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# Exploring the Role of Spirituality in the Quality of Life of the Elderly

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## Abstract

Spirituality is the sense of connection to something greater than ourselves and the search for meaning in life. The research aims to explore the impact of spirituality on the quality of life among the geriatric population. Using a quantitative method with a between-group design, the study assessed quality of life as a dependent variable at two levels: high spirituality and low spirituality. This approach compared the quality of life between participants with high and low levels of spirituality. An independent samples t-test was conducted to examine the impact of spirituality on quality of life. The result yielded a t value of 4.06 with 74 degrees of freedom, which was found to be significant at the 0.05 level [t (74) = 4.06, $p < 0.05$]. The findings from the inferential statistics were significant, indicating a notable role of spirituality on quality of life. These results have important implications for treatment and rehabilitation within the geriatric population.

## Keywords

Spirituality, Quality of Life, Geriatric Population

## 1. Introduction

The term "spirituality" originates from the Latin word "spiritualitas", which is derived from "spiritus", signifying "breath" or "respiration". The adjective "spiritualis" translates to "mental" or "spiritual" (Shin, 2002). Spirituality has been defined in numerous ways, and there exists no universal consensus regarding its meaning. In common discourse, spirituality is frequently perceived as synonymous with the pursuit of the transcendent.

Spirituality was linked to encounters with spirits and various psychic phenomena in the 19th century. However, the understanding of spirituality can differ significantly among diverse cultural, national, and religious groups. The distinction

between religion and spirituality often becomes blurred for adherents of organized religion, with spirituality being described as "the living reality of religion as experienced by adherents of the tradition" (Nelson, 2009).

Spirituality is regarded as a unifying quality of mind, heart, and soul. It is generally used to characterize positive inner qualities and perceptions while eschewing the restrictive implications of dogmatic beliefs (Wulff, 1996, as cited in Saleem & Khan, 2015). Furthermore, spirituality can be interpreted as the experience of a profound sense of meaning and purpose in life, accompanied by a feeling of belonging. It is relevant to all individuals, including those who do not subscribe to the belief in God or a higher power (Saleem & Khan, 2015).

Additionally, Murray and Zenter characterized spirituality as a strength that transcends religious boundaries, encompassing a yearning for inspiration, awe, meaning, and purpose. The spiritual dimension highlights the importance of harmony with the universe, particularly in the face of emotional stress, physical illness, or the inevitability of death.

*Spirituality in Old Age*

Old age represents a pivotal stage of life characterized by biological and psychological transformations, as well as substantial life alterations, including retirement and the bereavement of partners or friends. During this period, religiosity and spirituality may serve protective functions against declines in cognitive abilities and overall functionality, while also alleviating feelings of loneliness, sadness, and hopelessness. These aspects of spirituality can be vital in curtailing social isolation and promoting mental health (Gallardo-Peralta, 2017).

Furthermore, spirituality can empower older individuals to effectively navigate the complexities of later life, thereby potentially enhancing their cognitive capabilities. This improvement in both physical and mental well-being facilitates increased mobility, which, in turn, fosters greater social interaction among older adults (Kumari & Sangwan, 2020).

*Quality of Life*

Quality of life represents an individual's evaluation of various dimensions of their existence, encompassing emotional responses to life events, personal disposition, and levels of satisfaction and fulfillment in relationships. While certain theorists have equated quality of life with well-being, Smith (1973), as referenced by Theofilou (2013), articulated well-being in terms of objective life conditions. In contrast, quality of life includes subjective assessments regarding one's experiences and circumstances. It is common in contemporary discourse for these terms to be used interchangeably.

Quality of life comprises both biological and functional components, such as health status, functional abilities, and disability, as well as social and psychological dimensions, including well-being, satisfaction, happiness, and economic theories of preference (utility) (Panzini et al., 2017).

In the realm of gerontological research, quality of life is a pivotal factor in comprehending the overall life satisfaction of the elderly population. This concept can

be categorized into objective quality of life, which pertains to an individual's capacity to access and utilize vital resources. Typically, individuals with higher incomes, improved health, extensive social networks, and greater educational attainment experience an elevated objective quality of life. Conversely, subjective quality of life refers to an individual's perceptions and evaluations of their own lives, characterized by high levels of life satisfaction, positive emotional states such as happiness, and low levels of negative emotions, including sadness. One theorist articulated that the quality of life for elderly individuals is closely associated with their sense of self-respect, control over various life domains, and the respect they receive from society (Rapley, 2003).

