Correlation of Spiritual Care and Quality of Life among Institutionalized Older People

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Snyder, 2012), and focuses on interactions and relationships (Daaleman et al, 2008). Such care is said to be effective; in fact, a study by Walker and Breitmaster (2017) showed that spiritual care that is provided by nurses improves the psychosocial aspect of health among patients; a finding supported by another study by Matos et al (2017).

One barrier to providing spiritual care would be its performance by healthcare professionals. Provision of spiritual care depends on the healthcare providerôs knowledge and preparation (Sahir and Ozdemir, 2016), and attitude and personal spirituality (Vance, 2001). Spiritual care practices therefore differ from one healthcare professional to another.

Unfortunately, there is a dearth of literature that directly correlates spiritual care practices of caregivers and the quality of life of Older People. This study is significant in that regard, in the sense that this study may be the first that will try to see a direct relationship between spiritual care practices and the quality of life of Older People. This is why the researchers chose to test the null hypothesis: there is no relationship between spiritual care practices of the caregivers and the overall quality of life of Older People who are living in an institution.

Conceptual Framework

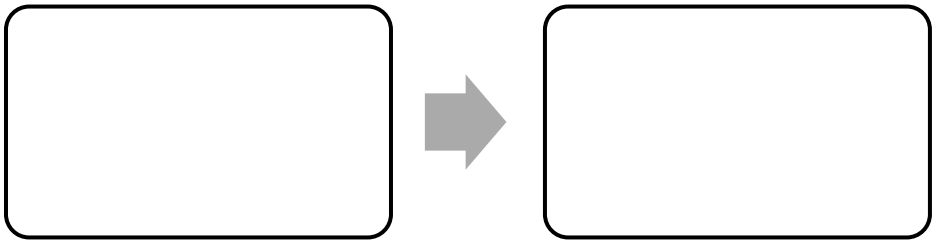

Figure 1. Conceptual framework

Exclusion criteria include:

1. Presence of cognitive impairment or mental disorders
2. Presence of obvious disability (e.g. blind, crippled, etc.);
3. Inability to read both Filipino and English.

All twenty-six participants in the chosen institution matched the criteria and were thus included in this study therefore, the researchers did not need to determine the sample size.

The researchers used two instruments to measure the variables: the Nurse Spiritual Care Therapeutics Scale (NSCTS) by Mamier and Taylor (2014) to assess the spiritual care practices rendered to the participants, and the WHOQOL-BREF Fil OP, the Quality of Life instrument developed by WHO specifically for Filipino Older People.

The researchers requested permission from Dr. Elizabeth Taylor to use the NSCTS instrument. Permission was granted via email, and the researchers were given a copy of the instrument. Conditions for permission included proper citation of the authors and the non-alteration of the instrument.

The NSCTS instrument has 17 items written in a 5-point Likert scale format. This tool was used to rate the spiritual care practices rendered by caregivers to the Older People as perceived by the Older People. Psychometric properties show that the tool is valid and reliable (Mamier, I. & Taylor, E. J., 2015). Potential score ranges from 17

Ethical clearance was obtained from the Arellano University Ethics Committee. A copy of the proposal was sent to the ethics committee, and after two weeks, an expedited review was rendered, and then the approval was given.

Officials of the institution where the study took place allowed the researchers to gather data on the condition that the institution, its employees, and its patients remain anonymous. The institutionôs staff assisted the researchers regarding patient schedules and availability. The staff also helped in identifying and screening of participants.

The participants were informed of the studyôs objectives and the potential risks and benefits of participation. They were given an opportunity to clarify matters or ask questions pertaining to the study. Securing verbal and written consent from the participants was done prior to data gathering. Participants were made aware that they could refuse to continue with their involvement at any time. Codes were used to conceal the identity of the participants. Participants were informed of the researchersô plan to disseminate and publish the study.

Data gathering took place from February 25 to 28, 2019. The researchers were supervised by the institutionôs staff. The caregivers were advised of the scheduled survey to ensure that the data gathering would not interfere with nursing care. Each participant took at most about 20 minutes, to answer both questionnaires. No participant dropped out during the conduct of the study.

Data gathered are confidential and are intended for use only in this study. No other person aside from the researchers have access to the collected data. Paper files, like documents and questionnaires, will be destroyed or shredded after 5 years, at most.

Data were collated and encoded immediately. Microsoft Excel was used to organize the collated data. No identifiers were encoded in the spreadsheet.

To analyze the relationship between the two variables, the researchers used inferential statistics. Specifically, Pearson r was used to determine if there was a significant relationship in the spirituality of the caregivers

Girvin, Kitner, and Ruth-Sahd, 2008). If the caregiversô spirituality is

Of all the factors and different aspects that may be considered, the health aspect of quality of life also seems to have a greater impact on institutionalized Older People, along with other factors such as the ability to perform daily activities and family and social network (Fernandez-Mayoralas, et al., 2015). Pinkas et al. (2016) noted a similar decrease in quality of life when the Older Person was sick or had decreased social interaction. On top of that, chronic pain can also decrease the quality of life (Pinkas et al, 2016).

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