

Spiritual Intelligence, Living Status and General Health of the Elderly

Philip O. Sijuwade

School of Urban and Public Affairs, University of Texas, Arlington, Texas

Abstract: This study attempts to understand the impact of spiritual intelligence on the general health of the Nigerian elderly. Subjects selected for the research were the elderly of different living status that is living with family members (n = 100) and living in old age homes (n = 100) in the city of Lagos.

Key words: Ageing, spiritual intelligence (SQ), general health, living status, old age homes

INTRODUCTION

Ageing is a universal phenomenon. The improved standard of living and advanced medical care have lengthened the average human life span across the world. Even in developing countries like Nigeria, the average life span has increased from 30 years in 1953 to 54 years in 1990 and expected to cross 70 years by 2035. It is expected that by 2025, nearly 71% of the world's elderly population will live in developing countries (Gupta, 1997). Nigeria is no exception to this worldwide process of ageing population.

Modernization, urbanization, dual career families, consumerist outlook and a growing shift towards market economy are shaking the foundations of old traditional culture that gave protection and security for the elderly in their families (Peil, 2001; Sijuwade, 2003; Kumar, 1996). As a result, family care of the elderly is becoming more and more difficult. Also, the interactional dynamics in the family are making life for the elderly at home a hot bed. The ties of kinship have become thinner and many elderly seem to seek institutionalization as a recourse to the ills of the family conflict. Never before has there been such a demand for homes for the elderly (Bambawale, 2006; Ara, 2008). All these have made the old age homes seem more relevant in the Nigerian context than ever before. There are three types of intelligence that determine the inner and outer success in life that is IQ, EQ and SQ.

IQ usually equated with having high logical, strategic, mathematical and linguistic talents where EQ relates well with others have high self esteem and respond appropriately to situations. SQ allows us to utilize the IQ and EQ in a unified way to express the gifts in the world in a way that betters not only the own life but also that of all beings. SQ is truly a global intelligence (Helliwell, 2001). According to Zohar and Marshall (2000), spiritual intelligence is the most essential to the well-being-SQ puts the individual life into a larger context. It provides meaning and purpose to life and allows us to create new possibilities. Spiritual intelligence can be

defined as pure consciousness or awareness of one's inner self (Wild, 2004). The manifestation of the spiritual intelligence is revealed in how researchers interact with other human beings, all living things, the universe and divine energy and God.

Features of spiritual intelligence are high self-awareness, a capacity to face and understand suffering; a capacity to face and transcend pain, the quality of being inspired by vision and value, a reluctance to cause unnecessary harm, a tendency to see connection between diverse things. Successful ageing is contingent upon three elements; avoiding disease and disability, sustaining high cognitive and physical function and engaging with life (Rowe and Kahn, 2007). As person gets older, there are more stressors that appear and can cause extreme side effects both physically and emotionally (King, 2007). People differ not only in the life events they experience but also in their vulnerability to them. A person's vulnerability to stress is influenced by his or her temperament, coping skills and the available social support. Spiritual intelligence can generally be associated with psychological health, although some forms of spirituality may be dysfunctional or pathogenic (Vaughan, 2008). When spiritual beliefs foster denial and projection and contribute to fear and conflict, they can be destructive and seriously problematic.

In Nigeria, religious coping is one of the most preferred coping strategies by older people. Medical research is showing that many older people are religious and depends on religion as a major way of coping with physical health problems (Koenig, 2000).

Many people think that spirituality and religion are the same. Religion and spirituality exist together but as Twycross (2009) wrote: Everyone has a spiritual component but not everyone is religious. Religion includes specific beliefs and practices where spirituality is far broader (Ebersole and Hess, 2005). It is a sense of inner balance, a deep form of spontaneity which helps us to maintain a balance with ourselves, the personal and the work life.

Daftaur and Daftaur (2003) reported that spirituality is an important explanatory factor of subjective health status in older adults. In recent years, numerous empirical studies have supported the idea that certain spiritual beliefs and practices are positively associated with physical and mental health (Vaughan, 2008; McCoullough, 2001). Religious engagement are related to positive outcome in people's lives such as good physical and mental health, happiness and marital satisfaction. Religion and spirituality provide effective coping mechanism for patients as well as family caregivers (Weaver and Fannelly, 2004).

Spiritual strategies involving relationship with self, others ultimate other/God or nature are found to help individuals to cope with their illness. Spirituality provides patients facing life threatening illness the strength, comfort and many blessings despite the suffering of the illness and trust in a higher power to see them through the journey (Albaugh, 2003).

