



Spiritual Wellbeing and Quality of Life: A Perspective in Ageing

Choyal Titiksha¹, Dube Shubha¹ and Sharma Krishna K.²

¹College of Home, Science, University of Rajasthan, Jaipur, INDIA

²Consultant Pulmonologist, Eternal Heart Care Centre, Jaipur, INDIA

Available online at: www.isca.in, www.isca.me

Received 16th November 2014, revised 11th February 2015, accepted 24th March 2015

Abstract

Spirituality promotes healthy and positive relationships with various aspects of life, such as mental and physical health, subjective wellbeing, Life satisfaction and on the whole quality of life. The quest for meaning and purpose in life is also proven to be helpful in relation to spiritual wellbeing. To understand an individual's spiritual perspective is become an important demand of the era, considering physical illness, disability, loss of loved ones, loneliness, depression and mortality etc. during ageing years. Interest in spirituality and aging has increased recently, owing to overwhelming evidence of positive health outcomes linked to spirituality. Increasing longevity in modern society puts spiritual needs of ageing adults at the forefront of societal priorities. The research work attempts to present the relationship between the spiritual wellbeing and quality of life among 100 ageing adults belonging to middle income group of Hindu ethnicity across the gender, along with discussing the importance of spirituality for successful ageing. To summarize, we can say that during the later years of life spirituality appears to play an important and adaptive role by helping one to live a better quality of life with full of happiness and satisfaction, as well as longevity. In addition, along with encouraging healthy lifestyles, religious spiritual groups may promote access to better healthcare and preventive programs.

Keywords: Spiritual wellbeing, physical wellbeing, life satisfaction, quality of life and successful ageing.

Introduction

Spirituality offers opportunity for growth and discovery of self. It is an important component of the ageing as it can be helpful in loss and suffering by paying attention to the creative self. The successful ageing is the position in which one can both negotiate and retain meaning through discovery of self and who can find hope and meaning in life¹. Understanding an individual's spiritual perspective becomes increasingly important, keeping in mind the issues of health as- physical ailments, depression, disability, mortality, etc. loneliness, loss of loved ones that are confronted in ageing years of life².

Spirituality has been conceptualized as including an individual's transcendent relationship with a higher being or with the universe and has been positively linked to hope, coping, and religiosity^{3,4}. It has been found that spirituality tends to increase during later years of life and positively linked to self-appraised good health among elders^{2,5,6}.

Quality of life (QOL) among elderly is an important area of concern which reflects the health status and well-being of this vulnerable population. As life expectancy continues to rise, one of the greatest challenges of public health is to improve the quality of later years of life. World Health Organization (WHO) defines Quality of Life (QOL) as "Individual's perception of their position in life in context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns"⁷. The changes with ageing are expected to affect the quality of life of the elderly. Researchers of

spirituality have attempted to incorporate measures that are more meaningful to the holistic and subjective experience of health as operationalized by measures of perceived quality of life, wellbeing and life satisfaction. In addition, earlier studies have shown positive effects of spirituality on Quality of life in ageing population⁸. But, there is paucity of information with regard to this in developing countries including India. Thus, the aim of the present study was to evaluate the ageing adults' perception towards quality of life.

Material and Methods

Sample: 100 ageing adults living from Jaipur city in the age group of 65–75 years were chosen (50 females and 50 males). Home visits were made and all the subjects were personally interviewed. Multistage technique of sampling was applied to draw the sample size of the study. Random sampling technique was used so that each and every member of the population get an equal chance of being selected and also to ensure adequate representativeness and increased variability. Snowball technique was used to draw a proportionate sample from all 3 wards of the city. The ageing adults were randomly and purposively sampled on the basis of religion (Hindu), family type (Joint), income group (Middle) and age (65-75). This includes the procedure of administering the basic profile and SESS tool. Elderly with disabling illness were excluded. After having a good rapport the WHOQOL-BREF questionnaire and Spiritual Well-Being Scale were administered one by one. The assistance was provided to the needful.

Tools and Measurement: The research tool is the actual mode of accumulation of information and facts. To measure the selected variables following standardized tools/test will be used.

Basic Profile of Ageing Adults (Self- made): This brief questionnaire was prepared by the investigator to get information about basic profile and socio-cultural such as gender, age, education, marital status, family and living arrangement of ageing population.

Socio Economic Status Scale (SESS)⁹: To analyse socio-economic status of the person, this scale includes seven profiles and every profile contained five alternatives. This instrument is prepared on a 10-point scale. The area wise distribution of the items is as follows; house, materials, education, occupation, monthly income, land, social participation and understanding.

WHOQOL BREF (The WHOQOL Group)⁷: This questionnaire encompasses 26 items covering four domain structures as-physical health-activities of daily living, Psychological health-body image and appearance, Social and personal relationships and environmental-financial resources. Each item is rated on a five-point scale.

