Original Article

Spiritual well-being and life satisfaction among older people residing in an urban community of Bhaktapur, Nepal

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ABSTRACT

Background: Spirituality has been shown to predict well-being in old age. Spirituality and fulfillment of spiritual needs are considered priorities in the care of older people. Life satisfaction is influenced by several factors and is also an important issue in the care of older people. This study is intended to assess spiritual well-being and life satisfaction among older people residing in an urban community of Bhaktapur, Nepal.

Methods: A cross-sectional study was conducted with 220 older residents of Bhaktapur Municipality from May to July 2022 using convenient sampling technique. Before data collection, all ethical and administrative approval and each respondent's informed consent were obtained. Face to face interview was conducted using structured questionnaire of Spiritual Wellbeing Scale (score ranged from 20-120) and Satisfaction with Life Scale (score ranged from 5-35). SPSS V.20 was utilized to analyze the data using descriptive and inferential statistics.

Results: The result showed that 61.8% had a moderate and 32.8% had high level of spiritual well-being with a mean score of 90.15 \pm 17.78 (range 56–120). Majority, i.e. 62.3% of the older people were satisfied with their life with a mean score of 26.20 \pm 6.21 (range 6 – 35). A significant moderate correlation (p=0.001 and p=0.665) was found between spiritual well-being and life satisfaction.

Conclusion: This study reinforces the view that spiritual well-being and life satisfaction have significant association. Therefore, family members and other caretakers may encourage the older people to participate in spiritual activities for their physical and psychological wellbeing.

Keywords: aging, older people, quality of life, religiosity, spiritual needs, spirituality

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INTRODUCTION

One of the most challenging phases of life is aging [1]. As a person becomes older, physical, social, mental, and emotional needs alter significantly. If these changes are not adequately addressed, person may experience physical and mental issues, which can cause despair and a decrease in life satisfaction [2].

The neglect of older people by families and communities has increased [3]. The maintenance of high-quality healthcare is a fundamental concern for everyone and has occupied a large space in national and international debate [4]. Spirituality influences older people's perceptions of life events, leading to a

more positive evaluation of those events as meaningful [5].

In recent years, the older population has grown rapidly worldwide so their health and psychosocial problems become a greater challenge. For the first time ever, in 2018, adults 65 and older outnumbered youngsters under five around the world. By 2050, there will be 426 million people who are 80 years of age or older, which is expected to quadruple the current population of 143 million [6, 7]. In Nepal, according to the 2021 census, there are 2.97 million older adults, a 38.2% rise from the 2011 census [8].

It is believed that increased life satisfaction will improve the life expectancy and quality of life of older people [9]. Kim et.al claim that spirituality and religion are reliable indicators of a person's spiritual well-being [10]. Life satisfaction can reflect experiences that have had a positive impact on a person [11]. A significant correlation was found between religious orientation and life satisfaction (P < 0.05) [12]. Several previous studies suggest that involvement of older people in religious and spiritual activities have better physical and mental health [2,4,6,11]. This study aimed to assess the spiritual wellbeing and life satisfaction among elderly people in the context of an urban community in Nepal. The findings might be helpful to formulate the strategies for wellbeing of the older people in the local context.

METHODOLOGY

A cross-sectional study was conducted among 220 older people aged 60 years and above at Bhaktapur Municipality from May to July, 2022. Sample size was calculated as 220, using prevalence formula (n= Z^2pq/e^2) where, n=sample size, z=standard value of 1.96 at 95% CI p=estimated prevalence from previous study, 0.82 [6], q=1-p, 0.17, e=margin of error=5%. Convenient sampling technique was used to select required sample from ward number 7 and 8 of Bhaktapur Municipality. Non-response is not added as the data was collected by face-to-face interview, using structured interview schedule for data collection. Standard tools, Spiritual Well-Being Scale (SWBS) developed by Raymond F. et al. [13] and

Satisfaction with Life Scale (SWLS) developed by Diener, et al. [1] were used along with sociodemographic information for data collection. The tool was translated to Nepali language and pretest was done on 10% of sample size (22 people) in ward number 3 which was not included in the study.

