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## **Mental Health and Religiosity in Older Latin American Immigrants Living in Australia**

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## **Mental Health and Religiosity in Older Latin American Immigrants Living in Australia**

### **Abstract**

Ageing in a non-native land brings numerous challenges that may complicate adaptation and health for older Latin American immigrants in Australia. While religiosity emerges as a protective factor for mental health, there is scarce research focused on exploring the multifaceted dimensions of religiosity in this population.

As part of a broad Constructivist Grounded Theory study, the aim of this qualitative descriptive analysis was to explore and understand this population's religious practices and experiences, focusing on the impact on their mental health. Following ethical approval, 23 Spanish-speaking Latin American immigrants aged 60 and older living in Australia were interviewed. Data analysis was performed on a constant comparative basis and concurrent with data collection to understand the findings.

Three key categories were identified: 'Being involved in religious groups and communities,' 'Connecting with God,' and 'Changing how one lives one's faith.' Regardless of their religious practices, all participants engaged in social activities that helped them integrate into their communities. Several barriers to religious practices were identified.

The findings add to the field of religiosity as a protective factor in older Latin American immigrants' mental health. Future research should identify barriers to religious practices and targeted interventions.

**Keywords:** Emigrants and Immigrants, mental health, mental health nursing, religious beliefs.

## Background

Relocating to a different country brings numerous challenges, and ageing in a non-native land may complicate adaptation and health (Haslam et al., 2022). Despite these challenges, it is crucial to recognise that unfavourable adjustments for older immigrants are not inevitable (Haslam et al., 2022). The accumulation of risk factors for mental health issues is particularly nuanced in advanced age, influenced by an individual's lifetime exposures (Angel et al., 2021). Older individuals, including immigrants, commonly encounter life stressors such as diminished mobility, chronic pain, frailty, abuse, neglect, and multiple experiences of bereavement (Angel et al., 2021). This cumulative understanding underscores the importance of addressing the unique mental health needs of older immigrants, especially those from growing communities (Haslam et al., 2022). Latin Americans represent one of the rapidly increasing migrant communities worldwide, comprising approximately 32 million people living in North America, followed by additional populations in Europe, Asia, and Oceania (International Organization for Migration, 2021). The main findings of the literature, mostly emanating from the USA, show a large proportion of common mental health problems among older Latin American immigrants, such as depression, dementia and anxiety, besides sociocultural factors like acculturation and limited access to mental health services (Alvarez et al., 2014; Jimenez et al., 2020).

Religion is a multifaceted construct encompassing beliefs, behaviours, rituals, and ceremonies, practised privately or publicly, rooted in long-established traditions (Koenig et al., 2012). It is an organised system of beliefs, practices, and symbols aimed at fostering a connection to the transcendent or God and understanding one's relationship and responsibilities within a community (Koenig et al., 2012). Similarly, the concept of "religiosity" is related to terms like "faith", "spiritual", and "spirituality" and encompasses religious disposition and practice without necessarily being tied to an established religion (Angel, 2013). Religiosity emerges as a protective factor for older Latin American immigrants' mental health (Weiner-Light et al., 2021). Little research explores the multifaceted dimensions of religiosity in older Latin Americans residing in Australia.

Australia has experienced several influxes of immigration from diverse Latin American countries, with migrants maintaining diverse social, economic, and political connections to their countries of origin (Kath, 2016). As of 2020, around 550,000 migrants from Latin America resided in Eastern Asia, South-Eastern Asia, and Oceania, collectively referred to as the Asia-Pacific region (Mason & Azeredo, 2023). Australia hosts a population of 259,440 individuals from Latin America, and migrants from Brazil and Colombia are primarily characterised by a younger demographic, with a median age of 34 (Australian Bureau of Statistics, 2023a). In contrast, those from Uruguay have a median age of 61, and both Nicaragua and El Salvador have a median age of 52 (Australian Bureau of Statistics, 2023a). This is notable, particularly considering the swift ageing of the Australian population, where individuals aged 60 and above make up 22.8 per cent of the total population (Australian Bureau of Statistics, 2023b).

Although the religiosity of older Latin American populations in Australia has not been a primary focus of research, recent studies conducted over the last five years have highlighted various health issues affecting this population (Cordella & Rojas-Lizana, 2020; Rojas-Lizana & Cordella, 2020; Sanchez et al., 2020). Older Latin American immigrants exhibit health conditions, financial constraints, restricted access to broader social activities, complex family relationships, loss of partners, and limited English proficiency (Cordella & Rojas-Lizana, 2020; Rojas-Lizana & Cordella, 2020). Moreover, older Latin Americans experience higher rates of mental health issues compared to the general population (Sanchez et al., 2020).