Numerous factors can influence the quality of life for older adults, including health-related issues, personal values, social influences, socioeconomic status, and living conditions (Sirgy, 2012). A primary objective of health policies is to enhance the quality of life, particularly for elderly individuals who possess a strong zest for life, as they are more likely to engage intellectually and enjoy an improved quality of life overall.

Furthermore, spirituality and faith significantly contribute to the meaning and overall experiences associated with the later stages of life (Farquhar, 1995). Gerontological studies have established a link between spirituality and increased life satisfaction, improved coping mechanisms during stressful situations, and recovery from illness (Walker, 2010). Recent research highlights a positive correlation between spirituality and quality of life among older adults, suggesting that religious involvement may lead to enhanced mental health outcomes (Abdala et al., 2016).

*Spirituality and Quality of Life*

Spirituality is acknowledged as a critical element of overall well-being. Research has investigated the correlation between spirituality and psychological states during periods of life transitions, demonstrating that spiritual well-being, existential well-being, and a spiritual perspective are significantly and inversely related to negative emotional states. Spiritual factors may significantly influence well-being. Moberg theorized that spiritual well-being constitutes a lifelong journey and an affirmation of an intrinsic connection to the divine, the self, the community, and the environment.

The mystical aspect of spirituality and Maslow's concept of peak experiences have been examined in various contexts. Savage, Fadiman, Mogar, and Allen (1966) presented clinical evidence indicating that the frequent occurrence of peak experiences can enhance self-confidence and foster a deeper sense of meaning and purpose. Additional studies have identified a positive correlation between life satisfaction and mystical or spiritual experiences, associating these experiences with an individual's sense of purpose in life. Individuals who engage in spiritual experiences frequently report elevated levels of well-being and heightened positive emotions compared to those who do not.

Ellison (1983) proposed that spiritual well-being is a manifestation of a foun-

dational state of spiritual health. This perspective is supported by other theorists, who assert that spiritual well-being reflects an individual's quality of life within the spiritual dimension or signifies their spiritual health (Fehring, Miller & Shaw, 1997, as cited in Fisher, 2011).

Spirituality is recognized as an important factor in leading a fulfilling life, serving as an inner resource. Such resources contribute to an individual's sense of being part of a deeper spiritual dimension and enhance their awareness of their inner self. These resources can improve feelings of control during challenging situations and promote a positive outlook that ultimately suggests all circumstances will resolve favorably. Furthermore, spirituality strengthens the sense of purpose in life, which is a fundamental component of a fulfilling existence.

Spirituality is recognized as an additional factor contributing to an individual's overall well-being and the fulfillment of basic psychological needs, which include autonomy, competence, and relatedness. It serves not only to complement these needs but also to mitigate the effects of their inadequacy. The significance of spirituality as a crucial determinant of a satisfying life becomes increasingly apparent when individuals perceive their basic psychological needs as unmet. In times of personal crisis, many individuals seek support from spiritual resources (Van Dierendonck, 2004). Furthermore, research has illuminated that, in the context of desirability and moral goodness, spirituality provides a psychological dimension that enhances quality of life (Van Dierendonck, 2012).

Although spirituality demonstrates a weak correlation with happiness, it has been posited to be connected to the broader concept of eudaimonic well-being. The spiritual well-being aspect within eudaimonic well-being fosters elements of self-actualization and positive psychological health (Van Dierendonck & Mohan, 2006). Additionally, empirical studies have established a positive association between spirituality and subjective well-being, which reflects an individual's assessment of life quality. Evidence suggests that religion accounts for approximately 5% - 7% of the variance in life satisfaction, a magnitude comparable to the influence of physical health on well-being. This relationship tends to be more pronounced among demographics with heightened religious engagement, such as older adults (Mookherjee, 1998).

Spiritual well-being is characterized by the presence of purpose and commitment in life, encompassing both religious well-being, characterized by a connection with a higher power, and existential well-being, which pertains to an individual's sense of life purpose and satisfaction (Mansager, 2000). It is often observed that a higher salience of religion correlates with enhanced physical and psychological well-being, as well as reduced levels of anxiety (Davis, Kerr, & Kurpius, 2003).

*Rationale of the Study*

The present study seeks to investigate the extent to which spirituality enhances the quality of life among the geriatric population. Religion and spirituality serve as significant social and psychological determinants in the lives of older adults.

Existing research indicates that individuals in this age group engage in religious and spiritual activities more frequently than any other demographic, often dedicating substantial portions of their leisure time to these endeavors (Kaplan & Berkman, 2019). In the later stages of life, there is a pronounced desire to attain a closer relationship with God, particularly as individuals confront the reality of their mortality (Saleem & Khan, 2015).