Spiritual wellbeing questionnaire¹⁰: It contains 20 items on the list having on six point scale ranging from strongly agree to strongly disagree. It has two facets -Religious well-being and Existential Well-being.

Data Analysis: The Statistical Package for Social Sciences (SPSS) version 17 was used to tabulate and analyse the data. Mean and S.D. were computed to accumulate the results, The results of gender differences on the four domains of quality of life and spiritual well-being and also the correlation in the variables were assessed with the application of t-test and Pearson's correlation.

Results and Discussions

The scores obtained on quality of life and spiritual well-being measures were further processed to compute mean and SD values. To compare the scores gender across t-test was applied. Association between the obtained scores of Spiritual Well Being Scale and four domains of quality of life was assessed with the help of Pearson's correlational analysis.

Gender wise comparison of spiritual well-being and quality of life: The table-1. Presents the mean scores, SD's and 't' values of both men and women on the measures of spiritual well-being and quality of life.

The difference on the domain of psychological health, physical health and environment was occurred statistically significant among both men and women. Whereas no statistically significant difference was found on social relationship domain between both the groups. The measure of spiritual well-being among both the groups were also differed significantly, women scores higher on spiritual well-being scale as compared to men. Previous studies suggests that men scores higher on cognitive strength and ego, whereas women describes themselves stronger at emotional, social and spiritual aspects¹¹. The results of the current study suggests that there exists the statistically significant differences between men and women elderly on the scores of psychological, physical and environment domain of QOL. The overall Quality of life was higher among men as compared to women; in consistent with the results of previous studies comparing QOL among aged¹²⁻¹⁴.

Correlational Analysis on Spiritual Well-being and Quality of Life: The values of correlation between spiritual well-being and four domains of quality of life for both men and women and for group in total are been depicted in table 2. The findings shows a significant association of spiritual well-being with four domains of quality of life. The correlation of spiritual well-being with psychological health ($r = .69, p < .01$), physical health ($r = .72, p < .01$), social relationships ($r = .58, p < .01$) and environmental ($r = .55, p < .01$) is statistically significant.

Table-1
Comparison of Gender and Mean Scores of Domains of QOL and Spiritual Well-being

	Gender	N	Mean	S.D.	T-value
Physical Health	Male	50	68.14	18.4	2.56**
	Female	50	59.17	16.5	
Psychological	Male	50	62.21	16.9	2.43**
	Female	50	53.61	18.4	
Social Relationships	Male	50	54.78	12.9	1.27
	Female	50	58.16	13.7	
Environment	Male	50	63.43	16.4	2.02*
	Female	50	56.44	18.1	
Spiritual Well Being	Male	50	86.68	13.7	2.16*
	Female	50	92.23	12.4	

** Significant at 0.01 level. * Significant at 0.05 level.

Table-2
Correlation between Spiritual Well-being and Four Domains of Quality of Life

	Gender	Physical Health	Psychological	Social Relationships	Environment
Spiritual Well Being	Male	.67**	.61*	.49*	.42*
	Female	.68**	.72**	.68**	.56**
	Total	.72**	.69**	.58**	.55**

** Significant at 0.01 level. *Significant at 0.05 level.

The present research work evidence the similar findings among both men and women elderly even when the two groups were considered separately, clear associations were observed between spiritual well-being and quality of life; though association was stronger in female elderly, on spiritual wellbeing and four domains of quality of life. Self-reported scores of Spiritual well-being scale are significantly higher for female ageing adults. Research on spirituality showed that women has strongest spiritual and religious beliefs^{11, 15-17}.

The Spiritual Well Being Scale (SWB) which included religious and existential well-being has accumulated the results which shows significant relation between the global quality of life and spirituality, when all the subjects were considered together. Factors of spirituality and religiosity act as resource reserves in the adaptation of stress and maintenance of well-being and quality of life¹⁸⁻²⁰. Religious coping is a common behavioural pattern among older adults^{21,22}.

Though quality of life reported by female ageing adults is lesser, the association between spiritual well-being and quality of life is stronger as compared to male counterparts. Ageing women tends to place a higher value on religious commitment and practices that allow them to remain socially active within and outside of their respective religious communities.²³For ageing women religious and social ties are important coping resources. Interpersonal involvement provides a sense of generativity and well-being among older women.²⁴

Conclusion

There is a greater need of helping hand between sociologists, gerontologists, health care professionals and pastoral caregivers in collaboration with above discussion in the society to change more positive attitude towards ageing. This research work hopes to contribute by concluding that spiritual wellbeing is significantly important for the quality of life. Although spirituality should not be viewed as an “optional extra” for ageing adults. The forage for quintessence in later life becomes more concrete for many ageing adults, and this quest is essentially a spiritual quest, with questions of meaning, transcendence and hope becoming important. Thus, spirituality is an important aspect of ageing process. Ageing adults often require spiritual care and support that will assist them in their journey of hunt for purpose and meaning along with tussling the issues of later years of life that seems threatened itself. One way

of offering the better care and successful ageing ahead is spiritual reminiscence.