## **Methods**

This paper is part of a broad study conducted by the authors of this paper and based on the Constructivist Grounded Theory approach proposed by Charmaz (2014), which explored the mental health decision-making of older Latin American immigrants in Australia. The main finding is that mental health decision-making is autonomous, with personal, environmental, and cultural factors influencing the decisional outcome. The primary study has not been published but it is in press. Contrasted to the main study, this paper provides an extensive description of the importance of religious practices for the mental health of this group.

The present study adheres to the Standards for Reporting Qualitative Research (SRQR) guidelines outlined by O'Brien et al. (2014), and to COREQ Reporting Guidelines for Qualitative Research (Tong et al., 2007). This component of the broader study adheres more to the qualitative descriptive process. It encompasses a comprehensive examination of the unstructured responses obtained from participants, specifically requested to provide insights into the religious rituals and encounters of older Latin American migrants, explicitly examining how they influence their mental health. This design was considered the most suitable approach to acknowledge the subjective nature of the issue at hand and account for the diverse experiences of participants (Bradshaw et al., 2017). This design enables the presentation of findings that directly mirror or closely align with the terminology employed in the research question (Bradshaw et al., 2017). The research question was: What are older Latin American immigrants' religious practices and experiences in Australia?

### ***Participants and data collection***

Twenty-three Spanish-speaking Latin American immigrants aged 60 years and older who had lived in Australia for at least one year were included. The age range of participants was considered since 60 is the internationally accepted definition of the onset of old age by the World Health Organization (2024). Purposive sampling was conducted because potential participants were available in the community groups, and the researchers could invite more older adults with similar characteristics, making this the most effective recruitment strategy. Nine participants were recruited from two community groups, six from radio programs and social media and six from snowballing sampling. The older adults recruited via radio programs and snowballing contacted the researchers via phone if they were interested in participating. Fifteen participants lived in Victoria, five in New South Wales, two in South Australia, and one in Queensland. The recruitment process lasted twelve weeks, between July and October 2023.

Data was collected in a private room through a face-to-face or online, one-by-one, semi-structured interview. The interviewer framed the research questions to ensure sufficient flexibility to explore the topic thoroughly through broad, open-ended research questions, which were progressively refined and narrowed down throughout the research process (Hull, 2013). Examples of open-ended questions that helped researchers understand how participants made decisions in mental health included 'Do you profess any religion?' and 'How do you think your faith helps you?'. The interviews were conducted over four months, from July to October 2023, lasted between 40 and 100 minutes, and were audio recorded and transcribed verbatim.

### ***Procedures for data analysis***

Data analysis was conducted through a thematic analysis, where an interpretation of participants' meanings was provided (Crowe et al., 2015), extracting the codes and the main categories. First, a

verbatim transcription of the interviews and a detailed reading were done to obtain a general idea of the information. Then, codes were assigned to the interviews to avoid the participants' nominations and preserve fidelity. NVIVO 14 (QSR International, 2024) facilitated data analysis by managing coding. Subsequently, the analysis was carried out line by line, sentence by sentence, and paragraph by paragraph, from which the meaning units were obtained and understood as examples that initially support the concepts and develop the meanings contained in the codes (Crowe et al., 2015). After that, data was summarised or reduced by grouping similar codes, leading to the construction of the subcategories and categories. The emerging categories were named, described, and grouped using content-relevant wording and according to their content by describing and exemplifying with meaning units. The data analysis in the study was conducted separately by the first and second authors. They reached a consensus on the findings, which the third and fourth authors then validated. Following this, all authors met to discuss and confirm the identified themes. The outcome summarised the key categories and subcategories supported by participant quotes, as shown in Table 1. Theoretical saturation was focused on data analysis, specifically the development of categories as the criterion for additional data collection (Saunders et al., 2018). Theoretical saturation was reached at the 21<sup>st</sup> interview, so the research team conducted further interviews to ensure no new information relevant to the research question emerged from the data, totalling 23 interviews.

### ***Ethical considerations***

The conduct of this research was approved by The Human Research Ethics Committee of Federation University Australia (Ref. 2023-044) and adhered to the Australian Code for the Responsible Conduct of Research (National Health and Medical Research Council, 2018). The authors took steps to secure verbal and written consent from participants before conducting any interviews. Participants were briefed about the study and allowed to ask questions before consenting.