Spiritual Well-Being Scale (SWBS) is a 20 item and uses 6-point Likert scale for each item. Negatively worded items are reverse scored. The total score of SWBS ranges from 20-120 and is categorized as low (score 20-40), moderate (score 41-99), and high (score 100-120). The subgroups of the scale include religious well-being score and existential well-being score. Likewise, Satisfaction with Life Scale is a 5-item scale with possible responses to each item on a 7point Likert scale. Total score ranges from 5-35 and contains seven categories from extremely satisfied (score 31-35) to extremely dissatisfied (5-9). Both are already validated standard tools with Cronbach alfa 0.87 (for both) and used in several studies previously [1,13].

Collected data was edited, classified, coded and entered into Microsoft Excel and analyzed using Statistical Package for Social Science (SPSS) version 20. Descriptive statistics like frequency, percentage, mean, and standard deviation and inferential statistics namely Fisher Exact test were used for data analysis, where p value is significant at ≤ 0.05 level.

RESULTS

Two hundred and twenty elderly people participated in the study. The mean age of respondents was 69.09+6.33. Majority127 (57.7%) were female; 168 (76.4%) had been living with family and 205 (93.1%) have good family support. All the participants followed Hindu religion, more than half of them (129, 58.6%) were financially self-dependent and had property ownership. During the past three months, 12 (5.5%) had poor health conditions and needed help in self-care activities. Most of them (204, 92.7%) were able to do activities of daily living on their own. Regarding involvement in religious activity, 208 (94.5%) would engage in some type of religious activities. [Table 1]

Table 1: Socio-dem			cte	risti	cs of the
	n=220)			
Variables Age groups	Frequency (n)		P	ercentage (%)	
60-70		135			61.4
71-80		75			34.1
above 80 Mean age <u>+</u> SD = 69	3 OO +	6 2 2			4.5
Gender	5.05 <u>+</u>	0.33			
Female		127			57.7
Male		93			42.3
Marital Status					42.5
Married		157			71.4
Divorced		12			5.4
Widow/widow		12			5.4
er	51			23.2	
Living Condition					
With family		168			76.4
Alone	52			23.6	
Family Support					
Good	205			93.2	
Poor		15			6.8
Financial Status					
Self-dependent		129			58.7
Dependent on					20.6
others		63		28.6	
Partly					
dependent on	28			12.7	
others	4				N 41
Current physical he	eaith d		e pa	ist :	
Fair		108			49.1 45.4
Poor		100 12			5.5
Activities of daily I	iving	12			3.3
Done by self	IVIIIg	204			92.7
Done with help					
Relationship with	16 7.3				
<u> </u>	lamily			1	70.6
Good	162				73.6
Fair	38			17.3	
Poor	20				9.1
Relationship outside	de Fan				ı
Good		156		70.9	
Fair			41		18.6
Poor		23			10.5
Property ownership			, -		50 5
Yes				29	58.6
No		9	1	41.4	
Involvement in rel	igious	1			60.1
Always			133		60.4
Sometimes		75			34.1
None		12		5.5	

Regarding religious wellbeing, a moderate sense of religious well-being was found among more than half, 117 (53.2%) and positive view of one's relationship with God was found in 103 (46.8%) of the respondents. Regarding the existential wellbeing, 163 (74.1%) of the respondents had moderate life satisfaction. Regarding the level of overall spiritual wellbeing, 136(61.8%) and 84 (38.2%) had moderate and high level of spiritual wellbeing respectively. **[Table 2]**

Table 2: Level of Spiritual well-being on Spiritual Well-Being Scale (n=220)

Level of Spiritual well-being	Frequency (n)	Percentage (%)
Religious well-being		
Unsatisfactory relationship with God (score 10-20)	0	0
Moderate sense of religious well-being (score 21-49)	117	53.2
Positive view of one's relationship with God (score 50-60)	103	46.8
Existential well-being		
Low level of satisfaction (score 10-20)	0	0
Moderate level of life satisfaction (score 21-49)	163	74.1
High level of life satisfaction (score 50-60)	57	25.9
Overall Spiritual well-being		
Low level of spiritual wellbeing (score 20-40)	0	0
Moderate Spiritual well- being (score 41-99)	136	61.8
High Spiritual well-being (score 100-120)	84	38.2

