



Spiritual Orientation, Meaning in Life, Life Satisfaction, and Well-Being in Mothers with Disabled Children

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Abstract

This study was planned in order to investigate the relationship between spiritual orientation with meaning in life, life satisfaction and well-being in mothers with disabled children. The research was carried out with 128 mothers in a private rehabilitation center at eastern Turkey. The Spiritual Orientation Scale (SOS), Meaning in Life Questionnaire (MLQ), Life Satisfaction Scale (LSS), and Well-Being Index (WBI) were used in the data collection. The mean score of the mothers on the SOS was found to be high (89.34 ± 7.14). It was determined that as the mean scores of mothers on the SOS increased, their mean scores on MLQ, LSS, and WBI increased and that the relationship between them was significant ($p < 0.05$). It was found that as the spiritual orientation of the mothers increased, meaning in life, life satisfaction, and well-being increased as well.

Keywords Disability · Life satisfaction · Meaning in life · Spirituality · Well-being

Introduction

Each individual has different characteristics due to living in different cultural structures and having different languages and communication forms, health beliefs and practices, traditions and rituals, religious beliefs and practices. Therefore, individuals should be approached as a whole with their biological, social, psychological, cultural, and spiritual dimensions when they are evaluated (Gürol 2004; Makhija 2002). Spirituality, which is derived from the Latin word “spritus” and means “being alive,” “breathing,” has been generally defined as “feeling life” (Arslan and Konuk Sener 2009; Çetinkaya et al. 2007). Bouckaert and Zsolnai (2011) use the concept of spirituality as defined by the European Spirituality in Economics and Society Forum. The forum defines spirituality as people’s multiform search for a deep meaning of life, interconnecting them to all living beings and to ‘God’ or ‘Ultimate Reality’

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(Bouckaert and Zsolnai 2011). Spirituality is also defined as the things that are non-material but spiritual (invisible, felt with senses, abstract, immaterial) or metaphorically as heart power, morale (Aştı et al. 2005). Meanwhile, in the nursing literature, spirituality is defined as making an effort to provide inner peace for the meaning and purpose of life (Mcsherry 2000).

The meaning, purpose, and mission of life are the components of spirituality (Öz 2003). The most important contribution of spirituality to mental health is the meaning that it brings to human life (Özdoğan 2014). Searching for the meaning of life and finding a meaningful one produce a positive effect in terms of both psychological and physiological health (Yüksel 2013). Well-being is a positive state of health (Allender and Spradley 2001) and is defined as “a form of life in which the functioning of the individual in physical, spiritual and social dimensions is aimed to be developed” (Doğan 2006). Meyers and Sweeney (2007) have defined well-being as “both a physical, mental and spiritual adaptation and a dynamic process of adaptation and a consequence of this process.”

Having a disabled child is highly difficult situation that requires efforts for adaptation, leads to restrictions in parent’s life, and adversely affects their form of life (Elkins and Cavendish 2004; Uguz et al. 2004; Seltzer et al. 2001; Sipos et al. 2012; Wilson and Miles 2001). In the literature, it has been stated that mothers in our society have a much greater role in the care of disabled children than fathers do (Sarı 2007; Şen and Yurtsever 2007). One of the greatest challenges that mothers face is to deal with serious problems about their children. People generally tend toward spirituality for stress relief, comfort, and hope during the events that change their lives (Elkins and Cavendish 2004; Wilson and Miles 2001). Spirituality gives confidence, provides balance, support, and hope in critical times, and includes the concept of finding meaning, purpose, and a route from life (Hill and Pargament 2003; Wilson and Miles 2001). For many mothers, feelings of comfort, power, and confidence arise from their own spirituality (Elkins and Cavendish 2004; Wilson and Miles 2001). Larson and Larson (2003) have found that spirituality brings additional strength in both increasing one’s inner peace and fighting with problems and that it has an important part in controlling anger and furiousness. Religion, spirituality, and religious practices help family caregivers find meaning and purpose in stressful situations, sustaining their psychological well-being, alleviating their caregiving burden and depression (Herrera et al. 2009; Lundbergand and Kerdonfag 2010; Pearce 2005). In addition, there is evidence being revealed for the fact that prayer and meditation can ameliorate both physical and psychological parameters (Newberg and Newberg, 2013).