### **Findings**

A total of 23 older Latin Americans residing in Australia, comprising 15 females and eight males, participated in the interviews. To uphold ethical standards, detailed participant demographics have not been provided. The age range spanned from 60 to 95 years (median 75 years). Their duration of residence in Australia varied from three to 60 years (median 40 years). Through rigorous data analysis, four main categories emerged from the codes (Table 1). These categories, namely 'Being involved in religious groups and communities,' 'Connecting with God,' and 'Changing how one lives one's faith.'

#### ***Being involved in religious groups and communities***

Many older Latin Americans have chosen to remain actively involved in religious communities, preferring the Catholic Church. Their level of involvement is significant, and their activities include assisting those in need, participating in post-mass gatherings, receiving social and psychological support, having opportunities to improve their English skills within English-speaking communities, and engaging in religious rituals. Some individuals pray daily, attend mass regularly, and are motivated to help others based on their principles of solidarity, as explained by one interviewee:

*Yes, I'm Catholic ... I always try to help people [smiles]. I attend the church in my area ... which is close to my house, and I still participate in the activities there. I go to Mass and the shopping centre, which I attend twice a month to help people who are going to buy something (Interviewee #14, female).*

Going to church was perceived as beneficial in terms of getting social support. Some participants described their favourable experiences at post-mass gatherings where they would share a meal with

other churchgoers, mainly when they were celebrated in their language, Spanish. This helped them to get to know others better and integrate into the rest of the religious community, suggesting that religiosity is closely ingrained with cultural practices:

*After attending mass [in Spanish], the Eucharist, a Latin-American priest always says that the mass does not end there. The mass ends in the hall, where we share tea, coffee, a biscuit, and a piece of bread. We interact and get to know each other; we are of different nationalities from Spanish-speaking countries and can see that we have some things in common (Interviewee #7, male).*

Older Latin Americans felt that following religious groups helped them cope with their issues through prayer and support. When attending religious gatherings, they claimed to receive support from other church members, regularly meeting with them as part of their routine. This participant and his wife regularly undertook these activities:

*In the church, we have mass, but we also have a group of people we meet ... we talk about the gospel or things like that. Other times, we talk more among families, that is important, that keeps you well ... it's spiritual support ... It's all part of religion, going to church and prayer... the support among Catholic people who also go to church, the groups that we are in, the priest too... we pray both at home and in church, we are pretty involved in that (Interviewee #10, male).*

Some Catholic interviewees choose to attend church services in English. In these services, they feel like they are with family, welcomed and supported. Additionally, attending English-speaking groups allows them to improve their language skills and obtain social support in those communities, thus integrating into Australian society. One lady explained this:

*I attend my congregation every Sunday; it's a very friendly congregation ... there are people of different nationalities, so that makes me speak English and study in English as well ... we communicate in English, so that moves me ... I take it well because if there's something I don't understand, I ask again ... they know I'm a foreigner [laughs] (Interviewee #1, female).*

### **Connecting with God**

Feeling connected to God through religious practices was an outstanding experience for older Latin Americans. They cultivated a close connection with God, which gave them gratitude. All older adults who claimed to be religious expressed their gratitude towards God. Their reasons for being thankful included enjoying good health, being able to help others in need, living in Australia, having opportunities to travel, and feeling supported by God when needed. Participant #11 explained this by saying:

*With God's help, one gets ahead. I have that faith, and the truth is that it has helped me a lot; it has also helped me a lot in that (Interviewee #11, female).*

Many participants were grateful because they enjoyed good health and felt like giving back to the community by helping others. Therefore, being grateful to God motivated them to help others in need through volunteer work:

*Every time I left the nursing home, after assisting people even younger than me, I thanked God because I could provide my health or care for other people ... they were in bed, or they couldn't walk. Others had mental problems ... I believe in God, and I thank him every day for my life and my health (Interviewee #1, female).*

One interviewee expressed her gratitude to God for her chance to travel worldwide, as well as gratitude to Australia, her host country:

*We are thinking of travelling to Spain next year! ... We are very grateful to Australia for this opportunity because if we had been living in our country of origin ... we would never have had these opportunities... .. but not here ... It's something else in that sense ... these are life experiences that are gifts of life, gifts from God, gifts from Australia (Interviewee #13, female).*