Table 3: Level of life satisfaction with Life Scale (n=220)	on Satisfaction	
Level of Life Satisfaction	Frequency (n)	Percent (%)
Extremely dissatisfied (score	3	1.4
5-9)		
Dissatisfied (score 10-14)	8	3.6
Slightly dissatisfied (score 15-	20	9.1
19)		
Neutral (20)	8	3.6
Slightly satisfied (score 21-25)	46	20.9
Satisfied (26-30)	67	30.5
Extremely satisfied (31-35)	68	30.9

On the Satisfaction with Life Scale, 181(82.27%) of the respondents were satisfied with their life ranging from slightly to extremely satisfied, and 21(9.5%) of the respondents were dissatisfied with their life ranging from slightly to extremely dissatisfied. Likewise, 18(8.1%) of respondents were neither satisfied nor dissatisfied with their life. [Table 3]

Overall mean score of spiritual wellbeing was 90.15 + 17.78. There are two primary scores in the spiritual well-being i.e., religious wellbeing score with the mean score of 46.41+9.71 and existential well-being score with the mean score of 43.74 + 8.53 respectively. The mean score of religious well-being was slightly greater than that of the existential well-being. Likewise, the mean score of life satisfaction was 26.20 + 6.21. **[Table 4]**

Table 4: Mean scores of the Spiritual Wellbeing and Satisfaction with Life (n=220)

(===)				
Variables	Mean <u>+</u> SD	Minimum	Maximum	
Spiritual	90.15 <u>+</u>	56.00	120.00	
Well-being	17.78	30.00		
Religious	46.41 <u>+</u>	25.00	60.00	
Well-being	9.74	23.00		
Existential	43.74 <u>+</u>	28.00	60.00	
Well-being	8.53	20.00		
Life	26.20 <u>+</u>	6.00	35.00	
satisfaction	6.21	0.00		

There was moderately significant (p<0.001) positive correlation (r=0.665) between spiritual well-being and life satisfaction. [Table 5]

Table 5: Correlation between Spiritual Well-being and Satisfaction with Life (n=220)

Satisfaction with the (11–220)			
Variables		Spiritual well-being	Life satisfaction
Spiritual well-	r	1	0.665
being	p		0.001*
Life	r	0.665	1
satisfaction	p	0.001*	

DISCUSSION

The respondents to the current study (57.7% females) had a mean age of 69.09 ± 6.33 years and all of them were married. The majority of the respondents had supportive families and were living with them. This finding is in line with a study conducted in Iran, where participants had a mean age of 65.14 ± 5.71, were almost all married, and the majority shared a home with their spouses and kids. These results indicate that both Iranian and Nepalese cultures value and respect their families [2].

Nobody had a low level of spiritual wellbeing among the study participants which is consistent with a study conducted in Iran that found the majority of elderly people, 68% had moderate to high levels of spiritual wellbeing [3]. In contrary, the study conducted in Srinagar, India revealed that only onefifth (21%) of the respondents had high level of spiritual wellbeing [4]. Similarly in another study, 79% of the respondents had an average level of spirituality [5]. There may be differences in the research area and age group where cultural variations may be present. According to the current study's findings on life satisfaction, 82% of respondents reported moderate to extremely high level of life satisfaction, while 14% reported low levels of satisfaction. Similar findings came from a study done in Indonesia, where 88% of the respondents reported high levels of life satisfaction [5]. Similar results were found in an Indian survey, where 43% of respondents indicated an average degree of life satisfaction, 57% indicated a high level, and none of the respondents fell in the low-level range [4].

Likewise, in this study, the mean score of life satisfaction was found to be 26.20 ± 6.21 which is congruent with the study conducted in Iran by Momeni and Rafiee where the mean score of life satisfaction was 23.50 [14]. In another study, the mean SWLS score was 24.6 ± 5.8 [9]. Similarly, a study done by Shrestha, et. al. in Tarkeshowar Municipality, Kathmandu, Nepal among 150 older people showed slightly different results as the overall life satisfaction score of the respondents was 37.42 ± 4.14 [6]. It might be because of differentiation in study setting and sample size.

