

Spirituality and Religiosity as Predictors of Psychological Well-Being in Residents of Old Homes

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Abstract

There is extensive empirical evidence that religion and spirituality are strongly linked with psychological wellbeing; however limited evidence exists for a sample of Muslim Asians. The present study investigated whether spirituality and religiosity are predictors of psychological wellbeing in residents of old homes. It was hypothesized that psychological wellbeing is predicted by spirituality and religiosity. Moreover it was hypothesized that there is difference in level of spirituality between men and women residents of old homes. It was also hypothesized that there is difference in level of religiosity between men and women residents of old homes. Furthermore it was hypothesized that there is difference in level of psychological wellbeing between men and women residents of old homes. Within group research design was used to carry out the present research. A sample of (60) male and female residents of old homes was recruited from different old homes situated in the city of Lahore through non probability purposive sampling technique. Religious Orientation Scale¹, Spirituality Transcendence Scale² and Psychological Wellbeing Scale³ were used for measuring the study variables. Linear regression and t-test were used to infer the purposed hypotheses. The results highlight that psychological wellbeing is predicted by religiosity. However no significant gender differences in religiosity and psychological wellbeing were found. The study holds implications for further researches and provides directions for psychological assessment and intervention to enhance psychological wellbeing among residents of old homes.

Keywords: Spirituality, Religiosity, Linear regression.

Introduction

Old age is one of the most difficult phases of life, a transactional period marked by deteriorating health and loss of energy. Social, psychological and health problems are the special concerns of psychological wellbeing in older population who live alone or reside in old home facilities.

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This is a period in which people have to face the multiple challenges of changing family dynamics, mostly children leaving the household and many a times the older population leaving the household of their children. In Pakistan, majority of older people live in the homes of their children, but still many others have no family to live with or cannot live with the family they have. Initially these dynamics were quite true for the Western culture. However in the current era pressures of joint family system and impeding urbanization and migration have increased difficulties to adjust the elders within the existing households even in countries like Pakistan. These changing social dynamics have paved way for the establishment of residential homes.

Though residential homes are a blessing for the older population, but living away from family and friends has many adverse psychosomatic and psychosocial and behavioral consequences. Living in residential homes can result in experience of psychological distress, especially when the residents are unable to control the course of events in their lives; high sense of control is associated with high levels of psychological wellbeing.⁴

Moreover positive and negative elements of older adulthood have vital connections to spiritual and religious development. However the difference between spirituality and religiosity needs to be highlighted. Spirituality is usually defined as an internal, individual experience, universal and without boundaries. Religion on the other hand is collective, particular and distinct by boundaries. Religion is spirituality incarnated at social and cultural levels. Religion takes the boundless and binds into the confines of language and culture, even as it may also alter culture.⁵ Religion is usually measured and examined in relationship to mental and physical health outcomes.⁶ Psychological wellbeing has a positive association with religiosity and spirituality.⁷ Psychological wellbeing is associated with qualities of wellbeing that may arise from spiritual development, joy; peace contentment and clear life purpose.⁸ Psychological wellbeing inculcates the ability to be resilient in the face of life's challenges.⁹ Moreover religion is self-serving, covert motives, such as comfort and safety, friendship, status, or social support for the aging population.¹⁰

Elderly patients with high levels of intrinsic religiosity and spiritual wellbeing and have found to have higher levels of hope, positive mood and quality of life.¹¹ Similar evidence exists from the east.¹² Researchers explored the relationship between religiosity and psychological wellbeing among Muslims living in Pakistan. The sample (65 men and 85 women) falling within the age range from 18 to 60 years, found a positive association amid religiosity and diverse facets of psychological well-being and a negative association between loneliness

and anxiety. Psychological wellbeing has found to facilitate in dealing effectively with everyday life challenges in the aging population.¹³ Moreover, wellbeing has found to enhance psychological as well as physical health¹⁴ and quality of life¹⁵ which can ultimately enhance life span and productivity in older population residing within the old homes.¹⁶

In recent times considerable studies have explored personality, world view, spirituality, meaning, values, and religious involvement as salient association with wellbeing in older adults.¹⁷ Numerous observational studies¹⁸ as well as qualitative studies¹⁹ have confirmed a significant association between religion and well being, but the evidence at hand mostly exists from the west.