Older adults feel stronger through their faith. Being grateful and thanking God daily makes them feel spiritually stronger and capable of enduring difficult situations, such as losing a spouse. One lady asked God to help her whenever she had negative thoughts, like concerns about her life:

*I always refer to God when these things happen to me. I ask God to help me, clear my mind, and ask Him for help (Interviewee #5, female).*

Praying could be an independent coping mechanism for some older adults. They felt relieved and stronger after praying. They emphasised their intention to stand up and move on with their lives, carrying on with their decision to be good. Religious practices were part of this decision:

*If something makes me sad, I cry, I cry, I let off steam ... and I say a prayer, asking our Lord for strength, to carry on, so as not to let me be defeated... Once I get it off my chest, I say okay, that's it! Let's move on and start again, and then I can continue doing my things (Interviewee #1, female).*

### **Changing how one lives one's faith**

Some older Latin Americans have changed the way they practice their faith. The reasons for this change include physical impairments, language barriers that arise when they arrive in Australia later in life, personal preferences, transitioning to a new stage of life, and feeling neglected by others in their religious community. One interviewee shared her experience of being actively involved in the church. However, about four years ago, before the pandemic, she had to stop attending church due to her inability to walk. During the interview, she expressed her decision to stay at home and practice her faith independently:

*I've changed a lot. I don't have here [points to her temple] what I had before ... from time to time; I read a Bible reading, on Sundays, I watch mass on television, so ... I'm satisfied with that. For Easter, I go to church; I usually go for Ash Wednesday ... I dedicated my life to the church; for thirty years, my life was the church (Interviewee #2, female).*

Some older adults who arrived in Australia later in life have altered their religious practices for various reasons, such as limited English proficiency and a lack of social integration. Consequently, once they have adjusted to their new life circumstances, they opt to reassert their faith, as explained by participant #11:

*Now that I'm in Australia, I've started to return to my faith, go to mass, and do all those activities. We went on a hike about two months ago—oh well! The one we went to left a significant square, from where we walked to the cathedral; that's where I went; I joined that, too. As I say, I always try to keep myself busy ... I feel good (Interviewee #11, female).*

Some participants considered themselves religious but chose to believe in God and practice their faith independently. They claimed to read the Bible, pray, and watch mass on TV. However, they were cautious about discussing religion in group settings to avoid causing any discomfort, as it was a sensitive topic. One participant shared her experience at a non-religious group for older Hispanic immigrants, where she openly expressed her disagreement with group prayers:

*I had a difference with another person in the community group, and it was because of religion... someone in the group was in poor health, so this person said they would say a prayer... so I said, I pray in my home! I do pray, and I ask my Saints to protect me and the person who is sick. In the group, talking about soccer,*



*religion and politics is forbidden... I told him, if you want to pray, pray as much as you want, but I pray at home (Interviewee #9, female).*

Religious groups included church services, prayer groups, and after-mass gatherings. The latter were seen as an opportunity to share a light meal with others and socialise. One lady described her feelings about her experiences at one of those groups that made her decide to quit the after-mass group:

*We sat in a group to talk after mass for about thirty years; not everyone stayed; only a few remained. I always had to prepare everything for that group after mass. Still, I couldn't do it anymore... doing my job and the family, there wasn't enough time, so I wanted to finish and for someone to take over. So, one day, when most group members were there, I told them to at least do the tea and biscuits. One of them said I was doing very well; why was I asking for help, then... I thought, 'I am done with this, no more' ... I didn't go to this after-mass group anymore (Interviewee #3, female).*

Some older adults may no longer be able to attend Church services in person due to physical limitations that impede their independence. The interviewees who found themselves in such circumstances initially struggled but eventually accepted their new situations and even decided to alter their religious habits by practising their faith independently. Some of them even changed their attitude towards attending religious services:

*No, I can't go to church on my terms. Possibly, it is the lack of motivation to go, too, but I'm not in a condition to go to church either; that is my excuse... the few times I go, my husband has to take me there because I can't move independently as I did before (Interviewee #15, female).*

For some older adults, deciding to leave their involvement in the Church could mean leaving behind a stage of life. All interviewees lived through this process differently but accepted their new situation. One participant described her way to cope:

*A couple of weeks ago, I wondered why I would want to keep all these things from the church that were no longer helpful. I've been saving stuff for thirty years and found documents and other things I gave to my friend. I told her, 'Look at everything I have; it's from the nineties, but I didn't throw it away to show it to you' ... and she told me, 'But this is a relic, how are you going to throw this away' and I told her 'It's because I'm getting rid of everything' (Interviewee #2, female).*

