

Socio-demographics, spirituality, and quality of life among community-dwelling and institutionalized older adults: A structural equation model



Christian Albert F. Soriano^{a,*}, Winona D. Sarmiento^a, Francis Justin G. Songco^a,
John Rey B. Macindo^a, Alita R. Conde^{a,b}

^a College of Nursing, University of Santo Tomas, España Boulevard, Manila, 1015, Philippines

^b The Graduate School, University of Santo Tomas, España Boulevard, Manila, 1015, Philippines

ARTICLE INFO

Article history:

Received 11 March 2016

Accepted 29 May 2016

Available online 6 June 2016

Keywords:

Community-dwelling older adults

Institutionalized older adults

Socio-demographics

Spirituality

Quality of life

ABSTRACT

Purpose: The increasing life expectancy of the population prompts an array of health conditions that impair an older adults' quality of life (QoL). Although demographics and spirituality have been associated with QoL, limited literature elucidated the exact mechanisms of their interactions, especially in a culturally-diverse country like Philippines. Hence, this study determined the relationship among socio-demographics, spirituality, and QoL of Filipino older adults in a community and institutional setting.

Materials and methods: A predictive-correlational study among 200 randomly-selected community-dwelling and institutionalized older adults was conducted, with a 99% power and a medium effect size. Data were collected using a three-part questionnaire from September to November 2015. The questionnaire was composed of the *robotfoto*, Spirituality Assessment Scale, and modified Older People's Quality of Life which assessed socio-demographics, spirituality, and QoL.

Results: Analysis showed that institutionalization in a nursing home positively and negatively affected spirituality and QoL, generating an acceptable model ($\chi^2/df=2.12$, RMSEA=0.08, and CFI=0.95). The negative direct effect of institutionalization on *social relationship, leisure, & social activities QoL* ($\beta=-0.42$, $p<0.01$) also initiates a cascade of indirect negative effects on both spirituality and QoL dimensions.

Conclusions: The development of a structural model illustrating the interrelationship of socio-demographics, spirituality, and QoL helps healthcare professionals in predicting facets of spirituality and QoL that can be compromised by living in a nursing home. This understanding provides impetus in evaluating and refining geriatric healthcare programs, policies, and protocols to render individualized, holistic care in a socially-cohesive environment among older adults.

© 2016 Elsevier Ireland Ltd. All rights reserved.

1. Introduction

In the past years, the global population of older adults has rapidly increased, accounting 900.90 million older persons in 2015 (United Nations, 2015). From this statistic, 56.40% live in Asia and in particular, around 9% of the elderly population are in Southeast Asia (United Nations, 2015) from which Philippines belong. In the recent census of the Philippine Statistics Authority (Philippine Statistics Authority, 2012) in 2010, around 6.80% of Philippines' population is composed of older adults. Consequently, the

significantly increasing life expectancy of the general population shifted healthcare focus from improving longevity to promoting quality of life (Chouiter, Wodchis, Abderhalden, & von Gunten, 2015).

Quality of life (QoL) has been the end goal of all healthcare attempts, especially among geriatrics patients. The World Health Organization Quality of Life Group (1998) defined QoL as an "individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns." Additionally, QoL encompasses multiple constructs such as physical health, psychological status, independence level, social relationships, and relationship with significant features of the environment (The WHOQoL Group, 1998). As a multifaceted concept, an array of individualized healthcare activities and programs must be devised

* Corresponding author at: 34 Insurance St Project 8, Quezon City, Philippines.

E-mail addresses: christianalbertf.soriano@gmail.com (C.A.F. Soriano), khozophiah@gmail.com (W.D. Sarmiento), fatjoshy@gmail.com (F.J.G. Songco), johnreymasindo@yahoo.co.uk, janrei.masindo@gmail.com (J.R.B. Macindo), alitaconde@yahoo.com (A.R. Conde).

to improve QoL, especially among older individuals who are afflicted by chronic and debilitating health conditions.

Two factors that potentially affect QoL are socio-demographics and spirituality. Previous studies have shown association between QoL and socio-demographic factors (Shamshirgarana, Ataei, Alamdari, Safaeianb, & Aminisani, 2015; Dardas & Ahmad 2014; Mitchell & Kemp, 2000) such as age (Dardas & Ahmad 2014) and residency status (Joseph, Ranjith, Kaur, Ghai, & Sharma, 2014). Joseph et al. (2014) stated that institutionalized older adults experience greater prevalence of depression (Joseph et al., 2014; De Oliveira, dos Santos, & Pavarini, 2014; Scocco, Rapattoni, & Fantoni, 2006), suicidal tendencies, restricted autonomy, poor health status, and impaired emotional well-being (Mitchell & Kemp, 2000) than community-dwelling older persons. Nonetheless, certain studies have shown positive relationship between institutionalization in assisted living facility and QoL (Mitchell & Kemp, 2000), particularly among those who voluntarily come in the institution (Estrada et al., 2011). Although there are literatures denoting the varying effects of socio-demographics on QoL, there is paucity of similar studies in the Philippines where assisted living facilities are very limited.