Empirical literature, specifically systematic reviews stress that religion and spirituality are not much studied and usually neglected variables in psychology²⁰ as well as psychiatry.²¹ The concept of religiosity and spirituality varies across cultures and religions but the available research evidence mostly exists from studies conducted in the western cultures and on Christian population from the west. Limited research evidence is available from the eastern culture specially practicing the religion of Islam; cultural values and belief systems may vary grossly from those living in the eastern cultures. Hence it is pertinent to explore whether religion and spirituality are predictors of psychological wellbeing in a sample of older Muslim adults living in eastern cultures.

Moreover, the available evidence at hand has much methodological limitations eg. generalizability and persuasiveness of findings.²² Most of these studies have used religious involvement as a predictor of wellbeing, religious involvement cannot be considered as a specialty of constructs²³ and the focus of these researchers was not on a sample of older population residing within old homes. Psychologists have paid very little attention to study the spiritual side of human nature as well as religion, it is due to this limited research in this area has been conducted during the 20th century. Even the research that was carried out is limited, disparate by several in field, and has yielded varying results.²⁴

To date limited research evidence exists that highlights the impact of religiosity and spirituality on psychological wellbeing of the older adults residing in shelter homes in Pakistan. So the current study was designed to help in identification of predictors of psychological wellbeing in the residents of old homes. Moreover the study will identify gender differences in spirituality, religiosity and psychological wellbeing. This study will provide directions for psychological assessment and intervention for enhancing psychological wellbeing,

among residents of old homes. In the light of the literature following hypotheses were proposed.

Primary Hypothesis

Psychological wellbeing is predicted by spirituality and religiosity.

Secondary Hypotheses

- There is difference in level of spirituality between men and women residents of old homes.
- There is difference in level of religiosity between men and women residents of old homes.
- There is difference in level of psychological wellbeing between men and women residents of old homes.

Method

Research Design

Correlational research design was used to carry out the present research.

Sampling Strategy

Non probability purposive sampling was used for the study because the choice of sample was contingent upon the availability and consent of the participants.

Sample

The sample (n=60) consisted of 30 male and 30 female; aged 60 and above. The sample was selected from old homes, a) Happy Old Age Home, b) Shehzad Haseeb Old Age Home, c) Old Age Home Bhatta Chowk situated in the city of Lahore. Participants who fulfilled the study inclusion/exclusion criteria were required in the study.

Inclusion criteria

Only residents residing for the last three or more years were recruited for the current study.

Exclusion criteria

Residents of old homes with no severe medical/neurological disorder or malignant diseases like cancer, cardiac diseases, renal failure, COPD, diabetes, Asthma, HIV or psychiatric conditions, Epilepsy, Alzheimer's, brain tumor, dementia, macropsia, head injury etc. were recruited in the study. Residents currently on any psychiatric medication or suffering from any psychiatric conditions were excluded from the study.

Measure

Demographic Information Sheet

A demographic information sheet comprising of five questions was constructed by the researcher. It included information regarding the age, gender (male/female), education (primary, middle and graduation), religion (Muslim/Christianity), any source of income, institutionalized since last three or more years.

*Religious Orientation Scale*²⁵

Revised Religious Orientation Scale was referred as Intrinsic/Extrinsic Revised Scale. The scale measured intrinsic and extrinsic oriented people. This scale contains 14 items on 5 point Likert scale (from strongly disagree=1 to strongly agree=5). The scale is divided into two subscale i.e intrinsic (I) and extrinsic (E) scales. Intrinsic scale consists of 8 items (1,4,5,7,12) including 3 reversed score items (3,10,14) give the reverse scoring here extrinsic scale measure two traits i.e extrinsic social (ES) and extrinsic personal (EP) comprises of total (6) items including 3 items of EP (6,8,9). The score of each scale is determined by summing its items, responses, resulting in range of 8-40 for I (Revised) scale and 3-15 for each E (Revised) scale. The reliability estimate for I (Revised) was .83. The reliability estimates for Ep (Revised), Es (Revised), and Ep/Es (Revised) are .57, .58, and .65 respectively. The reliabilities of the extrinsic scales are low. The mean and standard deviation for I (Revised) are 37.2 and 5.8. Whereas the mean and standard deviation for E (Revised) were 25.6 and 5.7.

*Psychological Well Being*²⁶

Psychological wellbeing was measured with the help of flourishing scale, consisting of 8 items. It is 1-7 rating scales ranging from strongly disagree to strongly agree. For items 1,2,3,4,5,6 and 7 assign 1 points for each strongly disagree responses, 2 points for each disagree responses, 3 points for each slightly disagree responses, 4 points for each mixed or neither agree nor disagree responses, 5 points for each slightly agree responses, 6 points for each agree responses, 7 points for each strongly agree responses. Cronbach's alpha given by the author is 0.87. Reliability analysis shows that scale has adequate reliability 0.83.

