

Impact of Spiritual Well-Being on The Quality of Life Among the Muslim Elderly

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ABSTRACT

INTRODUCTION: Increasing elderly population will have an impact on increasing demand for long-term health care. As a person gets older, there is increase in their health problems. The challenges facing the health authorities is to increase life expectancy of people through improving the quality of life of the elderly. Spirituality has become an important aspect of improvement of health related quality of life. This study aims to identify the relationship between spiritual well-being and the quality of life of the elderly living in nursing homes. **MATERIALS AND METHODS:** This study is a cross-sectional study conducted in Central Java Province, Indonesia. The sample size was 131 Muslim elderly people living in nursing homes. Study respondents were recruited randomly with criteria of being able to communicate and having good cognitive function. Spiritual well-being was measured using the Spiritual Assessment Scale (SAS) and the Quality of life (QOL) was measured using the WHOQOL-OLD. **RESULT:** The spiritual well-being of the respondents was mostly low. The QOL of the respondents was mostly low. The results of the Pearson correlation test showed that all three aspects of spirituality had a relationship with all the three domains of QOL. Religious practices have a very strong relationship with psychological functioning ($p=0.000$, $r=0.793$). **CONCLUSION:** The higher the spiritual well-being, the higher the QOL of the elderly living in nursing homes. The results of this research can be used by nurses in nursing homes to determine interventions to improve spiritual well-being in the elderly.

Keywords

Elderly, Nursing Home, Quality of Life, Spiritual Well-being.

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INTRODUCTION

Worldwide the elderly population is increasing. In 2022, the elderly population aged over 60 years was 771 million or 10% of the total population of the world. By 2050 the population of the elderly is expected to reach 16%, and increase to 24% by 2100.¹ Indonesia is a developing country with an elderly population growth that exceeds that of the world. In 2022 the number of elderly people will reach 10.48%, and is estimated to increase to 25.28% in 2100.² Therefore, the increasing elderly people in Indonesia needs attention.

Although aging is a normal occurrence, it is also associated with decreased biological, psychological and social functioning.³ Thus, the increase in the elderly population will have an impact and increasing demand for long-term health care.⁴ With increasing age the elderly will experience disabilities, unable to carry out daily activities

and the absence of a family support system.⁵ Additionally, the main challenge of public health today is increasing life expectancy.⁶ The elderly nowadays have a better quality of life to live independently and the body functions optimally.

From another perspective, as a person gets older, the risk of health problems will increase and life satisfaction may also decrease.⁷ The experiencing of life satisfaction reflects that elderly people are in good condition, in terms of subjective well-being and quality of life (QOL).⁸ Thus, that the main goal for the elderly is not to have a longer life, but to have a more significant QOL.

QOL is currently a concern because it provides many benefits. The World Health Organization (WHO) defines QOL as a subjective evaluation inherent in their

cultures, social and environments. It is considered a multidimensional phenomenon, overall QOL is associated with good health.⁹

Holistically, worsening of the QOL of the elderly is based on aspects of decreased physical functioning, psychological, social isolation and independence.¹⁰ Declining health will have a negative impact and affect the ability of the elderly to maintain their independence. So that the QOL of the elderly is easily threatened.¹¹

In recent years, spirituality has been thought as an important component of QOL. Spirituality is needed in achieving a balance to maintain good health and well-being.¹² Spirituality is proven to able to overcome chronic diseases by reducing anxiety and depression.¹³ Spirituality can be a source of adaptation to stressors in life.¹⁴ Spirituality has a positive correlation to better self-health assessments.¹⁵

WHO announced that health needs of the elderly should include spiritual well-being in addition to physical, mental and social domains.¹⁶ According to the WHO, besides physical, mental and social health, spiritual well-being is an important component. Spiritual well-being, though, is a dynamic state and this is seen in a person who lives in harmony with himself, fellow humans, the environment and God.¹⁷

A person who has spiritual well-being will be able to integrate the meaning and purpose of life through connectedness with oneself, others, nature and the creator.¹⁸ Studies show that seniors with stronger spiritual well-being will have better health conditions compared to their peers whose faith is weaker.¹² Although it is known that spiritual needs are important, the elderly often report their spiritual and existential needs are not met.¹⁹

Based on research, there are differences between the elderly who live in nursing homes and those who live with their families in terms of physical health, emotional health, social relationships and all dimensions in QOL.²⁰ Seniors living in nursing homes are at lower levels of QOL.²⁰ Elderly people in nursing homes

experience decreased body function, are unable to carry out activities independently and experience severe dependency. This causes the elderly to not able to carry out religious practices independently and experience dependency.²¹

