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Spirituality and Satisfaction in life of Older Adults living in Temporary Shelters during the Covid-19 Pandemic

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ABSTRACT

This study investigates the relationship of spirituality and satisfaction in life of older adults living in temporary shelters or evacuation centers in the context of Covid19 pandemic. With 97 older persons living in temporary shelters, a cross-sectional and correlational study was done. Census data was used to recruit older persons from five evacuation camps in Mindanao. The Spirituality Assessment Scale and the Older People's Quality of Life Questionnaire were used to deliver survey questionnaires with sociodemographic data.The results revealed that older adults living in temporary shelters had a fair or mixed spirituality (M=3.80) and a positive overall satisfaction in life with an overall mean of 3.50. The older adults' total quality of life as based on the computed scores results in an average score of 125.96. Spirituality Assessment Scale was positively correlated with 9 indicators of the Older People's Quality of Life (p=.048).As spirituality increases, so does satisfaction in life. The significant relationship between spirituality and satisfaction in life would show the need to offer older individuals with more complete and appropriate care services, as well as programs and techniques aimed at increasing their spirituality, as spiritual well-being is a significant factor determining overall health.

Keywords: Spirituality, Satisfaction in Life, Temporary Shelters, Covid 19

INTRODUCTION

Spirituality has gained prominence in health-related sectors in recent years, as academics examine its impact on health. Spirituality appears to be correlated with different facets of mental and physical health (Ridnour2008). While spirituality is becoming more widely recognized as a crucial component of both mental and physical health, (Moberg &Bruseck1978), the reality is that the impact of spirituality on the standard of living and overall well-being is still a source of contention. This leaves a gap in the literature related to the link between spirituality with other facets of health.

As used in this study, satisfaction in life is defined as theoretically encompassing the individual's physical health, psychosocial well-being and functioning, control over their lives, independence, and material circumstances, as well as their external surroundings. It is a concept that is founded on personal experiences and is most likely mediated by cognitive factors (Bowling2009).

Spirituality has been demonstrated to improve coping and stress response (Koenig & Cohen, 2002) by acting as a buffer between stress and immune function, as well as improving a person's satisfaction in life (Rabin1999). In a comprehensive assessment of the literature, Mueller et al. (2001) discovered that most research on the subject demonstrated a link between spirituality and better health outcomes, such as decreased depression, more coping abilities, and improved health-related quality of life.

There has been research on the spiritual (Tuck et al. 2000; Sowell et al. 2001 ;), psychological (Sarna et al. 1999), and physiological health of those living with HIV and other chronic illnesses (Weinfurt et al. 2000). However, there is a scarcity of research on the satisfaction in life of elderly

persons living in temporary shelters. There has been very little research into the links between spirituality and quality of life among older persons, and even less so among geriatrics living in temporary shelters. As a result, additional knowledge concerning the function of spirituality on the satisfaction in life of elderly people is needed. The goal of this study is to see if older persons' spirituality has an impact on other aspects of their well-being, which will be determined by looking at the links, if any, between spirituality and satisfaction in life.

METHODS

Research Design

This was a cross-sectional study employing a descriptive correlation design to determine the impact of spirituality on the quality of life of older adults living in temporary shelters during the Covid19 Pandemic.

Participants

The participants consisted of 97 60-year-olds and older people who were displaced from their homes and living in temporary shelters in Marawi City, Philippines. Inclusion criteria were participants of both genders who appeared to be healthy, independent, mobile, and able to converse verbally. Individuals with Alzheimer's disease and other cognitive problems who were unable to answer the questions or participate in the interview were excluded. For the purpose of selecting the setting of the study, all evacuation centers or temporary shelters in Marawi City, Philippines were selected as the locale and the focus area of the study. There were five evacuation centers where the samples were purposively recruited between March and April 2021.

Instrument

The study was carried out using a survey method utilizing questionnaires as the main instrument of the study. To examine elderly individuals' spirituality and satisfaction in life, the Spirituality Assessment Scale (SAS) and Older People's Quality of Life Questionnaire (OPQLQ) were administered.