In mothers who have been obliged to take care of their disabled children all day long and for many years, the physical and psychosocial health is affected negatively (McManus et al. 2006). Mothers can help their children to cope with and recover from their diseases and support them more when they are physically, psychosocially, and spiritually healthy (Ewen 2004; Öz 2003). Due to the fact that the importance of being a mother in a family is huge and that spirituality has a great place in many women’s lives, it is important to understand how mothers use spirituality during the disease of their children (Öz 2003; Wilson and Miles 2001) and it is important for nurses to know the spiritual meaning in an individual’s life (Oldnall 1996). This

study was planned to determine the relationship between spiritual orientation with meaning in life, life satisfaction, and well-being in mothers with disabled children.

Methods

Design and Participants

This study was conducted as a cross-sectional, descriptive correlational survey model to investigate the relationship between spiritual orientation and meaning in life, life satisfaction, and well-being in mothers with disabled children. The universe of the research consisted of mothers of disabled children who were continuing to three Private Rehabilitation Centers in Ağrı Province between November 2018 and January 2019. One of these three rehabilitation centers was selected by simple random sampling method. Sample size of the study was calculated by considering the study by Küçük and Alemdar (2018) and accepting type I error at 0.05 and type II error at 0.20 using power analysis and sample size program. The sample size was at least 128 according to calculations. The study was completed with 128 mothers with handicapped children who registered to the selected rehabilitation center, met the selection criteria, and agreed to participate in the study.

Selection Criteria

- The mother should be at least a primary school graduate,
- The mother and father should be together (married),
- The mother should not have another disabled child,
- The child should be coming to the rehabilitation center with his/her mother,
- The mother should not have a chronic medical and mental disease.

Data Collection/Procedure

Prior to the research, the mothers were informed about the research and its purpose by the researcher and their verbal and written informed consent was obtained. The data were collected using the questionnaire form and answering-under-observation technique in face-to-face interviews. The implementation of all forms approximately took 15–20 min.

Data Collection Forms

An information form including socio-demographic characteristics and disability-related questions, Spiritual Orientation Scale, Meaning in Life Questionnaire, Life Satisfaction Scale, and Well-Being Index was used for the data collection.

Information Form

The questionnaire form was prepared by the researcher after reviewing the relevant literature. It consists of 15 questions in two parts that are the information about the child and the mother.

Spiritual Orientation Scale

The validity and reliable study of the scale was conducted by Kasapoğlu (2015). It is a 7-point Likert-type scale that is scored from (1) “strongly disagree” to (7) “strongly agree.” The items of the scale were designed based on perspectives of belief in higher power, meaning and search, prayer/meditation, which are accepted as the basic measures of spirituality. The scale items consist of 16 items and positively scored between 16 and 112 points. The high score on the scale indicates a high level of spiritual orientation.

Meaning in Life Questionnaire

The questionnaire was developed by Steger et al. (2006). The validity and reliability study of the questionnaire was conducted by Akın and Taş (2015). The Meaning in Life Questionnaire seeks to answer the question of how much an individual finds his or her life meaningful. The Meaning in Life Questionnaire is a 7-point Likert-type measurement tool and consists of 10 items. The scale consists of two subscales: the presence of meaning and the search for meaning. The questionnaire involves expressions that aim to understand the participant’s opinions about the meaning in life, such as “I know the meaning of my life” and “I search for something meaningful in my life.” The questionnaire score ranges from 7 to 70. The high scores obtained from the subscales of the questionnaire indicate that the individual has a high tendency to have the characteristics of that subscale.

Life Satisfaction Scale

The scale was developed by Diener et al. (1985), and its Turkish adaptation was conducted by Köker (1991). It measures general life satisfaction. The expressions in the scale vary in the range between 1—strongly disagree, and 7—strongly agree. It consists of a total of five positive items. Each item is scored between 1 and 7, and a total score of 5–35 is obtained. The scale reflects how the individual evaluates his/her life, in general, and measures the perceived general life satisfaction. High scores on the scale indicate a high level of life satisfaction.