The objective thus found to be substantial with regard to the present study was to know the effect of spiritual intelligence of senior citizens living with family members and those living in old age homes on general health.

MATERIALS AND METHODS

Sample: The subjects for the current research consist of 200 senior citizens (that is living in old age homes). Out of 200 subjects, 100 senior citizens living in old age homes were taken from the various old age homes around Lagos who were residing there for >1 year. All old age homes selected for the study were free type which care for the aged who have no one else to care for them. They are given shelter, food, clothing and medical care. Senior citizens living with family (n = 100) were selected from the general population considering all the relevant variables. The inclusive criteria were as follows:

- Age range: 60 years and above
- Socio-economic status: low
- Education: literate
- Domicile: urban

Physical and mental status: Only senior citizens who have no protracted illness and they are able to do their research themselves were included.

Rationale of the sample: Spiritual growth in later life is to provide most people a sense of direction and adequate resources for coping with changes that occur with old age such as retirement, fear of death of spouse, dependency

and isolation. This traumatic situation occurs among almost all the elderly. Among them some older people are forced to move to old age homes due to reasons such as migration of young couples for better employment. Various researches indicate that old people who are institutionalized also face various emotional and physical problems. As spiritual intelligence is the ability to act with wisdom and compassion while maintaining inner and outer equanimity, regardless of the circumstances, therefore, it was presumed that senior citizens having high spiritual intelligence would have positive attitude toward life, better adjustment and good health irrespective of their being institutionalized that is regardless of the living status.

Tool: Salahaker's spiritual quotient test (Sqi-t), developed by Daftaur and Daftaur (2003) for measuring spiritual intelligence was used. There are 13 relevant dimensions of spiritual intelligence namely: God and religiosity, soul, self-awareness, spiritual practices, life style values, gender equality, interpersonal relations, divinity in love, spiritual leadership, helping behavior, flexibility, ability to overcome suffering, ability to overcome pain and being spiritually intelligent about death. The test was tried twice on two different type of samples on a 4 point Likert type scale. The reliability values on the sample of adults normal population range from 0.67-0.95. In the second tryout on a sample of industrial managers, the reliability values range from 0.45-0.92. The reliability values for the total scale was found to be 0.92 in both attempts. Content validity was established through the inter-judges' evaluation of the items of the scale.

Design: The 2×2 factorial design (living status; living with family and living in old age homes and spiritual intelligence; high and low based on median scores of spiritual quotient test) was employed and accordingly four groups formed. Results were analyzed through multiple ANOVA.

Procedure: As the subjects under study consisted of the people who are 60 years old and above, it was not possible to contact them in formal setting, so, the subjects were contacted in various setups like homes, churches, mosques, old-age homes with the help of four research assistants. The subjects were contacted individually. The data thus derived were analyzed using ANOVA.

RESULTS AND DISCUSSION

Main effects (Spiritual intelligence, living status and general health): Table 1 shows that the independent

Table 1: Analysis of variance for general health

Sources	SS	df	MS	F	Significance of F
SQ	42.284	1	42.284	1.041	NS
Living status	298.964	1	298.964	7.362	0.01**
Interaction	40.456	1	40.456	0.996	NS
Residual	7959.010	196	40.607	-	-
Total	8366.875	199	42.045	-	-

**Significant at level 0.01. NS: Not Significant

Table 2: Summary of ANOVA

Factor combination	Level 1	Level 2
A (High SQ and low SQ)	4.79	5.96
B (Living status (living with family and living in old age homes))	6.65	4.10
AB		
B1	5.64	7.47
B2	4.09	4.11

effect of spiritual intelligence did not exert any significant influence on the general health of senior citizens. Only the living status turn out to be significant on general health. The mean scores of senior citizens living with family and senior citizens living in old homes exhibit poor general health than the counter parts. Furthermore, the interaction of spiritual intelligence and living status was not found to be significant (Table 2).

Social support has important implications for the well-being and welfare of the aged. In this regard, the aged in Nigeria had been fortunate in the sense that an aged person holds a prestigious position in the family and society. But with the technological advancement and urbanization, they are feeling isolated, neglected and are left uncared at the mercy of house maids. They feel their life and money are not safe. Studies (Newsom and Schutz, 2006) have shown that social support significantly affect life satisfaction. Self esteem and well-being, quality of life and health of the aged.

