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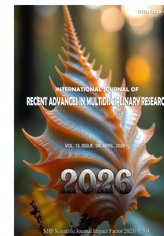

# RESEARCH ARTICLE

## SPIRITUALITY AND QUALITY OF LIFE AMONG GERIATRIC PATIENTS IN A SELECTED BARANGAY IN STA. BARBARA, ILOILO

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### ABSTRACT

Older adults experience physical, emotional, and social changes that may influence their overall quality of life, and spirituality is often considered a vital coping resource in later life. This study determined the relationship between spirituality and quality of life among geriatric patients in a selected Barangay in Sta. Barbara, Iloilo. A quantitative, non-experimental descriptive-correlational and cross-sectional design was utilized. Complete enumeration was employed, involving 63 geriatric respondents aged 60 years and above. Data were gathered using adopted questionnaires measuring spirituality and quality of life. Descriptive and inferential statistics were used to analyze the data at a 0.05 level of significance. Ethical clearance was secured prior to data collection to ensure voluntary participation and confidentiality. Findings revealed that respondents demonstrated a very high level of spirituality and a generally high level of quality of life despite financial limitations. The respondents demonstrated a generally high level of spirituality (overall mean ≈ 4.5–4.9 on a 5-point scale), with the item "to receive more support from your family" obtaining the highest mean score ($M = 4.92$), while relatively lower scores were observed in items related to the need for a religious leader's visitation ($M \approx 3.7–3.9$). In terms of quality of life, the respondents reported high levels of satisfaction (mean ≈ 4.3–4.6) in areas such as home environment, access to local facilities, and receiving love and affection from others, although moderate scores (mean ≈ 3.6–3.9) were noted in financial and health-related concerns. A significant relationship was found between spirituality and quality of life, indicating that higher spirituality was associated with better perceived well-being. Comparative analysis revealed no significant differences in spirituality when respondents were grouped according to sex, monthly income, and living arrangement ($p > 0.05$); for instance, respondents living alone ($M = 4.61$) and those living with family ($M = 4.58$) showed nearly similar spirituality levels with no significant difference ($t = 0.494$, $p = 0.623$). Similarly, quality of life did not significantly differ across demographic groups ($p > 0.05$). However, correlation analysis indicated a statistically significant but weak positive relationship between spirituality and quality of life among the respondents ($n = 63$, $p < 0.05$), suggesting that higher spirituality is associated with better perceived quality of life among geriatric individuals. The study concludes that spirituality plays an important role in enhancing the holistic well-being of older adults. These findings highlight the need to integrate spiritual assessment and support into geriatric nursing care and community health programs to promote improved quality of life among elderly populations.

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# INTRODUCTION

Aging has been recognized as a universal process characterized by gradual physiological, psychological, and social changes that have affected individuals' quality of life. The global population of adults aged 60 years and above has been rapidly increasing and is projected to reach 2.1 billion by 2050 (World Health Organization, 2022).

The WHO has emphasized that healthy aging is not merely the absence of disease but the process of maintaining functional ability, the combination of an individual's intrinsic capacity and supportive environments that allow them to do what they value in life. In the Philippines, aging has become an emerging demographic concern as the proportion of older adults has gradually increased. The 2020 Census of Population and Housing conducted by the Philippine Statistics Authority (PSA, 2022) reported 9,242,121 senior citizens aged 60 years

