

# The Relationship between Spirituality and Self-management of Chronic Illness among Old Age at Geriatric Care Homes in Baghdad

<sup>1</sup>Dr. Raad K. Faraj, PhD

## **Abstract**

**Objectives:** *The study aims to evaluate the level of spirituality and self-management of chronic illness among old age clients and find out the relationship between the spirituality and self-management.*

**Methodology:** *A descriptive correlational design that is initiated for the period of June 1<sup>st</sup> to December 1<sup>st</sup>, 2019; the study includes two geriatric Homes at Baghdad city. The sample of the study includes (100) old age residents at geriatric homes that are selected by use of the convenient sampling method (non-probability sample). The questionnaire of the study is arranged; for measuring the spirituality, the Spiritual Well-Being Scale is used; and for measuring the self-management, the Self-Efficacy for Managing Chronic Disease 6-item Scale is used. The data have been collected through the utilization of the self-administrative report and structured interview. Statistical analyses were conducted by using statistical package for social science (IBM SPSS Statistics) version 24.0.*

**Results:** *The study found that old age residents are with age group (60-69) year old (47%). who are male (55%), divorced (39%), read and write (33%), and with personal source of income (45%). The common chronic illness among elderly are: hypertension (35%), diabetes mellitus (18%), and arthritis (15%). (65%) of them are showing moderate level of spiritual well-being and (55%) showing high level of self-efficacy for managing chronic illness. There is high significant correlation between spiritual well-being and self-efficacy among elderly.*

**Conclusions:** *The study concluded that spirituality has high positive role in self-management abilities for managing the chronic illness among elderly.*

**Recommendations:** *The study recommended increasing the spiritual well-being among the elderly to improve the quality of their life that have the role in improving the self-management abilities for chronic illness.*

**Keywords:** *Spirituality, Self-management, Old age*

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<sup>1</sup> Assistant Professor, Community Health Nursing Department, College of Nursing, University of Baghdad, Iraq

## I. Introduction

Recently, the elderly is considered as a major issue of challenge all over the world <sup>(1)</sup>. The age of sixty years and older is defined by the World Health Organization as elderly <sup>(2)</sup>. According to the statistical number of the World Health Organization, there is an increasing in the number of old age people and it anticipated in 2030 that one out of five individual will be old <sup>(3)</sup>. The increasing number of elderly population will lead to the need for medical and health services for those old age people <sup>(4)</sup>. The seniority is not presented as a disease by itself, but it include a psychological and physical changes that are occurring during the years, as result for these changes, acute and chronic illnesses will be increased among those old age person<sup>(4)</sup>.

As number of the elderly increasing, a virtual need of strategies for improving health of various aspects is necessary for those persons <sup>(5)</sup>. For the time being, fortifying the old age's self-management is considered as one of the crucial strategy for improving the health and overcoming the existing challenge <sup>(6)</sup>. Self-management is refers to the activities that holds by old age person to promote and improve their health, prevent illness, and maintain their health status <sup>(7)</sup>.

The elderly are individuals that are at risk group for various health problems, they are more likely to have at least one chronic health problem. The chronic health problems introduce the chronic disease that are long-term illnesses such as diabetes mellitus, arthritis, heart disease and other disease that are incurably and influence negatively on the daily living activities among old age persons <sup>(8)</sup>.

The health components refer to four dimensions that include: physical, psychological, social, and spiritual. The spiritual dimension is most newly admitted health dimension <sup>(9)</sup>. Spiritual health can be seen with a positive feeling in an interpersonal relationship and is a person's source of sense for "personal identity, integrity, satisfaction, beauty, love, respect, positive attitude, inner peace and harmony, purpose, and direction in life" <sup>(10)</sup>.

