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Preeti
Student and Assistant
Professor, Department of
Human Development and
Family Studies School of
Home Science, BBAU
Lucknow, Uttar Pradesh,
India

Agarwal Shalini
Student and Assistant
Professor, Department of
Human Development and
Family Studies School of
Home Science, BBAU
Lucknow, Uttar Pradesh,
India

Correspondence
Preeti
Student and Assistant
Professor, Department of
Human Development and
Family Studies School of
Home Science, BBAU
Lucknow, Uttar Pradesh,
India

Spirituality among functionally disabled elderly

Preeti and Agarwal Shalini

Abstract

Spirituality or beliefs may be described as experiencing a deep sense of meaning and purpose in life. Spirituality plays an important role in the lives of older people. Spirituality is an intra- inter and trans personal experience that is shaped and directed by experiences of individuals and of the communities in which they live out their lives. The main purpose of this study was to know could their spiritual engagement reduce their loneliness and also functional disability. Aim of this study was to analyse spiritual well being among elderly. The research design of the study was descriptive research design.. The sample size was 120 (60respondents male and 60 respondent female). The sampling tools and techniques used was self- constructed and Pre-tested interview schedule along with spirituality well being scale by Bridle M.J, Salsman M.J, Dedd M.S, Arnold B.J And Cella D. (2011).

Keywords: Functionally disabled, spirituality well-being, elderly

1. Introduction

Spirituality or beliefs may be described as experiencing a deep sense of meaning and purpose in life. Spirituality plays an important role in the lives of older people. Spirituality is one of the most important sources of positive inward qualities and perception while avoiding implication of narrow, dogmatic beliefs and obligatory religious observance (wuff, 1996) ^[1]. Studies have also shown that spirituality tends to increase during later adulthood. Interestingly, this trend of increased spiritual growth and religious activities in older age people continues in modern society, despite significant secularization of the society compared with 50 year ago. Spirituality moderates positive relationship with various measures of life satisfaction (king, 2013) ^[2]

Spiritual wellbeing is about our inner life and its relationship with the wider world. It includes our relationship with the environment, our relationships with others and with ourselves. Spiritual wellbeing does not just reflect religious belief although for people of a religious faith it is obviously a central feature. Well-being is an individual's satisfaction with life and with the cultural and intellectual conditions under which he lives with goals, expectation and concerns (Diner *et al.*, 1999) ^[3].

Spirituality is a deep feelings and beliefs – both religious and non-religious – and often this involves questions about who we are and why we exist, or the meaning and purpose of life. It involves many factors such as morals and principles, ethics and values, one's connection to others or relationships with them, and a sense of belonging. It has also been described as acceptance of being human and a sense of wholeness, irrespective of intellectual ability. It is believed that when we are spiritually healthy our inner selves can be in harmony with the world around us, even when we are under emotional, mental or physical stress. Ann Behav Med *et al.* (2004) ^[4] conducted the study, spirituality and religious are gaining increasing attention as health research variables. However, the particular aspects examined vary from study, ranging from church attendance to religious coping to meaning in life. This frequently results in a lack of clarity regarding what is being measured, the meaning of the relationships between health variables and spirituality

Betatz M. *et al.* 2016 ^[5] conducted the study on how spiritual values and worship attendance relate to psychiatric disorder in the Canadian population. The study examined the relation between worship frequency and the importance of spiritual values. Researcher found that higher worship frequency was associated with lower odds of psychiatric disorders. In contrast, those who considered higher spiritual values important (in a search for meaning in giving strength, and in understanding life's difficulties) had higher odds of most psychiatric

disorders. This study confirmed an association between higher worship frequency and lower odds of depression and it expands that finding to other psychiatric disorder. Association between spiritual values and mood, anxiety, and addictive disorder was complex and may reflect the use of spirituality to reframe life difficulties, including mental disorders.