Elderly people in nursing homes also lose social contact with relatives and friends thus resulting in their social status and self-confidence decreasing. This will hinder the elderly from finding spiritual meaning from the experience of illness. The elderly people in Western countries may feel they do not believe in the existence of God and do not have faith in God's power.²² Elderly people in nursing homes often experience reactive depression because they feel lonely having to live far from their families and are dissatisfied with their new environment. This condition prevents elderly people from feeling spiritual satisfaction, feeling not close to God and feeling anxious about life.²³

The first step taken to evaluate the QOL of the elderly is to require comprehensive data on the quality of life of the elderly in Indonesia that should be measured. Although such efforts are one of the important challenges ahead, the elderly living in nursing homes are a priority. Because they are the most vulnerable group of the elderly.²⁴

Therefore, this research was conducted to analyze the relationship between spiritual well-being and the QOL of elderly people living in nursing homes in Central Java Province, Indonesia.

MATERIALS AND METHODS

The study design used cross-sectional. The sample of respondents were Muslims, elderly aged who are domiciled in the Nursing Home of Central Java Province, Indonesia. Inclusion criteria were senior respondents aged 60 years and over, living in a nursing home in Central Java Province, Indonesia who were able to communicate and having good cognitive function based on the SPMSQ (Short Portable Mental Status Questionnaire) examination with results of 0-8. The exclusion criterion are those elderly who experience total dependence based on Barthel Index examination

with results of 0-61. There were 131 respondents in this study. Sampling began with preparing a sample frame containing the names of prospective respondents, preparing a table of random numbers and taking randomly using simple random sampling techniques.

The research instrument used was the Spiritual Assessment Scale (SAS) questionnaire to measure spiritual well-being, and the WHO Quality of Life Older (WHOQOL-OLD) questionnaire. The SAS questionnaire was chosen because it was able to measure the construct of spiritual well-being, containing 21 question items consisting of three subscales: 7 items of personal beliefs, 7 items of spiritual satisfaction and 7 items of religious practice. The questionnaire was prepared using a Likert scale with five answer categories in order to reduce bias. This questionnaire is easy to use because it takes about three to 4 minutes for the elderly to complete. The SAS instrument has been translated into Indonesian and a validity test was carried out with r table results of 0.371-0.821 and a reliability test with Cronbach's alpha results of 0.899 899.²⁵

The WHOQOL-BREF questionnaire was selected because it was developed through extensive international cooperation, has been applied across cultures and comparisons of results are acceptable. WHOQOL-BREF contains 26 questions capable of measuring QOL, consisting of four domains of physical, psychological, social and environmental health. WHOQOL-BREF is available in Indonesian and a validity test was carried out with r table results of 0.390-0.798 and a reliability test with Cronbach's alpha results of 0.941.²⁶

Data collection was carried out as follows: firstly, researchers informed the purpose of the study to the respondents and asked for willingness to participate. Respondents who were willing were then had to sign an informed consent. Secondly, at the time of data collection, if there are doubts, respondents are accompanied by data collectors and supervisors to help read questionnaires. Data collectors and supervisors were given two days of training on the purpose of research and filling in instruments before use. Pre-test trials are also conducted prior to actual data collection.

Thirdly, the time needed to fill out the questionnaire was about 30 minutes. At the time of data collection, respondents were allowed a 10 minutes break after filling out the first questionnaire. This is to prevent fatigue. Finally, researchers checked the completeness of the fields to make sure all questions have been filled.

Univariate analysis uses descriptive analysis to determine the characteristics of the respondents, spiritual well-being and QOL. Descriptive analysis is presented in percentage form. Bivariate analysis uses the Pearson correlation to determine the relationship between the independent variable and the dependent variable. As well as analyzing the closeness of relationships between variables.

RESULTS

Demographic Characteristics of Respondents

Table I: The profile of respondents (n=131)

Variabel	Gender	Frequency	Persentase
Gender	Male	57	44
	Female	74	56
Age	60-74	Male	33
		Female	48
	75-90	Male	24
		Female	23
	>90	Male	1
		Female	2
Educational level			
Elementary school	Male	34	26
	Female	52	40
Junior high school	Male	19	15
	Female	21	16
Senior high school	Male	4	3
	Female	1	1
Lama Tinggal, tahun			
<1	Male	12	9
	Female	7	5
1-2	Male	30	23
	Female	28	22
2-5	Male	8	6
	Female	24	18
>5	Male	7	6
	Female	15	11
Medical report Barthel Indeks			
Independent	Male	30	53
	Female	33	45
Slight dependency	Male	15	26
	Female	27	36
Moderate dependency	Male	12	21
	Female	14	19

Most of the respondents in this study were women (74) (56%) and aged 60-74 years 48 female (37%), most had elementary school graduation education (52 female) (56.5%). Most have lived in nursing homes for 1-2 years

(30 females) (23%). Based on the results of medical records using the Barthel index, most elderly people (33 females) (45%) were able to carry out daily activities independently.

