salient results from the Nun's study, included an analysis of the nuns' writings on admission into religious life as young women. That study found how an autonomous orientation detected in the writings of these female religious was in itself a predictor of longevity six decades later. A sense of autonomy early on in life, enhance life satisfaction and quality of life in later years (Riley et al., 2005; Weinstein et al., 2019). Whilst the female religious in this research scored lower than the other affiliations (diocesan priests and male religious), in terms of autonomy, the association between autonomy and higher quality of life scores was nonetheless just as clearly brought out.

As a member of a male religious congregation, the researcher himself could note the difference in lifestyle between the three categories of diocesan, male and female religious. Members of religious orders: a) physically share more of their lives together, b) have clear structures of authority with the vow of obedience and assigned superiors, and c) have regular daily meetings such as meal and prayer times. Diocesan priests make their own decisions about finances, living arrangements, travel, etc. The study results indicated a very clear statistical difference to life satisfaction when associated with levels of autonomy. This brought to the fore the discussion of what has been termed a double-edged sword in the exploration of life satisfaction of this older population. Whilst religious life fostered belonging and community, it adversely impinges on autonomy and consequently on life satisfaction ($p = 0.001$, Table 4.11). Too much autonomy in this type of population has often been interpreted as individualism. Autonomy or unbridled independence has historically been seen as anathema to the Christian ethos of community. In the case of older diocesan priests, the affiliation which showed the highest levels of autonomy scores, this level of autonomy has often triggered discussions about whether this was also the cause of isolation, placing older priests at further risk to the ravages of loneliness and depression in old age (Galea, 2011; Kane, 2017; Kane & Jacobs, 2015; Libresco, 2017).

5.5.2: Financial security as predictor of life satisfaction for older priests and religious

The researcher was particularly intrigued about the role of financial stressors for older priests and religious. In the general population, one of the big concerns of older persons was how to make ends meet with increasing medical costs and other age-related expenses (Hiilamo, 2020).

The answers to question 5 on the CASP-19 scale: “Shortage of Money stops me from doing the things that I want to do”, offered a surprising result in the context of the discussion on autonomy. Older male religious scored lowest of the three affiliations (Diocesan, Male and Female Religious) with statistically significant readings between male and female religious ($p = 0.005$, Table 4.22). This indicates that for female religious, the worry of finances in old age was less problematic than for their male counterparts. Whilst diocesan priests have

structures in place such as pensions which relatively gave them financial autonomy, female religious partook in a lifestyle which was more institutionalised and provided for all the needs of their older members, liberating them from worry about financial needs. This left older male religious as the affiliation which struggled most with this aspect of autonomy. As a member of this subgroup, this researcher was familiar with anecdotal and personal stories of older male religious who expressed apprehension that they could end up living precariously, even within their community, because of their lack of financial independence. The link between wellness in old age and financial security was seen to be particularly taxing on older persons (Hiilamo, 2020; López Ulloa et al., 2013). This study identified older male religious as the subgroup whose life satisfaction scores are most affected by this concern.

5.5.3. Living arrangements and their impact on life satisfaction of older priests and religious

When a person chose to become part of a religious community, they opted for a particular lifestyle, routine and way of life, which included communal living and its consequent relative loss of autonomy as noted in the previous section. This included living together in convents or monasteries. Diocesan priests confronted different dilemmas such as the choice whether to live alone or with family members. In Malta, it was not uncommon for family members to expect priests to continue providing care for their older parents or siblings given that they were single and hence “freer”. In some other countries, some priests lived together in presbyteries or parish houses (Rossetti, 2011; Weafer, 2014). There were no such arrangements between diocesan priests in Malta at the time this study was conducted. In the diocese of Gozo, there were currently three parishes where priests live together, with around eight diocesan priests involved (Noel Vassallo, Paolo Cardona, personal communication, 22-25 March 2021).

These lifestyle differences and their effect on life satisfaction were sharply highlighted by the results when analysed through the lens of living arrangements. Of the options presented in the questionnaire, living with family members was the option which produced the lowest scores and statistically significant results when compared to other residential arrangements, for both the CASP-19 and the Gerotranscendence Scale (CASP-19, $p=0.001$, Table 4.20, GS $p = 0.004$, Table 4.32). In CASP-19, living alone emerged as the option which led to the

highest scores on this test. In the case of the Gerotranscendence Scale, all subdomains recorded statistical significances, with residential care emerging as the option which led to the highest gerotranscendence scores ($p = 0.046, 0.039, 0.047$ for the subdomains, and $p = 0.004$ for the Total GS Score, Table 4.32). Most of the respondents who marked residential care came from *Dar tal-Kleru* – a residential care home for retired diocesan priests and male religious. In both tools, living with family members was the option which led to the lowest scores (Tables 4.20, 4.32).

These results have various implications. They clearly indicated that autonomy for this oldest old cohort remained important, and that living with family members lowered their quality of life. All those who marked themselves as “living with family members” were diocesan priests (Table 4.8), so the comparison was more pronounced for this affiliation.

This result pointed to another pressing problem: the quality of life in convents and monasteries. The researcher is aware of multiple attempts at creating the right structures or set-ups in order to cater for older religious. Some of these attempts failed, partly because older religious resisted the notion of going to these medicalised set-ups. Often these institutions were seen as a one way parking lot before dying (Bianchi, 2018). Some religious communities still refer to their communities of older members as “infirmaries”. The results of this study clearly indicated that creating a “medicalised” convent structure does not necessarily guarantee higher levels of life satisfaction for older male and female religious. In fact, convents did not score very highly as options for older religious. This was indicative, given that the vast majority of participants in this study actually lived in convents (75.3%, Table 4.8). The mean ranks and pairwise comparisons for scores of those living in convents were lower than for those who lived alone or in residential care on both tools (CASP-19, $p=0.001$, Tables 4.20-4.21, GS $p=0.004$ Table 4.32-4.33).

The literature review highlighted how older religious remained active members of their community until the end of their lives, adapting their activities to the changing physical and mental abilities of the sisters and brothers (Luy, 2020). This implied that older priests and religious retained a sense of meaning and purpose way beyond the retirement age of many others in the general population. The sense of vocation for life meant that many of this population not only did not aspire to retire, but actually saw the idea of retirement as a taboo

(Kane, 2016). A real assessment of ageing in place possibilities could mitigate the need to transfer older priests and religious to larger institutions where they felt lost and institutionalised. Very much like the rest of the population, older priests and religious resented the idea of being “sent” to massive institutionalised set ups which they found disempowering (Jin et al., 2018). Much like older parents who would rather stay alone in their homes before considering going into care homes, older priests and religious also preferred to stay in the places where they felt most at home, had their roots and a sense of purpose (Buettner, 2012; Fastame et al., 2019; Nygren et al., 2005).

This result implied that even whilst economy of scale considerations and financial constraints might lead to larger residential setups for older priests and religious, the orientation should veer more towards types of sheltered accommodation which offered the safety net of medical care to older religious and priests as they become gradually more dependent, yet allowed for initiative, activities, and some degree of autonomy. *Dar tal-Kleru* already used this model, providing two different levels of care on different floors of the residence. The upper floor was reserved for priests who were still able to go out and do ministry, yet had their meals and laundry provided. They also found a relative sense of community with other priests. On the other hand, the ground floor was reserved for older priests who required more medical and nursing care. This is a practice various other residential care homes in the private sector also employed in offering services for older persons in the general population in Malta and Gozo. Sheltered accommodation tried to bridge the gap between living alone and residential care, and could help older priests maintain more of their independence, yet feel supported.

A recent study on autonomy and loneliness in the oldest old suggested how better use of information and communication technology (ICT), helped improve subjective wellbeing and mitigated the sense of isolation and loss of autonomy so prevalent in older persons’ lives (Schlomann et al., 2020). Autonomy does not start with old age but has to be addressed early on in the formative and active years, so that priests and religious foster a sense of agency over their lives, as opposed to institutional dependency that convents and large residences tended to foster. If convents and residential set-ups gave due consideration to emerging developments such as the use of assistive technologies and ICT training to combat digital exclusion, good things could happen in the care of older priests and religious (Formosa,

2013; Schlomann et al., 2020). The experience of COVID-19 restrictions and lockdowns in religious communities wrought many other ways for older priests and religious to continue with both their ministry through online platforms, and to stay connected to their communities and families through technology. This researcher was personally involved in initiatives which helped older male religious reconnect through mobile phones and tablets with family members, or with friends and parishioners who lived abroad in missionary stations where they formerly served before retiring. Bridges were built, and nurturing relationships re-established.

5.6 THE ROLE OF GENDER AND EDUCATION IN THE LIFE SATISFACTION OF OLDER PRIESTS AND RELIGIOUS

Male religious and diocesan priests, scored higher than female religious in the CASP-19 (CASP 19 $p = 0.001$, Table 4.14), when total scores were analysed by gender. This result is replicated in the Gerotranscendence Scale albeit not at a statistically significance levels ($p = 0.059$, Table 4.26). In itself, gender emerged as a contributing factor to lower or higher scores on life satisfaction. In all the subdomains of the tools used, males scored higher than females, revealing a gender disparity which was impossible to ignore, even if the result could have been confounded by the other variables being explored. Older female religious, emerged clearly as a group of people who score less than their male counterparts, be it diocesan priests or male religious. The gender difference revealed in this study mirrored findings which showed older men scoring higher than women in life satisfaction studies with older persons in the general population (Gaymu & Springer, 2010; Solé-Auró & Lozano, 2019).

The analysis based on the level of education consistently yielded very strong statistical significances. Arguably one of the clearest results of this study was the impact of education level on life satisfaction scores. The clear statistical significances across both tests showed how higher levels of education impacted life satisfaction scores (CASP-19 $p = 0.000$, Table 4.15 GS $p = 0.000$ Table 4.27). Large scale studies of ageing clearly pointed to the link between higher educational attainment and higher life satisfaction scores. (Ng et al., 2017; Yi et al., 2016). This study replicated these findings.

This very clear result was given greater weight when considered in conjunction with the gender results presented earlier. From the demographic table (Table 4.8), the distribution of the participants clearly showed how the 41 persons marking “primary” as their level of education were all older female religious, whilst of the 82 participants marking “secondary” as their highest level of education, 67 were women. The results of the analysis by education, confirmed and bolstered the results by gender. This study showed how older female religious were also disadvantaged by the level of education they were afforded when they joined religious life at its peak moment in Malta in the Post World War II period (Koster, 1984). As noted in the introductory chapter, a combination of factors conspired for this to happen; a) large families, b) the relative security and social standing of religious life, c) migration of men away from Malta, d) aggressive recruiting, and e) short formation courses. Other historical and cohort factors contributed to comparatively larger number of nuns who joined various orders and congregations (Piazza, 2014; Snowdon, 2002; Vassallo, 1979). Now in their late 70’s and 80’s these older female religious ran the risk of being further disenfranchised by their early exclusion from educational opportunities. Writing on the subject of the relative gender disparities mitigating against older women, Formosa argues that a “feminist educational gerontology acknowledges that the oppressive position of older women is also the result of lifelong cumulative disadvantages” (Formosa, 2005, p.407). Like most women in the general population born in Malta around the Second World War, the present cohort of older female religious were afforded much less in terms of educational opportunities, and this was now shaping their quality of life and wellbeing as older persons.