Awasthi P. (2011) [11] conducted the study on spirituality and health A psychological Inquiry. The researcher believed in the important connection of spirituality with health and wellness of an individual's life. The aim of this study was that the spirituality generates insightful effect on the bodily conditions. This study indicated that enhancement of one's spirituality effect medical and health condition in terms of positive outcomes of patient's health care. They found that spiritual need in medical care may create great improvement patient's health and well- being. Thus, to promote and maintain positive health among people, health care providers must give attention to physical, cultural, psychosocial, and spiritual attributes of patients while treating them in formal or informal ways. The positive aspects of health behaviour governed by spirituality may be performed by people when confronted with health problems as well as life threatening events. They found that spiritual interventions to make people appreciate the meaning and values of their lives even in toughest circumstances.

Falguni Chakrabarty *et al.* (2013) [6] conducted the study, Worldwide elderly population and their life expectancy are increasing gradually. Longevity in most cases brings down poorer health as well as functional status. Present article aims to focus on the functional status of tribal (Santa) elderly persons (aged 60 years and above) residing in a particular village. The present study also attempts to highlight the factors associated with functional status of the elderly people under study. The functional status has been assessed by adopting two scales namely: Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL). There are 39.29% respondents categorized as dependent on at least one of the ADL whereas, 83.93% respondents were dependence on IADL. Out of total respondents most common ADL dependency is bladder continence (72.75%) and in case of IADL it is handling finance (74.47%). The correlation between ADL and IADL is positively significant ($r=0.672$). collected data. Majority of the respondents felt lonelier in old age home rather than residing in their home and 81.25% and 77.5%. respondents believes in god.

1.1 Objective: To study Spirituality among functionally disabled elderly.

Ho 1: There exists no relationship between functional disability and spirituality

Ho 2: There exists no relationship between age group and spirituality

2. Methodology

This study was conducted in Lucknow city of Uttar Pradesh, India. This was carried out among elderly over the age of 60 years. The total sample size was 120 elderly, (60 male and 60 female). Pretested interview schedule along with "spirituality scale well-being scale Published by- Bridle M.J, Salsman M.J, Dedd M.S, Arnold B.J And Cella D. (2011) was used to collect data. The present study was

conducted to mention the dependent & independent variables of the study.

3. Results and Discussion

Ho 1: There exists no relationship between functional disability and spirituality

Table 1: Chi square value between functional disability and spirituality.

S.N	Variables	Chi-square	Df	Significant value	conclusion
1.	Functional disability spirituality	7.669	4	.104	NS

From the above table it was revealed that no relationships were found between types of functional disability and spirituality of the respondent. Therefore the null hypothesis was accepted as the chi square value was found non-significant.

Ho 2: There exists no relationship between age group and spirituality

Table 2: Chi square value between age group and Spirituality

S.N	Variables	Chi-square	df	Significant value	Conclusion
1.	Age (in year) spirituality	11.133	6	.084	NS

From the above table it was revealed that the chi- square value was found non-significant, thus null hypothesis was accepted, which means that there exists no relationship between age group and level of spirituality.

4. Conclusion

The ageing process is of course a biological reality which has its own dynamic, largely beyond human control. However, it is also subject to the constructions by which each society makes sense of old age. In the developed world, chronological time plays a paramount role. The age of 60 or 56, roughly equivalent to retirement ages in most developed countries is said to be the beginning of old age. In many parts of the developing world, chronological time has little or no importance in the meaning of old age. Other socially constructed meaning of the age are more significant such as the roles assigned to older people; in some cases it is the loss of roles accompanying physical decline which is significant in defining old age. Thus, in contrast to the chronological milestones which mark life stage in the developed world, old age in many developing countries is seen to begin at the point when active contribution is no longer possible. Spiritual well-being is an integral part of mental, emotional and physical health. The term spirituality lacks a definitive definition, although social scientists have defined spirituality as the search for "the sacred", where "the sacred" is broadly defined as that which is set apart from the ordinary and worthy of veneration. Each person's spirituality is greatly impacted by the community they are the part of the and the relationship they take part in. Spiritual well- being is not a practice of isolation but rather of affecting and involving the people around you as your own perspective is formed. Spiritual well-being group and sessions provide an open and safe environment to explore, learn, practice, support and heal.

5. References

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