



Encouraging Optimal Aging through a Lifestyle Based on Islamic Psychospiritual Science

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Abstract: Ageing is an inevitable natural process that can give rise to concerns at both individual and societal levels if strategic planning is not in place to address the associated changes and ensure the well-being and satisfaction of this population. This article aims to explore the significance of healthcare for the elderly and the application of Islamic psychospiritual science in promoting healthy ageing by emphasizing lifestyle factors. The research employed a survey instrument administered to 307 randomly selected respondents, including elderly individuals and caregivers. The study was conducted across Malaysia from February 2022 to April 2022. The collected data were analyzed using the Statistical Package for the Social Sciences (SPSS) version 22 software. The study findings indicate that all the elements encompassing an Islamic psychospiritual lifestyle, including the physical, psychological, spiritual, and social aspects, hold great significance. The Cronbach's alpha (α) score for this study was calculated at 0.934, indicating a high level of internal consistency. The results of this study offer valuable insights for family members, caregivers, welfare organizations, nursing homes, and other entities involved in elderly care. These findings can guide the optimization of care aspects, particularly in light of the challenges posed by the Covid-19 pandemic. Additionally, the study's outcomes can inform the development of modules or guidelines for elderly care, facilitating the caregiving process.

Keywords: Ageing; Colonial period; Different society; Elderly; Pre-colonial; Social horizontal integration

Introduction

Ageing is a natural process that occurs in every individual. In an article dated October 6, 2022, Astro Awani reported that the increase in the elderly population is expected to reach 15.3% by 2030 (Astro Awani, 2022). This condition is a positive outcome of increasingly modern and advanced medical technology. However, this situation can also raise concerns for individuals and the country if there is no strategic planning in addressing these changes, especially in maintaining well-being and improving the quality of life for this group to achieve healthy ageing.

When discussing the shrinking or less capable labour force to support national growth, this condition concerns developed countries. Typically, the elderly also require support from younger individuals. This issue raises questions and concerns for the governments of developed countries (World Health Organization, 2002). However, this should not be the primary concern, as the population's health issues should have been given greater emphasis from the beginning, as they significantly impact the government's burden in terms of healthcare costs and risks in old age. On the other hand, the elderly only needs to be well taken care of and assisted to lead a prosperous life. The elderly are a group rich in experience and knowledge about life. They must be promoted as national assets that can continue contributing to the country's development.

To optimize the well-being of the elderly, the involved parties, such as policy implementers and service providers, must undergo training and acquire skills related to the elderly. Policy implementers need to be more proactive in planning, while service providers need to be aware of the effects of ageing on the local community, which requires elderly-friendly services. In this regard, the collaboration of experts and support groups is crucial in developing the needs and facilities of the elderly. Based on the Malaysian Elderly Policy, the focus is on managing the elderly to ensure their independence, self-dignity, and respect by optimizing their potential through healthy, positive, active, productive, and supportive ageing (Department of Social Welfare, 2011).

Active ageing, according to the National Elderly Policy, refers to optimizing opportunities and involvement of the elderly in the family and society, aiming to empower them to enhance their well-being. This aspect encompasses the quantity, quality, and scope of social networks, reciprocal roles, and intergenerational relationships throughout life. Productive ageing, on the other hand, refers to the capacity of the elderly to contribute through paid or voluntary work that provides meaning and satisfaction. Furthermore, supportive ageing refers to creating an internal and external environment that is elderly-friendly, enabling the elderly to function well. An enabling and supportive environment can reduce individual disabilities and encourage the involvement of the elderly in society. This aspect also considers the use of technology to help the elderly live independently (Department of Social Welfare, 2011).

In discussions on ensuring the well-being of the elderly, well-being, in the context of the National Elderly Policy, encompasses five primary dimensions: physical health (healthy ageing), social (active ageing), economic (productive ageing), spiritual or spirituality (positive ageing), and environment (supportive ageing) (Department of Social Welfare, 2011). The elderly will achieve a sense of well-being when they can enjoy a balance in all these dimensions. This article will discuss the need for healthcare for the elderly and the application of Islamic psychospiritual knowledge in promoting healthy and active ageing by emphasizing elements of their lifestyle. It is the responsibility of the state to provide elderly-friendly services, and it is the responsibility of all to ensure that the elderly achieve well-being in various aspects, whether physical, psychological, spiritual, or social.