and older. Spirituality has been described as broad, personal, and multi-dimensional; it may include a sense of meaning and purpose, connectedness to others, personal beliefs, practices, and coping with life's challenges, including illness and loss (Koenig, 2022). In health research, spirituality has been increasingly recognized as a distinct domain of human experience that has shaped and has been shaped by physical, psychological, social, and cultural circumstances. For older adults who commonly have faced chronic illness, functional decline, bereavement, and questions about the end of life, spirituality has often become more salient and has acted as a resource for coping, identity, and well-being (Long et al., 2024). Spirituality has been related to multiple dimensions of geriatric health. Physically, studies have suggested associations between higher levels of spirituality and better health behaviors, as well as slower decline for some conditions. However, modest improvements in survival have been observed, likely through behavioral, psychosocial, and stress-buffering mechanisms (Alinejad et al., 2025). Psychologically and emotionally, spiritual coping has been linked to lower rates of depressive and anxiety symptoms, greater life satisfaction, and a stronger sense of meaning among older adults (Coelho-Júnior et al., 2022). Globally, studies have demonstrated a growing consensus that spirituality has influenced the quality of life among older adults.

In the Philippines, spirituality has been deeply embedded in cultural and social life, making it an essential aspect of aging and health. Recent studies have reinforced its vital role in promoting a better quality of life among Filipino elders. During the COVID-19 pandemic, spirituality significantly contributed to life satisfaction among displaced older adults, showing that faith served as a powerful coping mechanism in times of crisis (Bangcola, 2021). Older adults living in evacuation centers in Marawi City were found to have higher spiritual well-being and a fairly positive overall quality of life even in the challenging environment of displacement (Bangcola & Pangandaman, 2022). However, these studies were limited to specific urban contexts and did not explicitly examine the link between spirituality and broader health indicators such as physical functioning or multimorbidity. Geriatric care has been encouraged to integrate spiritual assessment and support into comprehensive health care. The framework for healthy aging has also emphasized the integration of psychosocial and spiritual well-being in health programs for older adults (WHO, 2021). This vision has aligned with Sustainable Development Goal 3 (SDG 3): Good Health and Well-Being, notably Target 3.4, which aims to promote mental health and well-being for all ages. Incorporating spirituality into geriatric health initiatives contributes directly to achieving SDG 3 by fostering holistic wellness beyond physical health. In the Philippine context, the Department of Health and the National Commission of Senior Citizens have advocated for comprehensive geriatric services that respect older adults' dignity, beliefs, and psychosocial needs. Spiritual health, however, has remained an under-measured and under-supported component of these programs (WHO, 2020). Despite this recognition, gaps have remained in understanding how spirituality relates to the quality of life of geriatric patients. Some investigations have reported weak or non-significant relationships between spirituality and quality of life outcomes, indicating that contextual, cultural, and methodological factors have influenced this association (Khoo et al., 2021). Many existing studies have focused narrowly on mental health outcomes and have not always included physical health, functional status, or social well-being. Moreover, the definitions and measurement of spirituality have varied, making comparisons difficult. While some studies have reported positive associations, others have found none, suggesting the need for context-sensitive and multidimensional research. One study showed that spirituality directly influenced the mental quality of life, while physical quality of life was shaped more strongly by age, chronic illness, and functional decline, suggesting that the relationship between spirituality and health may be mediated by social and psychological factors (Borges et al., 2020). Spirituality and quality of life among older adults have been widely acknowledged as interconnected; however, the extent of their relationship has remained unexplored in specific contexts. Therefore, this study aims to explore the relationship between the level of spirituality and the quality of life among geriatric patients and to generate locally relevant evidence to strengthen holistic geriatric care.

# MATERIAL AND METHODS

**Research Design:** This study utilized a descriptive, correlational, and cross-sectional research design. This design was appropriate for this study because it sought to determine the relationship between spirituality and quality of life among geriatric patients in a selected barangay in Sta. Barbara, Iloilo. It allowed the researcher to gather objective, numerical data that reflected the participants' real-life experiences and current health status.

**Study Setting:** This study was conducted in a barangay located in Sta. Barbara, Iloilo, in the Western Visayas region of the Philippines. The area was selected due to its significant population of older adults, making it suitable for research focused on geriatric health and well-being. The barangay provided a community-based environment that allowed the researchers to observe the living conditions, lifestyle practices, and health-related behaviors of elderly residents.