In the course of this research, the researcher had the opportunity to seek more information about the level of participation this population of older priests and religious in one of the main initiatives for older persons in Malta, namely the University of the Third Age (U3A). It transpired that this well-established institution had somehow eluded the population of this study. Between 10-15 priests had attended the U3A as lecturers, whilst only one female religious was reported to have attended courses at U3A (Marvin Formosa, Joseph Said, personal communication, 24 Feb 2021). Female religious were conspicuous by their absence from this opportunity. This researcher had talked to two priests who have lectured at the U3A and both had found it a rewarding experience. The implication of such studies is clear: educational and learning opportunities for older priests and religious could improve their level of life satisfaction. This process did not necessarily have to be formal or academic, but

also could also include non-formal and informal approaches (Findsen & Formosa, 2011). For example, a study on the effects of a simple make-up course for older women in Korea found a significant increase in life satisfaction scores (Kim & Min, 2011). Such courses, could also include the sharing of experiences and life-stories: some priests and religious have served abroad as missionaries for decades, others have led schools, and been teachers, gardeners, cooks, nurses, and above all, community leaders. They all have quite a few experiences to share and reminisce about. Tornstam's theory of gerotranscendence and other research amply highlighted the crucial role of reminiscence in old age as a contributor to life satisfaction (Bissonnette & Barnes, 2019; Tornstam, 1997a). Such approaches encouraged the mingling and mutual learning of generations so that youngsters learn from the accumulated wisdom of their elders, and elders are energised and supported by the younger generations (Castel, 2018; Schachter-Shalomi & Miller, 2014).

5.7 GEROTRASCENDENCE AND ITS IMPLICATIONS ON THE LIFE SATISFACTION OF OLDER PRIESTS AND RELIGIOUS

One of Tornstam's main contributions to the notion of gerotranscendence was the finding in his quantitative studies that showed that "on average gerotranscendence develops with age and seems to be associated with increased life satisfaction" (Tornstam, 2011, p.174). Whilst as a quality-of-life measure the CASP-19 brought to the fore important aspects of life satisfaction such as autonomy and self-realisation, the Gerotranscendence Scale highlighted a few other important aspects, which both confirmed the results from the CASP-19, and also offered different perspectives on what contributed to the life satisfaction of this population. The strong Spearman Correlation of the two tools when compared with each other indicated that the Gerotranscendence Scale buttressed and complimented the results of the CASP-19 tool (p value = 0.000, Spearman's ρ 0.484, Table 4.27). However, the Gerotranscendence Scale also differed in some aspects as was brought out in the discussion above on health status and the preferred living arrangements of older priests and religious. The results of the Gerotranscendence Scale indicated that older priests and religious still grew in Gerotranscendence even on variables where they scored lower on the CASP-19. The results from the Gerotranscendence Scale showed how gerotranscendence was less dependent on variables which were significant to life satisfaction in the CASP-19, such as health status, and gender. Participants grew in gerotranscendence as they grew older irrespective of many

other variables like age, ($p = 0.335$, Section 4.4.3.1), gender ($p = 0.059$, Table 4.26), and health status ($p = 0.103$ Table 4.29). On the other hand, statistical significance for gerotranscendence was found when analysed by residential arrangements ($p = 0.004$, Table 4.32). This showed that residential arrangements made a difference for older priests and religious.

The results by educational status produced multiple statistical significances showing that all dimensions of gerotranscendence were associated with levels of education ($p = 0.000$, Table 4.27). The subdomains of the scale, that is cosmic transcendence, coherence, solitude and social relationships, assume at least a basic level of self-awareness and self-reflection and are indicative of higher order needs (Atchley, 2009; Chittister, 2010; Koltko-Rivera, 2006). These domains included aspects of later life which were often overlooked in life satisfaction studies of the oldest old. This study brought to light how older priests and religious actually continued to grow in these dimensions as they grow older (Levitin, 2020). The results from the Gerotranscendence Scale indicated how these dimensions are in turn affected by some of the same variables (educational level, living arrangements) which affect other life satisfaction measures.

One such element brought about by the analysis of the Gerotranscendence Scale results, was the sense of Coherence, a subdomain of the scale. For older priests and religious, being coherent implies that they had a sense of who they were in the large scheme of things, and their self becomes less the centre of things (Tornstam, 1997a). This study replicated Merakou's research with Greek Orthodox monks and nuns showing a gender disparity (Merakou et al., 2017). In this study where male religious also scored higher on sense of coherence than female religious. (Mean Ranks: males = 136.77, females = 128.68, Table 4.26) When the scores were analysed by age, Tornstam's postulation of a gradual increase in the sense of coherence with age was also confirmed (Mean Rank: middle old = 130.76, oldest old = 135.06, Section 4.4.3.1) (Tornstam, 2005). Similarly, the scores on the subdomain of solitude and social relationships (Mean Rank: middle old = 129.10, oldest old = 139.15, Section 4.4.3.1) confirmed findings in the literature review that showed how the need for solitude became a marker of later years. Whilst the researcher was very familiar with the often-stated need of older priests and religious to have more quiet time on their own, the data from this study indicated an increasing need to spend more time with oneself and

prioritise which relationships to invest in. This was similarly indicated by the gerontological theories highlighted in the literature review, such as Carstensen's Socioemotive Selectivity Theory (Carstensen, 2006; Palgi & Shmotkin, 2010).

The increase in gerotranscendence scores with age also highlighted an important dimension in the lives of the population of this research, that is, spirituality and a sense of purpose. The elements of gerotranscendence, were defined in similar terms to spirituality and have been seen as crucial components of successful ageing (Atchley, 2009; Crowther et al., 2002). Tornstam wrote extensively about gerotranscendence as the contemplative dimension of ageing (Tornstam, 1997a, 2011). The increase in scores on the Gerotranscendence Scale (Tables 4.25, 4.34), clearly indicated that the need for (a) spirituality, (b) meaning, (c) self-transcendence, (d) coherence, (e) self-realisation, (f) solitude and (g) other associated variables were important for this group of older priests and religious being studied. In particular, the statistically significant results for self-realisation on the CASP-19 harked back to the theoretical shifts outlined in Erikson's and Maslow's psychosocial theories which showed how older persons moved from a focus on themselves to self-transcendence, to a wider, wiser, spiritual, and more cosmic frame of reference (Bugajska, 2017; Erikson & Erikson, 1998; Koltko-Rivera, 2006). The statistical significances on the CASP-19 subdomain of Self-Realisation thus corroborated the results of the related domains on the Gerotranscendence Scale ($p = 0.000$ Table 4.34). Essentially these results pointed to the dilemma and challenge of how to continue to help older priests and religious tap into the resources of their spiritual or religious traditions in order to continue to maintain their levels of life satisfaction and wellbeing in their later years.

5.8. MULTIPLE JEOPARDY AND INTERSECTIONALITY OF VARIABLES INFLUENCING THE LIFE SATISFACTION OF OLDER PRIESTS AND RELIGIOUS

This study clearly highlighted the complexity and interplay between variables on life satisfaction for older priests and religious. In the literature review, reference was made to theoretical approaches which harnessed/accounted for this complexity (Taylor & Richards, 2019). A thorough reading of the results of this study, had to ensure that this complexity is not glossed over but harnessed so that a fuller analysis of the results could be made (Charles-Ashley, 2020; Holman & Walker, 2020). This ensured that the study moved from the

assessment of superficial or isolated variables, to the consideration of interconnectedness between variables. In essence, this implied a movement from a “thin” to a “thick” reading of the results emanating from the data (Geertz, 1973). New questions emerge, as the results of the study were brought together. The concepts of double and triple jeopardy, and the notion of intersectionality of variables affecting the life satisfaction of older priests and religious were crucial in helping to create a clearer picture emerging from the research (Charles-Ashley, 2020; Holman & Walker, 2020; Samal, 2012).

Reference has already been made to the higher scores quoted earlier with regard to differences in lifestyle, living arrangements and levels of autonomy. In this regard, the relative institutionalisation that is engendered by religious life, particularly in the case of older female religious, was yet another variable which mitigated against higher life satisfaction scores for these older women. The relative disparities in educational levels were also seen as clear contributors to lower life satisfaction and Gerotranscendence scores.

A complex mix of factors emerging from this study conspired to lower the sense of wellbeing of older priests and religious in Malta and Gozo. These factors included:

1. Declining health
2. Gender - female
3. Level of Education - low
4. Lifestyle: lack of autonomy/independence through institutionalisation or dependency
5. Living with family members

Any combination of these negative factors added to the normal travails of the ageing process seriously impacted life satisfaction in older priests and religious.

Mitigating these relative disadvantages is a challenge for superiors of religious communities, bishops, and planners. Empowering the persons in this cohort who were relatively disenfranchised by the multiple jeopardies caused by (a) ageism, (b) sexism, (c) institutionalisation, (d) dependency, (e) lack of autonomy and (f) low levels of education is both a concern and also calls for action (Ladd et al., 2006).

5.9 STRENGTHS AND LIMITATIONS OF THIS STUDY

This study had some unique strengths in its contribution to the literature in the field.

1. It was one of the first studies of the life satisfaction of an older subpopulation in Malta.
2. This was probably the first time in Malta and Gozo that older priests and religious participated in a research project tailored specifically for the older population.
3. The use of internationally validated tools made it comparable to other research studies on older persons
4. The level of participation made the study generalisable to the population of cognitively intact older priests and religious in Malta and Gozo.
5. The study confirmed major finds in the field of life satisfaction of the oldest old and identified clear contributors to higher and lower levels of life satisfaction, such as health status, level of education, and living arrangements.

On the other hand, this study also had inherent limitations:

1. A first limitation to this work was the quantitative study design itself. Statistical analyses do not necessarily reflect the personal experiences of participants, and the complexity of factors influencing these persons. Whilst the generation of data can provide a very strong case for further exploration of the research subject, the subjective experience of older priests and religious was not necessarily captured by this research.
2. The eligibility criterion, which excluded cognitively impaired priests and religious made it difficult to generalise the findings of the study to all the population of older priests and male and female religious in Malta. So its findings can be generalised only to the healthy oldest old priests and religious (Nakagawa et al., 2018b)
3. Some religious communities received the questionnaire during the second wave of the COVID-19 pandemic in Malta. In at least three religious communities this led to a relatively low response rate.
4. The study could not be generalised to the broader general population of older persons in Malta and Gozo. A limitation of the study is that the participants, older Catholic

diocesan priests and older male and female religious differ, in lifestyle and socioeconomic status from older persons in the general Maltese population. It will be important to replicate this research with a more representative cohort of Maltese society.