Table II: Spirituality of the Elderly in Nursing Homes (n=131)

Variable	Category	Frequency (n)	Percentage (%)
Personal faith	Low	106	81
	Medium	22	17
	High	3	2
Spiritual satisfaction	Low	86	65
	Medium	43	33
	High	2	2
Religious practice	Low	98	75
	Medium	24	18
	High	9	7

Most respondents had low beliefs as many as 106 respondents (81%), had low spiritual satisfaction as many as 86 respondents (65%) and low religious practices as many as 98 respondents (75%).

Table III: Quality of Life for the Elderly in Nursing Homes (n=131)

Variable	Category	Frequency (n)	Percentage (%)
Physical function	Low	107	82
	Medium	21	16
	High	3	2
Psychological function	Low	91	70
	Medium	33	25
	High	7	5
Social function	Low	77	59
	Medium	50	38
	High	4	3
Environment	Low	105	80
	Medium	22	17
	High	4	3

Most respondents (107) (82%) had low physical function, had low psychological function as many (91) (70%), had low social relationships (77) (59%) and low environment (105) (80%).

Table 3, the results of the Person Correlation test found that all aspects of spirituality have a relationship with the three domains of QOL. Aspects of spirituality include personal beliefs, spiritual satisfaction, and religious practice. The domain of quality of life includes physical functioning, psychological functioning, and social relationships. Religious practice had a particularly strong relationship with psychological functioning (p=0.000, r=0.793).

Table IV: Correlation Test of Spiritual Wellbeing Person on Quality of Life of Elderly in Nursing Home (n=131)

Variable	Physical function			Psychological			Social relations			Environment																
	L	M	H	L	M	H	L	M	H	L	M	H														
	n	%	n	%	n	%	n	%	n	%	n	%														
Personal faith	L	91	64	11	11	8	6	2	1	0	0	7	5	2	2	3	2	9	7	9	7	1	1			
	M	14	11	7	5	1	1	5	4	1	2	0	5	1	1	1	1	9	7	1	8	2	2			
	H	2	2	0	0	1	1	0	0	1	1	2	2	0	0	0	0	0	0	0	2	2	1	1		
Spiritual satisfaction	L	79	60	6	5	1	1	7	5	1	8	1	1	6	5	1	1	2	2	7	6	6	5	1	1	
	M	28	21	1	1	1	1	1	1	2	2	1	5	4	1	8	3	2	2	2	2	1	1	3	2	
	H	0	0	1	1	1	1	0	0	1	1	1	1	1	0	0	2	2	0	0	0	0	2	2	0	0
Religious practice	L	90	68	8	6	0	0	8	6	1	9	0	0	7	5	2	1	1	1	9	7	5	4	0	0	
	M	13	10	1	8	1	1	5	4	1	9	1	5	0	0	3	2	1	9	1	5	2	1	8	1	1
	H	4	3	3	2	2	2	0	0	2	2	7	5	1	1	1	7	5	1	1	1	1	5	4	3	2

Note: L (low), M (moderate), H (high)

Variable	Physical function		Psychological function		Social relations		Environment	
	p	r	p	r	p	r	p	r
Personal faith	0,003	0,261	0,000	0,624	0,000	0,464	0,000	0,562
Spiritual satisfaction	0,000	0,402	0,000	0,545	0,000	0,490	0,000	0,406
Religious practice	0,000	0,485	0,000	0,793	0,000	0,517	0,000	0,694

DISCUSSION

The provision of care in nursing homes aims to improve the QOL of the elderly living there.²⁷ This study aimed to analyze the relationship between spiritual well-being and QOL of the elderly living in nursing homes in Central Java Province, Indonesia. This study shows that most elderly from physical, psychological and social domains have a low QOL. This result is similar with research conducted in Taiwan that the majority of elderly living in nursing homes have a low QOL.²⁸

Several other studies have also shown that the QOL of the elderly in various provinces in Indonesia is also the same in the low category.^{29,30} The causative factor, physically, has an average of three chronic diseases. Chronic diseases will decrease the QOL among the elderly population. Psychologically, the elderly experience stress because they move to a nursing home. Their tendency is to have no social activities and family support.³¹

Based on the results of medical records, 47 elderly people (35.9%) have a body mass index in the underweight category. Most elderly people had comorbidities, 8 elderly

people have had stroke and are dependent, 46 elderly people had controlled hypertension and take medication regularly, 13 elderly people had DM and are independent in their daily lives. Some elderly people had psychological problems, 4 elderly people experienced loneliness and often cried when they remember their families, 6 elderly people experience social isolation and do not want to interact.