Additionally, the current study found a substantial significant association between spiritual wellbeing and life satisfaction (p = 0.001 and r = 0.665),

which is also confirmed by a study done by Momeni in Iran found a similar significant positive correlation between spiritual wellbeing and life satisfaction [15]. Since the correlation coefficient was positive and significant, it can be concluded that fostering a more spiritual and religious outlook in older persons will boost their life satisfaction. Similarly, in another study showed a clear and significant relationship (p=0.001) between life satisfaction, spirituality, and religiosity) [9].

Other studies with comparable findings revealed a high correlation between spirituality and subjective wellbeing [11]. Similar findings showed that the experimental group participating in religious activities showed improvements in their scores on the life satisfaction measure and the spiritual wellbeing index compared to the control group [12]. Involvement in religion and spirituality was linked to improved psychological and physical outcomes, according to several research [12,13,14]. From a social perspective, religious affiliation aids in giving elderly people social networks that can be helpful by offering emotional support and other social benefits. Similar to the current study, a previous study found a substantial positive link between mindfulness and life satisfaction (r=0.244, p=0.007). As a result, an increase in spiritual awareness correlates with an increase in life satisfaction. Spiritual well-being and mindfulness were shown to be significantly positively correlated (r=0.319, p=0.000) [15]. Spiritual wellbeing also increases with improved mindfulness. Older adults report higher levels of life satisfaction when their spiritual wellness is higher [14,16]. In older people, it has been found that life satisfaction and spiritual well-being have a positive, significant association [2].

Another study conducted in Iran among 400 older people over 60 years found a correlation between senior people's quality of life and spiritual health (r=0.456; P=0.001), which is ultimately linked to life satisfaction. In terms of life satisfaction, older people with higher quality of life scored higher [17]. Similarly, according to a study conducted at Jakarta in 106 older individuals, that participants with low spiritual levels were six times more likely to

experience poor quality of life than participants with high or moderate spiritual levels. Similarly, older persons who scored low on life satisfaction had a nine times larger likelihood of having a negative quality of life and a seven times greater chance of having poor overall health, in comparison to older parsons who scored high score on life satisfaction [12]. Spirituality improved life satisfaction, which consequently led to good health behaviors. Satisfaction with life plays a facilitating role in association between spirituality and the constituent of health-related conduct such as positive attitude towards life, performance of appropriate physical and psychological behavior and maintenance of favorable environmental behaviors. It seems that elderly people who score higher in spirituality dimension had higher score in satisfaction with life too [18]. Similarly, spirituality is regarded as the indicator of noteworthy positive outcome of wellbeing and quality of life. It can be very useful as a helpful approach for growing meaning in life, hope, and social connections and deal with psychological problems in the elderly [19]. Intimate relationships in society are linked to high levels of life satisfaction [20]. In another study done in America and Poland among older people reported higher life satisfaction made fewer healthcare visits because they engaged in healthy daily habits, which are indirectly related to their sense of well-being [10,21]. According to a study conducted in a multicultural setting, nations with more robust spiritual lives reported higher levels of life satisfaction than those with weaker spiritual traditions [22, 23].

Limitations: This cross-sectional study is not able to measure the changes over time and hence the causal link. The study is limited only to two wards of Bhaktapur Municipality using convenient sampling which may not represent the whole population of the Municipality Therefore, the findings may not be generalized in other population.

CONCLUSION

This study intends to evaluate how spirituality affects older people's life satisfaction. The findings indicate a beneficial connection between spirituality and life satisfaction. In order to increase the satisfaction of older people, family members and caregivers need to support and encourage them to engage in varieties of spiritual activities.

Author contributions: SP and AT **c**onceptualized the research. ST collected data and SP analysed the data. SP wrote the manuscript and ST reviewed the manuscript. Both authors approved the final version of the manuscript and agreed to be accountable for all aspects of the research work. Note: SP and ST are abbreviated names of the authors.

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Ethics approval: Ethics approval was obtained from Institutional Review Committee (IRC) of Nobel College (IRC Ref No: BNIRC038/2022).

Consent: Before data collection, informed consent was taken from each participant. The privacy and confidentiality of the information was maintained throughout the research process. Approval was also obtained from the Municipality and ward offices of the relevant locations.

Data availability statement: Data are available on request to the corresponding author.

Conflict of interest: The researchers declare there is no conflict of interest for this study.

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