The discussion in the study focuses on healthy ageing, which refers to efforts towards a healthy lifestyle, improving healthcare systems, and creating environments and communities that prioritize health (Department of Social Welfare, 2011). One of the challenges frequently faced by the elderly is the decline in health functions, including physical, mental, psychological, social, and spiritual aspects, as they age. This situation can lead to a decline in their overall quality of life, despite their contribution to society, as they have the right to live a quality life and well-being even in old age. Maintaining healthy physical and mental capabilities, stable psychological and spiritual well-being, and good social interactions are crucial to ensure their quality of life.

Literature Reviews

Previous research has indicated that elderly individuals generally experience lower rates of depression compared to other demographic groups. However, if they have any physical or medical conditions, the incidence of depression increases by 17 to 37 percent (Mohamad & Abdullah, 2020). Nonetheless, a different scenario unfolds when issues related to death become apparent, as many individuals may experience spiritual distress

due to the realization that their life is approaching its end (Chik et al., 2017), along with the natural limitations that come with old age. This is also true for elderly individuals. Family members or caregivers play a crucial role in the care of the elderly, particularly those who are advanced in age. The lack of support and neglect of their needs can significantly affect the process of attaining well-being and peace (Chik, 2018).

Government bodies and non-governmental organizations (NGOs) are actively engaged in conducting extensive research and advocating for the well-being of the elderly population to prevent their marginalization in terms of physical and social aspects. However, there remains a significant scope for further exploration into various dimensions of elderly care, encompassing the psychosocial aspects involving psychology, mental and spiritual well-being, as well as their physical and social welfare. The primary objective of any study pertaining to the elderly is to ensure that they can lead a fulfilling life, known as successful aging, which is evaluated based on an assessment of their quality of life. Successful aging encompasses five key dimensions: healthy aging, active aging, productive aging, spiritually oriented aging, and socially supportive aging. By embodying these five dimensions, the elderly can achieve equilibrium and overall well-being (Department of Social Welfare, 2011).

The World Health Organization (WHO) categorizes individuals aged 60-74 as old, those aged 75-89 as very old, and those above 90 as the oldest-old (World Health Organization, 2020). Malaysia also adheres to this classification. However, in Malaysia, the official retirement age is set at 60, and individuals above this age are commonly referred to as senior citizens or elderly individuals (Department of Social Welfare, 2011). For the purposes of this study, the elderly population is generally defined as individuals aged 60 and above, with a specific focus on those aged 75 and above. Global demographic trends from 1804 to 1999 indicate a rapid population surge from one billion to six billion, with a growth rate of 2% recorded in the late 1960s. Projections suggest that by 2050, the number of older people will surpass that of children under the age of five, with an estimated two billion elderly individuals within the next 50 years (Lock et al., 2006).

This demographic shift also impacts the Malaysian population, with the elderly population expected to reach 15.3% by 2030 (Astro Awani, 2022). Given the significant growth in the elderly population, their health and welfare needs become increasingly critical (World Health Organization, 2002). In the context of elderly care, both governmental entities and NGOs undertake diverse studies to advocate for their welfare. The increasing elderly population necessitates a comprehensive understanding of their health requirements, social support systems, and access to appropriate care services. As societies age, it becomes imperative to prioritize elderly care to maintain their quality of life and promote healthy aging. Government agencies play a crucial role in formulating policies, implementing programs, and allocating resources to address the specific needs of the elderly. NGOs also contribute significantly by providing support services, advocacy, and community engagement initiatives.

Research focusing on the psychosocial aspects of aging is essential to gain insights into the mental and emotional well-being of the elderly. Psychological factors, such as depression, anxiety, and loneliness, can significantly impact their overall health and quality of life. Understanding these psychological aspects enables the development of targeted interventions and support systems to enhance the elderly's mental resilience and emotional well-being. Acknowledging the spiritual dimensions of aging is vital. Many elderly

individuals experience a heightened awareness of their mortality and may grapple with existential questions and spiritual distress. Recognizing and addressing their spiritual needs can contribute to a sense of meaning, purpose, and inner peace, enabling them to navigate the challenges associated with aging.

The physical well-being of the elderly is of paramount importance. Aging is often accompanied by chronic health conditions, decreased mobility, and functional limitations. Accessible healthcare services, geriatric care facilities, and preventive measures are crucial to ensure optimal physical health outcomes for the elderly population. Social support and a sense of connectedness are integral to the well-being of the elderly. Loneliness and social isolation are pervasive issues among this population, negatively impacting their mental health and overall quality of life. Building strong social networks, promoting intergenerational interactions, and fostering inclusive communities are vital for promoting social well-being and preventing social exclusion. Addressing the multifaceted dimensions of elderly care, including the psychosocial, spiritual, physical, and social aspects, is crucial in ensuring the well-being and quality of life of the elderly population. By conducting comprehensive research, implementing targeted policies, and providing adequate support services, we can create an inclusive society that values and supports the elderly in their journey of successful aging.