5. The methodology for this study adopted the use of gatekeepers to access the participants. It was they who decided who, in their community/diocese, was eligible or ineligible for the study. This could have constituted some form of gatekeeper bias (Bailey et al., 2012). For example, the rate of female religious deemed ineligible for this research study, could have been a result of this bias.
6. Social desirability could have played a part in the results. Whilst the self-report is the best method of collecting a large amount of data at any given point, the social desirability bias of priests and religious to research is well known (Jones, 2012). This is also a common limitation prevalent in studies of populations of very old people and centenarians (Buettner, 2012). Some of the results reported could have been higher than in reality because of this bias (Fastame et al., 2019). When factoring in the previous limitation mentioned (gatekeeper bias), there is a concern that some older priests and religious who would have had scored lower levels of life satisfaction scores were not included in the study, skewing the results to show a higher level of life satisfaction, than is the actual case with the whole cohort.

5.10 CONTRIBUTIONS OF THIS STUDY TO RESEARCH, THEORY AND PRACTICE

Despite the afore mentioned limitations, this study added to the broader knowledge on the subject of life satisfaction of older persons. Whilst international studies on the life satisfaction of older persons are numerous, those focusing on older priests and religious are few. Hence this research added to that increasing body of evidence. The research confirmed some results commonly found in such studies, such as the paradox of ageing. It also brought out some of the contributing factors to life satisfaction of this particular oldest old population, thus confirming and adding to some of the research done in the field. This study also served as a baseline for further research on the subject, both with the population of older priests and religious through other waves of the study and also as a point of reference for further research, with the general population of the older persons in Malta and Gozo. The

results also have clear practical implications. By identifying some of the contributing factors to life satisfactions scores, such as low level of education, health status, and living arrangements, the study paved the way for practical interventions in order to enhance the quality of life of this cohort, and more crucially, the young-old priests and religious who will join this cohort in the next decade.

5.11 CONCLUSION

This chapter brought together the results of this study, compared them to the research questions posed, and the literature on the subject explored. The strengths and limitations of this study were highlighted. This research found no association of life satisfaction scores with age, but strong associations of life satisfaction with health, educational status, autonomy and residential arrangements amongst other factors. It also brought out how older priests and male and female religious continued to grow in areas related to their spirituality, such as gerotranscendence, self-transcendence, and self-realisation. The research also identified particularly vulnerable groups within this population, who are more at risk of lowered life satisfaction, due to multiple and cumulative disadvantages they have experienced.

This chapter ended with the contributions that this study could bring to research, theory and current practice. The following concluding chapter will summarise the whole study, and present recommendations for further research, policy change, and practice, in order to enhance the life satisfaction of older priests and religious in Malta and Gozo.

CHAPTER 6

CONCLUSION

6.1 CONCLUDING OBSERVATIONS

This study explored the life satisfaction of older priests and religious in Malta and Gozo. As one of the first studies of its kind in Malta, it explored the literature on life satisfaction of the oldest old in international literature. Developmental, and psychosocial theories were evaluated in view of the demographic changes in the past century which showed that people were living longer (Erikson & Erikson, 1998; A. Maslow, 1970). Developments in gerontological theories which addressed increasing longevity as well as the quality of life, wellbeing and life satisfaction of these emerging cohorts were also highlighted (P. B. Baltes, 1997; Reed & Carstensen, 2012; Tornstam, 2005). These theories were then applied to explore the life satisfaction of a particular section of the older Maltese population, older priests and religious. This was a group of people who have had a significant impact on the social fabric of the Maltese population over the years (Boissevain, 1969; Koster, 1984). Research findings on life satisfaction of the oldest old were summarised, and studies held with priests and religious brought to bear on the discussion (Jones, 2012; Luy et al., 2015; Snowdon, 2002).

The study adopted a quantitative research design, the study made use of a four-section questionnaire, which included two internationally and internally validated tools, the Control, Autonomy, Self-Realisation and Pleasure Scale (CASP-19) and the Gerotranscendence Scale (GS). The population of the study was that of older priests and male and female religious aged over 75 years. Data was collected between late September and November 2020. This study was the first part of a wider national study exploring the life satisfaction of old priests and male and female religious over the age of 60 years in Malta and Gozo.

The study confirmed the common empirical finding on the paradox of ageing (Castel, 2018; Dan, 2014; Kunzmann et al., 2000). Life satisfaction of older priests and religious did not decrease as they grew older (CASP-19 $p = 0.125$, Section 4.3.3.1). Life satisfaction was found to be associated with gender ($p = 0.001$, Table 4.14), health status ($p = 0.000$, Table 4.17), educational level ($p = 0.000$, Table 4.15), and residential arrangements (CASP-19, $p = 0.001$, Table 4.20). The option of living with family members was judged by participants

to lower life satisfaction scores. The subdomain of autonomy on the CASP-19 Scale indicated that older diocesan priests have better quality of life scores than both male and female religious because of their relatively more autonomous lifestyle ($p = 0.001$, Table 4.12 & Table 4.13). Older male religious' scores for life satisfaction were negatively associated with concerns about financial security when compared with diocesan priests and female religious ($p = 0.005$, Table 4.22).

The results from the Gerotranscendence Scale bolstered some of the results of the CASP-19 with some differences. Lars Tornstam empirically showed how gerotranscendence in old age was linked to higher life satisfaction (Tornstam, 1997b, 2011). In this study, gerotranscendence was found to have gradually increased with age ($p = 0.335$, section 4.4.3.1), confirming research that showed how older persons continued to grow in domains such as self-transcendence and coherence, which are often associated with spirituality (Section 4.4.3.1). A sense of inner growth and gerotranscendence was not associated with health status ($p = 0.103$ Table 4.29), and gender ($p = 0.059$, Table 4.26) but more dependent on residential arrangements ($p = 0.004$, Table 4.32), as older priests and religious reflected more on life, relationships, and their being in the world. On both tools educational level emerged an important predictor for life satisfaction and gerotranscendence ($p = 0.000$ Tables, 4.15, 4.27)

This study helped identify relatively vulnerable groups within the population being studied namely:

1. Older female religious with primary or secondary level of education, living in convents;
2. Older diocesan priests living with family members;
3. Older male religious with lack of access to financial means; and
4. Older priests and religious with declining health status;

6.2 RECOMMENDATIONS

Based on the above findings, this study proposed the following recommendations for practice and further study.

6.2.1 Practical recommendations

1. Delegates for Diocesan priests in Malta and Gozo appoint a liaison person, possibly from the medical/allied health professions to assess, monitor and assist older diocesan priests living alone or with family members. Their role would be to help these older persons to access available services for older persons, thus encouraging ageing in place approaches as health declines. Further use of available resources at Active Ageing should be encouraged and enabled. Such professionals would help superiors to assess when referral to more specialised care is truly warranted.
2. A concerted effort to increase access to Information and Communications Technology (ICT) in convents, personal residences and residential care settings for older priests and male and female religious. Digital literacy improved life satisfaction in helping older priests and religious stay connected to their loved ones and the world, foster autonomy, and counter the effects of isolation and relative deprivation (Formosa, 2013).
3. Utilise focus groups for superiors, delegates, and stakeholders involved in the care of older priests and religious to explore how to increase and improve activities for these older priests and religious.
4. Explore good practices and collaborate with the voluntary sector, private enterprises and government agencies to increase and improve meaningful activities for older priests and religious in convents and residential care settings.
5. Ensure that the increasing need for solitude of these older priests and religious is respected, through continued investment and care of the spaces in convents and

residences reserved for silence, recreation, prayer and reflection, such as chapels and gardens.

6. Initiate contact and explore possibilities with the University of the Third Age (U3A), in order to offer possibilities to older priests and male and female religious to attend and participate in the U3A and similar processes and activities of non-formal and informal learning.
7. Explore how older priests and religious who have had lifetimes of contact with people, especially the poor and marginalised, could continue to remain in contact with their ministries and contribute albeit, in different ways, relative to their abilities whilst respecting retirement norms and timeframes.
8. Foster inter-generational support similar to that suggested by the literature on grandparenting, reminiscence, and the mutual value of storytelling by older persons to younger generations (Bissonnette & Barnes, 2019; Chittister, 2010; Xu, 2019).

6.2.3 Recommendations for Future Research

1. Studies like the one presented could be replicated in waves (e.g., every 2-3 years), to create clearer longitudinal data on this population and map changes over time.
2. This study formed part of a wider study: completion of the whole study would enable comparisons of the middle old and oldest old cohorts covered by this study with the young old (60–75-year-old) cohort of priests and religious.
3. Further widen the scope of this study to include also the small cohort of older female religious in cloistered convents.
4. Replicate the study with other segments of the general population of older persons in Malta for comparability.

5. Other aspects and variables not explored by this research, such as the association between years spent abroad by priests and religious and their life satisfaction as returned or retired missionaries, could be further delved into.
6. Further research including with superiors, care workers, and other providers in homes and convents to reach out to the “ineligible” part of this cohort, so as to give a fuller picture of the quality of life and life satisfaction of all oldest old priests and religious.
7. Further research adopting qualitative and mixed methods approaches in order to en flesh the results of this study. This would enable researchers to move from thin to thick narratives, and provide triangulation of data, and multi-level analysis. (Fernández-Ballesteros, 2010; Geertz, 1973).

6.3 CONCLUSION

This study broke new ground with a specific subpopulation of older persons which was amenable to research yet often hard to access, namely older priests and members of religious orders. It explored the levels of life satisfaction of older priests and religious in Malta and Gozo, and some of the influencing factors for life satisfaction of this population. Some of the findings buttressed established international research findings on such topics such as the paradox of ageing, and the increase in gerotranscendence and life satisfaction with age. Other findings broke new grounds in identifying cohort effects, such as lack of education of this post war generation of priests and religious who are now older persons. This study invited for further research, and direct action in some areas so as to improve the quality of life of this group of people, with specific targeted interventions aimed to minimise the relative disadvantages faced by some of these older priests and male and female religious. Above all, the study sought to highlight how this group of people who have given so much of their life in the service of others and contributed so fully to the community could still contribute a lot to society with their experience, wisdom and stories. (Chittister, 2010; Schachter-Shalomi & Miller, 2014). Nurturing the wellbeing and life satisfaction of older priests and religious as they age and deal with the vicissitudes of longevity and frailty, becomes not simply a task, but a call to truly nurture and treasure their collective wisdom, grace and enthusiasm for life.