Spirituality is "a very personal, unique and sacred world of human experience and a common factor of all religions and produces in the qualities of human such as patience, faith, honesty and integrity". Spirituality is a part of mental health; therefore, lack of spirituality can lead virtual health problems <sup>(11)</sup>

Spiritual health has two definite dimensions that are religious and existential health, in which the religious dimension is concerning to individual's understanding of the spiritual wellbeing and his contact with God and superior power, while the existential health include how the person to adjust and contact with the community and surroundings which include the purpose for life, positive and negative experiences, and life satisfaction <sup>(12)</sup>.

A holistic health care plan should indicate the consideration of physical, emotional, and spiritual needs. Despite the fact that old age person are having chronic diseases, study infers that they living longer <sup>(13)</sup>. Many researchers have explored and found various possible factors for this longevity. Some are attributed to healthy living style <sup>(14)</sup>, some are attributed to biotechnical advancement <sup>(15)</sup>, and some to genetic factor <sup>(16)</sup>. Other, however attribute the long living to spirituality and religion <sup>(17)</sup>. Therefore, the current study is trying focus on the relationship between spirituality and self-management among elderly as important moderator for improving health status among them.

## Objectives of the Study

The present study aims to evaluate the level of spirituality and self-management of chronic illness among old age residents and find out the relationship between the spirituality and self-management.

## II. Methodology

The design of the study is descriptive correlational design that is initiated for the period of June 1<sup>st</sup> to December 1<sup>st</sup>, 2019; an assessment approach is applied in order to achieve the earlier stated objectives.

The ethical consideration of research is achieved by obtaining the agreement from the Committee of Research Ethics at College of Nursing, University of Baghdad. In addition, the agreements of the subjects were asked for participation in research by filling the participation consent in covering letter of the questionnaire.

For the purpose of administrative and arrangements issues for conducting the research, the permission was asked from Ministry of Labor and Social Affairs, in addition, the secondary permission were obtained from the Organization of Geriatric Homes. The permission facilitates the entrance of researcher to the Geriatric Homes and meets the residents.

The setting of the study includes geriatric Homes at Baghdad city, two geriatric homes were selected for the current study; one from Al-Karkh District and the other from Al-Rusafa District.

The sample of the study includes (100) old age clients residents at geriatric homes, the researcher used the convenient sampling method (non-probability sample) in which the residents were selected purposively. The sample included the old age that have chronic disease and have no mental or neurological illness. According to Soper <sup>(18)</sup>, the sample size that must achieve the parameters of anticipated effect size of 0.15, the desired statistical power level of 0.80, one predictor, and a probability level of 0.05; the minimum required sample size would be 54.

The questionnaire of the study is designed by researcher which consists of three parts; the first part is contained the covering letter and the demographic variable of the old age residents; the second part is concerned with Spiritual Well-Being Scale; and the third part include Self-Efficacy for Managing Chronic Disease 6-item Scale.

Spiritual well-being Scale was adopted <sup>(19)</sup> and consisted of 20 items which were rated into five levels of Likert scale and scored the follows: strongly agree (5), agree (4), neutral (3), disagree (2), and strongly disagree (1). The items of the scale is divided into two dimension, the religious well-being that includes the item (1, 3, 5, 7, 8, 9, 11, 13, 15, 17, and 19) and the dimension of existential well-being that includes item (2, 4, 6, 10, 12, 14, 16, 18, and 20). The level of spiritual well-being was estimated by calculating the cut off points for the total mean of scores for the scale as mild=20 - 46, moderate= 47 - 73, and severe= 74 - 100.

Self-Efficacy for Managing Chronic Disease 6-item Scale was adopted <sup>(20)</sup>, the items were rated into grade from (1) not at all confident to (10) totally confident. The level of self-efficacy was estimated by calculating the cut off points for the total mean of scores for the scale as low=6 - 24, moderate= 25 - 42, and high= 43 - 60.

The reliability and validity of the two scales were depended on the reliability and validity of the original scales that refer they were valid and reliable <sup>(19)</sup> <sup>(20)</sup>.

The data have been collected through the utilization of the self-administrative report as a mean of data collection. The questionnaire was distributed after being willing to answer the questionnaire and participate in the study.