Based on my observations, I have noted that numerous spiritual groups predominantly consist of older individuals. Out of a desire to understand their motivations for increased participation, I engaged in conversations with several members of these groups. The majority of respondents indicated that, having achieved significant milestones in their lives, they are now entering the concluding phase of their existence. Their engagement in spiritual practices has afforded them a deeper sense of meaning and facilitated the maintenance of social connections. Some participants referred to this period as their "me time", allowing them to mitigate anxieties related to death.

There exists a paucity of studies within India that have examined the relationship between spirituality and quality of life among the elderly. Thus, a thorough understanding of spirituality in older adults and its correlation with quality of life is crucial. Furthermore, while most prior studies addressing this association have concentrated on urban or metropolitan regions (Yoon & Lee, 2014), this investigation is conducted in the rural areas of Kerala. By implementing spirituality intervention techniques, it is feasible to enhance the levels of spirituality among the elderly, consequently leading to an improved quality of life.

**Research Questions**

What is the role of spirituality in the quality of life among the geriatric population?

**Aim and Objectives**

*Aim*:

To study the role of spirituality on the quality of life among the elderly.

*Objective*:

To understand the role of spirituality in the quality of life.

## 2. Review of the Literature

A study conducted to understand the impact of spirituality on mental health and well-being by Polagani et al. (2024) found that spiritual practices help predict better mental health among the elderly. A study by Debnath, Roy, and Mukhopadhay (2022) evaluated the Quality of Life (QoL) of older urban residents in an Indian town using the WHOQOL-BREF and assessed daily spiritual experience with the DSES. Pearson correlation and regression analysis examined the link between spirituality and QoL, while Exploratory Factor Analysis identified key spiritual factors. Findings suggest that spiritual practices help older adults stay hopeful and maintain better mental health.

According to Chiu, Emblen, Van Hofwegen, Sawatzky, and Meyerhoff (2004),

spirituality is defined as a state of connectedness that encompasses the relationship with oneself, the external world, and the transcendent. Building upon the association between spirituality and quality of life, Mytko and Knight (1999) characterize quality of life as a subjective phenomenon, inclusive of the individual's perspective on their overall well-being, encompassing physical, psychological, and social dimensions, as well as their evaluation of specific quality of life components. Kumar, Kumar, Singh, and Shukla suggest that spirituality may serve as a central avenue to success in life, fostering enhancements in individual quality of life and promoting a positive outlook.

A study conducted by Ali et al. (2018) investigated the correlation between spiritual well-being and quality of life among 141 elderly individuals aged 60 and above at Kahrizak Senior House. The findings indicated that male participants exhibited higher quality of life scores than their female counterparts; additionally, both married and single individuals scored higher than those who were widowed, although these differences were not statistically significant. The primary outcome demonstrated a positive correlation between spiritual well-being and quality of life. Consistent with these findings, Ucar and Aylaz (2019) reported elevated quality of life subdimensions among male participants and noted that increased age and income positively influenced quality of life among geriatric populations, underscoring the connection between spirituality and improved quality of life.

Corresponding results emerged from a study conducted by Yoon and Lee (2014), which aimed to examine the relationship among religious involvement, spiritual practice, social support, and psychological well-being in older adults residing in rural areas. The results revealed a positive association between spirituality and social support, which, in turn, positively affected psychological well-being. Furthermore, elderly individuals employing more spiritual coping mechanisms reported heightened life satisfaction and quality of life. The study also recommended the development of programs to enhance spiritual beliefs, thereby promoting psychological well-being and quality of life in elderly populations.

Kapri and Kathpalia (2019) explored spirituality's impact on the well-being of individuals aged 65 and above, concluding that spirituality aids the elderly in coping with loss and enhances their life satisfaction. Similarly, research conducted by Tan, Wutthiler, and O'Connor (2011) examined the correlation between spirituality and quality of life among chronically ill elderly individuals. Their findings indicated that higher levels of spirituality were associated with an improved quality of life; however, contextual factors such as financial constraints and social issues adversely impacted participants' experiences. Overall, the findings suggest that spirituality significantly enhances the quality of life for older adults.

Similar outcomes were identified in a systematic review of academic research databases, which analyzed the association between religion, spirituality, and quality of life among healthy adult individuals. The results indicated that elevated levels of spirituality and religiosity correlated with superior health-related quality of life. Furthermore, the findings suggested that heightened spirituality or religiosity

may serve as a crucial strategy for managing challenging situational contexts, ultimately aiding individuals in enhancing their well-being (Borges et al., 2020).

