



Psychological and Spiritual Predictors of Quality of Life

Darlene Finocchiaro PhD, RN, CRRN



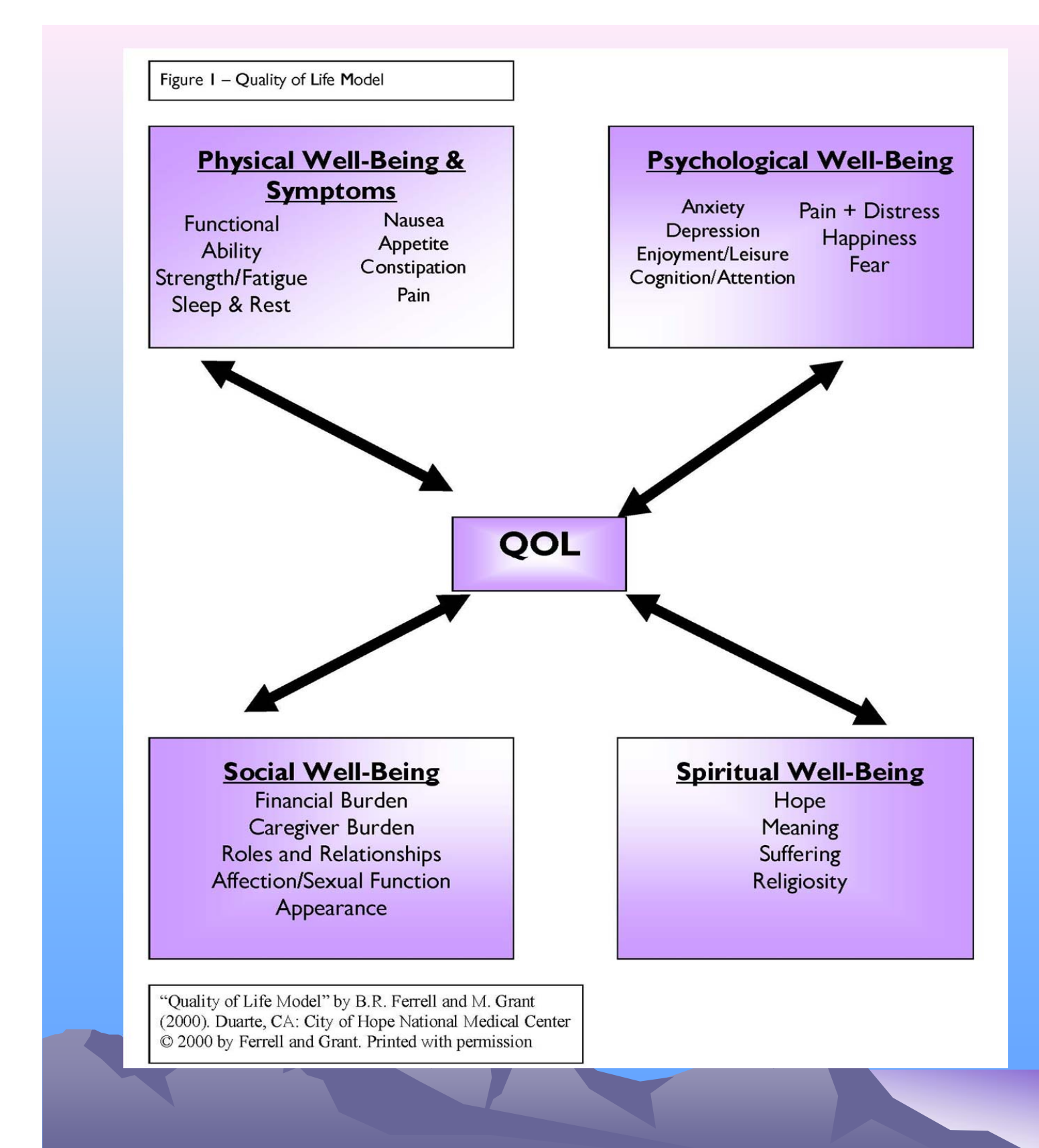
Background

- Whether diagnosed with cancer or spinal cord injury, the person's total being is affected *physically, psychologically, socially and spiritually*
- Problem Statement: As paraplegics are living longer (well into their 70's), dealing with the issues of aging, depression, and medical complications, subjective quality of life and spiritual well being can be adversely affected.
- Improved health outcomes and QOL following illness can occur if spiritual and psychological needs are addressed (Brillhard, 2005; Grimsley, 2006; Mathesis, Tulsy & Mathesis, 2006).

Aims of Study

- To examine the relationship between:
- Existential spiritual well-being & QOL
 - Religious spiritual well-being & QOL
 - Occurrence of depression & QOL
 - Age, gender, ethnicity & QOL
 - Years since onset of injury & QOL of persons living with paraplegia *one year or longer*.

Framework



Ferrell and Grant QQL Model

Connection to SCI:

- Physical:** pain, constipation, decreased functional ability, strength, sleep and rest
- Psychological:** Depression, anxiety, fear
- Social:** Caregiver and financial burdens, sexual function, relationships and roles affected
- Spiritual:** Finding meaning in life, God, enduring suffering and searching for hope

Results

Design/Method

- Descriptive, correlational, cross-sectional design
- Demographic questionnaire
- Standardized Instruments
 - The Spiritual well-being scale (SWBS; Ellison & Paloutzian, 1982)
 - The Center of Epidemiologic Studies Depression Scale (Radloff, 1977)
 - Quality of Life Scale (Kemp & Kahan, 1955)
- Analysis done through SPSS, Version 16, statistical software

Descriptives

- Male: 82.7%
- Age: 18-78 (Mean = 40.65)
- Ethnicity: Hispanic (56%) and Black (29%)
