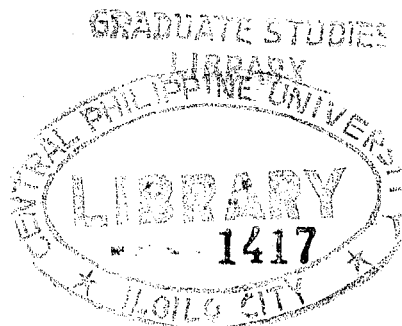


**SPIRITUAL QUOTIENT AND ACCEPTANCE OF ILLNESS AMONG INDIVIDUALS
DIAGNOSED WITH END STAGE RENAL DISEASE IN ILOILO CITY**

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**JEZZINE MARIE A. ARGUELLES
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**SPIRITUAL QUOTIENT AND LEVEL OF ACCEPTANCE OF ILLNESS
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DISEASE IN ILOILO CITY**

by

Jezzine Marie A. Arguelles

ABSTRACT

The primary objective of this investigation was to study the Spiritual Quotient and Level of Acceptance of Illness among individuals who were diagnosed with End Stage Renal Disease in Iloilo City. Specifically, it intended to study the personal characteristics among patients with ESRD when classified according to sex, religion, social support, and monthly income of the family, the participant's spiritual quotient and level of acceptance of illness when classified according to the identified personal characteristics mentioned above. The researcher also wanted to find out whether or not there is a significant difference in the participant's spiritual quotient and level of acceptance of illness when classified according to their sex, religion, social support, and monthly income of the family.

Furthermore, the research also studied existing relationship between an individual's Spiritual Quotient and Level of Acceptance.

In order to gather the data needed, a structured interview schedule was utilized. Two instruments were used: (1) Modified Spiritual Intelligence Self-Report Inventory (SISRI-24) by David King, that measures spiritual quotient, and (2) Chronic Illness Acceptance Questionnaire by Andrew George Herbst (2009) that tested the level of

Acceptance Questionnaire by Andrew George Herbst (2009) that tested the level of acceptance of the participants with regards to ESRD as a chronic illness. Both instruments have been adopted with permission from their respective authors.

In order to analyze and accurately process the data gathered, the Statistical Package for Social Sciences (SPSS) PC+ Software was utilized.

After the conduct of the study, results revealed that, overall, respondents of the study were found to have high spiritual quotient as the majority of them scored within the scale of 58-76. Catholics who did not belong to any social support group and earning an average monthly income scored higher than Non-Catholics who were members of local support groups and earning a low or high monthly income. Nonetheless, all the individuals were identified to possess high SQ because the differences in the total scores were negligible. All of the respondents have showed that they have moderately accepted their terminal diagnosis.

Finally, results showed that Spiritual Quotient and Chronic Illness Acceptance are related, which means that individuals who have higher levels of spiritual quotient are able to better understand and grasp the reality of their illness as well as the terminal nature of it. This would support the idea that when an individual is spiritual, aware of his existence and guided by his purpose, he is able to accept to the circumstances of his illness better thus rendering him to experience a higher health related quality of life than those otherwise.