Methods

This study utilized a mixed-method approach, combining qualitative and quantitative methods. The qualitative method was employed to gather information from literature related to the elderly. Keywords were used as the main themes in the literature search. Among the themes used for the literature review were healthy ageing, holistic ageing, spirituality, psychology, physical well-being, social aspects, Islamic psychospiritual, lifestyle, elderly individuals, geriatrics, old age, and others, to obtain information regarding the conditions of the elderly. Additionally, a questionnaire was developed based on the literature review. The researcher also examined past studies to propose ways to address issues faced by the elderly from various aspects, including physical, social, spiritual, and psychological dimensions.

For the quantitative aspect of the study, a questionnaire instrument was used, consisting of three main sections. Section A focused on the respondents' demographic information, while Section B comprised a list of individuals or groups supporting the elderly. Section C included elements, and a list of essential matters concerning the elderly's care needs to achieve well-being. The sample selection criteria were based on whether the respondents were elderly individuals answering the questionnaire or individuals involved in the care of the elderly or had experience in caring for the elderly. The study was conducted randomly among the general population through online platforms, targeting the entire Malaysian population from February 2022 to April 2022. A total of 307 respondents, including elderly individuals and caregivers, completed the questionnaire. This study aimed to gather sample data from the elderly and caregivers to understand their perspectives on the concept and needs of elderly care.

The study's findings were analyzed using the Statistical Package for the Social Sciences (SPSS) version 22 software. The items in Sections A and B were analyzed based on percentage rates. As for Section C, the reliability of each item was assessed using Cronbach's alpha value. Furthermore, in Section C, based on the 7-point Likert scale,

ranging from (1) Strongly Disagree to (7) Strongly Agree, the analysis was conducted based on the percentage values of each item, considering the minimum value as the final result.

Researchers commonly employ this method to understand respondents' perspectives on a particular issue to address the research questions and objectives and assist the elderly and individuals in navigating the process of healthy and prosperous ageing.

Results and Discussion

Table 1 presents demographic information of the study participants, comprising various age categories consisting of either elderly individuals or their family members. All respondents were Muslims, with the majority being of Malay ethnicity and minority representation from Chinese and Indian ethnicities. The educational level of the respondents was predominantly high, as 27 individuals were pre-university graduates, and 210 individuals had attained higher education qualifications. Furthermore, seven individuals received low-level education, while 60 had completed secondary education. The respondents' socio-economic status based on income was balanced, with the majority of participants belonging to the B40 group, which denotes a monthly income below RM4,851.

Table 1. Respondent Demographics

Age	Total	Percentage (%)
18 - 30 years	77	25.1
31 - 45 years	122	39.7
46 - 60 years	83	27.0
61 and up	25	8.1
Ethnicity		
Malay	299	97.4
Chinese	1	0.3
Indian	1	0.3
Others	6	2.0
Religion		
Islam	307	100.0
Education		
Low	7	2.3
Middle	60	19.5
Higher	27	8.8
University	210	68.4
Others	3	1.0
Income		
RM2500 and below	99	32.2
RM2,501 - RM4,850	82	26.7
RM4,851 - RM10,970	88	28.7
RM10,971 and above	38	12.4

Source: *Survey Study, February - April 2022*

Based on Table 2, most respondents agreed that family members, including spouses, children, and siblings, are a crucial source of assistance and support for the elderly. Apart from family members, other notable sources of assistance and support include neighbours and hospital doctors, who are likely to provide physical care support.

Table 2. Individual or Group Support for Patients

Sources of Assistance and Support	Total	Percentage (%)
Family Members		
i Spouse	256	83.4
ii Children	253	82.4
iii Siblings	246	80.1
iv Relatives	202	66
Other than Family Members		
i Charitable Organizations	165	53.7
ii Neighbors	247	80.5
iii Hospice	137	44.6
iv Religious Leaders	142	46.3
v Religious Institutions	148	48.2
vi Social Workers	146	47.6
Health Service Providers/Health Center Staff		
i Hospital Doctors	278	90.6
ii Hospital Nurses	239	77.9
iii Medical Assistants	206	67.1
iv Physiotherapists	178	58.0
v General Practitioners (GPs)	152	49.5
vi District Nurses	144	46.9
vii Community Nurses	146	47.6

Source: *Survey Study, February - April 2022*

Table 3 presents the Alpha Cronbach values for each element of elderly care needs. These values indicate the reliability of the elements in caregiving.