The QOL theory explains that quality of life is influenced by physical conditions, psychological conditions and social relationships.¹⁰ Physical health problems and disease severity will cause the elderly to experience obstacles and dependence in carrying out daily activities, experiencing dependence on medication and care. Psychologically, the elderly are more sensitive and focused on themselves, the presence of severe stressors in life causes the elderly to experience anxiety, stress and depression.³² Social problems cause the elderly to not want to socialize with friends and withdraw. According to the theory of spiritual well-being in illness, the ability of the elderly to find spiritual meaning in the experience of illness will affect spiritual well-being in illness, and ultimately will have an impact on the quality of life.³³

In recent years, spiritual well-being has become an attraction to be enhanced in healthcare settings. Spirituality is believed to have an important role in the lives of the elderly. Spirituality is a personal belief, used to interpret life events, evaluate, find meaning and purpose in life, and establish relationships with self-transcendence.³⁴

Spirituality is related to health, well-being and QOL.¹² Spirituality has three aspects, namely personal belief, spiritual satisfaction and religious practice.¹⁷ The results showed that the three aspects of elderly spirituality of respondents in this study were in the low category. Based on the results of the Person correlation test, the three aspects of spirituality are related to the three domains of quality of life. The relationship is very strong in religious practice and psychological functioning.

The results of this study are in line with previous reports, which showed that high spirituality improves QOL.¹⁶ Spiritual well-being is an important part of HRQOL.³⁵ Spirituality can reduce physical and mental disorders, this causes the quality of life to improve.³⁶ In fact, spirituality is able to produce tranquility when the elderly feel lonely.³⁷ Spirituality helps the elderly cope with new environments, especially when moving from a family environment to a nursing home.³⁸ Therefore, spirituality has an important role to play in the lives of the elderly, as it can support the challenges associated with aging.

In several countries, spirituality has an influence on medical decisions.³⁹⁻⁴¹ Occupational therapy, for example, elements of spirituality are incorporated into the body, mind and spirit of individuals through a holistic approach. Spirituality has been included as part of end-of-life care for the elderly to die peacefully.⁴²

Spirituality has certain consequences for the elderly. Many elderly people cling to their beliefs or even become more religious with age.⁴³ When the health of the elderly declines, they try to better prepare for death such as gathering the whole family to leave the last message and ask for prayers to die peacefully.⁴⁴

Seniors living in nursing homes have specific spiritual needs, according to their religion. Religious practices such as worshiping, prayer, meditation and other needs are largely unknown, and have yet to be investigated. Based on the results of this study, it is recommended for elderly caregivers in nursing homes to pay more attention and try to improve their QOL by fulfilling his spiritual needs. Nurses create deep connections and share spiritually.

At the beginning of entering the nursing home, it is recommended that each elderly person be assessed for their spiritual level and needs, and an assessment of the QOL is carried out. Furthermore, periodic assessments are carried out to determine goals and

follow-up. Measuring the QOL of the elderly using the Whoqol-old instrument needs to consider the medical records or health status of the elderly. Elderly people who are able to carry out activities independently will have a better QOL, compared to elderly people who experience mild or moderate dependence.⁴⁵

The findings of this study and available literature show that the QOL of the elderly who live in nursing homes is lower than those who live with their families, it is advisable to care for the elderly at home. The elderly who stay at home will enjoy intimacy and spiritual atmosphere in the family to maintain their functional and psychological abilities. Even if the elderly had to live in nursing homes, families are regularly scheduled to visit and provide spiritual support. A comprehensive spiritual model from the Indonesia government seems to need to be designed for seniors living in nursing homes. As part of the commitment to improve the QOL of the elderly.

CONCLUSION

Aspects of spirituality including personal beliefs, spiritual satisfaction and religious practice have a relationship with the three domains of quality of life, namely physical functioning, psychological functioning and social relationships. The relationship is very strong in religious practice and psychological functioning. For further research, a more comprehensive spiritual service model design can be developed to improve the spiritual well-being of elderly people living in nursing homes.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

INSTITUTIONAL REVIEW BOARD (ETHIC COMMITTEE)

This study was approved by the health research ethics committee at the Nursing Faculty, Sultan Agung Islamic University with the number 1108/A.1-KEPK/FIK-SA/X/2022.

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