# RESULTS AND DISCUSSION

**Profile of the Respondents:** Table 1a presents the demographic profile of the respondents by sex, monthly income and living arrangement A total of 63 geriatric patients participated in the study conducted in a selected barangay in Sta. Barbara. Approximately three out of five respondents are female (61.9%), while 38.1% are male. In terms of monthly income, most respondents (74.6%) reported having a monthly income of P3000 and below indicating that the majority of the geriatric patients belong to a low-income group. Regarding living arrangements, almost all respondents (93.7%) live with their families.

**Mean level of spirituality of geriatric patients:** Table 2 shows the spirituality of geriatric patients is described as remarkable with a mean of 4.58. The majority of them strongly agreed to almost all aspects of spiritual issues in their lives that become non-questionable. Majority of the elderly residents of the chosen barangay in Sta. Barbara, Iloilo, has an overall mean score of 4.58, indicating a very high level of spirituality.

**Table 1. Distribution of Respondents' Profile**

| n=63 | n | % |
|---|---|---|
| Sex | | |
| Male | 24 | 38.1 |
| Female | 39 | 61.9 |
| Monthly Income | | |
| P3000 and below | 47 | 74.6 |
| P3001 and above | 16 | 25.4 |
| Living Arrangement | | |
| Alone | 4 | 6.3 |
| With family | 59 | 93.7 |

**Table 2. Mean level of spirituality of geriatric patients (n=63)**

| Items | Mean | SD |
|---|---|---|
| During the last time, did you have the needs" or specifically: during the last 2 weeks. | | |
| To forgive someone from a distinct period of your life | 4.97 | 0.18 |
| To be forgiven | 4.94 | 0.25 |
| To receive more support from your family | 4.92 | 0.37 |
| To give solace to someone | 4.90 | 0.29 |
| To be assured that your life was meaningful and of value | 4.90 | 0.34 |
| To plunge into beauty of nature | 4.87 | 0.42 |
| To dwell at a place of quietness and peace | 4.87 | 0.46 |
| To pass own life experiences to others | 4.87 | 0.38 |
| To give away something from yourself | 4.86 | 0.43 |
| To find inner peace | 4.84 | 0.37 |
| To reflect back on your life | 4.84 | 0.41 |
| That there is someone there for you who is always at your side | 4.82 | 0.42 |
| To turn to someone in a loving attitude | 4.81 | 0.61 |
| To pray with someone | 4.78 | 0.52 |
| To pray for yourself | 4.78 | 0.52 |
| That someone prays for you | 4.76 | 0.56 |
| To turn to a higher presence | 4.76 | 0.49 |
| To feel connected with family? | 4.76 | 0.49 |
| To dissolve/clarify open aspects of your life | 4.73 | 0.48 |
| To have someone to assure you how to proceed | 4.63 | 0.86 |
| To find meaning in illness and/or suffering | 4.62 | 0.70 |
| To participate at a religious ceremony | 4.62 | 0.63 |
| To be re-involved by your family in their life concerns | 4.59 | 0.57 |
| To be invited by friends | 4.42 | 1.01 |
| To read religious/spiritual books | 4.36 | 0.90 |
| To talk with someone about the question of meaning in life | 4.33 | 0.88 |
| To talk with someone about the possibility of life after death | 3.79 | 1.62 |
| That your situation is improving for the better | 3.79 | 1.43 |
| To talk with others about your fears and worries | 3.41 | 1.74 |
| That someone of your religious community (i.e., pastor) cares for you or come to see you | 2.95 | 1.59 |
| Overall Spirituality | 4.58 | 0.20 |