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APPENDICES

APPENDIX A
LIFE SATISFACTION QUESTIONNAIRE – ENGLISH VERSION

LIFE SATISFACTION
OF OLDER PRIESTS AND RELIGIOUS
IN MALTA AND GOZO

QUESTIONNAIRE



FR. FRANK CINI

DR. MARIA AURORA FENECH

Dear Participant

The study of life satisfaction, wellbeing and happiness of older persons has generated a lot of research and interest in the last decades. As life expectancy has increased, so have our expectations to have a good quality of life where our deepest needs and aspirations as older persons are met.

In our country the number of older priests and members of religious orders (men and women), is also increasing, constituting well over half of the clergy and religious in Malta. This national survey is an attempt to take a closer look at the self-assessed life satisfaction of this population in Malta and Gozo. We feel that older priests and religious can teach us a lot about life satisfaction and ageing successfully.

The success of this project depends very much on the participation of as many priests and members of religious orders as possible so as to create a clear picture of what it feels like to be part of this particular population. This questionnaire, in which you will remain anonymous, scientifically attempts to capture some of the main factors which contribute to life satisfaction in later life for priests and religious. This could help Church authorities, and other planners to respond better to the needs of older priests and religious.

The questionnaire is divided in three parts: a first part will give details of your status, age and other demographic information. The second part of the questionnaire asks questions about your quality of life under different themes such as autonomy and self-realisation. The third part addresses issues such as transcendence, congruence and solitude.

By filling in this questionnaire, you will be giving your consent to participate in this study. Your data will remain anonymous throughout the project and will be used solely for the purpose of this study. It will be completely erased a year on from the publication of the results of this study. Your lack of participation in this project will not infringe on your rights and you are free to do so. No inducements, rewards or compensation will be offered if you participate in this project. However, your participation in this project will enable us as the researchers to capture that which contributes to your life satisfaction. Please feel free to contact the undersigned if you require further information about the project.

We would appreciate it if you could send your reply within two weeks of receiving this questionnaire in the pre-paid postage envelope provided. Thank you for being a part of this journey!

Fr. Frank Cini



Dr. Maria Aurora Fenech



Section 1

1. Gender: Male Female Other

2. Age in years: _____

3. Residence: Malta Gozo

4. Affiliation: Diocesan Religious

If answered Religious:
Name of Religious Order _____

5. Level of Education Attained: Primary Secondary First Degree

MA PhD

6. Years spent abroad, if any: _____

7. Ministries involved in: Parish Education
 Social Administration
 Formation/Vocations Missionary

8. Residential arrangement: Alone Convent
 Living with family members Care home
 Other _____

9. Health Status: Excellent Good
 Fair Poor

Section 2

Here is a list of statements that people have used to describe their lives or how they feel. We would like to know how often, if at all, you think this applies to you.

(Please tick one box in each row)

		Often	Sometimes	Rarely	Never
1	My age prevents me from doing the things I would like to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	I feel that what happens to me is out of my control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	I feel free to plan for the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	I feel left out of things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	I can do the things that I want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Family responsibilities prevent me from doing what I want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	I feel that I can please myself what I do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	My health stops me from doing things I want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Shortage of money stops me from doing the things I want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	I look forward to each day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	I feel that my life has meaning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	I enjoy the things that I do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	I enjoy being in the company of others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	On balance, I look back on my life with a sense of happiness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	I feel full of energy these days.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	I choose to do things that I have never done before.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	I am satisfied with the way my life has turned out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	I feel that life is full of opportunities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	I feel that the future looks good for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 3

Please indicate how well each statement below agrees with your own personal experiences and feelings by checking the appropriate column.

		Strongly Agree	Agree	Disagree	Strongly Disagree
1	I feel a strong connection with earlier generations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Knowing that life on earth will continue is more important than my individual life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	I feel connected with the entire universe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	I feel that I am a part of everything alive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	I am afraid of death.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Some things that happen in life can't be explained by logic and science and need to be left unresolved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	It seems unfair that I must die sometime when life on earth just continues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Sometimes I feel like I live in the past and present simultaneously.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	I can feel a strong presence of people who are elsewhere.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Genealogy research seems interesting to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	The life I have lived has coherence and meaning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	My life feels chaotic and disrupted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	I take myself very seriously.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	To be honest, I must say that I am the most important thing in the world.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	I find it easy to laugh at myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16	My personality has both female and male components.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	I like meetings with new people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	I like to be by myself better than being with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	I need something going on all the time in order to feel good.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	I find it easy to give other people good advice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Being at peace and philosophizing by myself is important for my well-being.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	I find it easy to see what's right and wrong in other people's behaviour.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	I am often afraid of asking stupid questions and embarrassing myself in front of others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	For me, having a high material standard is among the most important things in my life right now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	For me, being active in my work and other things is among the most important things in my life right now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

THANK YOU!

APPENDIX B

LIFE SATISFACTION QUESTIONNAIRE– MALTESE VERSION

IS-SODISFAZZJON TAL-ĦAJJA
TAL-QASSISIN U R-RELIĠJUŻI ANZJANI
F'MALTA U GĦAWDEX

KWESTJONARJU



FR. FRANK CINI

DR. MARIA AURORA FENECH

Għażiż/a partiiipant/a

L-istudju tas-sodisfazzjon fil-ħajja, il-kuntentizza, u l-‘wellbeing’, iġġenera ħafna interess u ricerka fl-aħħar snin. Iktar ma twal iż-żmien li aħna mistennija ngħixu iktar kibru l-aspettattivi li jkollna kwalità ta’ ħajja tajba li fiha l-bżonnijiet l-iktar profondi tagħna u l-ħolm tagħna jiġu mwettqa.

F’pajjiżna, in-numru ta’ saċerdoti u reliġjużi rġiel u nisa li huma anzjani qed jikber ġmielu: f’ċertu każi, iktar min-nofs tal-komunitajiet u tal-kleru tagħna huma anzjani. Din ir-riċerka fuq livell nazzjonali se tipprova tagħti ħarsa iktar mill-qrib lejn kif is-saċerdoti u reliġjużi rġiel u nisa jkejju s-sodisfazzjon bil-ħajja tagħhom stess. Ir-reliġjużi u s-saċerdoti anzjani għandhom ħafna x’jgħallmuna fuq is-sodisfazzjon tal-ħajja u kif tixjeh tajjeb.

Is-suċċess ta’ dan il-proġett jiddependi ħafna mill-parteeipazzjoni ta’ kemm jista’ jkun membri ta’ komunitajiet reliġjużi u kleru anzjani. Dan se jsehh biex nieħdu ‘ritratt’ kemm jista’ jkun ċar ta’ din il-kategorija t’anzjani f’pajjiżna. Dan il-kwestjonarju, li fih inti ser tibqa’ anonimu, jipprova b’mod xjentifiku jislet uħud mill-fatturi li jgħinu biex saċerdoti u reliġjużi jkollhom iktar sodisfazzjon aktar ma jikbru fl-età. Dan ikun jista’ jgħin lil dawk li jmexxu biex jippjanaw b’mod aħjar għall-bżonnijiet ta’ reliġjużi u saċerdoti anzjani.

Il-kwestjonarju fih tliet partijiet. L-ewwel parti tagħti dettalji ġenerali bħall-età u jekk intix saċerdot djoċesan jew reliġjuż/a. It-tieni parti tistaqsi dwar il-kwalità tal-ħajja, waqt li t-tielet sezzjoni tindirizza suġġetti bħat-traxxendenza u s-solitudni.

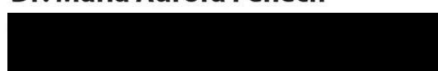
Jekk timla l-kwestjonarju u tibagħtu tkun qed tagħti l-kunsens tiegħek biex tipparteċipa f’dan l-istudju. Id-‘data’ tibqa’ anonima f’kull waqt tal-proġett u tintuża biss għall-iskop ta’ din ir-riċerka. Tithassar għal kollox sena wara li jiġu ippublikati r-riżultati tal-istudju. Inti liberu/a li tiddeċiedi li ma tipparteċipax f’dan l-istudju: din l-għażla ma taffettwa bl-ebda mod id-drittijiet tiegħek. Mhux qed jingħata kumpens, rigal, jew inċentiv lil min jipparteċipa f’dan l-istudju. Però jekk tipparteċipa tkun qed tgħin lilna r-riċerkaturi biex insibu l-fatturi li huma parti mis-sodisfazzjon tal-ħajja tiegħek. Tiddejjaq xejn tikkuntattjana jekk għandek bżonn iktar dettalji fuq il-proġett.

Napprezzaw jekk tibgħat lura l-kwestjonarju fl-envelop bil-posta mħallsa li għandek meħmuż sa ġimagħtejn minn meta tirċevieh.
Grazzi!

Fr. Frank Cini



Dr. Maria Aurora Fenech



It-2 sezzjoni

Hawn issibu lista ta' stqarrijiet li n-nies użaw biex jiddeskrivu ħajjithom u kif iħossuhom. Immarka kaxxa waħda f'kull linja għall-istqarrija li l-aktar tappella għalik.

		Ta' sikwiet	Xi kultant	Rarament	Qatt
1	L-età tiegħi ma tħallinix nagħmel l-affarijiet li nixtieq.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Inħoss li dak li jiġri f'ħajti mhux fil-kontroll tiegħi.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Inħossni liberu/a biex nippjana għall-futur.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Inħossni mħolli barra minn xi affarijiet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Nista' nagħmel l-affarijiet li rrid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Ir-responsabilitajiet tal-familja/komunità ma jħallunix nagħmel dak li rrid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Inħoss li nista' nagħmel dak li nixtieq.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Saħħti ma tħallinix nagħmel dak li nixtieq.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	In-nuqqas ta' flus ma jħallinix nagħmel l-affarijiet li nixtieq/irrid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Inkun nistenna kull ġurnata bil-herqa.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Inħoss li ħajti għandha skop/tifsira.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Nieħu gost bl-affarijiet li nagħmel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Inħobb inkun fil-kumpanija tal-oħrajn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Meta nqis kolloxx, inħares lura lejn ħajti b'sens ta' ferħ.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Bħalissa qed inħossni mimli enerġija.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Jien nagħżel li nagħmel affarijiet li qatt m'għamilt qabel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Inħossni sodisfatt bil-mod kif svolġiet ħajti.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Inħoss li l-ħajja hi mimlija opportunitajiet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Nemmen li l-futur se jkun tajjeb.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

It-3 sezzjoni

Jekk jogħġbok immarka kif kull stqarrija tapplika għall-esperjenzi u emozzjonijiet personali tiegħek billi timmarka l-kolonna t-tajba.