Many participants changed their way of perceiving their religious habits. They claimed to be actively complying with them as they always did, but they could no longer feel the same personal satisfaction as they used to. Their reasons were changes in their circumstances, such as problems or inability to attend mass in person, which made them struggle. Praying was an effective coping strategy for most older Latin Americans. However, there were occasions when focusing on praying and feeling better was challenging and sometimes unattainable. Despite these challenges, they decided to maintain their religious practices. One participant who was experiencing unresolved family issues felt stressed due to her constant concerns:

*I pray, praying helps... yeah [six-second silence] Prayer distracts me... it distracts me from all this... but it's not like before [three-second silence] so... I'm better after praying, of course ... but it's hard for me, and many other things suddenly appear... I get to think (Interviewee #4, female).*

## **Discussion**

The findings of this study show that religious practices in older Latin American immigrants living in Australia are crucial to maintaining a sense of community with others from a similar background while living according to the values of charity and solidarity. Similar findings were described by Kim (2013),

who interviewed ten older Korean immigrants living in the U.S.A. in a qualitative case study. Older immigrants decided to serve others who needed their help, making them proud and contributing to their enjoyment of their lives in the U.S.A (Kim, 2013). Like older Latin American immigrants in this study, older Koreans living in the U.S.A. felt motivated to help others out of gratitude to God for their physical and mental health (Kim, 2013). Attending religious services fostered a sense of community among older Latin American immigrants in Australia, allowing them to socialise with others from a similar cultural background and speak the same language, Spanish. For many, attending religious services in English was a means of cultural integration into Australian society, providing opportunities to improve their language skills. Da and Garcia (2015) interviewed 31 older Chinese immigrants living in Canada, finding that participating in religious activities and attending English classes were the most popular means of socialisation, being these critical components of their post-migration social life, allowing them to build social networks. Religious practices could facilitate the integration of older Latin American immigrants in Australia by expanding their social support.

In concordance with previous qualitative research on Latin American immigrants in Australia (Cordella & Rojas-Lizana, 2020), study participants commonly turned to religion as a coping mechanism, praying and regularly attending Christian mass services and church events, entrusting their mental health and well-being to God. However, our findings reveal that, in some cases, coping through religion might not be enough when facing specific life difficulties. Alternatively, older Latin Americans who questioned their faith may consequently express signs and symptoms of anxiety. It is essential to consider complementary coping strategies that older Latin American immigrants could employ, such as social support, distraction through personal hobbies, and seeking professional help to improve their mental health (Curtin et al., 2019). When religious practices and other informal support systems have become ineffective in coping with difficulties, informal and formal support-seeking through professional help can occur (Teo et al., 2022). Therefore, mental health nurses must educate this population and their families by raising awareness about seeking professional help and establishing a therapeutic relationship, leading to good health outcomes (Williams, 2024). According to Peplau (1991), patient education is a fundamental nursing role, where the nurse provides information about mental health. Peplau considers that both nurse and patient should participate and contribute to the relationship while conceptualising the patient as an active subject in the nursing process (Forchuk & Reynolds, 1998; Peplau, 1991). The therapeutic relationship should be a partnership, emphasising collaborative decision-making and patient autonomy in healthcare processes (Molina-Mula & Gallo-Estrada, 2020). Fostering autonomy in older adults is crucial for them to seek help from nurses and benefit from the therapeutic relationship, thereby improving their mental health.

Limited attendance and group conflict were the main challenges in engaging with religious practices. Limited attendance to religious services was usually caused by their inability to walk. This is a critical issue to tackle because of the potential advantages of regular attendance for older Latin American immigrants, which could include fostering resilience in coping with life challenges, social support through friends and faith groups (Yamanis et al., 2020), reduced risk of experiencing depressive symptoms (Monserud & Markides, 2018), and promoting brain health (Weiner-Light et al., 2021). In this context, nurses should acknowledge the available support networks for older Latin American adults, including religious and social connections where the older immigrant participates in supportive activities (Curtin et al., 2019). Regarding group conflict, many participants expressed concerns about conflict that they experienced in group interactions. Conflict can be described as the human interaction of interdependent parties who perceive incompatibility between their expectations, manifesting in various behaviours ranging from minor tensions to significant disputes that can lead to unfavourable outcomes like resentment, tension, hurt feelings, and further conflict if left unresolved (Folger et al., 2021). The perception of group conflict has been associated with elevated anxiety and diminished well-

being (Manne et al., 2017). Due to their diverse beliefs, older Latin Americans associate religion as a potential cause of conflict in group settings. Some decide to quit participating in religious groups after conflict occurs and remains unresolved. For this reason, the group leader must address any emergent conflict and attendance challenges to keep older Latin Americans engaged in religious group participation.