**Table 3. Mean level of quality of life of geriatric patients (n=63)**

| Items | Mean | SD |
|---|---|---|
| The local shops, services and facilities are good overall | 4.98 | 0.13 |
| I find my neighborhood friendly | 4.93 | 0.25 |
| I have someone who gives me love and affection | 4.92 | 0.33 |
| I'd like more people to enjoy life with | 4.9 | 0.30 |
| My family, friends or neighbors would help me if needed | 4.88 | 0.32 |
| I enjoy my life overall | 4.87 | 0.38 |
| I feel safe where I live | 4.87 | 0.42 |
| I get pleasure from my home | 4.87 | 0.34 |
| I am happy much of the time | 4.81 | 0.53 |
| I tend to look on the bright side | 4.73 | 0.48 |
| Look forward to things | 4.71 | 0.58 |
| I take life as it comes and make the best of things | 4.71 | 0.46 |
| I have social or leisure activities/hobbies that I enjoy doing | 4.65 | 0.70 |
| Religion, belief or philosophy is important to my quality of life | 4.63 | 0.85 |
| I can please myself what I do | 4.6 | 0.83 |
| I feel lucky compared to most people | 4.59 | 0.78 |
| I would like more companionship or contact with other people | 4.56 | 0.80 |
| I have my children around which is important | 4.49 | 1.19 |
| I try to stay involved with things | 4.49 | 0.80 |
| I have a lot of control over the important things in my life | 4.47 | 0.76 |
| I am healthy enough to get out and about | 4.44 | 0.96 |
| Cultural/religious events/festivals are important to my quality of life | 4.41 | 1.00 |
| I have a lot of physical energy | 4.25 | 1.09 |
| If my health limits social/leisure activities, then I will compensate and find something else I can do | 4.19 | 0.71 |
| I do pay or unpaid work or activities that give me a role in life | 4.17 | 1.14 |
| Life gets me down | 4.01 | 1.43 |
| Pain affects my well-being | 3.81 | 1.36 |
| I am healthy enough to have my independence | 3.81 | 1.30 |
| I can afford to buy what I want to | 3.54 | 0.89 |
| The cost of things compared to my pension/income restricts my life | 3.44 | 1.19 |
| My health restricts me looking after myself or my home | 3.25 | 1.34 |
| I cannot afford to do things I would enjoy | 3.14 | 1.01 |
| I have responsibilities to others that restrict my social or leisure activities | 2.97 | 1.11 |
| I have enough money to pay for household bills | 2.67 | 1.66 |
| I have enough money to pay for household repairs or help needed in the house | 2.62 | 1.49 |
| Overall Quality of Life | 4.27 | 0.24 |

**Table 4. Differences in the Spirituality of Geriatric Patients when grouped according to Profile**

| Profile | n | Mean | df | t | Sig |
|---|---|---|---|---|---|
| Sex | | | 61 | -.980 | .331 |
| Male | 24 | 4.55 | | | |
| Female | 39 | 4.60 | | | |
| Monthly Income | | | 61 | -1.165 | .249 |
| 3000 and below | 47 | 4.57 | | | |
| 3001 and above | 16 | 4.63 | | | |
| Living Arrangement | | | 61 | .494 | .623 |
| Alone | 4 | 4.61 | | | |
| With family | 59 | 4.58 | | | |

**Table 5. Difference in Quality of Life of Geriatric Patients when grouped according to their Profile**

| | n | Mean | df | t | Sig |
|---|---|---|---|---|---|
| Sex | | | 61 | -.159 | .307 |
| Male | 24 | 4.26 | | | |
| Female | 39 | 4.27 | | | |
| Monthly Income | | | 61 | -.934 | .354 |
| 3000 and below | 47 | 4.25 | | | |
| 3001 and above | 16 | 4.32 | | | |
| Living Arrangement | | | 61 | -.055 | .956 |
| Alone | 4 | 4.26 | | | |
| With family | 59 | 4.27 | | | |

**Table 6. Relationship between the level of spirituality and quality of life among the respondents**

| | **n** | **Pearson Correlation Coefficient** | **Sig (2-tailed)** |
|---|---|---|---|
| **Spirituality/ Quality of Life** | 63 | .267* | .034 |