		Naqbel Hafna	Naqbel	Ma naqbilx	Ma naqbel xejn
1	Inħoss konnessjoni b'saħħitha mall- ġenerazzjonijiet ta' qabli.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Li naf li l-ħajja f'din id-dinja se tkompli, hija iktar importanti mill-ħajja individwali tiegħi.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Inħoss li għandi konnessjoni mal-univers kollu.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Inħoss li jien parti minn dak kollu li hu ħaj.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Nibża' mill-mewt.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Xi affarijiet li jiġru fil-ħajja ma jistgħux jiġu spjegati bil-logika u x-xjenza u ma jistgħux jiġu solvuti.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Mhux ġust li jien xi darba se mmut waqt li l- ħajja f'din id-dinja se tkompli xorta.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Xi kultant inħoss li qed ngħix fil-passat u fil-preżent fl-istess ħin.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Inħoss preżenza qawwija ta' nies li qegħdin x'imkien ieħor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Ir-ricerka tal-ġenealogija tinteressani.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Il-ħajja li għext hija koerenti u fiha sens.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Inħoss li ħajti fiha ħafna kaos u tfixkil.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Jien nieħu kollox b'serjetà kbira.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Biex inkun onest, ikolli ngħid li jien l-iktar ħaġa (persuna) important fid-dinja.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Insibha faċli li nidħak bija nnifsi.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Il-personalità tiegħi għandha kemm partijiet femminili kif ukoll partijiet maskili.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Inħobb niltaqa' ma' nies godda.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Nippreferi noqgħod waħdi milli mal-oħrajn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Biex inħossni tajjeb, għandu bżonn ikolli xi ħaġa għaddejja l-ħin kollu.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Insibha faċli nagħti pariri tajba lil haddieħor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21	Li nkun fil-paċi u niffilosofizza waħdi jgħinni biex inħossni sew.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22	Inħossha faċli biex nagħraf it-tajjeb u l-ħażin fl-imgieba ta' nies oħrajn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23	Spiss nibża' li nsaqsi mistoqsijiet stupidi u li naqa' għaċ-ċajt quddiem l-oħrajn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24	Għalija, l-affarijiet materjali huma fost l-aktar affarijiet importanti f'ħajti bħalissa.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25	Għalija li nkun attiv fix-xogħol tiegħi u f'affarijiet oħra huma fost l-aktar affarijiet importanti f'ħajti bħalissa.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Kummenti

GRAZZI!

APPENDIX C
REQUEST TO AND CONSENT, ARCHBISHOP OF MALTA AND
BISHOPS OF GOZO

H.G. Mgr Charles Jude Scicluna, Metropolitan Archbishop of Malta
H.E. Mgr Joseph Galea-Curmi, Auxiliary Bishop of Malta.

21 April 2020

Your Grace, Your Excellency,

I am Fr Frank Cini, currently reading for a Master of Gerontology and Geriatrics, at the Department of Gerontology and Dementia Studies, with the Faculty of Social Wellbeing, at the University of Malta.

As part fulfilment of this degree, I am conducting a study entitled, 'Life Satisfaction amongst Older Priests and Religious in Malta and Gozo.' This project has been endorsed by the Department of Gerontology and Dementia Studies under the supervision of Dr Maria Aurora Fenech.

The study will

- (1) explore the various factors which have a significant impact on self-assessed satisfaction and non-satisfaction amongst this group and
- (2) look at how older priests and members of religious orders in Malta and Gozo gauge their life.

The study will fill the existing local lacuna with respect to achieving a deeper understanding of the older priests' and religious' life satisfaction, as well as inform international fora on the aspects of the life satisfaction amongst older priests and religious within the Islands of Malta and Gozo. Our intention is to go on a national level targeting both the young-old and old-old priests and members of religious orders in Malta and Gozo, when studying their quality of life and life satisfaction. **Therefore, the first part of the study, targeting the old-old (over 75 years of age), is in part fulfilment of my Master in Gerontology and Geriatrics. For the young-old age category, (60-74) Dr Fenech and myself will work in collaboration.**

For this reason, and as part of the ethical requirement for this research, **I write to request your permission to carry out this study with the diocesan priests in the Archdiocese, and members of Religious Orders directly under your responsibility.** A similar request

for permission is being made to the Major Superiors of Religious Orders, and to the Diocese of Gozo. The study will employ a quantitative approach through a questionnaire, “*The Life Satisfaction of Priests and Religious in Malta and Gozo*”, (attached). The questionnaire will be distributed to older priests and religious over the age of 60 years. The questionnaire will consist of about 50 questions taken from international and validated questionnaires dealing with quality of life, wellbeing and life satisfaction of older persons.

1. I intend asking Fr. Noel Vassallo, Delegate for Clergy at the Archdiocese to act as gatekeeper towards distributing the questionnaire to older priests over 60 years of age. Confidentiality will be maintained at all times and the older priests and religious will not be identified. Older priests and religious always remain free to decide to not participate in the project.

Kindly note that your endorsement to the project is required by the Faculty’s Research Ethics Committee. Should you endorse the project, kindly do so via a reply ALL to this email. I will let you know once ethical clearance is obtained and the date of initiation of the project. Attached in this email, please find

1. Proposal for the Project,
2. (2 the Questionnaire, “The Life Satisfaction of Older Priests and Religious in Malta and Gozo, including the introductory information letter to participants, ,
3. Letter for Prospective Gatekeepers.

I trust in your kind consideration and acceptance of this matter. If you accede to this request, I will co-ordinate with the identified Gatekeepers with details.

Yours sincerely

Fr. Frankie Cini mssp



Student, MGer

H.E. Mgr Mario Grech

Administrator for Gozo.

21 April 2020

Your Excellency

I am Fr Frank Cini, currently reading for a Master of Gerontology and Geriatrics, at the Department of Gerontology and Dementia Studies, with the Faculty of Social Wellbeing, at the University of Malta.

As part fulfilment of this degree, I am conducting a study entitled, 'Life Satisfaction amongst Older Priests and Religious in Malta and Gozo.' This project has been endorsed by the Department of Gerontology and Dementia Studies under the supervision of Dr Maria Aurora Fenech.

The study will

- (1) explore the various factors which have a significant impact on self-assessed satisfaction and non-satisfaction amongst this group and
- (2) look at how older priests and members of religious orders in Malta and Gozo gauge their life.

The study will fill the existing local lacuna with respect to achieving a deeper understanding of the older priests' and religious' life satisfaction, as well as inform international fora on the aspects of the life satisfaction amongst older priests and religious within the Islands of Malta and Gozo. Our intention is to go on a national level targeting both the young-old and old-old priests and members of religious orders in Malta and Gozo, when studying their quality of life and life satisfaction. Therefore, the first part of the study, targeting the old-old (over 75 years of age), is in part fulfilment of my Master in Gerontology and Geriatrics. For the young-old age category, (60-74) Dr Fenech and myself will work in collaboration.

For this reason, and as part of the ethical requirement for this research, I write to request your permission to carry out this study with the diocesan priests in the Archdiocese, and members of Religious Orders directly under your responsibility. A similar request for permission is being made to the Archdiocese and to the Major Superiors of Religious Orders. The study will employ a quantitative approach through a questionnaire, "*The Life Satisfaction of Priests and Religious in Malta and Gozo*", (attached). The questionnaire will

be distributed to older priests and religious over the age of 60 years. The questionnaire will consist of about 50 questions taken from international and validated questionnaires dealing with quality of life, wellbeing and life satisfaction of older persons.

With your permission, I intend asking Fr. Giovanni B. Curmi, to act as gatekeepers towards distributing the questionnaire to older priests over 60 years of age.

Confidentiality will be maintained at all times and the older priests and religious will not be identified. Older priests and religious always remain free to decide to not participate in the project.

Kindly note that your endorsement to the project is required by the Faculty's Research Ethics Committee. Should you endorse the project, kindly do so via a reply to this email. I will let you know once ethical clearance is obtained and the date of initiation of the project.

Attached in this email, please find

(1) Proposal for the Project,

(2) the Questionnaire, "The Life Satisfaction of Older Priests and Religious in Malta and Gozo", including the introductory information letter to participants, , and

(3) Letter for Prospective Gatekeepers.

I trust in your kind consideration and acceptance of this matter. If you accede to this request, I will co-ordinate with the identified Gatekeeper with details in due course.

Yours sincerely

Fr. Frankie Cini mssp



Student, MGer




Tue 28/04/2020 12:28

CHARLES J SCICLUNA

Re: Fr. Frankie CINI - Request for Permission for Research.

To [REDACTED]

Cc Galea Curmi Joseph Fr; [REDACTED]

 This message has been replied to or forwarded.

Dear Fr Frank

I am pleased to inform you that your request has been received, discussed and approved.

God bless

+Charles

On Sun, 26 Apr 2020 at 09:40, [REDACTED] wrote:




Wed 22/04/2020 12:02

Mario Grech

Re: Fr Frankie Cini mssp - Request for Permission for Research.

To Frank Cini

Cc Maria Aurora Fenech

 This message has been replied to or forwarded.

Dear Fr Cini

with reference to your email dated 20th of this month, please note that you and Dr. Maria Aurora Fenech have my permission to carry out the proposed study amongst the priests residing in my diocese.

I commend you for this initiative.

+ Mario Grech
Apostolic Administrator for Gozo.

 Reply  Reply All  Forward

Mon 07/09/2020 18:07



Anthony Teuma

Re: FW: Fr Frankie Cini mssp - Request for Permission for Research.

To

Cc: Maria Aurora Fenech

Dear fr. Frankie, I encourage you to continue this useful research. May God bless you.

d.Anton

On Sun, 6 Sep 2020 at 09:39, [REDACTED] wrote:

6 Sept 2020

Your Excellency Bishop Teuma

We talked briefly a few days ago about my research. Hereunder is the correspondence that I and Dr. Maria Aurora Fenech held with your predecessor Bishop Grech regarding the possibility of research with priests in your Diocese. I would appreciate your endorsement of this research by replying to this email. I am expecting to do the actual fieldwork later in September. The details are in the mails hereunder.

Bless us

Fr. Frankie Cini mssp

Dr. Maria Aurora Fenech

APPENDIX D

LETTER TO AND CONSENT FROM GATEKEEPERS –

ARCHDIOCESE OF MALTA,

DIOCESE OF GOZO

Gatekeeper Diocesan Priests Malta.

