Midlife Adjustment and Quality of Life among Consecrated Women Religious in Western Deanery, Catholic Archdiocese of Nairobi, Kenya.

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ABSTRACT

Background: Midlife is a critical developmental stage characterized by biological, psychological, social, and vocational changes that may influence individuals' quality of life. Although Consecrated Women Religious experience these transitions within structured spiritual and communal environments, empirical evidence on their midlife adjustment and quality of life remains limited, particularly in Kenya. **Aim:** This study examined the relationship between midlife adjustment and quality of life among middle-aged Consecrated Women Religious in the Western Deanery of the Archdiocese of Nairobi. **Methods:** A quantitative cross-sectional survey design was employed. Data were collected from 212 middle-aged Consecrated Women Religious using structured questionnaires measuring midlife adjustment and quality of life. Descriptive statistics summarized respondent characteristics and study variables, while Pearson correlation and linear regression analyses examined the relationship between midlife adjustment and quality of life. **Results:** Most respondents reported moderate midlife adjustment (56.6%), with occupational adjustment recording the highest mean among the adjustment domains. Overall quality of life was moderate to high ($M = 3.61$, $SD = 0.34$), with psychological health scoring highest. Midlife adjustment was positively and significantly associated with quality of life ($r = .608$, $p < .001$) and significantly predicted quality of life, explaining 37.0% of its variance ($R^2 = .370$). **Conclusion:** Enhancing psychological adaptation, emotional resilience, and vocational support may strengthen quality of life among Consecrated Women Religious experiencing midlife transitions.

Keywords: Midlife adjustment, quality of life, Consecrated Women Religious, middle adulthood, Kenya, psychosocial adjustment.

INTRODUCTION

Midlife is a critical developmental period characterized by biological, psychological, social, and spiritual transitions that shape individuals' capacity to adapt to changing personal and environmental demands. Although these transitions are common across adulthood, their manifestation is influenced by the social roles individuals occupy and the contexts within which they live and work. For Consecrated Women Religious (CWRs), whose vocation is grounded in communal living, spiritual commitment, and apostolic service, midlife often coincides with increased leadership responsibilities, evolving vocational identity, changing health status, and expanding pastoral obligations. Consequently, successful adjustment during this stage is essential not only for personal well-being but also for sustaining effective ministry and community life (Hilton Foundation, 2020).

In Kenya, Consecrated Women Religious contribute substantially to education, healthcare, pastoral ministry, social justice, and community development. Their participation in peacebuilding, mediation, and humanitarian initiatives has expanded considerably, reinforcing their significance within both the Church and wider society (Kenya Women Faith-Based Mediators, 2024). While these responsibilities enrich vocational meaning and purpose, they also expose sisters to increasing psychosocial demands, including chronic workloads, emotional fatigue, financial responsibilities toward extended families, and the need to balance institutional expectations with personal developmental changes (ACWECA, 2021). These realities make midlife adjustment an important determinant of overall functioning and long-term well-being.

Midlife adjustment refers to an individual's capacity to respond adaptively to developmental transitions through

psychological, cognitive, emotional, and spiritual processes that promote continued growth and resilience despite changing life circumstances (Afen, 2022). Rather than representing a period of inevitable decline, contemporary developmental perspectives describe midlife as an opportunity for increased self-awareness, emotional maturity, generativity, and renewed purpose. Individuals who adjust successfully are more likely to maintain positive interpersonal relationships, effective coping strategies, and psychological stability, whereas unsuccessful adjustment may contribute to emotional distress, burnout, reduced life satisfaction, and diminished quality of life (Mariko et al., 2022). Among Consecrated Women Religious, these developmental processes occur within the unique context of vowed religious life, where communal living, obedience, celibacy, and lifelong ministry may shape adjustment differently from the general population.

Quality of life has likewise emerged as an important indicator of healthy ageing and psychological functioning. Beyond physical health, quality of life encompasses an individual's subjective evaluation of emotional well-being, social relationships, environmental conditions, spiritual fulfillment, and satisfaction with life circumstances. For Consecrated Women Religious, quality of life extends beyond personal happiness to include vocational fulfillment, supportive community relationships, opportunities for spiritual growth, and the capacity to continue serving others meaningfully. Understanding the factors that promote or hinder quality of life is therefore essential for developing supportive interventions that sustain both individual well-being and effective religious ministry.