The highest mean score was observed for to forgive someone from a distinct period of your life (M = 4.97), followed by to be forgiven (M = 4.94), indicating that forgiveness is highly valued as part of the respondents' spiritual well-being. The item which is to receive more support from your family obtained a very high mean score (M = 4.92), indicating that family support is a central spiritual and emotional need among geriatric patients. This finding suggests that older adults rely on their families not only for physical care but also for emotional reassurance and a sense of security, which contributes to feelings of worth and belonging in later life. There were few spiritual things that majority of patients responded as undecided to agree like to talk with others about their fears and worries (M=3.41); to talk with someone about the possibility of life after death (M= 3.79); and that their situation is improving for the better (M= 3.79). On the other hand, majority of geriatric patients disagree to neutral responses to that someone of their religious community (i.e., pastor) cares for them or come to see them (M=2.95). The item that someone of your religious community (i.e., pastor) cares for you to come to see you yielded the lowest mean score (M = 2.95). This indicates that there is a big difference between the spiritual demands of older people and the help they get from formal religious institutions. The respondents expressed a longing for spiritual visitation and guidance from their religious leaders; however, they noted that such visits rarely occur.

The lower score for talking with others about fears and worries (M = 3.41) may be linked to this lack of a trusted spiritual confidant. Without a pastor or counselor visiting them, the elderly may feel they have no safe outlet to express their existential anxieties. The most highly rated needs were to forgive someone (M=4.97) and to be forgiven (M=4.94), indicating a strong focus on mental peace and relational reconciliation. On the other hand, the need for a religious leader to visit had the lowest mean (M=2.95), indicating that although they have a high level of internal and communal spirituality, they do not rely as much on official clerical visits.

**Mean level of quality of life of geriatric patients:** Table 3 showsmore of them responded that they had excellent quality of life with a mean of 4.27. In Table 3, those means of the geriatrics responses from 4.01 or higher indicated that they agreed to strongly agree about the quality of life they had and did. The table presented the quality of life of geriatric patients across different domains, mean scores ranging from 2.62 to 4.98, indicating generally high levels. The highest-rated indicators included local shops, services, and facilities being good overall (M = 4.97), comparing with these findings that service categories included food, retail, personal services, health, education, culture and recreation, and faith-based services. Despite demographic and scale variations, services that foster social connection and a sense of place show the highest positive impact on quality of life (Wood, S. M. et al., 2025). Getting pleasure from home (M = 4.93), having someone who gives love and affection (M = 4.92), the results of this literature are comparable to the results of literature that the older adults live only with their spouses have better quality of life scores in all domains and facets, except in death and dying domain, which does not show any significant difference. The findings suggest that environmental satisfaction and strong social support greatly contribute to their well-being. The majority (58.6%) report that they are satisfied with their health status

**Difference in Respondents' Spirituality Level when grouped according to their Profile:** Table 4 results revealed that there is no significant difference in the spirituality of the patients when grouped according sex (t=-.980; p=.331), monthly income (t=-1.165; p=.249), and living arrangement (t=.494; p=.623). The obtained probability values for

differences are greater than .050 alpha, thus, the null hypothesis is not rejected that there is no significant difference in the spirituality of the geriatric patients when grouped as to sex, monthly income, and living arrangement.

**Difference in Quality of Life of Geriatric Patients when grouped according to their Profile:** The data in Table 5 show that there is no difference in the respondents' quality of life when grouped according to their profile. These are indicated by t=-.159; p=.307 (sex); t=-.934; p= .354 (monthly income); t=-.055; p=.956 (living arrangement), which greater than .050, hence, the null hypothesis is not rejected that there is no significant difference in the spirituality of the geriatric patients when grouped as to sex, monthly income, and living arrangement. There is no significant difference in spirituality between male (M = 4.55) and female (M = 4.60) respondents, t(61) = −0.980, p = .331. Since the p-value is greater than .05, the null hypothesis is not rejected. This indicates that spirituality does not significantly vary according to sex among the respondents. It inferred that both male and female older adults may share similar spiritual perspectives, coping mechanisms, and sources of meaning in life. This finding suggests that spirituality in later life may be influenced more by shared life experiences, aging processes, and cultural values rather than by gender differences alone.