SAS is a 28-item questionnaire and is composed of four subscales: 1) Unifying Interconnectedness (Items 1, 2, 4, 6, 7, 9, 19, 25, and 26) which is defined as a feeling of relationship to all life. 2) Meaning or Purpose in Life (Items 18, 20, 22, and 28) which is defined as a feeling of having a reason for living. 3) Inner Resources (Items 8, 10, 12, 14, 16, 17, 23, 24, 27). This is described as the process of seeking inner strength or a sense of self-determination. 4) Transcendence (items 3, 5, 11, 13, 15, and 21). It is described as the ability to move beyond one's own experience's limits or the capability to reach wellbeing or self-healing (Howden1992). Total SAS scores could range from 28 to 168 with response options ranging from 1 to 6 (Strongly Disagree to Strongly Agree). The following score ranges were chosen to signify spirituality: 1) Strong, positive spirituality, 2) 75-121, fair, or mixed positive and negative spirituality, and 3) 28-74, weak or negative spirituality, or possibly spiritual suffering. The four-factor model of spirituality given in the Spirituality Assessment Scale (SAS) was shown to have construct validity in Howden's research, as evidenced by item-total correlations of.30 to.70, item-subscale correlations of.50 to.70, and subscale-subscale correlations of.55 to.70 (Howden1992).

Bowling (2009) developed the Older People's Quality of Life Questionnaire (OPQLQ), which consists of 35 items on a 5-point Likert scale ranging from SA to SD, representing 4 items on life overall; 4 items on health; 8 items on social relationships and participation; 5 items on one's autonomy and freedom; and 2 items on life and activities in the neighborhood. The OPQLQ items are assessed using a reverse coding system of positive responses, with the higher the score, the better the satisfaction in life. The scale ranges from 35, which is the lowest possible score (QoL is so bad it could not be even worse) to 175, which is the highest possible score (QoL is so good that it could not be better). Cronbach Alpha, reliability for the Older People's Quality of Life Questionnaire was .90.

Data Collection

The nature of this study is descriptive-correlational and designed to investigate whether the spirituality of older individuals influence their satisfaction in their lives. The older adults voluntarily decided to take part in the study. Eligible participants signed a written informed consent form after the researcher has explained the whole protocol of the study. The respondents were then asked to complete a structured, self-administered questionnaire. One hundred fifty questionnaires were distributed to all older adults available in temporary shelters who have met the inclusion criteria. 97 questionnaires were completed and collected (64.6% response rate). The researcher personally collected the questionnaire after one week. The data gathered were tallied, tabulated, and then subjected to statistical treatment.

Analysis of results and statistics

The Statistical Package for the Social Sciences (SPSS) was used to analyze the data. To summarize the demographic data, the older individuals' level of spirituality, and their satisfaction in life, descriptive statistics were employed. To find out possible correlation and significant relationships between respondents' spirituality and their quality of life, the Spearman Rho Correlation was deemed appropriate due to the nature of the variables' scale, which is ordinal.

Ethical considerations

The Research Ethics Committee of Mindanao State University's College of Health Sciences reviewed and authorized this study as part of a larger research.

RESULTS & DISCUSSION

Of the 97 older adults who participated in the research, 62 (64%) were women, and all were between 60 and 99 years old, with a mean of 68.1 years (SD=6.98). Older adults between 60 to 69 years old predominated (53.9%), along with older adults who were married (60.1%).

64% of the 97 older persons who took part in the study were women, and they were all between the ages of 60 and 99, with a mean age of 68.1 years (SD=6.98). Older persons aged 60 to 69 years old, as well as married older individuals, dominated (53.9%) (60.1%). In terms of education, more than half were high school graduates (51.5%). The majority (66.0%) had a monthly income of less than 10,000 pesos. Most of them consider themselves as moderately religious.