World Health Organization-5 Well-Being Index (WHO-5/WBI)

WHO-5 Index (WHO 1998) questions mental well-being in the last two weeks with 5 items including positive expressions. Each item is assessed with a 6-point Likert system between 0 and 5. A total raw score ranging 0–25 is obtained by summing up the scores of five items. Higher scores are considered better quality and a good level

of mental health. If the total raw score is less than 13, or any of the items are scored as 0 or 1, it is recommended to implement the “Major Depression Scale” (WHO-5 website). The WHO-5 has been found to have adequate validity in screening for depression and in measuring outcomes in clinical trials (Topp et al. 2015).

Data Analysis

The data were analyzed in SPSS package programming. Frequency and percentage were used to measure qualitative variables. Arithmetic mean, standard deviation, minimum value, and maximum value were used for the evaluation of descriptive statistics of quantitative variables. The Pearson correlation analysis was performed for the assessment of correlations between quantitative variables and for the determination of the type and power of the correlations between mothers’ scores on Spiritual Orientation Scale, Meaning in Life Questionnaire, Life Satisfaction Scale, and Well-Being Index. Statistical significance was taken as $p < 0.05$.

Results

The socio-demographic characteristics of the mothers and the children are given in Table 1. Of the mothers, the average age was 34.75 ± 7.91 (min–max: 20–55), and 96.1% were primary school graduates. It was found that the average age of the children was 8.39 ± 3.76 (min–max: 2–17), that 41.4% were mentally disabled, and that the level of disability of 49.2% was at a moderate level. Disability of 30.5% of the children was due to consanguineous marriage, and of 22.7% was due to unknown reasons.

The distribution of the average scores that the mothers obtained from the Spiritual Orientation Scale, Meaning in Life Questionnaire, Life Satisfaction Scale, and Well-Being Index is given in Table 2. Mothers’ mean total score on the Spiritual Orientation Scale was 89.34 ± 7.14 , mean Meaning in Life Questionnaire score was 47.12 ± 5.40 , mean Life Satisfaction Scale score was 14.93 ± 5.51 , and mean Well-Being Index score was 13.29 ± 2.85 .

There was significant correlation found between the Spiritual Orientation Scale and Meaning in Life Questionnaire ($r = 0.391$, $p = 0.000$, Table 3). It was determined that as the mean scores of the mothers on the Spiritual Orientation Scale increased, the mean scores obtained from the Meaning in Life Questionnaire increased, as well.

In the correlation analysis, there was a statistically significant correlation between mothers’ mean Spiritual Orientation Scale scores and their mean total Life Satisfaction Scale scores ($r = 0.235$, $p < 0.05$, Table 3). It was determined that as mothers’ mean scores on the Spiritual Orientation Scale increased, the mean scores on the Life Satisfaction Scale increased, too.

There was significant correlation between the Spiritual Orientation Scale and the Well-Being Index ($r = 0.367$, $p = 0.000$, Table 3). It was determined that as the spiritual orientation of the mothers increased, their well-being increased, as well.

Table 1 The socio-demographic characteristics of the mothers and the children

	<i>N</i>	%
<i>Gender of the child</i>		
Girl	52	40.6
Boy	76	59.4
<i>Education level of the mother</i>		
Primary education	123	96.1
High school	5	3.9
<i>Occupation of the mother</i>		
Working	1	0.8
Not working	127	99.2
<i>Economical situation</i>		
Good	8	6.3
Middle	35	27.3
Bad	85	66.4
<i>Reason for the child's disability</i>		
Consanguineous marriage	39	30.5
Difficult childbirth	23	18.0
Diseases during the infancy	15	11.7
Baby's disease	21	16.4
Accident	1	0.8
Unknown	29	22.7
<i>Disability of the child is</i>		
Mental	53	41.4
Physical	21	9.4
Sensorial	7	12.5
Mental + physical	47	36.7
<i>Obstacle level</i>		
Low	21	16.4
Moderate	63	49.2
Heavy	44	34.4
<i>Do you have a helper in the child's care</i>		
Yes	26	20.3
No	102	79.7
<i>How often do you spend time in private religious activities (i.e., perform salaah, read Quran, prayer, meditation)?</i>		
Daily/more than once a day	96	75.0
Less than daily	32	25.0
<i>Is the religion/spirituality have an impact on health?</i>		
Yes	106	82.8
No	22	17.2
Mother age (years) ^a	34.75 ± 7.91	(min–max: 20–55)
Child age (years) ^a	8.39 ± 3.76	(min–max: 2–17)
The duration the child attends the rehabilitation center (years) ^a	3.78 ± 2.65	(min–max: 1–10)