*Spirituality Transcendence Scale*²⁷

To measure Spirituality, Spirituality Transcendence Scale was used. Spiritual transcendence scale contains 9 items on 5 point Likert rating scale (from strongly agree to strongly disagree). For items 1,2,3,4,7,8 and 9, 5 points are allotted for each strongly agree response, 4 points for each agree, 3 points for each neutral, 2 points for each disagree, and 1

point for each strongly disagree. For item number 5 and 6 the reverse scoring applies; 1 point for each strongly agree, 2 points for agree, 3 points for neutral, 4 points for disagree, and 5 points for strongly disagree. The scale is divided into three subscales i.e. prayer fulfillment, universality and connectedness. Prayer fulfillment scale consist of 3 items (1,4, 8), universality scale consist 3 items (6,7,9) and connectedness scale consist of 3 items (2,3,5). Total score on this scale is obtained by adding scores on all nine items together.

Procedure

An authority letter was signed from the Institute of Applied Psychology, University of the Punjab Lahore, exploring the nature of the research. Request for the permission of data collection was taken from the heads of the old homes chosen for this study. After taking the permission and translating the measures, a thorough procedure for forward and backward translation was followed to ensure the validity of the scales. The main aim of this process was to achieve target language version of the English scale. That is, the instrument should be equally suitable and should practically perform in the same way.

Results

Inferential analysis like mean, standard deviation, frequencies and percentages were calculated. Linear Regression Analysis was conducted to infer whether spirituality and religiosity are predictors of psychological wellbeing in the residents of old homes. Moreover to infer gender differences in psychological wellbeing, religiosity and spirituality *t* test was carried out.

Table. 1: Descriptive Statistics of Demographic Variables of the Sample (n=60).

Characteristics	Male (n=30)		Female (n=30)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Age	73.88	7.28	67.00	7.05
Monthly Income	7000	1153.94	6800	4837.71
	<i>F</i>	<i>%</i>	<i>F</i>	<i>%</i>
Education				
Primary	4	13.3	2	6.7
Middle	4	13.3	2	6.7
Graduation	6	20	8	26.7
Masters and above	16	53.3	18	60
Marital status				

Married	24	80	22	73.3
Un married	6	20	8	26.7
Religion				
Islam	30	100	29	96.7
Christian	-	-	1	3.3
Years of Residence in old home				
1-6	28	93.3	29	96.7
7-12	2	6.7	1	3.3
No of children				
0-4	20	66.7	23	76.7
5-9	10	33.3	7	23.3

Note: *M*= mean, *SD*= Standard Deviation, *f*= frequency, %= Percentage

Table. 2: Descriptive Statistics of Sub Scales of Religiosity, Spirituality and Psychological Wellbeing (N=60)

Variables	<i>M</i>	<i>SD</i>	<i>N</i>	<i>A</i>
Spirituality			9	.76
Prayer Fulfillment	10.27	1.06	3	
Universality	8.63	1.38	3	
Connectedness	10.02	1.39	3	
Religiosity			14	.67
Personally Oriented	10.68	.98	3	
Socially Oriented	5.89	2.84	3	
Psychological well being			8	.86

Note: *M*=Mean, *SD*= Standard Deviation, α = Chronbach Alpha

Table. 3: Linear Regression Analysis Predicting Psychological Well Being

Outcome Variables	Predictor	<i>R</i> ²	ΔR^2	β
Psychological wellbeing	Spirituality	.23	.02	-.72
	Religiosity			-.50*
	Gender			-.05
	Education			.00
	Religion			-.01
	Years of residence in old homes			-.07
	Monthly income			-.18
	Marital Status			.11

Note: * $p < .05$

A linear regression analysis was carried out to find the significant predictors of psychological wellbeing. Psychological wellbeing was taken as outcome variable and spirituality and religiosity, along with demographic variables (gender, education, and years of residence in old homes, monthly income and marital status) were added as predictor variables. Age was controlled in this analysis. The significant predictor of psychological wellbeing among the independent variables was religiosity ($\beta = -.50, p < .05$).

Table. 4: Gender Difference on Psychological Wellbeing, Religiosity and

Variable	Male (n=30)		Female (n=30)		T	p	95% CI	
	M	SD	M	SD			LL	UL
Religiosity	49.22	4.99	51.07	4.22	-1.55	.12	-4.24,	-.53
Spirituality	32.06	3.02	33.54	2.42	-2.09	.04	-2.90,	-.06
Psychological Wellbeing	22.37	5.46	21.65	5.04	.53	.58	-1.99,	3.4

Spirituality among Residents of Old Home

Note: $df=58, p > 0.05$

Discussion

The aim of the study was to explore whether spirituality and religiosity are predictors of psychological wellbeing among the residence of old homes. Moreover this study investigated gender differences in spirituality, religiosity and psychological wellbeing.