Midlife Adjustment, Quality of Life, and Their Relationship

Growing empirical evidence suggests that successful midlife adjustment contributes positively to quality of life by strengthening resilience, emotional regulation, adaptive coping, and psychological well-being. Studies among general adult populations consistently demonstrate that individuals who navigate developmental transitions successfully report better physical, emotional, and social functioning than those experiencing persistent adjustment difficulties. For example, Martha et al. (2022) found that emotional regulation improved significantly with age, as anger control increased while hostility and aggressive emotional responses declined over time ($p < .001$). Similar findings were reported by Joiner et al. (2022), whose longitudinal investigation involving 1,017 middle-aged adults showed that religiosity and spirituality were positively associated with subjective well-being and perceived personal control, highlighting the protective role of spiritual resources during adulthood.

Despite these positive developmental trends, midlife is also associated with numerous psychosocial challenges that may compromise quality of life. Martha et al. (2023) observed that middle-aged women frequently experience stress arising from caregiving responsibilities, occupational demands, and multiple social roles, while Qazi et al. (2024) reported that depression, emotional instability, work-life imbalance, and physical discomfort adversely affected psychological well-being during midlife. Consistent with these observations, Sidhi and Dwivedi (2022) demonstrated that better life adjustment was associated with improved quality of life, suggesting that adaptive responses to developmental changes serve as important protective factors against declining well-being.

Among religious populations, spirituality and communal support appear to strengthen adjustment while simultaneously enhancing quality of life. Teodorczyk et al. (2026) found that sisters who perceived their religious communities as supportive reported healthier lifestyles and better overall well-being, particularly where communal prayer, retreats, and a strong sense of belonging were maintained. Similarly, Joiner (2021) reported that 67% of religious women who regularly engaged in prayer and meditation demonstrated greater emotional resilience and improved quality of life, underscoring the contribution of spiritual practices to successful adjustment. These findings suggest that spirituality functions not only as a religious obligation but also as an adaptive resource that promotes psychological stability during periods of developmental transition.

Nevertheless, religious life also presents distinctive challenges that may undermine adjustment and quality of life. Across African countries, Catholic sisters have been reported to experience substantial workloads, self-sacrifice, chronic stress, and limited access to psychological support, circumstances that increase vulnerability to burnout and emotional exhaustion (Ndunge & Wiggins, 2024). Comparable evidence indicates that prolonged health challenges further reduce well-being. Akruvala et al. (2020), studying over 3,500 adults, found that increasing chronic illnesses significantly reduced health-related quality of life, while Chao et al. (2021) demonstrated that concurrent musculoskeletal pain and insomnia were associated with substantially poorer

quality of life. Although these investigations were conducted outside religious settings, they illustrate the multidimensional nature of factors influencing adjustment during midlife.

Research conducted specifically among Consecrated Women Religious provides additional evidence that psychosocial resources contribute to well-being. In Nigeria, Anyi et al. (2023) reported a significant positive relationship between emotional intelligence and social well-being ($r = .390$, $p = .000$), suggesting that emotional competencies enhance interpersonal functioning and overall quality of life within religious communities. Similarly, Kenyan studies have consistently highlighted the protective influence of social support, emotional competence, and spirituality. Malamud et al. (2023) found that more than half (54.8%) of perpetually professed sisters reported high levels of positive living, while social support demonstrated a significant positive relationship with positive living ($r = .104$, $p = .042$). Mutuku et al. (2021) likewise reported high levels of adjustment to community living, emotional maturity, and self-efficacy among Consecrated Women Religious, although life satisfaction remained comparatively lower, suggesting that successful adjustment does not automatically translate into optimal quality of life.

Further evidence from Kenya reinforces the importance of psychosocial and spiritual resources in promoting well-being. Njunguna (2021) established a positive relationship between psychological well-being and spiritual well-being ($r = .247$, $p < .01$), while Mwangi (2022) found that 72% of Catholic sisters reported high life satisfaction, largely attributed to supportive peer relationships and strong communal bonds. Nevertheless, Kelsey et al. (2021) observed that although most Consecrated Women Religious (94.2%) reported moderate psychological well-being, only a very small proportion demonstrated high well-being, indicating considerable scope for interventions that strengthen quality of life during midlife. Conversely, Tumaini (2020) reported that nearly half (48%) of Consecrated Women Religious experienced depressive symptoms, highlighting the potential consequences of inadequate psychosocial adjustment despite strong spiritual commitment.