Statistical analyses were conducted by using statistical package for social science (IBM SPSS Statistics) version 24.0. Data analysis was employed through the application of descriptive and inferential statistical approaches to achieve the objectives of the study.

### III. Results

**Table 1: Distribution of the Sample according to their Socio-demographic Characteristics**

o.	Characteristics	f	%
	<b>Age</b>	60 – 69 years	47
		70 – 79 years	31
		80 ≤ years	22
		<b>Total</b>	<b>100</b>
	<b>Gender</b>	Male	55
		Female	45
		<b>Total</b>	<b>100</b>
	<b>Marital status</b>	Single	16
		Married	23
		Divorced	39
		Widowed	22
		<b>Total</b>	<b>100</b>
	<b>Level of education</b>	Doesn't read & write	9
		Read and write	33

		Primary school	13	13
		Intermediate school	17	17
		Secondary school	8	8
		Higher education	20	20
		<b>Total</b>	<b>100</b>	<b>100</b>
	<b>Source of monthly income</b>	None	38	38
		Personal	45	45
		Governmental	17	17
		<b>Total</b>	<b>100</b>	<b>100</b>

**f: Frequency, %: Percentage**

The table (1) shows that the highest percentage among elderly age is a (60-69) year old that refers to (47%). More than half old age residents are male (55%). Regarding the marital status, the highest percentage is referring to divorced (39%). The level of education among residents is referring to “read and write” as seen with highest percentage that is (33%). Regarding the source of monthly income, is seen out of finding that the source of income is personal among (45%) of old age residents.

**Table 2: Distribution of the Sample according to Variables related to Health Problems**

<b>o.</b>	<b>Characteristics</b>	<b>f</b>	<b>%</b>
	Cardiovascular disease	11	11
	Hypertension	35	35
	Diabetes mellitus	18	18
	Arthritis	15	15
	Respiratory disease	11	11
	Irritable bowel syndrome	10	10

	<i>Total</i>	<i>100</i>	<i>100</i>
<b>Types of taken medication</b>	Pills	96	97
	Injection	4	4
	<i>Total</i>	<i>100</i>	<i>100</i>

**f: Frequency, %: Percentage**

The table (2) reveals that hypertension is the common chronic disease among the elderly residents (35%), diabetes mellitus is associated with (18%) and arthritis is associated with (15%). Regarding the treatment, most of the elderly residents is taking pills as medication treatment (97%).

**Table 3: Evaluation the Level of Spiritual Well-Being among Elderly Residents**

Levels of Spiritual well-being	f	%	M.S	SD
Low	8	8	2.19	.563
Moderate	65	65		
High	27	27		
<i>Total</i>	<i>100</i>	<i>100</i>		

**f: Frequency, %: Percentage, M.S: Mean of score, SD: Standard Deviation**

**Low= 20-46, Moderate= 47-73, High= 74-100**

The table (3) reveals that elderly residents are showing moderate level of spiritual-wellbeing as seen with highest percentage of (65%) and (27%) of them are showing high level of spiritual well-being.

**Table 4: Evaluation the Level of Self-Management (Self-Efficacy) for Chronic Illness among Elderly Residents**

Levels of Self-Efficacy	f	%	M.S	SD
Low	16	16	2.39	.750
Moderate	29	29		
High	55	55		

<i>Total</i>	<i>100</i>	<i>100</i>		
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**f: Frequency, %: Percentage, M.S: Mean of score, SD: Standard Deviation**

**Low= 6-24, Moderate= 25-42, High= 43-60**

The table (4) reveals that more than half of elderly residents are showing high level of self-efficacy for managing their chronic illness (55%) and (29%) are showing moderate level.