Table 3. Cronbach's Alpha Values for Each Element

Needs Elements	Cronbach's Alpha
Physical Needs	0.923
Mental Needs	0.934
Spiritual Needs	0.970
Emotional Needs	0.920
Social Needs	0.929
Logistic Needs	0.930

Source: *Survey Study, February - April 2022*

Based on Table 4, each element of caregiving needs is described and assessed in greater detail by the respondents. The overall mean (min) indicates that each item received a high rating from the respondents.

Table 4. Elements of Elderly Needs

Elements of Elderly Needs	Measurement Scale (Percentage (%))							Mean Min
	1	2	3	4	5	6	7	
Physical Needs								
Managing personal hygiene (e.g., bathing, toileting, dressing)	2.0	1.6	2.6	4.6	3.3	21.2	64.8	6.28
Consuming appropriate food types	1.3	0.3	2.6	5.2	6.5	27.4	56.7	6.24
Requiring physical assistance	4.2	2.6	3.9	9.4	10.7	27.0	42.0	5.69
Managing daily activities (e.g., laundry, cooking, cleaning)	3.6	1.6	3.9	8.1	13.4	28.7	40.7	5.75
Ability to perform physical activities such as walking, etc.	3.3	1.3	3.9	8.5	12.1	31.3	39.7	5.78
Level of reading and writing sentences and numbers	3.3	3.3	3.6	10.1	20.5	30.9	28.3	5.48
Maintaining oral health	1.0	1.3	2.9	6.2	12.7	33.6	42.3	5.98
Taking medications	0.7	0.3	3.3	4.6	7.5	23.8	59.9	6.59
Needing assistance in managing medical affairs	2.9	1.3	2.9	6.5	9.8	28.3	48.2	5.97
Performing physical religious practices such as prayer	1.6	1.3	2.9	5.2	6.5	21.5	60.9	6.22
Mental Needs								
Overcoming anxiety, stress, and depression	1.6	0.3	3.9	4.9	7.5	23.1	58.6	6.20
Making decisions	2.0	0.7	3.3	6.5	10.1	30.0	47.6	6.02
Acquiring knowledge and information	1.0	0.7	3.6	4.9	10.4	31.3	48.2	6.10
Managing recurring illnesses/progressive illnesses	2.6	0.3	2.9	5.5	7.8	27.4	53.4	6.11
Spiritual Needs								
Having a sense of meaning in life	0.7	0.0	3.3	3.9	4.6	21.5	66.1	6.41
Having hope	0.7	0.7	2.6	4.6	4.9	22.5	64.2	6.36
Believing in God	0.7	0.0	3.3	2.6	2.3	13.7	77.5	6.57
Seeking forgiveness from God	0.7	0.0	3.3	3.9	2.6	14.3	75.2	6.52
Apologizing to others	1.0	0.7	2.9	3.6	6.2	20.2	65.5	6.36
Engaging in spiritual religious practices such as fasting, remembrance of God, etc. during illness	0.7	0.7	2.9	4.9	4.6	19.5	66.8	6.38
Emotional Needs								
Coping with trauma	2.3	1.0	2.9	6.5	9.1	29.3	48.9	6.03
Managing emotional changes	1.0	0.7	2.9	6.2	9.4	29.6	50.2	6.12
Seeing things with a sense of joy	0.7	0.3	3.3	4.6	11.1	30.6	49.5	6.15
Managing sudden panic feelings	1.3	1.3	2.9	6.8	11.7	29.6	46.3	6.00
Social Needs								
Specific individuals to contact in case of worsening or uncontrolled conditions	1.3	0.3	2.9	2.9	6.2	24.1	62.2	6.34
Need for social interaction	1.6		3.9	7.8	15.3	35.2	36.2	5.85
Level of personal support received	1.3		3.3	4.9	11.7	32.6	46.3	6.08
Self-awareness and caregiver understanding of one's own condition	0.7		2.9	3.3	8.8	32.6	51.8	6.24

Relationships and responsibilities within the community	1.6	2.9	6.5	16.0	34.2	38.8	5.93
Engaging in social activities	2.0	0.7	3.3	10.4	17.6	32.9	5.73
Receiving visits from others	1.6	2.0	3.3	13.0	18.6	29.6	5.62
Logistic Needs							
Concerns about financial issues such as difficulty paying bills	6.8	2.0	4.2	12.7	11.7	26.1	5.45
Dealing with housing problems	9.8	4.9	5.9	14.0	11.7	24.8	5.03
Facilities for attending hospital appointments (e.g., transportation)	6.8	2.3	3.3	10.4	8.8	30.9	5.55
Worries about job impact due to health problems or vice versa	7.5	3.3	3.6	14.3	11.1	23.8	5.36

Source: *Survey Study, February - April 2022*

The findings of the survey study indicate that the spiritual, mental, and emotional elements are crucial and deserve emphasis in the realm of caregiving, as their average ratings exceed 6.00. This signifies the significance of each related element.