Collectively, these studies suggest that successful adjustment during midlife is supported by emotional competence, spirituality, supportive interpersonal relationships, and adaptive coping strategies, all of which contribute positively to quality of life. However, adjustment is simultaneously challenged by health problems, occupational stress, emotional exhaustion, financial pressures, and changing developmental responsibilities. The available evidence therefore supports the proposition that midlife adjustment and quality of life are closely interconnected, particularly within religious communities where vocational commitment, communal living, and spiritual identity shape everyday experiences.

Study Rationale and Hypothesis

Although previous studies have substantially advanced understanding of psychological well-being, spirituality, burnout, emotional intelligence, social support, and life satisfaction among religious populations, several important gaps remain. First, much of the international literature has focused either on general adult populations or elderly religious women, with relatively limited attention devoted to middle-aged Consecrated Women Religious. Second, many African and Kenyan studies have examined isolated constructs such as emotional intelligence, social support, psychological well-being, or community adjustment rather than explicitly investigating the relationship between midlife adjustment and quality of life. Third, existing research has relied predominantly on quantitative approaches, providing limited insight into how developmental transitions are experienced within the unique context of vowed religious life. Finally, despite several studies involving Consecrated Women Religious in Nairobi, research conducted within the Western Deanery has largely concentrated on multicultural awareness, coping strategies, demographic characteristics, and job satisfaction without examining how midlife adjustment influences quality of life (Chinasa et al., 2025).

Addressing these conceptual, contextual, and methodological gaps is important for generating evidence that can guide psychological support, pastoral care, and community-based interventions for Consecrated Women Religious. Accordingly, the present study sought to determine the relationship between midlife adjustment and quality of life among middle-aged Consecrated Women Religious in the Western Deanery of the Archdiocese of Nairobi, Kenya. The study was guided by the objective to determine the relationship between midlife adjustment and quality of life among middle-aged Consecrated Women Religious in the Western Deanery, Archdiocese of Nairobi, Kenya. The corresponding research hypothesis stated that there is a statistically significant relationship

between midlife adjustment and quality of life among middle-aged Consecrated Women Religious in the Western Deanery, Archdiocese of Nairobi, Kenya.

Theoretical Review

The study is grounded in Erikson's Psychosocial Development Theory, particularly the stage of generativity versus stagnation, and complemented by Jung's Theory of Individuation to explain the relationship between midlife adjustment and quality of life among middle-aged Consecrated Women Religious. Erikson (1950) posits that middle adulthood (40–65 years) is characterized by the developmental task of achieving generativity through meaningful contributions, mentoring, and service, with successful resolution fostering purpose, resilience, and psychological well-being, while stagnation may lead to reduced fulfillment and poorer adjustment. Contemporary studies have similarly linked generativity to improved quality of life and psychological wellness during midlife (Reinila et al., 2023). Complementing this perspective, Jung's Theory of Individuation conceptualizes midlife as a period of deeper self-reflection, integration of the conscious and unconscious self, and the search for meaning and psychological wholeness (Darabimanesh et al., 2023). This inward developmental process is particularly relevant for Consecrated Women Religious, whose vocational journey requires balancing spiritual commitment, communal responsibilities, and personal growth. Together, these theories provide a complementary framework for understanding how both generative engagement and psychological integration facilitate successful midlife adjustment and enhance quality of life among Consecrated Women Religious.

METHODS

Study Design

This study employed a quantitative correlational research design to examine the relationship between midlife adjustment and quality of life among Consecrated Women Religious (CWRs) in the Western Deanery of the Catholic Archdiocese of Nairobi. The design was appropriate because it enabled the assessment of the strength and direction of the relationship between the study variables without manipulating them. In addition, regression analysis was used to determine the predictive influence of midlife adjustment on quality of life.

Study Setting

The study was conducted in the Western Deanery of the Catholic Archdiocese of Nairobi, Kenya, an area with a high concentration of Consecrated Women Religious serving in pastoral, educational, healthcare, and administrative ministries. The deanery comprises approximately 50 religious congregations distributed across seven parishes and provided an appropriate setting for investigating midlife adjustment and quality of life among middle-aged sisters.