On the basis of the present research, it seems that spiritual intelligence is not a determining factor for general health of senior citizens but living status remarkably affects the general health of senior citizens. It suggests that senior citizens living with family members as compared with senior citizens living in old age homes tend to have better health because better care for for an older person is possible only within his or her own family. Reker (1997) reported that the institutionalized elderly were found to be significantly more depressed had a lower sense of personal meaning, perceived less choice/responsibilities were less optimistic had fewer meaningful social contacts and were in poorer physical health. Studies have reported that long term residence in an institution lead to poor physical health, feeling of fatigues and depression, lower level of adjustment and dissatisfaction with the life in elderly. Chappell (2001)'s strong support emerged for dependent elders those characterized as living within a married child household by both economic and health advantage. Researchers

know that old age homes are not the solution to the problems of aged because only the family can give them a sense of security but unfortunately that is not the reality of the present day scenario, so researchers must try to making old age homes as an unusual family of older people.

CONCLUSION

Findings for the research indicate that the effect of spiritual intelligence is significant but living status significantly influence the general health of the elderly.

IMPLICATIONS

The findings of the present study imply that instead of relocating the aged from the old people's homes, efforts should be made to design family or community based settings where they can live well within their community or with their known people. Efforts should be made to involve elderly in the management and running of the homes to ensure their full participation which will give them a sense of fulfillment and will keep them active and healthy.

REFERENCES

- Albaugh, J.A., 2003. Spirituality and life-threatening illness: A phenomenologic study. *Oncol. Nurs. Forum*, 30: 593-598.
- Ara, S., 2008. Old age homes: The last resort. *J. Res. Dev.*, 2: 48-61.
- Bambawale, U., 2006. *Growing Old in Young India*. Snehavardhan Publishing House, Pune, India, pp: 44-65.
- Chappell, N., 2001. In group difference among elderly living with friends and families other than spouses. *J. Ageing Stud.*, 5: 61-76.
- Daftaur, C. and L. Daftaur, 2003. *Salahkaar Spiritual Quotient Test (Sqi-t)*. Salahkaar Consultants, Pune, India.
- Ebersole, P. and H. Hess, 2005. *Toward Healthy Aging: Human Needs and Nursing Response*. 5th Edn., Nosby-Year Book Inc., St. Louis, MO., USA.
- Gupta, K., 1997. Population, ageing and some related issues in the context of urbanization in India. *Indian Assoc. Social Sci. Inst.*, 16: 258-274.
- Helliwell, T., 2001. *Spiritual intelligence: A key to survival in the 21st century*. Proceedings of the Center of Spirituality at Work, February 27, 2001, Toronto, Ontario.
- King, C., 2007. Stress and ageing. *J. Psychol. Res.*, 35: 99-103.

- Koenig, H., 2000. *The Healing Power of Faith: Science Explores Medicines Last Great Frontier*. Simon and Schuster, New York.
- Kumar, V., 1996. *Ageing: Indian Perspective and Global Scenario*. Department of Medicine, All India Institute of Medical Sciences, New Delhi, India, Pages: 474.
- McCullough, V., 2001. *Spirituality and ageing*. Proceedings of the Global Conference on Ageing, September 4-6, 2001, Bombay.
- Newsom, J. and R. Schutz, 2006. Social support as a mediator in the reaction between functional status and quality of life in older adults. *Psychol. Ageing*, 11: 34-44.
- Peil, M., 2001. Family support for the Nigerian elderly. *J. Comp. Family Stud.*, 13: 85-100.
- Reker, G.T., 1997. Personal meaning, optimism and choice: Existential predictors of depression in community and institutional elderly. *Gerontologist*, 37: 709-716.
- Rowe, J. and L. Kahn, 2007. Successful ageing. *Gerontologist*, 37: 433-440.
- Sijuwade, P., 2003. Subjective well-being of Nigerian elderly. *Indian J. Gerontol.*, 17: 77-84.
- Vaughan, F., 2008. *Spiritual Development: Outcomes and Indicators*. CSP Books, New York.
- Weaver, J. and Y. Flannelly, 2004. Nurses attitudes towards spirituality and patient care. *Medsurg. Nursing*, 10: 264-268.
- Wild, H., 2004. An interview with Henry Wild by Carole King. <http://spiritualintelligence.com/>.
- Zohar, D. and I. Marshall, 2000. *SQ: Connecting with Our Spiritual Intelligence*. 1st Edn., Bloomsbury, USA., ISBN-10: 1582341311, Pages: 288.