**Table 5: Correlation between Spiritual Well-being and Self-Efficacy among Elderly Residents (N=100)**

Correlation		Spirituality	Self-efficacy
<b>Spirituality</b>	<b>Pearson Correlation</b>	1.00	.619
	<b>Sig. (2-tailed)</b>	---	.001
<b>Self-efficacy</b>	<b>Pearson Correlation</b>	.619	1.00
	<b>Sig. (2-tailed)</b>	.001	---

The table (5) indicates that there is high significant relationship between spiritual well-being and self-efficacy for managing chronic illness among the elderly resident as indicated by the high significant correlation at p-value=0.001.

#### **IV. Discussion**

It has known out of the analysis of table (1) elderly are with age group (60-69) year who were divorced male with low level of education (read and write) and personal source of income. The finding related to age group may referred in various studies, in many regions, the population is rapidly growing older, in which in the twentieth century there is a clearable increasing number of the old age people. The older people in many developing countries are growing more rapidly than others<sup>(21)</sup>. The age and marital status finding refer that they divorced males, this may depends on the admission of geriatric homes in which most of the residents are males who may haven't care providers or they might abandoned from family to get out their burden that do some families to not bear the responsibility to care their relative old age. These findings are supported by a study that found that residents are divorced males with age (60-65) years<sup>(22)</sup>.

The findings in table (2) revealed that hypertension, diabetes mellitus, and arthritis are the common chronic diseases among the elderly residents. They are on treatment of pills for their disease. Such finding reflect the prevalence of the chronic disease in the world, in which many studies found that the common prevalent chronic disease among the elderly were distributed on hypertension, diabetes mellitus, arthritis, heart disease,

and others. These are more commonly in the developing countries as study provided the evidences <sup>(23)</sup> <sup>(24)</sup>. A study provides supportive evidence for this study that found similar finding <sup>(25)</sup>.

The finding in table (3) indicated a moderate to high level of spiritual well-being among elderly. The finding may be interpreted that more of older people are engage in spiritual practices; the researcher see that people will become more spiritually when they got older in which they do prayers and reading Quran and they be more close contact with their God (Allah). A study found supportive evidence for this finding that found Seraji and others who reported that elderly people are showing average spirituality <sup>(26)</sup>.

The table (4) revealed a high level of self-efficacy among elderly, that means elderly are highly confident for managing their chronic disease; this finding may be inferred that their practices are improved over the time and they have ability to manage their illness by self. A study provides supportive evidence that found elderly showing higher self-efficacy for managing their chronic illness <sup>(27)</sup>. Moore et al. stated that “the elderly that engaged in self-management had a high degree of stability and routinized patterns of behavior that they set up in the belief that it would help them optimize their recovery. Along with Giddens’ theories (1991), their routines and lifestyle choices provided them with emotional security that helped them deal with their complex lives. In parts their narrative of engagement was expert and medicalized, and enabled them to take full advantage of available medical services. Engaged self-managers were able to take on the mantle of self-management and their narrative to a greater or lesser extent simulated, engaged and merged with professional discourse on behavior change and risk reduction”

The table (5) reported a high correlation between the spiritual well-being and self-efficacy among old age residents that reflect the positive strong relationship between the two variables. The finding is coming with the researcher’s hypothesis, wherein he hypothesized that there is strong relationship between the two variables. The current finding infer that spirituality have a positive role in improving the self-efficacy of self-management. A study found supportive evidence that found significant relationship between spirituality and self-efficacy among elderly <sup>(28)</sup>. Additional support was found by a study that conducted to understand the relationships between spirituality, health self-efficacy and health locus of control in the elderly that showed, there is a positive relationship between health self-efficacy and spirituality in relation to the purpose of life, faith, and respect to others <sup>(29)</sup>.

## **V. Conclusions**

(1) The study concludes that elderly residents showing moderate level of spirituality and high level of self-management.

(2) Spirituality has high positive role in improving self-efficacy abilities for managing chronic illness among elderly residents.

## **VI. Recommendations**

(1) The geriatric homes residents are to be considered as good target to programs which aim to strengthening and application issues of self-management of chronic illness.



(2) Improving the quality of life among elderly by improving their self-management abilities through increasing the spirituality practices among them.

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