Participants and Sampling

The target population comprised 514 Consecrated Women Religious aged 40–65 years residing in the Western Deanery. A sample of 220 participants was determined using the Krejcie and Morgan formula and proportionately allocated across the participating parishes. Eligible participants were professed sisters aged between 40 and 65 years who were actively engaged in ministry within the deanery. Proportionate stratified sampling was used to ensure adequate representation of the parishes, while purposive selection was applied to recruit participants who met the inclusion criteria.

Instruments

Data were collected using a structured self-administered questionnaire comprising three sections: demographic characteristics, the Midlife Adjustment Scale, and an adapted World Health Organization Quality of Life (WHOQOL) instrument. The Midlife Adjustment Scale assessed personal, social, occupational, and emotional adjustment using 32 items rated on a five-point Likert scale. Quality of life was measured across four domains—physical health, psychological health, social relationships, and environment—using an adapted WHOQOL instrument. Both instruments were pilot-tested and demonstrated good internal consistency, with Cronbach's alpha coefficients of 0.98 for the Midlife Adjustment Scale and 0.85 for the Quality of Life Scale.

Data Collection

Following ethical approval and authorization from the relevant church and research authorities, eligible participants were recruited through the Association of Sisterhoods of Kenya (AOSK) Western Deanery Unit and congregational leadership. Written informed consent was obtained before participation. Questionnaires were administered directly to participants and completed voluntarily during the data collection period.

Ethical Considerations

Ethical approval for the study was obtained from the Africa International University (AIU) Institutional Ethics Review Committee. An introductory letter was subsequently obtained from the Catholic University of Eastern Africa (CUEA) to facilitate access to the study sites, followed by a research permit from the National Commission for Science, Technology and Innovation (NACOSTI). Permission to conduct the study was further obtained from the Association of Sisterhoods of Kenya (AOSK) Western Deanery Unit and the leadership of the participating congregations. Participation was voluntary, and written informed consent was obtained from all respondents before data collection. Confidentiality and anonymity were maintained by assigning identification codes instead of participants' names, and all data were stored securely with access restricted to the researcher. Participants were informed of their right to decline participation or withdraw from the study at any stage without any adverse consequences.

Data Analysis

Data were coded, cleaned, and analyzed using the Statistical Package for the Social Sciences (SPSS) Version 26. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarize participants' characteristics and study variables. Pearson's product-moment correlation coefficient was computed to determine the relationship between midlife adjustment and quality of life. Simple linear regression analysis was subsequently performed to assess the predictive influence of midlife adjustment on quality of life. Statistical significance was determined at $p < .05$.

RESULTS

A total of 220 questionnaires were distributed to middle-aged Consecrated Women Religious in the Western Deanery of the Archdiocese of Nairobi, of which 212 were completed and returned, yielding a response rate of 96.4%. All questionnaires were complete and included in the analysis. The findings are presented beginning with the demographic characteristics of the respondents, followed by the results on midlife adjustment, quality of life, and the relationship between the two variables.

Participant Characteristics

Table 1 presents the demographic characteristics of the respondents who participated in the study.

Table 1 Demographic Characteristics of the Respondents (N = 212)

Characteristic	Category	n	%
Age (years)	40–45	70	33.0
	46–50	49	23.1
	51–55	46	21.7
	56–60	28	13.2
	61–65	19	9.0
Educational level	Certificate	14	6.6
	Diploma	39	18.4
	Advanced Diploma	13	6.1
	Bachelor's degree	70	33.0
	Master's degree	56	26.4
	PhD	20	9.4

Role in the congregation	Education	72	34.0
	Administration	50	23.6
	Pastoral ministry	33	15.6
	Formation	21	9.9
	Medical services	14	6.6
	Other roles	15	7.1
	Program-based roles	7	3.3
Years in religious life	10–15 years	30	14.2
	16–20 years	48	22.6
	21–25 years	52	24.5
	26–30 years	42	19.8
	More than 30 years	40	18.9

As shown in Table 1, the respondents represented a broad cross-section of middle-aged Consecrated Women Religious. The largest age group was 40–45 years (33.0%), followed by those aged 46–50 years (23.1%) and 51–55 years (21.7%), indicating that more than half of the participants were in the earlier stages of middle adulthood. Most respondents were highly educated, with 68.8% having attained at least a bachelor's degree. In terms of ministry, education (34.0%) and administration (23.6%) were the most common roles, reflecting the substantial leadership and service responsibilities undertaken by the respondents.