Date: 25 April, 2020

Rev Fr. Noel Vassallo
Delegate for Clergy, Archbishop's Curia
Floriana

Dear Fr. Vassallo,

My name is Fr. Frank Cini [REDACTED], a student currently reading for a Master of Gerontology and Geriatrics, at the Department of Gerontology and Dementia Studies, within the Faculty of Social Wellbeing, at the University of Malta. As part of the requirements for this degree, I am conducting a study, entitled, 'Life Satisfaction amongst Older Priests and Religious in Malta and Gozo'. The project has been endorsed by the Department of Gerontology and Dementia Studies under the supervision of Dr Maria Aurora Fenech. The aim of my study is to assess the life satisfaction and wellbeing of this population within the old-old age category (75+ years).

The study will (1) explore the various factors which have a significant impact on self-assessed satisfaction and non-satisfaction amongst this group and (2) look at how older priests and members of religious orders in Malta and Gozo gauge their life. The study will fill the existing local lacuna with respect to achieving a deeper understanding of the older priests' and religious' life satisfaction, as well as inform international fora on the aspects of the life satisfaction amongst older priests and religious within the Islands of Malta and Gozo.

I write to request your kind assistance to act as a 'Gatekeeper', for this project. Should you accept, I would require your help to identify the participants and distribute the attached questionnaire, '*The Life Satisfaction of Priests and Religious in Malta and Gozo*' to all priests over the age of 60 years. Older priests living with cognitive impairment and therefore not orientated to time, place and person are excluded from participating in the study.

Through an 'opt-in' strategy, older priest respondents have the freedom to anonymously accept or decline to participate in the study. The questionnaire '*The Life Satisfaction of Priests and Religious in Malta and Gozo*' is composed of three sections with a total of about 50 questions. At the beginning of the questionnaire, potential participants can find the Information Sheet explaining clearly the background to the study. This is followed by a first section asking generic demographic questions. The other two sections are specific questions from validated international tools. Potential participants will also find my contact details as well as other relevant details related to my supervisor. Once the questionnaire is compiled, participants can send to the undersigned via post through the self-addressed envelope included in the questionnaire pack.

All questionnaires are anonymous and all data received will be stored in a secure location. The data will only be used for the purpose of this study. Only my dissertation supervisor Dr Maria Aurora Fenech and I will have access to this data, which will be destroyed one calendar year after the dissertation is assessed.

Should you be willing to act as gatekeeper for this study, **kindly confirm via a reply all** to this email address. Your approval will be required in my application to the Faculty Research Ethics Committee at the University of Malta which will give the ethical clearance to commence my study. If and when such permission is granted, I will notify you to arrange for the delivery of the documents for you to kindly pass on to eligible respondents.

Permissions for the execution of this project have been sought and successively, the research was endorsed by Archbishop Charles J Scicluna, Bishop Mario Grech and Major Superiors or Religious Orders with a presence in Malta.

Thank you for your consideration. Should you require any further information, please do not hesitate to contact me on the email address or mobile number indicated below.

Yours sincerely

Fr Frank Cini

Email: [REDACTED]

Mobile: [REDACTED]

Gatekeeper Diocesan Priests Gozo

Date: 20 April, 2020

Rev Fr. Giovanni B. Curmi
Bishop's Curia
Victoria Gozo.

Dear Fr. Giov Curmi

My name is Fr. Frank Cini [REDACTED], a student currently reading for a Master of Gerontology and Geriatrics, at the Department of Gerontology and Dementia Studies, within the Faculty of Social Wellbeing, at the University of Malta. As part of the requirements for this degree, I am conducting a study, entitled, 'Life Satisfaction amongst Older Priests and Religious in Malta and Gozo'. The project has been endorsed by the Department of Gerontology and Dementia Studies under the supervision of Dr Maria Aurora Fenech. The aim of my study is to assess the life satisfaction and wellbeing of this population within the old-old age category (75+ years).

The study will (1) explore the various factors which have a significant impact on self-assessed satisfaction and non-satisfaction amongst this group and (2) look at how older priests and members of religious orders in Malta and Goza gauge their life. The study will

fill the existing local lacuna with respect to achieving a deeper understanding of the older priests' and religious' life satisfaction, as well as inform international fora on the aspects of the life satisfaction amongst older priests and religious within the Islands of Malta and Gozo.

I write to request your kind assistance to act as a 'Gatekeeper', for this project. Should you accept, I would require your help to identify the participants and distribute the attached questionnaire, '*The Life Satisfaction of Priests and Religious in Malta and Gozo*' to all priests over the age of 60 years. Older priests living with cognitive impairment and therefore not orientated to time, place and person are excluded from participating in the study.

Through an 'opt-in' strategy, older priest respondents have the freedom to anonymously accept or decline to participate in the study. The questionnaire '*The Life Satisfaction of Priests and Religious in Malta and Gozo*' is composed of three sections with a total of about 50 questions. At the beginning of the questionnaire, potential participants can find the Information Sheet explaining clearly the background to the study. This is followed by a first section asking generic demographic questions. The other two sections are specific questions from validated international tools. Potential participants will also find my contact details as well as other relevant details related to my supervisor. Once the questionnaire is compiled, participants can send to the undersigned via post through the self-addressed envelope included in the questionnaire pack.

All questionnaires are anonymous and all data received will be stored in a secure location. The data will only be used for the purpose of this study. Only my dissertation supervisor Dr Maria Aurora Fenech and I will have access to this data, which will be destroyed one calendar year after the dissertation is assessed.

Should you be willing to act as gatekeeper for this study, **kindly confirm via a reply all to this email address.** Your approval will be required in my application to the Faculty Research Ethics Committee at the University of Malta which will give the ethical clearance to commence my study. If and when such permission is granted, I will notify you to arrange for the delivery of the documents for you to kindly pass on to eligible respondents.

Permissions for the execution of this project have been sought and successively, the research was endorsed by Archbishop Charles J Scicluna, Bishop Mario Grech and Major Superiors or Religious Orders with a presence in Malta.

Thank you for your consideration. Should you require any further information, please do not hesitate to contact me on the email address or mobile number indicated below.

Yours sincerely

Fr Frank Cini

Email: [REDACTED]
Mobile: [REDACTED]

[REDACTED]

From: Vassallo Noel Rev [REDACTED]
Sent: 28 April 2020 19:14
To: [REDACTED]
Cc: 'Maria Aurora Fenech'
Subject: RE: request to be gatekeeper in questionnaire research with older priests and religious in Malta and Gozo.

Hello Fr Frankie,

I have considered your request and I confirm that I will be your gatekeeper. Thanks for your study which will be a great help in our mission.

Fr noel Vassallo.

21/04/2020 University of Malta Mail - Re: request to be gatekeeper in questionnaire research with older priests and religious in Malta and Gozo.



Frank Cini [REDACTED]

Re: request to be gatekeeper in questionnaire research with older priests and religious in Malta and Gozo.

1 message

Giovanni Curmi [REDACTED]

21 April 2020 at 10:27

To: [REDACTED]
Cc: Maria Aurora Fenech [REDACTED]

Derar Fr. Frank,

I would be happy to help in this research project and act as gatekeeper.

Kind regards,

fr Giovanni Curmi.

APPENDIX E
REQUEST LETTER AND CONSENT PROVINCIAL SUPERIORS,
MALE RELIGIOUS

LETTER SEEKING CONSENT FORM PROVINCAL SUPERIORS

21 April 2020

Dear Dear Sr (Fr/Br). (Name of Major Superior).

I am Fr Frank Cini, currently reading for a Master of Gerontology and Geriatrics, at the Department of Gerontology and Dementia Studies, with the Faculty of Social Wellbeing, at the University of Malta.

As part fulfilment of this degree, I am conducting a study entitled, 'Life Satisfaction amongst Older Priests and Religious in Malta and Gozo.' This project has been endorsed by the Department of Gerontology and Dementia Studies under the supervision of Dr Maria Aurora Fenech.

The study will

- (1) explore the various factors which have a significant impact on self-assessed satisfaction and non-satisfaction amongst this group and
- (2) look at how older priests and members of religious orders in Malta and Gozo gauge their life.

The study will fill the existing local lacuna with respect to achieving a deeper understanding of the older priests' and religious' life satisfaction, as well as inform international fora on the aspects of the life satisfaction amongst older priests and religious within the Islands of Malta and Gozo. Our intention is to go on a national level targeting both the young-old and old-old priests and members of religious orders in Malta and Gozo, when studying their quality of life and life satisfaction. Therefore, the first part of the study, targeting the old-old (over 75 years of age), is in part fulfilment of my Master in Gerontology and Geriatrics. For the young-old age category, (60-74) Dr Fenech and myself will work in collaboration.

For this reason, and as part of the ethical requirement for this research, I write to request your permission to carry out this study with members aged 60 and over in your congregation in Malta and Gozo, A similar request for permission is being made to the Archdiocese, to the Diocese of Gozo and to all members of the KSMR. The study will employ a quantitative approach through a questionnaire, "The Life Satisfaction of Priests and Religious in Malta and Gozo", (attached). The questionnaire will be distributed to older priests and religious over the age of 60 years. It will consist of about 50 questions taken from international and validated questionnaires dealing with quality of life, wellbeing and life satisfaction of older persons.

Confidentiality will be maintained at all times and the older priests and religious will not be identified. Older priests and religious always remain free to decide to not participate in the project.

Kindly note that your endorsement to the project is required by the Faculty's Research Ethics Committee. Should you endorse the project, kindly do so via a reply to this email. I will let you know once ethical clearance is obtained and the date of initiation of the project.

Attached in this email, please find

(1) Proposal for the Project,

(2) the Questionnaire, “The Life Satisfaction of Older Priests and Religious in Malta and Gozo”, including the introductory information letter to participants.

I trust in your kind consideration and acceptance of this matter. If you accede to this request, I will co-ordinate with you about the logistics of the project such as distributing and collecting/ mailing the questionnaire.

Yours sincerely

Fr. Frankie Cini mssp



Student, MGer

[REDACTED]

From: Delegate Jesuits in Malta [REDACTED]
Sent: 21 April 2020 07:22
To: [REDACTED]
Cc: Maria Aurora Fenech
Subject: Re: request to conduct questionnaire research with older priests and religious in Malta and Gozo.

Dear Fr Cini,

thank you so much for the email request you sent last night. Firstly, I would like to wish you all the very best with your studies and research. I am sure that this work will be much appreciated by many of us as we deal with the realities of our dear aging brothers and sisters in community.

Secondly, you will surely have my support for both the Jesuits as well as the KSMR participation in this research you need for your thesis. Simply let me know how I can help you out and we will do our utmost to support.

fraternally yours

Fr Michael sj

Fr. Michael Bugeja sj
Delegate for Malta and Romania
Euro Mediterranean Province
Loyola House
Naxxar

From: Brother Austin Gili [REDACTED]
Sent: 21 April 2020 08:44
To: [REDACTED]
Cc: 'Maria Aurora Fenech'
Subject: Re: request for permission to conduct questionnaire research with older priests and religious in Malta and Gozo

Dear Fr. Cini,

Thank you for your email. A very interesting project. Congratulations. I am open to your proposal.