A study conducted by T'ng, Kok, Yee Hon, Hoong Ho, and Yee Lim (2019) among Malaysian older adults assessed the predictive abilities of religiosity and spirituality on quality of life. The multiple linear regression analysis indicated that spirituality emerged as the strongest predictor of quality of life in this demographic, while religiosity did not demonstrate a predictive capacity, in contrast to previous findings. These results imply that the internalization of spiritual virtues contributes to an improved quality of life among the elderly.

A prospective, non-randomized single-group study was performed to evaluate the effect of spiritual care therapy on the quality of life of cancer patients and their caregivers. The findings indicated that enhanced spiritual care results in improved spiritual well-being and general well-being for both patients and caregivers (Sankhe et al., 2017). Additionally, research conducted by Vitorino, Low, and Vianna (2016) examined the impact of both positive and negative spiritual and religious coping on quality of life among community-dwelling and nursing home residents. Regression analysis revealed that positive coping mechanisms are associated with enhanced quality of life across both groups.

*Neuroscience of Spirituality*

A recent study investigated the neurobiological underpinnings of spirituality and its implications for mental health. It was observed that activation occurred in the prefrontal cortex and thalamus, alongside increased serotonin levels and functional alterations in the parietal lobe. Spiritual meditation exhibited anxiolytic effects by enhancing parasympathetic activity and reducing stress hormone levels. Furthermore, another study indicated that spiritual meditation resulted in decreased blood flow within the parietal region, fostering relaxation and enhancing the overall quality of life, while simultaneously increasing frontal and temporal theta activity.

Research has revealed that the prefrontal lobes of practitioners, such as monks, remain engaged even outside of meditation, contributing to heightened positive emotions and diminished feelings of frustration. Additional findings have highlighted a negative correlation between spiritual awareness and activity in the left inferior parietal lobule, thus underscoring the distinctions between spiritual and stressful experiences.

Moreover, enhanced awareness during meditation was linked to improved cortical thickness in the right anterior insula, which is associated with increased emotional awareness. Overall, spirituality correlates positively with quality of life, demonstrating an association between spirituality and social support. However, certain studies have also identified negative impacts within financial and social domains. The activation of the prefrontal cortex is crucial in facilitating positive emotional experiences, leading to the conclusion that meditation enhances the brain's capacity for such experiences. This ongoing research will further investigate the influence of spirituality on the quality of life within the geriatric popula-

tion (Davidson, Kabat-Zinn, Schumacher, Rosenkranz, Muller, & Santorelli, 2003; Mohandas, 2008; Ott, Holzel, & Vaitl, 2011; Fenwick, 2015; Miller, Balodis, McClintoc, Xu, Lacadie, Sinha, & Potenza, 2018).

## 3. Method

*Variables*

*Independent Variable*:

Spirituality is conceptualized at two distinct levels: High Spirituality and Low Spirituality. Spirituality is operationally defined as the acknowledgment of a belief or feeling that there exists something greater than oneself. The assessment of spirituality was conducted utilizing the Daily Spiritual Experience Scale (DSES), as developed by Underwood and Teresi in 2002. A top-bottom split at the 33% threshold was employed to categorize participants into a) High Spirituality and b) Low Spirituality, with each category consisting of 38 participants. The Daily Spiritual Experience Scale (DSES) produces a continuous score, but the study aimed to compare "High Spirituality" vs. "Low Spirituality". The top–bottom split was performed to maximize the contrast **between** high and low spirituality, eliminate ambiguity from the "moderate" cases, and allow cleaner statistical comparisons.

*Dependent Variable*:

Quality of life is explicitly defined as an individual's perception of their existence with their ideal circumstances, within the framework of the cultural and value system in which they reside (World Health Organization, as cited in Ruzevicius, 2007). The assessment of quality of life was conducted using the WHOQOL-OLD instrument.

*Control Variables*

Several factors, including age, the presence of any psychiatric conditions, fundamental comprehension of the English language, and the status of individuals residing in institutional settings, were identified as control variables in the current research study.

*Research Hypotheses*

Participants with high spirituality will have a higher quality of life compared to participants with low spirituality.

*Sample*

The present study encompassed both male and female participants drawn from the elderly population, primarily residing in rural areas of Kerala. Aging is defined as the process of maturing over time, characterized by various changes that accompany the passage of years. According to Erikson's Psychosocial Theory, individuals in late adulthood frequently engage in a retrospective evaluation of their lives. A positive assessment of one's life can lead to a sense of integrity, whereas a negative evaluation may result in feelings of despair (Santrock, 2011). Erikson posits that individuals over the age of sixty are classified as geriatric. In general, individuals within this age demographic are capable of self-care unless hindered by specific physical or psychological conditions, which may necessitate consulta-

tion with geriatric specialists.