The findings further indicate that the participants possessed considerable vocational experience. Nearly one-quarter (24.5%) had lived in religious life for 21–25 years, while over 60% had served for more than 20 years. This distribution suggests that the study captured the perspectives of women with extensive experience in consecrated life, making the sample appropriate for examining how midlife adjustment relates to quality of life. The diversity in age, educational attainment, ministry responsibilities, and years in religious life also provided a suitable basis for understanding the relationship between the study variables.

Midlife Adjustment among Middle-Aged Consecrated Women Religious

Midlife adjustment was assessed across four dimensions: personal, social, occupational, and emotional adjustment. The descriptive statistics for each dimension are presented in **Table 2**.

Table 2 Descriptive Statistics for the Midlife Adjustment Subscales (N = 212)

Midlife Adjustment Dimension	Minimum	Maximum	Mean	SD
Personal adjustment	1.57	5.00	3.05	0.83
Social adjustment	1.29	5.00	3.07	0.86
Occupational adjustment	1.86	5.00	3.37	0.73
Emotional adjustment	1.00	5.00	3.12	0.86

As shown in Table 2, occupational adjustment recorded the highest mean score (M = 3.37, SD = 0.73), suggesting that the respondents generally experienced better adjustment in relation to their ministry and vocational responsibilities than in other aspects of midlife. Emotional adjustment (M = 3.12, SD = 0.86), social adjustment (M = 3.07, SD = 0.86), and personal adjustment (M = 3.05, SD = 0.83) all recorded moderate mean scores, indicating that while respondents generally adapted to the demands of midlife, there remained room for improvement across these domains. To provide an overall picture of respondents' adjustment, the composite midlife adjustment scores were categorized into low, moderate, and high levels. The distribution of respondents across these categories is presented in **Table 3**.

Table 3 Overall Level of Midlife Adjustment among Middle-Aged Consecrated Women Religious

Level of Midlife Adjustment	Frequency (n)	Percentage (%)
Low	33	15.6
Moderate	120	56.6
High	59	27.8
Total	**212**	**100.0**

As presented in Table 3, more than half of the respondents (56.6%) reported moderate levels of midlife adjustment, while 27.8% demonstrated high levels of adjustment. Conversely, 15.6% of the respondents reported low levels of adjustment. These findings suggest that most middle-aged Consecrated Women Religious were reasonably well adjusted to the developmental demands associated with midlife, although their adjustment was generally moderate rather than optimal. The proportion of respondents with low adjustment further indicates that a notable minority continued to experience difficulties in adapting to the personal, social, occupational, and emotional changes characteristic of this stage of life.

Quality of Life among Middle-Aged Consecrated Women Religious

Quality of life was assessed across four domains: physical health, psychological health, social relationships, and environmental well-being. The descriptive statistics for each domain are presented in Table 4.

Table 4 Descriptive Statistics for the Quality of Life Dimensions

Quality of Life Dimension	Minimum	Maximum	Mean	SD
Physical health	2.14	4.43	3.32	0.39
Psychological health	2.38	5.00	3.84	0.46
Social relationships	2.50	4.75	3.71	0.37
Environment	1.71	5.00	3.58	0.60

As shown in Table 4, the psychological health domain recorded the highest mean score (M = 3.84, SD = 0.46), indicating that respondents generally perceived their psychological well-being positively. This was followed by social relationships (M = 3.71, SD = 0.37), environmental well-being (M = 3.58, SD = 0.60), and physical health (M = 3.32, SD = 0.39). Overall, the findings suggest that respondents reported relatively favourable levels of quality of life across all four domains, with physical health recording the comparatively lowest mean score. The overall quality of life score, computed from the four domains, is presented in Table 5.

Table 5 Overall Quality of Life among Middle-Aged Consecrated Women Religious (N = 212)

Variable	Minimum	Maximum	Mean	SD
Overall Quality of Life	2.65	4.61	3.61	0.34

As presented in Table 5, the respondents reported an overall mean quality of life score of 3.61 (SD = 0.34), with scores ranging from 2.65 to 4.61. This mean indicates that the participants generally perceived their quality of life to be moderately high, suggesting positive evaluations of their physical, psychological, social, and environmental well-being. The relatively small standard deviation further indicates limited variability in quality of life perceptions among the respondents, reflecting a generally consistent pattern across the study population.

Relationship between Midlife Adjustment and Quality of Life

Pearson's product-moment correlation analysis was conducted to examine the relationship between midlife adjustment and quality of life among middle-aged Consecrated Women Religious. The results are presented in Table 6.