However, I would prefer to leave each Brother free to make his own decision about whether they would wish to respond or not.

We are only 10 Brothers in Malta and two abroad.

I myself would be delighted to engage and respond and do my part. Kindly, let me know of what you intend would be a good way forward.

Regards,

BRO. AUSTIN GILI FSC
Community Director
2, Dar il-Frères Triq Antonio Sammut, Gżira / GZR1563
[REDACTED]

St



From: [REDACTED]
Sent: 27 April 2020 10:00
To: [REDACTED]
Cc: 'Maria Aurora Fenech'
Subject: RE: request to conduct questionnaire research with older member of religious orders and priests in Malta and Gozo.

Dear Fr Frankie,

We are please that you are conducting this important study. You have my permission and also the collaboration Of our elder community.

Yours truly

Fr Louis Mallia

[REDACTED]

From: Richard Stanley Grech [REDACTED]
Sent: 25 April 2020 22:57
To: [REDACTED]
Subject: Re: request for permission to conduct questionnaire research with older priests and religious in Malta and Gozo

On Tue, 21 Apr 2020 at 06:55, Richard Stanley Grech [REDACTED] wrote:

Dear Fr. Frank,
May the Lord give you abundant Peace and Joy!

Thank you for your most interesting email and your invitation for us to participate. It is with great pleasure that I accept your invitation.

The choice of subject is very relevant in this day and age when the average age of people in religious life is rising constantly. I am also convinced that it will be beneficial for us. It is like reading the signs of the times in order to prepare accordingly for what lies ahead.

I look forward to hearing from you.

Thank you once again.
Take care and stay safe.
Fraternally
Richard OFM

On Mon, 20 Apr 2020 at 20:05, [REDACTED] wrote:

Fr. Richard Stanley Grech

Provincial, OFM
Rabat.

Reply Reply All Forward



Wed 22/04/2020 14:12

Effie Mallia

Re: request for permission to conduct research with older priests and religious

To: [Redacted]
Cc: Maria Aurora Fenech

On Wed, 22 Apr 2020, 1:56 pm, [Redacted] wrote:

Grazzi mmens Fr. Effie. Hope you're keeping well! May I ask for a small favour, can you reply again and press reply all, because my Supervisor, Dr. Maria Aurora Fenech needs the same permission for the second part of the study (i.e. those between 60 and 74 years of age.? Or else, reply to this message again by pressing reply all.

Blessings

Fr. Frankie

From: Provincial [Redacted]
Sent: 22 April 2020 11:32
To: [Redacted]
Subject: R: request for permission to conduct research with older priests and religious

Good morning dear Fr. Frank.

I have no objection that you carry your study by sending the questionnaire to members of my province.

Peace

Fr. Effie Mallia OFM.Cap

Minister Provincial

[Redacted]

From: Joe Saliba [Redacted]
Sent: 24 April 2020 16:08
To: [Redacted]
Cc: Maria Aurora Fenech
Subject: Re: request for permission to conduct questionnaire research with older priests and religious in Malta and Gozo

Dear Fr. Frankie,
Sorry I couldn't get back to you earlier. I think your research would be give a very good insight regarding the life satisfaction of our elderly priests and religious in Malta and Gozo. Hence, I give my consent to endorse this project for members of the Carmelite Order.
Fr. Joe Saliba O. Carm.
Provincial.



Frank Cini [REDACTED]

Re: FW: request for permission to conduct research with older priests and religious

1 message

Fr Frans Micallef [REDACTED]

26 April 2020 at 07:40

To: [REDACTED]

Cc: Maria Aurora Fenech [REDACTED]

On Sat, Apr 25, 2020 at 10:44 PM [REDACTED] wrote:

Dear Fr. Frans. Thank you so much for your kind approval. However bear with me, can you reply by pressing **REPLY ALL**, so my supervisor, Dr. Maria Aurora Fenech, is in copy? As for your query, don't worry, your role is simply to distribute it, the individuals then decide whether to reply or not!

Blessings

Frankie

From: Fr Frans Micallef [REDACTED]**Sent:** 22 April 2020 10:05**To:** [REDACTED]**Subject:** Re: request for permission to conduct research with older priests and religious

Hi Frakie

I find no objection that you conduct the above study with the participation of the Dominican Fathers. However the final yes has to come from the individual fathers.

Regards

frans

From:

Leslie Gatt [REDACTED]

Sent:

25 April 2020 15:48

To:**Cc:**

Maria Aurora Fenech

Subject:

Re: request for permission to conduct questionnaire with older priests and religious

I confirm that there is no problem from my side. I wish you all the best in your work...

Regards

Leslie osa

27/04/2020

University of Malta Mail - Re: request to conduct questionnaire research with priests and religious in Malta and Gozo



Frank Cini [REDACTED]

Re: request to conduct questionnaire research with priests and religious in Malta and Gozo

1 message

Fr Paul Formosa - Provincial [REDACTED]

27 April 2020 at 07:53

To: [REDACTED]

Cc: Maria Aurora Fenech [REDACTED]

Dear Frankie,

Thank you very much for your email. Sorry for the delay but I am trying to get around and answer my emails since at the moment I am doing the Provincial Visitations in various communities and all my time is taken with meetings.

I have no problem that the questionnaires will be given to the SDB priests/brothers over 60 years of age.

I wish you well in your studies. Keep safe.

Paul

APPENDIX F
CONSENT FROM PROVINCIAL SUPERIORS, FEMALE
RELIGIOUS

Reply Reply All Forward

Mon 27/04/2020 10:19



Ann Muscat

Re: request for permission for questionnaire research with older priests and Religious in Malta and Gozo

To [Redacted]

Cc 'Maria Aurora Fenech'

Dear Father Frenkie,
I received your questionnaire, thanks!
You have my permission to use the information given.
God bless.
Sister Ann Muscat.

On Monday, April 27, 2020, 09:58:20 AM GMT+2, [Redacted] wrote:

27 April, 2020

Dear Sr. Ann

My apologies, here attached pls find the questionnaire and research proposal. The questionnaire will also be offered in Maltese when we do that your sisters over 60 could receive the questionnaire. It will remain completely up to them to decide whether to answer or not in total conf

So for the time being if you accede, press REPLY all, and reply .

21/04/2020

University of Malta Mail - Re: request for permission for research questionnaire with older members of religious orders and priests i...



L-Università
ta' Malta

Frank Cini [Redacted]

Re: request for permission for research questionnaire with older members of religious orders and priests in Malta and Gozo

1 message

Victoria Sant [Redacted]

21 April 2020 at 13:55

To: [Redacted]
Cc: Maria Aurora Fenech [Redacted]

Dear Fr Frankie,

Good afternoon and thanks for your email and attachments. I pray that you are well.

I welcome your study 'Life Satisfaction amongst Older Priests and Religious in Malta and Gozo.' This is a very interesting and unique study which I am sure that many people will benefit from it. We feel lucky that our elderly members will be able to contribute for such an important research.

Wishing you all the best in your endeavours and stay safe.

Sr Victoria Sant

On Tue, Apr 21, 2020 at 10:12 AM [Redacted] wrote:

Sr. Victoria Sant DSH

Provincial



Frank Cini [REDACTED]

Re: request for permission for research questionnaire with older members of religious orders and priests in Malta and Gozo

2 messages

Sr Claudia Zammit [REDACTED]

26 April 2020 at 08:03

To: [REDACTED]
Cc: Maria Aurora Fenech [REDACTED]

Dear Fr Frank,

Please note that we accept your request . However, due to the fact that not all sisters understand the English language, kindly can you send us a Maltese version ?
In this way it will be answered personally mostly by older sisters who might prefer the Maltese version.

Thanks & Regards,
Sr Claudia Zammit

From: Rita Zammit Pace [REDACTED]
Sent: 30 April 2020 13:11
To: [REDACTED]
Cc: Maria Aurora Fenech
Subject: Re: request for permission for research questionnaire with older members of religious orders and priests in Malta and Gozo

On Thu, 30 Apr 2020, 1:06 pm , [REDACTED] wrote:

Dear Mother Rita

Please can you press Reply ALL to this email so Dr. Maria Aurora Fenech, is in copy?

Blessings

Fr. Frankie

From: Rita Zammit Pace [REDACTED]
Sent: 21 April 2020 10:58
To: [REDACTED]
Subject: Re: request for permission for research questionnaire with older members of religious orders and priests in Malta and Gozo

Dear Fr. Frankie,

I endorse the project.

2 out of the 13 eligible sisters, it seems to me, will not be able to participate due to their present health condition. I will confirm this with the Sister / Nurse in charge of our nursing unit when you will launch your research.

Sr. Rita Zammit-Pace fmm

[REDACTED]

From: Rachel Frendo [REDACTED]
Sent: 28 April 2020 11:52
To: [REDACTED]
Cc: 'Maria Aurora Fenech'
Subject: Re: request for permission for research questionnaire with older members of religious orders and priests in Malta and Gozo

Dear Fr Frankie,
I am willing to support you in this study. Perhaps we can talk over the phone, to plan a concrete way forward to what I need to do.

Best regards,
sr Rachel

From: [REDACTED]
Sent: Tuesday, April 21, 2020 9:58 AM
To: 'Rachel Frendo' [REDACTED]
Cc: 'Maria Aurora Fenech' [REDACTED]
Subject: request for permission for research questionnaire with older members of religious orders and priests in Malta and Gozo

Sr. Rachel Frendo OP
Provincial, Augustinian Sisters



Frank Cini [REDACTED]

Re: request for permission for research questionnaire with older members of religious orders and priests in Malta and Gozo

1 message

Sr Margaret Gonzi [REDACTED]

27 April 2020 at 20:53

To: Maria Aurora Fenech [REDACTED]

Cc: Frank Cini [REDACTED]

Dear Dr.Fenech and Fr. Frankie

We are most willing to take part in the research questionnaire. We are 7 in community. 2 other sisters who are part of the community live elsewhere , 1

Is in a home and two others are on Rome. Just to give you a picture . Many best regards Sr Margaret

On Mon, 27 Apr 2020, 17:04 Maria Aurora Fenech, [REDACTED] wrote:

Hello Mother!

It's Maria, Fr Frankie's collaborator.

Would it be at all possible please, if you REPLIED ALL to the email as when answering Fr Frankie you are not copying me in. University, ethics committee would require me to be in the email too.

Apologies for taking from your precious time.