Similarly, spirituality, defined as the “*experiences and expressions of one’s spirit in a unique and dynamic process reflecting faith in God or a Supreme Being; connectedness with oneself, others, nature, or God; and integration of the dimensions of mind, body, and spirit*” (Gaskamp, Sutter, & Meravigilia, 2006), has been positively associated with QoL (Gaskamp et al., 2006; Hodge, Bonifas, & Chou, 2010; Edlund, 2014). Literature also posited that spirituality helps coping (Krok, 2015; Davison & Jhangri, 2013; Grodensky et al., 2015), managing stress (You et al., 2009), achieving a faithful life, and aging successfully (Lavretsky, 2010). Although spirituality is distinctly different from religiosity or one’s beliefs, practices, and rituals related to the Transcendent, where the transcendent is often a mystical or supernatural being (Koenig, 2012), religious affiliation and church attendance have been strongly linked to an older adult’s spiritual perspective (Koenig, 2012).

As a construct related to different health outcomes, spirituality remains an essential yet poorly addressed health-related concern (Bekelman et al., 2010), especially among older adults. Moreover, although evidences from Western countries hypothesize the influence of spirituality over the facets of QoL, empirical data explicating the precise mechanisms of its effects remains insufficient and vague (Davison & Jhangri, 2013; Bekelman et al., 2010), especially in a culturally different country such as the Philippines. Being true to the definition of QoL, which considers one’s culture and value system, it is imperative to determine the influence of socio-demographics and spirituality on QoL among Filipino older adults who live in an environment with diverse

cultures, values, practices, and belief systems. Hence, this study determined the relationship among socio-demographics, spirituality, and QoL of Filipino older adults in a community and institutional setting and tackled the following questions: (1) what are the associations among an older adult’s socio-demographics, spirituality, and QoL; and, (2) what is the final parsimonious model that illustrates the interaction among socio-demographics, spirituality, and QoL of Filipino older adults?

The findings of this study shed light on the interplay of socio-demographics, spirituality, and QoL and can provide insights on the areas for improvement in rendering holistic geriatric care. The development of a model illustrating the variables’ relationships helps healthcare professionals anticipate the dimensions with possible impairment in an older person’s QoL thus, provide individualized interventions as preventive and curative measures. Lastly, the results of this study can help gerontologists and other healthcare professionals in developing evidence-based programs, interventions, protocols, and policies that can facilitate successful aging among geriatric patients and deter the reigning anti-aging perceptions among healthcare professionals.

2. Material and methods

2.1. Research design

We used a cross-sectional, predictive-correlational design to determine the interrelationship among socio-demographics, spirituality, and QoL. Fig. 1 illustrates the hypothesized model of our study.

2.2. Setting and study participants

We included 200 randomly-selected community and institutionalized older adults who were (1) at least 60 years old, (2) medically-stable, and (3) without any psychological or psychiatric disorders. Sample size computation showed that 200 subjects give the study a power of 99% and a medium effect size of 0.15 at a significance level of 0.01, indicating sample size adequacy (Polit & Beck, 2012).

For the locus of our study, we conducted the study in two sites: a nursing home and a selected community in Manila, Philippines. The nursing home provides different services to older adults including social, dietary, home, religious, and medical services.

2.3. Research instruments

We used a three-part questionnaire to assess socio-demographics, spirituality, and QoL. The first part was the *robotfoto*, a

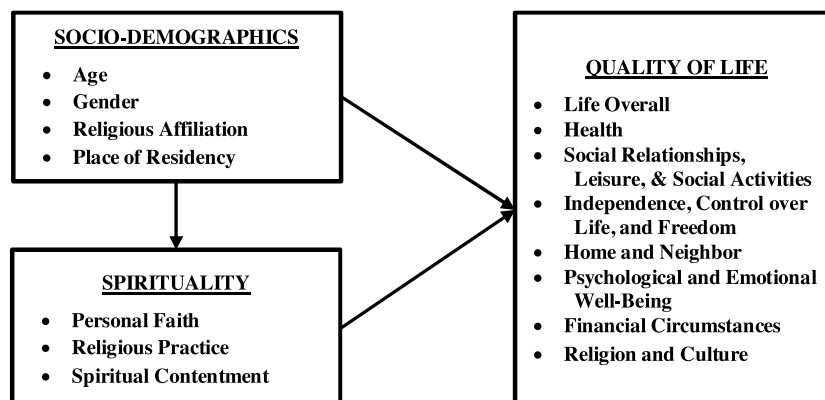


Fig. 1. Hypothesized Model of the Relationship among Socio-demographics, Spirituality, and Quality of Life.

Download English Version:

<https://daneshyari.com/en/article/1902656>

Download Persian Version:

<https://daneshyari.com/article/1902656>

[Daneshyari.com](https://daneshyari.com)