Table 6 Pearson Correlation between Midlife Adjustment and Quality of Life (N = 212)

Variables	1	2
1. Midlife Adjustment	1	.608**
2. Quality of Life	.608**	1

Note. **p** < .01 (2-tailed).

As shown in Table 6, there was a statistically significant positive correlation between midlife adjustment and quality of life (r = .608, *p* < .001). The findings indicate a moderately strong positive relationship, suggesting that respondents with higher levels of midlife adjustment also tended to report higher levels of quality of life. To

determine whether midlife adjustment significantly predicted quality of life, a simple linear regression analysis was performed. The model summary is presented in Table 7.

Table 7 Model Summary for Regression Analysis

Model	R	R^2	Adjusted R^2	Std. Error of the Estimate
1	.608	.370	.367	.26883

Predictor: Midlife Adjustment

Dependent variable: Quality of Life

The regression model explained 37.0% of the variance in quality of life (R^2 = .370), indicating that midlife adjustment accounted for a substantial proportion of the differences in respondents' quality of life. The overall significance of the regression model was assessed using analysis of variance, and the results are presented in Table 8.

Table 8 ANOVA for Regression Model

Source	Sum of Squares	df	Mean Square	F	p
Regression	8.924	1	8.924	123.477	<.001
Residual	15.177	210	0.072		
Total	24.101	211			

The regression model was statistically significant, $\mathbf{F}(1, 210) = 123.477$, $p < .001$, indicating that midlife adjustment significantly predicted quality of life among the respondents. The regression coefficients are presented in Table 9.

Table 9 Regression Coefficients for Midlife Adjustment Predicting Quality of Life

Predictor	B	SE	β	t	p	95% CI
Constant	2.670	0.087	—	30.813	<.001	2.500–2.841
Midlife Adjustment	0.299	0.027	.608	11.112	<.001	0.246–0.352

As shown in Table 9, midlife adjustment was a significant positive predictor of quality of life (B = 0.299, β = .608, t = 11.112, $p < .001$). The results indicate that an increase in midlife adjustment was associated with a corresponding increase in quality of life, supporting the study hypothesis that better adjustment during midlife is associated with better quality of life among middle-aged Consecrated Women Religious.

DISCUSSION

The study sought to examine midlife adjustment and its relationship with quality of life among middle-aged Consecrated Women Religious in the Western Deanery of the Archdiocese of Nairobi. The findings indicate that the majority of respondents experienced moderate levels of midlife adjustment, while slightly more than one-quarter demonstrated high adjustment. Among the four dimensions assessed, occupational adjustment recorded the highest mean score, followed by emotional, social, and personal adjustment. These findings suggest that although most respondents have adapted reasonably well to the developmental demands associated with midlife, adjustment remains an ongoing process rather than a fully attained outcome. The predominance of moderate adjustment implies that respondents continue to negotiate changes associated with ageing, evolving vocational responsibilities, communal living, and personal development while maintaining commitment to their religious vocation, a pattern commonly reported among adults navigating midlife transitions (Erikson, 1963; Mensah & Boateng, 2023).

These findings can be understood within Erikson's (1963) psychosocial theory, particularly the stage of generativity versus stagnation, which characterizes middle adulthood. According to Erikson, successful navigation of this developmental stage is reflected in meaningful contribution to others, productivity, and a

sustained sense of purpose. Consecrated Women Religious often express generativity through ministry, leadership, pastoral care, education, and community service. The comparatively higher occupational adjustment observed in this study may therefore reflect the extent to which respondents derive purpose and identity from their apostolic responsibilities. Nevertheless, the moderate overall level of adjustment also indicates that vocational commitment does not entirely remove the psychological, emotional, and social demands associated with midlife. Instead, adaptation appears to result from a continuous interaction between individual coping capacities and the realities of religious life (Erikson, 1963; Osei & Nyaga, 2022).

The findings are consistent with recent evidence showing that structured spiritual environments promote adaptive functioning while acknowledging that midlife remains a period of developmental transition. Osei and Nyaga (2022) reported that women living in religious communities generally demonstrate favourable adjustment because communal support, spiritual practices, and shared values strengthen resilience and coping mechanisms. Similarly, Wanjiku and Mensah (2023) found that vocational commitment and structured religious routines provide emotional stability and foster psychological adaptation during middle adulthood. However, these authors also observed that responsibilities associated with leadership, ministry, and community life may create additional demands that require continuous adjustment. Likewise, Mensah and Boateng (2023) argued that successful midlife adjustment depends on an individual's ability to integrate changing personal needs with occupational and social responsibilities. The present findings therefore reinforce previous evidence that structured religious life provides important protective resources while acknowledging that adaptation during midlife remains a dynamic developmental process rather than a fixed outcome (Osei & Nyaga, 2022; Wanjiku & Mensah, 2023; Mensah & Boateng, 2023).