- Etiology: Gunshot wound (69.3%)
- Months/Years post injury (1-38 years; mean = 16)
- Employed 14.7%, Married 21.3%
- Religion: 84.7% of Christian Denomination; 60.6% practiced their faith

Pearson Product-Moment (r) Correlations between Spiritual Well-Being (existential and religious), Depression, Length of Injury, Gender, Age, and Quality of Life

Independent Variables	Quality of Life (r)
Spiritual well-being (SWBS total)	.47**
Existential (EWB)	.63**
Religious (RWB)	.21
Depression (CES-D)	-.59**
Length of Injury	.10
Gender	.19
Age	-.05

Note: $n = 75$; ** $p = .01$ (2-tailed)

Regression Analysis of Paraplegic Patient's Quality of Life on Six Predictor Variables

Predictor Variable (Independent Variable)	B	β	Standard Error (SE)	t	p-value
Age	-.003	-.02	.01	-.23	.13
Gender	.71	.18	.34	2.09	.04
Length of Injury	.002	.02	.02	.15	.88
RWB	-.02	-.11	.02	-1.03	.31
EWB	.08	.48	.02	3.52	.001
CES-D	-.04	-.29	.02	-2.49	.02

Multiple R = .70
R squared = .49

R squared adjusted = .45
 $F(6, 69) = 10.92, p = .000$

Discussion of Findings

- Participants did not demonstrate a significant amount of depressive symptoms to be classified "depressed."
- Participants having purpose, meaning, peace in their lives resulted in higher subjective QOL. (Primary predictor of QOL)
- Participants having a high RWB did not necessarily have a higher subjective QOL.
- Having a strong faith in God did not necessarily result in a higher subjective QOL.

Discussion of Findings

- Having both: meaning/ purpose in Life + a strong faith in God = high SWB Total = high subjective QOL. (Second predictor of QOL).
- Ferrell & Grant's (2000) QOL Model supports the interrelatedness between SWB + QOL. SWB leads to coping with losses and finding meaning of life.
- Gender, age and length of injury were not significantly correlated to a person's QOL.