**Relationship between the level of spirituality and quality of life among the respondents:** Through the use of the Pearson Correlation test, a significant association between the spirituality and quality of life of the elderly patients was found, with a Pearson correlation coefficient of .267 and a probability value of .034, which is less than the .050 alpha. The alternative hypothesis, which holds that there is a substantial correlation between the spirituality and quality of life of the elderly patients, is thus accepted while the null hypothesis is rejected. The results of this study ($r$ = .267, $p$ = .034) show a substantial positive correlation between these two variables, which is in line with recent research by Rakhshani et al. (2024). This implies that spirituality is still a reliable and important indicator of general quality of life, even across various demographic groups and work settings.

# CONCLUSION

It revealed that most of the geriatric respondents in a selected barangay in Sta. Barbara, Iloilo, was female, concluding a higher life expectancy. The majority of the respondents were earning 3,000 pesos and below and belonged to the low-income group. Additionally, the majority of the respondents were living with their families, which indicated strong support from families that remains evident in the community. It demonstrated a high level of spirituality, with indicators that are to forgive someone, be forgiven, and family support being the most strongly expressed affecting their spirituality. However, they were less dependent on religious visitation and less open in discussing fears, worries, and thoughts in life after death. The respondents generally perceived their overall quality of life as excellent, with high levels of satisfaction in local amenities and those who provide love and affection. On the other hand, there were noted financial and health issues as aspects; hence, despite challenges, respondents maintained a positive perception of life quality among respondents. There were no significant differences observed in quality of life and spirituality in the profile of respondents. Finally, a significant relationship was revealed between spirituality and quality of life, proving that higher spirituality is connected with better quality of life.

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### COMPLETING INTEREST

The research team formally declared that there were no professional, financial, or personal interests that could have influenced or biased the conduct, analysis, or presentation of this study. The research was carried out independently and did not receive any form of financial support or sponsorship from commercial organizations, government agencies, or other entities that could potentially affect the outcomes of the study. Throughout the entire research process, the researchers ensured that transparency, integrity, and objectivity were strictly observed in every stage of the investigation and reporting of findings.

### AUTHORS' CONTRIBUTION

Author 1 led the overall research process, co-designed the study, obtained ethical clearance, oversaw data collection, conducted data analysis and interpretation, and drafted the manuscript. Author 2 contributed to instrument development, pilot testing, data collection, and methodology writing. Author 3 co-led the methodology and statistical analyses, performed the literature review, interpreted findings, and critically revised the manuscript. Author 4 coordinated participant recruitment, ensured adherence to ethical standards, prepared tables and figures, managed responses, and assisted in manuscript revisions. Author 5 supported data collection, organized datasets, and contributed to writing the results section. Author 6 assisted in data verification, ensured data quality, contributed to result interpretation, and reviewed manuscript drafts. Author 7, serving as research adviser, provided supervision, guided the study design and methodology, reviewed analyses, and approved the final manuscript.

### CONSENT

All authors declare that written informed consent was obtained from the respondents for the publication of this research paper. A copy of the written consent is available for review by the Editorial office/Chief Editor/Editorial Board members of this journal.

**ETHICAL APPROVAL**

All authors hereby declare that the study was submitted to the Iloilo Doctors' Institutional Research Ethics Committee (IDIREC) before data collection and was granted ethical clearance (IDIREC-2025.OI_199). The ethical principles followed ensured that the study complied with the principles of respect, beneficence, and justice as outlined in international and national research ethics guidelines.

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