It was hypothesized that psychological wellbeing is predicted by spirituality and religiosity. The results of the study indicate that psychological wellbeing was significantly predicted by religiosity, however spirituality was not found to be a statistically significant predictor of psychological wellbeing. A burgeoning empirical literature states that religious involvement, religious coping, spiritual practices, purpose in life are significant predictors of wellbeing among older adults.²⁸ The results are in line with many previous researches.²⁹ A research to explore the moderating effect of religiosity on the association among social isolation and psychological well-being amid a sample of 1415 community sample of older Malay Muslims aged 60 years and over. Using SPSS a four-step moderated hierarchical regression analysis was employed to test moderating effects of religiosity. The results of this study demonstrated that religiosity significantly moderates association between social isolation and psychological well-being when controlled

for age, gender, and marital status, level of education, employment status, household income, and place of residence. High levels of involvement in religion have found to relate to reduced levels of functional impairment as well as depression among a large community sample.³⁰ In another research it was established that public and private religiosity as well as affiliation with a certain religious group is associated with life satisfaction.³¹ Religious involvement has found to buffer the negative effects of medical concerns and enhance positive health perceptions. Religious coping has found to be related to enhanced cognitive functioning in patients undergoing severe medical problems.³² In a meta-analysis authors endorsed a relationship between religiosity and psychological well-being and distinguished significant relationship between higher levels of religiosity and enhanced psychological well-being.³³ Religious indicators are significant predictors of psychological wellbeing in Israel Jews; regardless of Jewish religious observance. This research was carried out to infer religious predictors of psychological wellbeing and psychological distress in a five year national probability sample of Israeli Jews.³⁴

In 2012 researchers explored the connection between religiosity and psychological wellbeing in Pakistani Muslims, 65 men and 85 women aged between 18 to 60 years. Religiosity was operationalized as religious gatherings attendance, belief salience and regularity of prayer. Anxiety, loneliness and life fulfillment were selected as dependent variables since they are imperative facets of psychological well-being. Reliable with preceding research, correlation statistics suggested a strong negative relationship between religiosity and loneliness and that between religiosity and anxiety. A strong positive relationship was also found between religiosity and life satisfaction and psychological wellbeing.⁷ Studies employing uni-dimensional constructs of spirituality and religiosity found that simply religious beliefs and involvement in religious activities is positively associated with subjective well-being measures.³⁵

As compared to religiosity fewer studies have tried to explore spirituality in relation to wellbeing, and the major reason is the difficulty in operationalization of the construct. Though in our research we employed spirituality as well as religiosity, but spirituality was not found to be a significant predictor of psychological wellbeing. Some research evidence supports our study results. A research on spirituality and happiness as correlates of psychological well-being in 400 religious women studying in graduate and postgraduate classes of university of South Delhi was carried out in India. Results of the research endorsed that spirituality did not contribute to well-being in a significant way however happiness emerged as a very strong predictor of psychological

well-being, and religiosity emerged as a negative predictor of psychological wellbeing in women. This study was conducted on younger Muslim females hence the hypothesis under investigation needs further exploration on a sample of aging population residing in residential care facilities.³⁶

A study was conducted on a sample of 46 HIV-positive men and women. Spirituality was not reported to be significantly correlated with psychological well-being; however purpose in life was found to be associated with spirituality in the said sample.³⁷ People high in spirituality as compared to those low in religiosity reported greater meaning in life, personal growth as well as self-actualization, and people high in spirituality reported high psychological wellbeing.³⁸ Spirituality helps to define a place in life and what is spiritual and sacred is related to greater psychological wellbeing.³⁹ According to the highlights of this research, spirituality is more subjective and can vary from person to person. Moreover in our study we utilized a different methodology; measure employed to assess spirituality as well as the sample was different from that employed in earlier studies, that have confirmed a strong association between spirituality and well being.⁴⁰ Numerous studies have assessed a different dimension of psychological wellbeing⁴¹ conceptualization of wellbeing has found to vary from study to study. Methodological limitations in prior research limit our understanding of association between spirituality and wellbeing.