Table 1. Spirituality Assessment Scale

Subscales	Scores	Mean	Standard Deviation	Descriptive Rating
Unifying Interconnectedness	36.59	4.07	1.113	Somewhat Agree
Meaning or Purpose in Life	20.42	3.50	1.144	Somewhat Agree
Inner Resources	33.66	3.74	1.172	Somewhat Agree
Transcendence	15.59	3.89	1.104	Somewhat Agree
Over-all	*106.26*	*3.80*		*Somewhat Agree*

Scaling: 5.17-6.00=Strongly Agree; 4.33-5.16=Agree; 3.50-4.32=Somewhat Agree; 2.67-3.49=Somewhat Disagree; 1.84-2.66=Disagree; 1.00-1.83=Strongly Disagree

The older adults generally 'somewhat agree' with an overall mean of 3.80 on the subscales of spirituality assessment within the context of unifying interconnectedness (mean=4.07, sd=1.113), meaning or purpose in life (mean=3.50, sd=1.144), inner resources (mean=3.74, sd=1.172), and transcendence (mean=3.89, sd=1.104).

The range of scores on the SAS representing the older adults' spirituality is from lowest 28 to highest 168. Overall, the older adults living in the temporary shelters garnered an average score of 106.26. The data in Table 2 mean that the older adults in this study have a fair or mixed positive and negative spirituality which imply that, although their spirituality is not strong, it is at least slightly above average, or their positive spirituality outweighs their negative spirituality.

The subscale that garnered the highest score of 36.59 is the unifying interconnectedness which is defined as the older adults' sense of belongingness, ability to forgive, stability of the environment, feeling of kinship and connection to all of life, service to others, and of feeling responsible in preserving the planet. This is supported by the research of Jafari et.al (2010) where it was found that individuals that engage in an active spiritual life are mentally healthy, self-assured, and able to form deeper bonds with others and the environment. These people have a tendency to perceive themselves as beautiful, skilled, and capable, and believe that they can discover a God who will guide them through life, make them happy, and help them when they are in need. The findings of this study suggest that people who are spiritually well-adjusted and have a lot of hope turn to comparable habits like prayer to increase their chances of staying alive and the quality of their lives (Jafari et.al, 2010).

In the context of the Covid19 pandemic, one explanation for why the first subscale, unifying interconnectedness, has the highest score may due to the harsh circumstances that the respondents had faced. Tragedy has a way of bringing people together, through shared understanding and pain. There is also the matter of the respondents' spirituality factoring into it. Ordinarily, in the face of such overwhelming anxiety, some people would lose hope, be focused only on their own survival, feel as if there was no longer any meaning to life, lose their self-confidence, or be unable to overcome their own experience. However, it is notable that despite the occurrence of crisis, the levels of the respondents' spirituality are still relatively positive, which corresponds with the high levels of spirituality the respondents have as shown by the data.

Table 2. Older People Quality of Life

Indicators	Scores	Mean	Standard Deviation	Descriptive Rating
Life's overall	13.71	3.43	0.910	Agree
Health and functioning	12.77	3.19	0.909	Neither Agree nor Disagree
Social relationships	19.14	3.83	0.866	Agree
Independence, control over life, freedom	20.38	3.40	1.011	Neither Agree nor Disagree
Home and neighborhood	10.93	2.73	0.882	Neither Agree nor Disagree
Psychological and emotional well-being	14.64	3.66	0.847	Agree
Financial circumstances	15.28	3.40	0.894	Neither Agree nor Disagree
Leisure and social activities	11.55	3.85	0.883	Agree
Religion/culture	7.56	3.78	0.881	Agree
Over-all	*125.96*	*3.50*		*Agree*

Scaling: 4.21-5.00=Strongly Agree; 3.40-4.20=Agree; 2.61-3.40=Neither Agree nor Disagree; 1.81-2.60= Disagree; 1.00-1.80=Strongly Disagree

There are nine (9) indicators which the quality of life (QOL) of older adults are expected to have an impact on are covered in this inquiry. These are: life's overall; health and functioning; social relationships; independence, and control over life, and freedom; home and neighborhood activities, psychological and emotional well-being; financial

circumstances, leisurely social activities; and religion or culture.