Table 1 illustrates that the original sample in the study comprised 108 participants. A top-bottom split of 33% was applied to categorize the sample based on levels of spirituality, resulting in a final sample of 76 participants from the rural region of Kerala. Among these participants, 40 individuals (53%) were female, while 36 individuals (47%) were male. The ages of the participants ranged from 60 to 80 years, with a mean age of 67.7 years (SD = 6.74). Specifically, there were 46 participants aged 60 to 69 years and 30 participants aged 70 to 80 years.

Table 1. Illustrates the number and percentage of the demographic characteristics.

| | Characteristics | Frequency | Percentage |
|---|---|---|---|
| Age Range | 60 - 69 | 46 | 60.53 |
| | 70 - 80 | 30 | 39.47 |
| Gender | Female | 40 | 53 |
| | Male | 36 | 47 |
| Marital Status | Single | 3 | 3.95 |
| | Married | 57 | 75 |
| | Widow/Widower | 15 | 19.74 |
| | Divorced | 1 | 1.32 |
| Occupation | Employed | 27 | 35.53 |
| | Unemployed | 23 | 30.26 |
| | Retired | 26 | 34.21 |
| Religion | Christian | 52 | 68.42 |
| | Hindu | 23 | 30.26 |
| | Muslim | 1 | 1.32 |

In terms of marital status, 3 participants (3.95%) were single, 57 participants (75%) were married, 15 participants (19.74%) were either widows or widowers, and 1 participant (1.32%) was divorced. Employment status indicated that 27 participants (35.35%) were employed, 23 participants (30.26%) were unemployed, and 26 participants (34.21%) were retired. Regarding religious affiliation, 52 participants (68.42%) identified as Christian, 23 participants (30.26%) as Hindu, and 1 participant (1.32%) as Muslim. Data collection was conducted using a convenience sampling method.

*Inclusion Criteria*

In order to be eligible for the specific study, elderly individuals residing with their families were considered, provided they did not have any diagnosed psychological disorders (i.e., individuals who have not received a clinical diagnosis from a mental health professional). This criterion was verified through targeted inquiries prior to the administration of the assessment scales. Furthermore, it was a pre-

requisite that only elderly participants possessing a sufficient understanding of the English language were included in the study.

*Exclusion Criteria*

The present study excludes elderly individuals with any form of psychiatric illness. Additionally, those who are institutionalized have also been excluded from consideration in this research.

*Research Design*:

The current research is a quantitative study employing a between-group design. The investigation focuses on a single independent variable with two distinct levels: High and Low Spirituality, and one dependent variable, which is the quality of life among the elderly population. A top-bottom split of 33% was utilized to delineate the ranges for high and low spirituality levels.

*Tools*:

*Daily Spiritual Experience Scale* (*DSES*):

The Daily Spiritual Experience Scale was developed by Lynn G. Underwood in 2002. This scale was specifically designed to assess ordinary spiritual experiences of connection with transcendence in daily life. It consists of 16 items that are measured using a self-report format. The first 15 items utilize a 6-point Likert scale ranging from "many times a day" to "never or almost never". The 16th item employs a 4-point Likert scale with response options including "not close at all", "somewhat close", "very close", and "as close as possible".

The initial 15 items are combined to produce a full-scale score, while the 16th item is scored independently. The total scores can vary from 16 to 94. The scale demonstrates a high Cronbach's alpha coefficient, consistently above 0.89, both in its original English format and in translations. Additionally, a test-retest Pearson correlation of 0.85 over a two-day interval confirms the reliability of the scale (Underwood & Teresi, 2002).

*World Health Organization Quality of Life - Older Adults Module* (*WHOQOL-OLD*)

The WHOQOL-OLD is a validated instrument designed to assess the subjective quality of life within the geriatric population. This scale evaluates six distinct factors, each comprising four items: sensory abilities, autonomy, past, present, and future activities, social participation, death and dying, and intimacy. In total, the instrument consists of 24 items, each rated on a 5-point Likert scale, with options ranging from "not at all" to "an extreme amount".

Scoring is conducted by summing the responses to derive a total score, which ranges from 24 to 120. Notably, certain items—specifically items 1, 2, 6, 7, 8, 9, and 10—are reverse scored. A higher total score indicates a higher quality of life, while a lower score suggests a diminished quality of life.

The internal consistency of the scale, as measured by Cronbach's alpha, was found to be in an acceptable range of 0.77 to 0.88 across individual facets, with an overall internal consistency of $\alpha = 0.89$. Furthermore, a significant correlation was observed between the total scores of the WHOQOL-OLD and the WHOQOL-100,

with a correlation coefficient of r = 0.665 (World Health Organization, 2006).