### **Study limitations**

The study has several limitations. Firstly, study participants were from different Australian states, introducing potential variability. While this diversity could strengthen findings, caution is advised due to the qualitative nature and the small group of older Latin American participants. Additionally, the study may not fully capture the cultural diversity among older Latin Americans. Secondly, relying on a single interview may not comprehensively reflect the dynamic nature of religiosity, with the potential influence of evolving life circumstances and external factors. Extending the study duration and conducting repeated data collection from the same sample could have provided a more comprehensive understanding of complex trajectories and the evolution of beliefs, attitudes, feelings, and behaviours.

### **Conclusion**

The paper revealed that many believers involved themselves in the Catholic Church, assisting others, seeking support, improving language skills, and participating in rituals. Feeling connected to God was significant, as was expressing gratitude for health and support. Religious participation could enhance their social and cultural integration into Australian society. Recognising their autonomy in decision-making regarding religious practices is crucial in helping them find the most suitable expression of their religiosity as a protective factor for their mental health. Further research is needed to explore the primary barriers to religious practices and how conflicts in religious and other social groups could impact the attendance of older adults in these settings.

The diversity in beliefs and practices among older Latin American immigrants emphasises the need for personalised approaches when addressing their religious needs. It also highlights the importance of fostering inclusive and supportive communities that accommodate varying levels of religious involvement. Interventions should address the primary barriers to religious practices, such as physical impairments, language barriers, personal preferences, life transitions, and conflicts within religious groups. These actions could enhance the positive effects of religiosity on their mental health.

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## Disclosure statement

The authors report that there are no competing interests to declare.

## Data availability statement

The authors cannot disclose the dataset linked to the paper due to ethical concerns related to privacy and confidentiality. This choice reflects their dedication to preserving the anonymity of study participants, as the sharing of datasets poses potential risks of unintentional identifiability through merging.

## References

- Alvarez, P., Rengifo, J., Emrani, T., & Gallagher-Thompson, D. (2014). Latino Older Adults and Mental Health: A Review and Commentary. *Clinical Gerontologist*, 37(1), 33-48.  
<https://doi.org/10.1080/07317115.2013.847514>
- Angel, H.-F. (2013). Religiosity. In A. L. C. Runehov & L. Oviedo (Eds.), *Encyclopedia of Sciences and Religions* (pp. 2012-2015). Springer Netherlands. [https://doi.org/10.1007/978-1-4020-8265-8\\_1503](https://doi.org/10.1007/978-1-4020-8265-8_1503)
- Angel, J., López Ortega, M., & Gutierrez Robledo, L. M. (2021). *Understanding the Context of Cognitive Aging - Mexico and the United States*. Springer. <https://doi.org/10.1007/978-3-030-70119-2>
- Australian Bureau of Statistics. (2023a). *Australia's Population by Country of Birth*. Australian Bureau of Statistics. Retrieved May 24 from <https://www.abs.gov.au/statistics/people/population/australias-population-country-birth/latest-release>
- Australian Bureau of Statistics. (2023b). *National, state and territory population tables*. Australian Bureau of Statistics. Retrieved January 9 from [https://www.abs.gov.au/statistics/people/population/national-state-and-territory-population/jun-2023/31010do001\\_202306.xlsx](https://www.abs.gov.au/statistics/people/population/national-state-and-territory-population/jun-2023/31010do001_202306.xlsx)
- Bradshaw, C., Atkinson, S., & Doody, O. (2017). Employing a Qualitative Description Approach in Health Care Research. *Glob Qual Nurs Res*, 4, 2333393617742282.  
<https://doi.org/10.1177/2333393617742282>
- Charmaz, K. (2014). *Constructing grounded theory (2nd ed.)*. SAGE Publications.
- Cordella, M., & Rojas-Lizana, S. (2020). Aging and Migration: The value of familism for Spanish speakers. *Journal of Cross-Cultural Gerontology*, 35(1), 99-109.  
<https://doi.org/10.1007/s10823-019-09389-1>
- Crowe, M., Inder, M., & Porter, R. (2015). Conducting qualitative research in mental health: Thematic and content analyses. *Aust N Z J Psychiatry*, 49(7), 616-623.  
<https://doi.org/10.1177/0004867415582053>
- Curtin, A., Martins, D. C., & Schwartz-Barcott, D. (2019). Coping with mental health issues among older Hispanic adults. *Geriatric Nursing*, 40(2), 123-128.  
<https://doi.org/10.1016/j.gerinurse.2018.07.003>
- Da, W.-W., & Garcia, A. (2015). Later life migration: Sociocultural adaptation and changes in quality of life at settlement among recent older Chinese immigrants in Canada. *Activities, Adaptation & Aging*, 39(3), 214-242. <https://doi.org/10.1080/01924788.2015.1063330>
- Folger, J. P., Scott Poole, M., & Stutman, R. K. (2021). *Working Through Conflict Strategies for Relationships, Groups, and Organizations* (9 ed.). Routledge.