References

1. Lavretsky H., Spirituality and Aging, *Ageing Health*, **6(6)**, 749-769 (2010)
2. Dalby P., Is there a process of spiritual change or development associated with ageing? A critical review of research, *Ageing Ment. Health*, **10**, 4–12 (2006)
3. Canda E.R. and Furman L.D., *Spiritual Diversity in Social Work Practice: The Heart of Helping* (2nd ed.), New York, NY: Oxford Press (2010)
4. Carroll, M.M. Conceptual models of spirituality , in E.R. Canda and E.D. Smith (eds.), *Transpersonal Perspectives on Spirituality in Social Work* (pp. 5–21), Binghamton, NY: Haworth Press, Co-published simultaneously in *Social Thought*, **20(1/2)**, 5–21, (2001)
5. Moberg D.O., Research in spirituality, religion and aging, *J. Gerontol. Soc. Work*, **45**, 11–40 (2005)
6. Koenig H.G., McCullough M. and Larson D.B., *Handbook of Religion and Health*, New York, NY: Oxford University Press (2001)
7. The WHOQOL Group, The WHO Quality of Life Assessment (WHOQOL): development and general psychometric properties, *Soc Sci Med*, **46**, 1569-1585, (1998)
8. Hamren K., Chungkham S.H. and Hyde M., Religion, spirituality, social support and quality of life: measurement and predictors CASP-12(v2) amongst older Ethiopians living in Addis Ababa, *Ageing and Mental Health*, DOI: 10.1080/13607863.2014.9527091 (2014)
9. Tiwari S.C., Kumar A. and Kumar A., Development and standardization of a scale to measure socio-economic status in urban and rural communities in India, *Indian J Med Res*, **122(4)**, 309-14 (2005)
10. Paloutzian R.F. and Ellison C.W., *Manual for the Spiritual Well-being Scale*. Nyack, NY: Life Advance, Inc., (1982)
11. Bond M.H., Kwan V.S.Y and Li C., Decomposing the sense of Superiority: The defferential social impact of self-

- regard and regard for others. *Journal for Research in Personality*, **34**,537-553(2000)
12. Garrido M.A., Jentoft A.C. and Ferrer J.R. et al., Quality of life in noninstitutionalized persons older than 65 years in two health care districts in Madrid, *Atención Primaria*,**31**(5), 285–292 (2003)
 13. Burstrom K., Johannesson M. and Diderichsen F., Health-related quality of life by disease and socioeconomic group in the general population in Sweden, *Health Policy*, **55**(1), 51–69 (2001)
 14. Fukuda H., Kida K. and Kimura Y. et al., Well-being and depression in residents of a provincial city 65 years old or older, *Japanese Journal of Public Health*, **49**(2), 97–105 (2002)
 15. Davie G. and Vincent, J., Progress report: Religion and old age, *Ageing and Society*, **18**, 101-110 (1998)
 16. King M., Speck P. and Thomas A., The effect of spiritual beliefs on outcome from illness, *Social Science and Medicine*, **48**, 1291-1299 (1999)
 17. Ellison C.G., Religious involvement and subjective well-being, *Journal of Health and Social Behavior*, **32**, 80-99, (1991)
 18. Ramsey J.L., and Blieszner R., *Spiritual resiliency in older women: Models for strength for challenges through the life span*, Sage Publications, Thousand Oaks, CA (1999)
 19. Wallace K.A. and Bergeman C.S., Spirituality and religiosity in a sample of African-American elders: A life story approach, *Journal of Adult Development*, **9**, 141-154 (2002)
 20. Daaleman T.P. and Frey B.B., The spirituality index of well-being: A new instrument for health-related quality of life. *Ann of Family Med.*, **2**, 499–503 (2004)
 21. Martin M., Grunendahl M. and Martin P., Age differences in stress, social resources, and well-being in middle and older age. *Journal of Gerontology*, **56B**, 214-222 (2001)
 22. Koenig H.G., Religion and medicine IV: Religion, physical health and clinical implications, *Int J of Psychiatry in Med.*, **31**, 321-336 (2001)
 23. Branthill S.L., Duczeminski J.E. and Surak E.A. et al., *Physical and Occupational Therapy in Geriatrics*, **19**, 87-98 (2001)
 24. Melia S.P., Solitude and prayer in the late lives of elder Catholic women religious: Activity, withdrawal, or transcendence?, *Journal of Religious Gerontology*, **13**, 47-63 (2001)