^aMean ± SD

Table 2 Mean scores of Spiritual Orientation Scale, Meaning in Life Questionnaire, Life Satisfaction Scale, and Well-Being Index ($N=128$)

	Minimum	Maximum	Mean	Standard deviation
Spiritual Orientation Scale	64.00	109.00	89.34	7.14
Meaning in Life Questionnaire	31.00	59.00	47.12	5.40
Presence of Meaning	15.00	27.00	21.35	2.60
Search for Meaning	16.00	32.00	25.77	3.25
Life Satisfaction Scale	5.00	29.00	14.93	5.51
Well-Being Index	7.00	21.00	13.29	2.85

Table 3 Pearson correlation coefficient between mothers' Spiritual Orientation Scale, Meaning in Life Questionnaire, Life Satisfaction Scale, and Well-Being Index ($N=128$)

	Spiritual Orientation Scale	
	<i>r</i>	<i>p</i> value
Meaning in Life Questionnaire	+0.391	0.000*
Life Satisfaction Scale	+0.235	0.008*
Well-Being Index	+0.367	0.000*

* $p < 0.05$

Discussion

In today's society, many people maintain a spiritual development that is vital in coping with growth and life problems, based on their own beliefs (Morrison et al. 2009). In some studies, researchers have identified that women often demonstrate higher levels of aspects of spirituality than do men (Swicket and Hittner 2009; Tedeschi and Calhoun 2004). Due to the fact that the importance of being a mother in a family is huge and that spirituality has a great place in many women's lives, it is important to understand how mothers use spirituality during the disease of their children (Öz 2003; Wilson and Miles 2001). In our study, the high mean score of mothers on the Spiritual Orientation Scale (89.34 ± 7.14) (a score between 16 and 112 points can be obtained) demonstrates that mothers who give care to their disabled children have a high level of spiritual orientation. In the study conducted by Sülü (2006), interviewed mothers have stated that they started to think more differently with the disease of their children and that this difference led to stronger and increased religious emotions. Almost all of the mothers stated that they prayed, took refuge in great power, asked for help from Allah, and were so relieved this way. The mothers expressed that they accepted the disease

of their children with the help of their spiritual emotions and that they did not give up their hopes and began to think more positively.

Spirituality helps individuals find meaning in life and a sustainable relationship with greater power than they have (Öz 2003). One important function of religion is to provide meaning for life (Park 2007; Sedikides 2010). In our study, mothers' total mean score of 47.12 ± 5.40 on the Meaning in Life Questionnaire (a score between 7 and 70 points can be obtained) demonstrates that the mothers found their lives meaningful at a high level. In addition, it was determined that there was a significant correlation between mothers' total mean Spiritual Orientation Scale and Meaning in Life Questionnaire scores ($p=0.000$) and that as the spiritual orientations of mothers increased, the meaning in life increased. According to the 2008–2009 International Social Research report, 93% of the Turkish population believes that Allah is real and has no doubt about. Moreover, nearly 70% of the population states that the individual provides meaning to life by oneself and 92% states that this meaning becomes stronger with the existence of Allah (Çarkoğlu and Kalaycıoğlu 2009). In the study conducted by Treolar (2002), parents with disabled children used the Bible and their faith to provide meaning for their lives. In the study conducted by Marquez-González et al. (2012), it has been shown that spiritual beliefs can help caregivers find meaning in their care experience. In the review of Koenig (2012) in which at least 45 studies were investigated to examine the relationship between spirituality and meaning and purpose in life, it was reported that there was a significant positive correlation between spirituality and meaning in life by 93%. These results support our research finding.