- Forchuk, C., & Reynolds, B. (1998). Interpersonal theory in nursing practice: the Peplau legacy. *Journal of Psychiatric and Mental Health Nursing*, 5(3), 165-166.
- Haslam, C., Dane, S., Lam, B. C. P., Jetten, J., Liu, S., Gallois, C., & Tran, T. L. N. (2022). Ageing well in a foreign land: group memberships protect older immigrants' wellbeing through enabling social support and integration [Article]. *Ageing & Society*, 42(7), 1710-1732. <https://doi.org/10.1017/S0144686X20001695>
- Hull, S. (2013). *Doing Grounded Theory - Notes for the aspiring qualitative analyst*. University of Cape Town: Division of Geomatics. <https://doi.org/10.13140/RG.2.1.4659.3127>
- International Organization for Migration. (2021). *World migration report 2022* (M. McAuliffe & A. Triandafyllidou, Eds.). International Organization for Migration. <https://publications.iom.int/books/world-migration-report-2022>
- Jimenez, D. E., Martinez Garza, D., Cárdenas, V., & Marquine, M. (2020). Older Latino Mental Health: A Complicated Picture. *Innov Aging*, 4(5), igaa033. <https://doi.org/10.1093/geroni/igaa033>
- Kath, E. E. (2016). *Australian-Latin American Relations*. Palgrave Macmillan US.
- Kim, Y. (2013). Ethnic Senior Schools, Religion, and Psychological Well-Being Among Older Korean Immigrants in the United States: A Qualitative Study [Article]. *Educational Gerontology*, 39(5), 342-354. <https://doi.org/10.1080/03601277.2012.700826>
- Koenig, H. G., King, D., & Carson, V. B. (2012). *Handbook of religion and health*. Oup Usa.
- Manne, S. L., Kashy, D., Siegel, S. D., & Heckman, C. J. (2017). Group therapy processes and treatment outcomes in 2 couple-focused group interventions for breast cancer patients. *Psycho-Oncology*, 26(12), 2175-2185. <https://doi.org/10.1002/pon.4323>
- Mason, R., & Azeredo, R. (2023). Latin American Migration to the Asia Pacific: Transpacific Connections in the Twenty-First Century. *Journal of Intercultural Studies*, 44(3), 345-350. <https://doi.org/10.1080/07256868.2023.2213986>
- Molina-Mula, J., & Gallo-Estrada, J. (2020). Impact of Nurse-Patient Relationship on Quality of Care and Patient Autonomy in Decision-Making. *International Journal of Environmental Research and Public Health*, 17(3). <https://doi.org/10.3390/ijerph17030835>
- Monserud, M. A., & Markides, K. S. (2018). Age Trajectories of Depressive Symptoms by Age at Immigration among Older Men and Women of Mexican Descent: The Role of Social Resources [Article]. *Sociological Perspectives*, 61(4), 513-534. <https://doi.org/10.1177/0731121417751378>
- National Health and Medical Research Council. (2018). *Australian Code for the Responsible Conduct of Research*. Commonwealth of Australia.
- O'Brien, B. C., Harris, I. B., Beckman, T. J., Reed, D. A., & Cook, D. A. (2014). Standards for reporting qualitative research: a synthesis of recommendations. *Acad Med*, 89(9), 1245-1251. <https://doi.org/10.1097/acm.0000000000000388>
- Peplau, H. (1991). *Interpersonal Relations in Nursing*. Springer Publishing Company.
- QSR International. (2024). NVivo 14. In Lumivero. <https://lumivero.com/products/nvivo/>
- Rojas-Lizana, S., & Cordella, M. (2020). Ageing in a foreign land: Stressors and coping strategies in the discourse of older adult Spanish speakers in Australia. *Transitions: Journal of Transient Migration*, 4, 5-23. [https://doi.org/10.1386/tjtm\\_00010\\_1](https://doi.org/10.1386/tjtm_00010_1)
- Sanchez, L., Johnson, T., Williams, S., Spurling, G., & Durham, J. (2020). Identifying inequities in an urban Latin American population: a cross-sectional study in Australian primary health care. *Australian Journal of Primary Health*, 26(2), 140-146. <https://doi.org/10.1071/PY19049>
- Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., Burroughs, H., & Jinks, C. (2018). Saturation in qualitative research: exploring its conceptualization and operationalization. *Quality & Quantity*, 52(4), 1893-1907. <https://doi.org/10.1007/s11135-017-0574-8>
- Teo, K., Churchill, R., Riadi, I., Kervin, L., Wister, A. V., & Cosco, T. D. (2022). Help-Seeking Behaviors Among Older Adults: A Scoping Review. *Journal of Applied Gerontology: the official journal of*