Previous research has mostly measured association between wellbeing and global measures of spirituality, and less attention has been focused on spirituality in daily life. However when daily measures of spirituality are used weak correlation was found between spirituality and well being.⁴² Earlier measures of spirituality used in previous research have conceptual basis.⁴³ Piedmont criticized the earlier used constructs due to lack of valid evidence. Hence he developed the Spirituality Transcendence Scale.⁴⁴

In our study the scale employed to assess spirituality measured an individual's effort to construct a broad sense of personal meaning. The Spiritual Transcendence Scale examined "universality", a belief in the unitive nature of life, prayer fulfillment a feeling of joy and contentment that results from personal encounters with a transcendent reality, and connectedness a belief that one is part of a larger human reality that cuts across generations and groups".⁴⁵ This scale measures spirituality in a uni-dimensional manner. Researchers endorse that spirituality should be assessed in a multidimensional manner.⁴⁶ Most of the studies cited in this article did not include a sample of Asians especially Muslims. Spirituality and religiosity share many

commonalities⁴⁷ especially when assessed in older adults⁴⁸ and may tend to vary across civilizations, cultures and religion.⁴⁹

This emphasizes the fact that researchers need to conduct research on indigenous sample, and expand the research hypotheses so to infer other variables associated with well being in older adults. Future research needs to be conducted by using longitudinal methodology and by apply SEM techniques for comprehensive understanding of functioning of psychological wellbeing in older adults. Findings of our study highlight that none of the demographic factors were found to be significant predictors of wellbeing. Religiosity and spirituality have found to be significant predictors of wellbeing as opposed to demographic factors like education, years of residence in old homes, monthly income and living arrangement and traditional factors like social resources and physical health.⁵⁰

The secondary hypothesis of the research was that there is difference in level of spirituality between men and women residents of old homes was supported, significant gender difference in spirituality among the residence of old homes was found. Females residing in the residential facilities reported greater spirituality. Gender differences in spirituality among a sample of 435 college students enrolled in health and fitness classes were found. Females scored higher than males on spiritual measure.⁵¹ Gender differences in spiritual development during the college years were investigated in a national and longitudinal sample of 3,680 college students. Women were found to be more spiritual and religious compared to men.⁵² Qualitative evidence that women being more religious and spiritual has been reported in people aged twenty to forty.⁵³ Results of earlier studies support gender differences in religiosity, however in our study no significant gender differences in religiosity were observed. Gender and sex differences as associated to religious participation and spirituality within participants overtly practicing religious activity have been recognized.⁵⁴ In contrast to preceding studies, the data collected from 190 Christian adults exposed no statistically significant gender differences in religious participation nor that among individuals categorized as feminine, masculine, or androgynous. Furthermore, men, women, and people from each gender orientation were equally conscious of their connection with God. The results propose that gender and sex differences within the psychology of religion are not as comprehensible as proposed formerly. Inconsistent results as regard to gender differences exist, and inconsistency in results disseminated by various researchers is largely due to differences in either conceptualization of the construct or diversity in sample and its varied characteristics.

Last our study did not find significant gender differences on psychological wellbeing. Few studies are in line with the current findings. No gender differences on the measure of psychological wellbeing in a sample of adolescents of diverse cultural backgrounds were found.⁵⁵ Gender difference were observed in a sample of muslim men and women on spiritual and existential well-being (life-satisfaction) with men scoring higher on these variables. No significant gender differences were found on religiosity or religious well-being.⁵⁶

Most of the evidence on gender differences between spirituality, religiosity and psychological wellbeing exists from a sample other than that from aging population residing in residential care facilities. There is a need to design studies on a sample of older population. Longitudinal studies can best help infer predictors of psychological well being in an aging sample of old homes.

Like every study our study has certain limitations. The sample employed was small, nonrandom and non representative. The data was collected from one city of Pakistan i.e. only from Lahore, and the sample was small in diversity and this factor limits the generalizability of study results. Due to cross-sectional nature of this study, it does not allow assessing the impact of study across life course. Moreover the scales employed in this study were translated through the forward and backward procedure but few items related to religiosity were culturally biased and there applicability to a sample of Muslims remains questionable, hence it is recommended that scales to measure spirituality and religiosity need to be developed for our Muslim sample.

The present research can provide awareness to caregivers and residents of old homes about the importance of religiosity in enhancing psychological well being that can ultimately help to reduce negative psychological and health effects.⁵⁷ Majority of empirical work in the area of spirituality and religion still remains at the descriptive level. Further conceptual models relating to the influence of these constructs need to be developed to determine pathways for change, coping, and well-being.⁵⁸ Research needs to be designed to assess multidimensional constructs of religion and spirituality.⁵⁹

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