Having meaning in life makes an important contribution to health and well-being (Hicks and King 2007). In our study, there was a positive, significant correlation between the meaning in life and well-being ($p=0.000$). Accordingly, well-being increases as the meaning in life increases. In the study conducted by Skrabski et al. (2005), it has been stated that meaning in life is a positive psychological source that supports health. Mascaro and Rosen (2005) have expressed that psychological health is associated with the meaning of life. According to the results of the study conducted by Jaarsma et al. (2007), it has been emphasized that there was a significant correlation between psychological healthiness and meaning in life. De Klerk et al. (2009) have stated that the meaning in life is correlated with psychological well-being. Thakur and Basu (2010) have reported that individuals who lost their meaning in life are psychologically damaged. In the study conducted by Shiah et al. (2015), it has been also found that there was a correlation between the meaning in life, anxiety, and mental health. These results support our study finding.

One important proposition is that religion affects health. It is reported that spiritual values directly affect the physical and subjective well-being since these values reduce the anxiety, support the positive lifestyle of individuals, make individuals perceive themselves at high levels, and provide hope, strength, and peace (Bowen et al. 2006; Csutora and Zsóka 2012; Hall 2006; Yılmaz and Okyay 2009). In our study, it was determined that there was a significant correlation between mothers' spiritual orientation and their well-being ($p=0.00$) and that as the spiritual orientation increased, well-being increased, too. According to Koenig (2012), by mid-2010, at least 326 quantitative, peer-reviewed studies had examined relationships with

spirituality. Of those, 256 (79%) found significant positive associations between spirituality and well-being. The results of the study conducted by Lopez et al. (2012) have suggested that spirituality had an additive effect on caregivers' well-being. Leblanc et al. (2004) have considered religiosity as one that could have a mediating and moderating effect over caregivers' well-being. Moreover, the study conducted by Dein et al. (2010) has demonstrated important associations between religiosity and well-being; spirituality and religious faith are important coping mechanisms for managing stressful life events. Our finding was consistent with these studies.

In our study, there was a positive, significant correlation found between the spiritual orientations of the mothers and life satisfaction ($p < 0.05$). It was also determined that the life satisfaction of the mothers increased as their spiritual orientations increased. Likewise, Baetz et al. (2004) and Csutora and Zsóka (2012) have found that spirituality is effective in life satisfaction.

Conclusion

Studies conducted with disabled children have brought the idea to the forefront that the support and training services provided cannot be limited only to disabled children. The needs of family members should be determined, as well, and services in line with this need should be provided. In this direction, it is thought that this study conducted is important in terms of determining the spirituality, meaning in life, life satisfaction, and well-being in mothers with disabled children. In this study, it was concluded that as the mean scores of the mothers on the Spiritual Orientation Scale increased, their mean scores on Meaning in Life Questionnaire, Life Satisfaction Scale, and Well-Being Index increased, too. It was determined that as the spiritual orientation of the mothers increased, the meaning in life, life satisfaction, and well-being increased, as well.

Spirituality can be an important factor in increasing meaning in life, life satisfaction, and well-being. Mothers play a very important role in the rehabilitation of disabled children. Therefore, the importance of religion and spirituality in mothers' life should be understood well and their spiritual needs should be met. It is also required to determine how mothers describe their well-being and problems and which problems they find a solution to. Meanwhile, nurses and professionals who work with parents with disabled children should consult and support the parents. Thus, mothers who maintain their physical and mental health with their spirituality will maintain the optimal level of care for their children and ensure welfare. Moreover, it is thought that they will positively contribute to children' adaptation to the society and their future life.

Limitations

The research is limited to the mothers with disabled children who continued to rehabilitation centers in the city center of Ağrı. The results can be generalized to the research group.

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Compliance with Ethical Standards

Conflict of interest The author declares that they have no conflict of interest.

Ethical Approval Ethical approval was received from the ethics committee of the university (numbered 95531838-050.99) and Private Rehabilitation Center (numbered 99950190/200/111). All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.

Informed Consent Informed consent was obtained from all individual participants included in the study. The consent of mothers was obtained after informing them about the purpose of the study and the content of the forms and that the information obtained will be kept confidential and that they could use their right to withdraw from the research if necessary.

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