Discussions

According to the World Health Organization (WHO), caregiving should encompass the spiritual and emotional elements, in addition to not neglecting the physical, mental, social, and logistical aspects. The minimum average scores obtained highlight the importance of incorporating the Islamic psychospiritual approach to ensure the well-being of individuals in terms of spirituality, emotional regulation, physical health, mental health, and social well-being. This is particularly crucial during the ongoing COVID-19 pandemic, which poses challenges to emotions and health that need to be addressed. The spiritual element serves as the foundation of an individual's life, guiding them and providing tranquility. It is associated with the divine realm, as highlighted by Badri (2018). One way to promote healthy aging through the spiritual element is by deepening religious knowledge. Increasing understanding of religion not only enhances appreciation for worship but also contributes to a better understanding of life. Collaborating with companions in this journey is recommended, as it boosts motivation and fills the day with beneficial activities (Elmi et al., 2013; World Health Organization, 2002).

According to the World Health Organization (WHO), emotions play a significant role in the daily lives and treatment experiences of older adults, who encounter various challenges associated with aging and related complications. Not only are the emotions of older adults affected, but caregivers also face emotional fluctuations while fulfilling their responsibilities of caring for the well-being of older adults (Y. Van Der Plas et al., 2020). This phenomenon is supported by Seiler & Jenewein (2019) and Sekhar (2016). The findings of this study further corroborate this conclusion, indicating that family members provide the highest levels of emotional support and demonstrate effective ways of offering emotional assistance. It is highly encouraged for family members to spend quality time together, support one another, and take turns in caregiving to manage their own emotions and the well-being of caregivers. Additionally, allocating time for vacations and engaging in activities as a family can create a soothing environment for older adults, promoting a connection with nature and strengthening family bonds (Masruroh et al., 2022; World Health Organization, 2002).

The manual should also highlight the importance of physical management, trauma support, and guidelines for patients' social activities, as these factors are closely related to external aspects. External factors, such as personal hygiene, proper nutrition, socialization, and engagement in outdoor activities, play a fundamental role in caregiving, as they influence the patients' ability to regain a certain quality of life (Y. Van Der Plas et al., 2020). Implementing physical activities and relaxation techniques is also crucial to maintain the activity levels of older adults, enhance physical fitness, and alleviate emotional and psychological distress (Devi et al., 2012) as well as spiritual distress (Badri, 2018).

In terms of social aspects, promoting healthy aging through social interaction and community activities is essential. Engaging in activities with the community, especially peers, has been proven to help older adults maintain a positive outlook and build resilience. Additionally, fostering good relationships with fellow older adults can lead to increased blessings in various aspects, including income, health, physical strength, and more. These concepts are reflected in the Hadith of the Prophet Muhammad (Peace Be Upon Him) narrated by Imam Bukhari and Muslim from Anas bin Malik (May Allah be pleased with him): “Whoever desires that his provision be made easy, and his lifespan be prolonged, then he should uphold the ties of kinship” (Ab Rahman, 2018).

Conclusions

The process of aging poses challenges for elderly individuals, and it is crucial for them to receive appropriate guidance and support. This support should be provided by all relevant parties and support groups, as it can have a positive impact on the well-being of the elderly and their families. The development of a manual based on the key elements revealed in this research, while considering the socio-cultural practices of individuals in general and the Islamic community in particular, is essential. It is important to acknowledge the diverse expertise in caring for the well-being of older adults and explore opportunities for further improvement in caregiving quality and well-being. The findings of this study provide valuable insights for family members, caregivers, welfare organizations, nursing homes, and other entities involved in elderly care to enhance caregiving aspects for the elderly. Furthermore, the findings can inform the development of caregiving modules or guidelines to facilitate the caregiving process for older adults. This study serves as an initial investigation, shedding light on the significance of holistic care for the elderly and promoting healthy aging processes.

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