*Procedure*

Participants for this study were recruited utilizing a convenience sampling method. Elderly individuals from various districts of Kerala such as Ernakulam, Kozhikode, Thrissur, Palakkad were approached to obtain their consent for data collection during the research process. The aims and objectives of the study were clearly explained to them. Consent forms were subsequently provided to those participants who met the specified criteria and expressed a willingness to participate, utilizing Google Forms for this purpose.

Initially, participants were requested to provide their sociodemographic information, which included their initials, age, gender, marital status, occupation, and religion. Following this initial data collection, the research instruments were administered in a predetermined order, commencing with the Daily Spiritual Experience Scale (DSES), followed by the World Health Organization Quality of Life Scale for Older Adults (WHOQOL-OLD). The investigator provided a thorough explanation of the questionnaires to the participants in advance, instructing them to read the materials attentively. Should the participants encounter any unclear information, they were encouraged to seek clarification from the investigator.

Upon completion of the questionnaires via Google Forms, participants were thanked for their involvement and debriefed concerning the study. The data collected were subsequently analyzed using Microsoft Excel.

*Data Analysis*

To examine the impact of spirituality on the quality of life within the elderly population, an independent samples t-test was conducted. The study employed a top-down classification method, dividing participants into two groups based on a 33% split: 1) high spirituality and 2) low spirituality. This categorization was established to examine the influence of spirituality on the dependent variable, which is the quality of life.

*Ethical considerations*

The primary aim of this research was to adhere strictly to ethical guidelines and the standards set forth by the American Psychological Association (APA) for studies involving human participants.

In any research setup, it is essential to recognize and protect human rights. This includes informing participants about the study, allowing them the freedom to choose whether to participate, and ensuring they can withdraw at any time without facing any penalties. To uphold these principles, we obtained informed consent from all participants before beginning the study. They were made aware that they could withdraw from the research at any point without any repercussions. Additionally, participants were required to sign a consent form that included their demographic information and clearly indicated their willingness to volunteer for the study. I ensured that there was no coercion involved; participants were not pressured or forced to consent or participate.

The principle of justice emphasizes fairness and equity. With this in mind, I

ensured that the research did not lead to the exploitation or mistreatment of any participant. I acknowledged the contributions of the participants and took steps to ensure that they were not placed at any significant mental or physical risk during the study.

In cases where some level of deception is necessary to maintain the integrity of the results, it is crucial for researchers to be cautious about the potential trauma that such deception may cause. In this study, any deception used was minimal and intended solely to facilitate the proper administration of the questionnaires.

Anonymity was maintained for all participants and their results. The identities and actions of participants were not disclosed in any form. My primary responsibility during the research was to take measures to ensure the confidentiality of participants and their results. The right to privacy was respected, and all information remained strictly confidential. The results were used solely for research purposes and were not shared with any third parties. Participants who wished to receive their scores on the scales were provided with this information after scoring, along with a brief debriefing.

*Transparency and Openness*

We describe our sampling plan, all data exclusions, manipulations, and measures used in the study, and we adhere to the Open Journal of Social Sciences. The data and research materials are available upon request from the author. Data were analyzed using Microsoft Excel software. The study's design and analysis were not preregistered.

## 4. Results

The objective of the current research was to examine the influence of spirituality on the quality of life among the geriatric population. The data collected were subjected to analysis using an independent samples t-test.

Table number 2 presents the mean and standard deviation for Spirituality, which are recorded as 78.605 and 16.3, respectively, based on a sample size of N = 76. Similarly, the calculated mean and standard deviation for Quality of Life are 89.2 and 13.05, respectively, also derived from a sample size of N = 76 (Table 2).

**Table 2.** Descriptive statistics table of variables.

| | N | Minimum | Maximum | Mean | Standard Deviation |
|---|---|---|---|---|---|
| Spirituality | 76 | 23 | 96 | 78.605 | 16.3 |
| Quality of Life | 76 | 63 | 116 | 89.2 | 13.05 |
| Valid N (listwise) | 76 | | | | |

*Hypothesis*: *Participants with high spirituality will have a higher quality of life compared to participants with low spirituality.*

The hypothesis posits that individuals with high levels of spirituality will

demonstrate a higher quality of life in comparison to those with low levels of spirituality. Table 3 and Figure 1 illustrate the quality of life among the elderly categorized by high and low spirituality. The mean quality of life for participants exhibiting high spirituality was calculated to be 94.76, with a standard deviation of 11.54 (N = 38). Conversely, the mean and standard deviation for participants with low spirituality in relation to quality of life were found to be 83.63 and 12.05 (N = 38), respectively.