Many thanks

Maria

*Dr Maria Aurora Fenech*Dip Phys, MCSP, DipGer (Melit), MGer (Melit), PhD (Nott.)
LecturerDepartment of Gerontology and Dementia Studies
Faculty for Social Wellbeing
Room 113
Humanities A Building (Laws & Theology)
University of Malta
Msida MSD 2080
[REDACTED]

[REDACTED]

From: Carmen Valentino [REDACTED]
Sent: 23 April 2020 14:47
To: [REDACTED]
Cc: Maria Aurora Fenech
Subject: Re: request for permission for research questionnaire with older members of religious orders and priests in Malta and Gozo

Dear Fr. Frankie,
Thank you for your email. I would like to confirm that I would be happy to ask some of our Sisters to participate in this research study.

Regards.
Sr. Carmen Valentino
Delegate
Society of the Sacred Heart.

On Tue, 21 Apr 2020, 10:01, [REDACTED] wrote:

Sr. Carmen Valentino RSCJ

Provincial, Sacred Heart Sisters

21 April 2020

Dear Sr Carmen

I am Fr Frank Ċini, currently reading for a Master of Gerontology and Geriatrics, at the Department of Gerontology and Dementia Studies, with the Faculty of Social Wellbeing, at the University of Malta.

23/04/2020

University of Malta Mail - Re: request for permission for research questionnaire with older members of religious orders and priests i...



L-Università
ta' Malta

Frank Cini [REDACTED]

Re: request for permission for research questionnaire with older members of religious orders and priests in Malta and Gozo

1 message

Eugenie Ghirlando [REDACTED]

23 April 2020 at 11:45

To: [REDACTED]

Cc: Maria Aurora Fenech [REDACTED]

Dear Fr. Cini,

this is to let you know that we, our congregation here in Malta is willing to endorse your project.

I will therefore be expecting to hear from you again.

I hope that you and all your priests and brothers are keeping well and all their families.

God bless your work

Sr. Eugenie

On Wed, Apr 22, 2020 at 1:56 PM [REDACTED] wrote:

Grazzi mmens Sr. Eugenie. Hope you're keeping well! May I ask for a small favour, can you reply again and press reply all, because my Supervisor, Dr. Maria Aurora Fenech needs the same permission for the second part of the study (i.e. those between 60 and 74 years of age.? Or else, reply to this message again by pressing reply all and repeat the same message.

Blessings

Fr. Frankie

21/04/2020

University of Malta Mail - Re: request to conduct questionnaire research with older priests and religious in Malta and Gozo



Frank Cini [REDACTED]

Re: request to conduct questionnaire research with older priests and religious in Malta and Gozo

1 message

Natalie Abela [REDACTED]

21 April 2020 at 17:17

To: [REDACTED]

Cc: Maria Aurora Fenech [REDACTED]

I thank you for your email. I endorse the project and wish you all the best for its outcome.

sr Natalie Abela
sister of charity

DISCLAIMER

The content of this email is confidential and intended for the recipient specified in message only. It is strictly forbidden to share any part of this message with any third party, without a written consent of the sender. If you received this message by mistake, please reply to this message and follow with its deletion, so that we can ensure such a mistake does not occur in the future.

On Tue, 21 Apr 2020 at 14:07, [REDACTED] wrote:

Sr Natalie Abela SOC
Regional Delegate, Sisters of Charity

[REDACTED]

From: roberta spiteri [REDACTED]
Sent: 23 April 2020 16:33
To: [REDACTED]
Cc: Maria Aurora Fenech
Subject: Re: request to conduct questionnaire research with older priests and religious in Malta and Gozo

Ghazia Fr. Frank,
Hajr ta' l-ijmejl tieghek bl-informazzjoni necessarja dwar l-istudju tieghek. Jien minn naha tieghi ma nsib ebda diffikulta li nghinuk permezz tal-kwestjonarju. L-unika problema tkun li qiegħed bl-Ingliż u forsi mhux is-sorijiet kollha ta' certa età jaccettaw li jirrisponduh.
Nawgura hidma tajbalilek u li Dr. Fenech f'dan l-istudju u nitlob għalikom biex bil-ghajnuna t'Alla taslu għalih b'success sat-tmiem tieghu.
Il-paci mieghek

22/04/2020

University of Malta Mail - Re: request for permission to conduct questionnaire research with older priests and religious in Malta and...



L-Università
ta' Malta

Frank Cini [REDACTED]

Re: request for permission to conduct questionnaire research with older priests and religious in Malta and Gozo

1 message

Celia Agius Vadala [REDACTED]

22 April 2020 at 09:55

To: [REDACTED]
Cc: Maria Aurora Fenech [REDACTED]

I would be happy to participate. Sr Celia Agius-Vadala'

On Tue, Apr 21, 2020, 14:41 [REDACTED] wrote:

21 April 2020

Dear Sr Celia

APPENDIX G

CONSENT TO USE CASP-19 and GEROTRASCENDANCE SCALE

From: Sandra Torres [REDACTED]
Sent: 16 April 2020 15:41
To: [REDACTED]
Cc: 'Maria Aurora Fenech'
Subject: RE: Use of Gerotranscendence scale for research.

Dear Frank,

My understanding is that the scale can be used as long as one cites that he is the creator, and where references to it are made.

Needless to say, I wish you the very best of luck with your project!
Sandra

Sandra Torres, Ph.D.

Professor of Sociology & Chair in Social Gerontology (Uppsala University)
President of the Int'l. Sociological Association's (ISA) Research Committee on Aging (RC-11)
Chair of the Socio-Behavioral Section of the Int'l. Association of Gerontology & Geriatrics – European Region (IAGG-ER)
Co-leader of the Research Group on Welfare & Lifecourse at the Dept. of Sociology of Uppsala University
Co-leader of the Working Group on Civic Exclusion of the COST-action CA 15122 ROSEnet
Co-convenor of the Gerontological Society of America's (GSA) Interest Group on Int'l. Aging & Migration

Latest book:

Torres, S. (2019). *Ethnicity & Old Age: Expanding our Imagination*. Policy Press.

Latest articles (on old age social exclusion):

Torres, S., & Serrat, R. (2019). Older migrants' civic participation: a topic in need of attention. *Journal of Aging Studies*, 50 (September 2019); <https://www.sciencedirect.com/science/article/abs/pii/S0890406519302786>

Latest in Swedish:

Agård, P., Torres, S., & Milberg, A. (2020). Vårdpersonals föreställningar om döende patienter med invandrarbakgrund. *Socialmedicinsk tidskrift*, 96(6): 840-850.

From: frank.cini.94@um.edu.mt [REDACTED]
Sent: den 16 april 2020 15:04
To: Sandra Torres [REDACTED]
Cc: 'Maria Aurora Fenech' [REDACTED]
Subject: Use of Gerotranscendence scale for research.

Professor Sandra Torres
Chair, Social Gerontology
University of Uppsala
Sweden

[REDACTED]

From: Hyde Martin. [REDACTED]
Sent: 16 April 2020 11:19
To: Frank Cini
Cc: Maria Aurora Fenech; [REDACTED]
Subject: Re: request to use CASP 19 for Research in Malta.

Dear Frank

Thank you very much for your email and your interest in using the CASP-19. The scale is free to use for all academic and non-profit users. So you do not need any special permission to use it. However - to the best of my knowledge there is not Maltese language version of the scale - so you would need to translate it.

I run a small online resource www.casp19.com about the scale. It needs updating but you might be able to find some useful resources on there for your study. If you have any further comments please do not hesitate to contact me.

Cofion gorau,
Martin

New publications:

Zaninotto P, Batty GD, Stenholm S, Kawachi I, Hyde M, Goldberg M, Westerlund H, Vahtera J & Head J. (2020). Socioeconomic Inequalities in Disability-free Life Expectancy in Older People from England and the United States: A Cross-national Population-Based Study, *The Journals of Gerontology: Series A*: <https://doi.org/10.1093/gerona/gz266>

Hyde M., George S., Kumar V. (2019) Trends in Work and Employment in Rapidly Developing Countries. In: Bültmann U., Siegrist J. (eds) *Handbook of Disability, Work and Health*. Handbook Series in Occupational Health Sciences, vol 1. Springer, Cham. https://link.springer.com/referenceworkentry/10.1007%2F978-3-319-75381-2_2-1

Halonen JI, Chandola T, Hyde M, et al. (2019). Psychotropic medication before and after the transition to disability retirement for those with high and low levels of perceived work related stress before retirement by pre-retirement work-related perceived stress. *EUROPEAN JOURNAL OF PUBLIC HEALTH* (Online first). doi.org/10.1093/eurpub/ckz131

Dr Martin Hyde, Associate Professor of Gerontology | Dr Martin Hyde, Athro Cefnogol Gerontoleg
Centre for Innovative Ageing | Canolfan Heneiddio Arloesol
College of Human and Health Sciences | Coleg y Gwyddorau Dynol ac Iechyd
Room 6, Haldane | Ystafell 6 Haldane
Swansea University | Prifysgol Abertawe
Singleton Park | Parc Singleton
Swansea | Abertawe
Wales | Cymru
SA2 8PP
Phone | Ffôn [REDACTED]
Email | Ebost [REDACTED]
Twitter | @HydeM1976

<http://www.swansea.ac.uk/cia/>
www.swansea.ac.uk | www.abertawe.ac.uk

The University welcomes correspondence in Welsh and English | Mae'r Brifysgol yn croesawu gohebiaeth yn Gymraeg ac yn Saesneg.

APPENDIX H
ETHICAL CLEARANCE FREC – UNIVERSITY OF MALTA



Wed 06/05/2020 15:28

SWB FREC <research-ethics.fsw@um.edu.mt>

Re: FW: Form Publisher - UREC FORM V:11022020 5178

o Frank Cini

c Maria Aurora Fenech

Dear Fr Frank Cini,

Thank you for submitting your research ethics proposal.

As indicated in the [Research Ethics Review Procedures](#), E&DP forms which have no self-assessment issues are kept for record and audit purposes only. Hence, **research may commence**.

Please note that FREC **will not issue any form of approval** as the responsibility for the self-assessment part lies exclusively with the researcher.

Regards,

Faculty Research Ethics Committee (FREC)

Faculty for Social Wellbeing

Room 115

Humanities B Building (FEMA)

University of Malta

Mside MSD 2080

Student hours:

Monday to Friday

08:00-12:15 and 13:30-15:30 (1 October - 15 June)

08:00-13:00 (16 June - 30 September)

Telephone: (+356) 2340 3192, (+356) 2340 2237

Website: um.edu.mt/socialwellbeing/students/researchethics



L-Università
ta' Malta



On Fri, 1 May 2020 at 10:23, Maria Aurora Fenech [REDACTED] wrote:

Dear Colleagues

Endorsing Fr Frank Cini's FREC Submission Form.

Regards and thanks

Maria

Dr Maria Aurora Fenech