- the Southern Gerontological Society*, 41(5), 1500-1510.  
<https://doi.org/10.1177/07334648211067710>
- Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*, 19(6), 349-357. <https://doi.org/10.1093/intqhc/mzm042>
- Weiner-Light, S., Rankin, K. P., Lanata, S., Possin, K. L., Dohan, D., & Bernstein Sideman, A. (2021). The Role of Spirituality in Conceptualizations of Health Maintenance and Healthy Aging Among Latin American Immigrants. *American Journal of Geriatric Psychiatry*, 29(11), 1079-1088.  
<https://doi.org/10.1016/j.jagp.2021.04.017>
- Williams, B. (2024). What is the therapeutic relationship in mental health practice?: How a positive relationship between nurse and patient is vital for achieving good outcomes. *Mental Health Practice*, 27(1), 19-19. <https://doi.org/10.7748/mhp.27.1.19.s11>
- World Health Organization. (2024). *Ageing*. World Health Organization. [https://www.who.int/health-topics/ageing#tab=tab\\_1](https://www.who.int/health-topics/ageing#tab=tab_1)
- Yamanis, T. J., Morrissey, T., Bochey, L., Cañas, N., & Sol, C. (2020). “Hay que seguir en la lucha”: An FQHC’s Community Health Action Approach to Promoting Latinx Immigrants’ Individual and Community Resilience. *Behavioral Medicine*, 46(3-4), 303-316.  
<https://doi.org/10.1080/08964289.2020.1738320>

**Table 1:** Depiction of the study’s categories as they were constructed through the data analysis.

Category	Subcategory	Illustrative quotes
Being involved in religious groups and communities	<p>Feeling that attending church helps with emotional problems</p> <p>Being actively involved with the Catholic Church</p> <p>Attending Church services in English</p>	<p><i>That's important; it keeps you well and helps a lot, and spiritual support is always very important (Interviewee #10, male).</i></p> <p><i>I am a devout Catholic ... I pray every day, in the morning and the afternoon, go to church every weekend, and try to help people (Interviewee #7, male).</i></p> <p><i>It's in English, which also helps me a lot because I understand ... They talk about the Bible, so I have an idea of what they're talking about... I learned about the Bible in Spanish, so I can understand it in English (Interviewee #4, female).</i></p>
Connecting with God	<p>Being grateful to God</p> <p>Relieving sadness by talking to God and praying</p>	<p><i>With God's help, one gets ahead. I have that faith, and the truth is that God has helped me a lot (Interviewee #11, female).</i></p> <p><i>If something makes me sad, I cry, I cry, I let off steam... I cry and ask our Lord for strength to carry on and not to let me be defeated (Interviewee #1, female).</i></p>
Changing how one lives one's faith	<p>Professing religion independently</p> <p>Living in another stage of life</p> <p>Not attending activities at a religious community</p>	<p><i>I carry my religion in my own way and believe in God (Interviewee #15, female).</i></p> <p><i>I didn't want to go because my friend told me, "Go as you used to" I said, "No, I don't want to mess around with anyone." I can't go. It's over now! This stage of my life of serving the church ended there (Interviewee #2, female).</i></p> <p><i>I used to go to Church, but not anymore since I got sick, and now I can't walk (Interviewee #3, female).</i></p>