Table 3. Mean and SD of quality of life among geriatrics in relation to high and low spirituality.

| | | N | Mean | SD |
|---|---|---|---|---|
| Quality of Life | High Spirituality | 38 | 94.76 | 11.54 |
| | Low Spirituality | 38 | 83.63 | 12.05 |

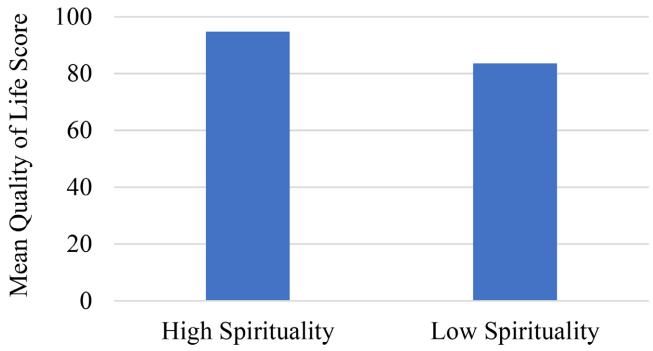


Figure 1. Mean quality of life scores in relation to high and low spirituality.

An independent samples t-test was conducted to assess the statistical significance of the results, as summarized in Table 4. The computed t-value of 4.06 at 74 degrees of freedom demonstrates significance at the 0.05 level [$t(74) = 4.06$, $p < 0.05$]. Consequently, the alternative hypothesis was accepted, while the null hypothesis was rejected. Specifically, the null hypothesis, which stated, "there will be no difference in the level of quality of life between participants with high spirituality and those with low spirituality," was rejected. The alternative hypothesis, asserting that "participants with high spirituality will have a higher quality of life compared to participants with low spirituality," was substantiated. The null hypothesis states that the data are modeled as normally distributed. The Shapiro-Wilk test was computed to test the normality.

Table 4. Inferential statistics of independent sample t-test of quality of life among geriatrics who are high and low on spirituality.

| Quality of Life | t | df | *p* (one-tailed) | Significance (0.05) |
|---|---|---|---|---|
| | 4.06 | 74 | 0.00006 | Sig |

*Additional Findings*:

As presented in Table 5 and illustrated in Figure 2, the mean quality of life for males was calculated to be 92.36, with a standard deviation of 13.18. In contrast, the mean quality of life for females was determined to be 86.35, accompanied by a standard deviation of 12.59.

Table 5. Mean and SD of quality of life scores in terms of gender.

| Quality of Life | Mean | Standard Deviation |
|---|---|---|
| Male | 92.36 | 13.18 |
| Female | 86.35 | 12.59 |

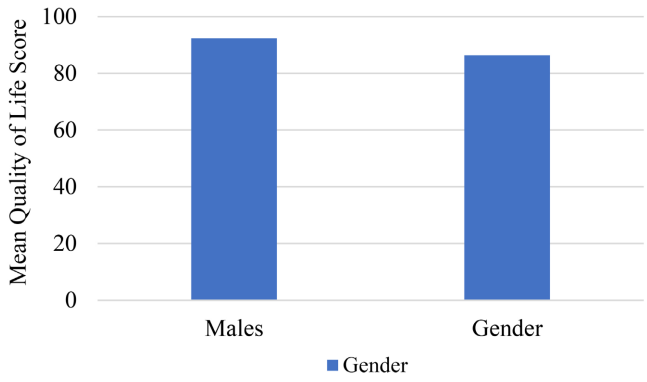


Figure 2. Mean quality of life in terms of gender.

## 5. Discussion

The phenomenon of old age is characterized not only by biological changes but also by social and psychological transformations. Spirituality is identified as a protective factor for the elderly, particularly in the context of declining functional capacities, loss of roles and cognitive abilities, as well as feelings of loneliness, sadness, and hopelessness. Therefore, the present study aimed to examine the impact of spirituality on the quality of life among older adults.

A total of 76 participants engaged in this study, completing three scales: the Daily Spiritual Experience Scale and the WHOQOL-OLD. The resulting scores on these scales were analyzed using an independent samples t-test to statistically evaluate the proposed hypotheses.

The primary objective of the study was to determine the role of spirituality in the quality of life in the elderly population. It was hypothesized that participants exhibiting high levels of spirituality would report a higher quality of life compared to those with lower levels of spirituality. The findings indicated a positive correlation between increased spirituality and enhanced quality of life among elderly individuals. Consequently, the null hypothesis—that no significant difference exists in the quality of life between participants with high spirituality and those with low spirituality—was rejected.