As depicted in the results, older adults generally 'agree' (overall mean=3.50) in the context of life's overall (mean=3.42, sd=0.910), social relationships (mean=3.83, sd=0.866), psychological and emotional well-being (mean=3.66, sd=0.847), leisure and social activities (mean=3.85, sd=0.883), and religion or culture (mean=3.78, sd=0.881).

Scores on the OPQOL scale representing the older adults' satisfaction in life ranges from 35, which is the lowest possible score (satisfaction in life is so bad it could not be even worse) to 175, which is the highest possible score (satisfaction in life is so good that it could not be better). The older adults' total satisfaction in life as based on computed scores result in an average score of 125.96 which is only 29% short of the highest possible score of 175 points in the satisfaction in life scale. This implies that the older adults have a fairly positive level of satisfaction in life, despite their circumstances.

Specifically, the results reflect that the older adults somewhat enjoy the gift of life, are happy most of the time, and positively looking forward to things. They neutrally expressed that sometimes life gets them down. The positive responses within the context of social relationships indicates that most, if not all, of the respondents have dependable support systems like their family, friends, neighbors, and other companions where giving and sharing of love and affection is possible. Moreover, the older adults perceive life positively and that they consider themselves lucky compared to most people.

In terms of leisure and social activities, they have identified outlets, activities that define their role, and getting involved with things. They have also acknowledged and described religion and their culture as important facets of their quality of life. Spirituality as a means of coping and source of strength has a notable effect on nurturing one's fulfillment and quality of life, according to Manning-Walsh's (2005) research, which was performed with the purpose of determining the impact of spiritual endeavor on the contentment and quality of life of 100 breast cancer patients.

The older individuals, on the other hand, appeared to be concerned about their health and functioning, their independence and control over their lives and freedom, their home and neighborhood, and their financial situation. These findings reflect the current situation of older adults in light of the Covid19 pandemic. They feel uncertain about the future, especially when it comes to material wealth and possessions as most of these are affected because of the pandemic. It also makes sense that the respondents would be uncertain about their health, as besides death, occurrences of illness also run rampant during health crisis situations. They also feel as if they no longer have any control or independence about the larger events surrounding them, and the awful event, which they feel they can do nothing about.

However, what is notable and should be taken into consideration is that despite this health crisis, or because of it, the respondents still maintain a high level of spirituality and a fairly positive spiritual wellbeing. It is expected that they would considering themselves unlucky economically; however their spirituality still has enough of an impact to raise the quality of life of these older adults to one which is fairly positive despite their surrounding circumstances.

Table 3.

Correlation of Variables	Spearman rho value	p value	Interpretation
Spirituality and Quality of life	0.324	0.048*	Significant

*Correlation is significant at the 0.05 level (2-tailed).

Table 3 reveals that spirituality was positively connected with quality of life in older persons (p=0.048) which means that as spirituality increases, quality of life also increases. These findings are consistent with those of prior studies (Manning-Walsh, 2005; Yoon, 2006; Lark, 2007). Thus, spirituality is an element which influences quality of life. The findings of the present research show that the older adults in this study have mixed positive and negative spirituality and the findings reflect a state of average level of satisfaction in life. These two variables have a proportional or unidirectional relationship, in which an increase of spirituality leads to an increase in quality of life. The findings would imply that the pandemic brought about by the Covid19 crisis did affect the spirituality of the older adults. As independence, control over one's life, freedom, home and neighborhood life, psychological and emotional well-being, and financial conditions are all markers of quality of life, this has an impact on their life satisfaction.

CONCLUSION

The study's older adult participants report a fair or mixed spirituality and a generally good quality of life. In addition, there is a strong link between spirituality and life quality. As a result, as spirituality grows, so does the quality of life. Finally, the significant links discovered between spirituality and quality of life point to the need for more comprehensive and appropriate care for elderly patients, as well as programs and approaches aimed at improving their spiritual health, as spiritual well-being is an important factor affecting overall health.

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