This outcome aligns with several prior studies suggesting that higher spiritual-

ity correlates with an improved quality of life among older adults. For instance, research conducted by Tan, Wutthiler, and O'Connor (2011) established a positive relationship between spirituality and quality of life, indicating that as spirituality increases, quality of life similarly improves, and vice versa. In a similar vein, Kumari and Sangwan (2020) found a positive correlation between spirituality and quality of life, positing that spirituality provides a sense of calm during periods of loneliness, as well as a sense of meaningfulness and purpose.

Moreover, the Rowe and Kahn (1998) model established a positive association between spirituality and reductions in disease and disability. Active engagement in life and the maximization of both physical and mental activities contribute significantly to successful aging. Supporting the findings of the current study, additional research has indicated that spirituality introduces an additional psychological dimension that enhances the desirability and moral significance of life (Van Dierendonck, 2012).

Furthermore, the results of this study revealed that the mean quality of life score was higher for men than for women. This gender disparity may be attributed to a higher prevalence of chronic conditions, increased life expectancy, and poorer performance-based functional capacity among elderly women as compared to their male counterparts.

Additionally, the findings corroborate a study by Fenwick (2015), which indicated that spiritual meditation could reduce blood flow in the parietal region and modify cortical functions, leading to various physiological benefits that enhance quality of life. Spirituality is associated with relief from physical, mental, and addiction-related disorders, which further enhances quality of life and longevity. Furthermore, a study by Siette et al. (2021) reported lower quality of life among institutionalized elderly individuals compared to those living in personal homes. The current study included elderly individuals residing with their families, underscoring that a spiritual atmosphere within family settings can bolster both functional and psychological abilities.

## 6. Limitations

The research design, methodology, and findings warrant critical examination, revealing several limitations that should be considered when interpreting the results.

It is important to acknowledge that the convenience sampling method employed in this study may present limitations. This approach does not ensure generalizability to the broader elderly population, as there may be significant differences in characteristics between respondents and non-respondents.

While a cross-sectional methodology facilitates the exploration of associations, it inhibits drawing conclusions about causality and the direction of these relationships. Longitudinal studies would be advantageous in assessing the long-term impacts of spirituality on quality of life.

Another limitation pertains to the study population, which exclusively included older adults aged 60 to 80 years. Expanding the age range could enhance the het-

erogeneity of the sample. Furthermore, the study exclusively considered elderly individuals residing at home; thus, the findings cannot be generalized to those living in institutional settings.

The demographic variables, including gender, occupation, marital status, and religion, were not examined, despite their potential influence on quality of life. Therefore, additional research in this area is necessary to enrich the study's findings.

## 7. Implications

The results of the study highlight significant research and clinical implications. The findings contribute to the existing body of evidence on the impact of spirituality on the quality of life among older adults. It is suggested that elderly individuals engage in specific spiritual activities that may provide them with inner satisfaction and meaning in life. This research, in particular, offers valuable insights into how a high spiritual orientation can enhance the quality of life for older adults.

Moreover, it raises awareness about the importance of addressing social and spiritual needs within the geriatric population. The findings can inform therapy planning for elderly individuals by emphasizing interventions that focus on spirituality. Such interventions may include activities that strengthen their spiritual resources, such as spiritual assessments, relaxation techniques (such as meditation and breathing exercises), and the formation of emotional support groups.

Additionally, this study can help create awareness among family members regarding the various challenges faced by the elderly and encourage effective ways of addressing these issues.

## 8. Recommendations for Future Research

A similar study could be conducted with a more heterogeneous population and a larger sample size to provide a better understanding of the results and enhance generalizability. The research could be further expanded to include institutionalized elderly individuals.

Additionally, longitudinal studies would be beneficial for assessing the long-term benefits of spirituality on quality of life.

To gain a clearer understanding of the effects of spirituality, a pre-test/post-test design could be implemented. This would involve conducting a spiritual training program for the experimental group while also including a control group. This setup allows for comparisons between the two groups, helping to distinguish changes resulting from the spiritual training program from changes that may occur naturally.

Furthermore, the age range of older adults could be extended to include individuals aged 90 and above, making the sample even more heterogeneous.

## 9. Conclusion

This research study focused on the impact of spirituality on the quality of life

among elderly individuals. The findings revealed that higher levels of spirituality are associated with an improved quality of life compared to lower levels of spirituality within the geriatric population. Therefore, the alternative hypothesis states: "Participants with high spirituality have a higher quality of life compared to participants with low spirituality." This study also highlights the opportunity to explore various other factors that were not controlled for, which may have influenced the quality of life among the elderly.

## Consent to Participate

Informed consent was obtained from all individual participants included in the study.

## Conflicts of Interest

There are no relevant financial or non-financial interests to disclose.

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