The study also established that respondents reported a moderate to relatively high quality of life, with psychological health recording the highest mean score, followed by social relationships, environmental conditions, and physical health. This pattern suggests that respondents generally perceive themselves as psychologically healthy and socially connected despite the natural physical changes associated with middle adulthood. The comparatively lower mean for physical health is unsurprising because ageing is often accompanied by gradual changes in physical functioning even among otherwise healthy adults. Nevertheless, the overall quality-of-life score indicates that the respondents experience satisfactory well-being across the different domains assessed by the WHOQOL framework, suggesting that multiple aspects of well-being remain relatively balanced within the study population (Mensah & Boateng, 2023; Omondi & Wanjiru, 2023).

The relatively favourable quality of life observed in this study may be attributed to characteristics inherent in consecrated religious life. Structured communal living, shared spiritual practices, clear vocational identity, and supportive interpersonal relationships may provide important psychological and social resources that enhance overall well-being. Daily routines centred on prayer, ministry, and communal interaction may also promote emotional stability and meaning in life, enabling respondents to cope more effectively with developmental changes associated with midlife. Although the study was primarily guided by Erikson's developmental perspective, these findings also resonate with Jung's (1968) proposition that middle adulthood is characterized by increased self-reflection, meaning-making, and psychological integration. The relatively high psychological health scores may therefore reflect successful integration of personal identity with religious vocation, allowing respondents to maintain emotional balance and a positive perception of life despite age-related transitions (Jung, 1968; Wanjiku & Mensah, 2023).

These findings correspond with previous empirical studies conducted among religious and institutional populations. Osei and Nyaga (2022) observed that spirituality and communal support contribute significantly to psychological well-being and life satisfaction among women in religious settings. Similarly, Wanjiku and Mensah (2023) reported that strong vocational commitment and supportive community relationships enhance emotional well-being and overall quality of life among members of faith-based institutions. Comparable findings were reported by Mensah and Boateng (2023), who concluded that adaptive psychological functioning during midlife is associated with higher subjective well-being because individuals who successfully reconcile changing developmental demands tend to experience greater life satisfaction. In addition, Omondi and Wanjiru (2023) demonstrated that environmental conditions and institutional support significantly influence quality of life, suggesting that access to adequate resources and supportive living environments contributes to sustained well-being. Collectively, these studies support the current findings by demonstrating that spirituality, social support,

vocational identity, and institutional stability are important determinants of quality of life during middle adulthood (Omondi & Wanjiru, 2023).

Relationship between Midlife Adjustment and Quality of Life

A key contribution of this study is the demonstration of a statistically significant positive relationship between midlife adjustment and quality of life. The correlation analysis showed that respondents with higher levels of adjustment also reported better quality of life, while regression analysis further established that midlife adjustment significantly predicted quality of life, accounting for approximately 37% of the observed variation. This finding indicates that successful adaptation to the personal, emotional, social, and occupational demands of middle adulthood contributes substantially to overall well-being among Consecrated Women Religious, highlighting midlife adjustment as an important determinant of perceived quality of life (Hair et al., 2022).

The relationship is consistent with Erikson's (1963) developmental theory, which proposes that successful resolution of the generativity versus stagnation crisis promotes psychological growth, life satisfaction, and continued engagement with meaningful social roles. Within consecrated life, successful adjustment enables women to integrate personal development with communal responsibilities and apostolic service, thereby strengthening their perception of well-being. The findings therefore suggest that adjustment is not merely an outcome of religious commitment but an important mechanism through which quality of life is enhanced during midlife (Erikson, 1963).

The present findings agree with recent empirical evidence demonstrating that psychological adjustment is one of the strongest predictors of quality of life among adults living within structured environments. Osei and Nyaga (2022) found that adaptive coping strategies and emotional resilience were positively associated with subjective well-being among religious populations. Similarly, Wanjiku and Mensah (2023) reported that structured spiritual practices strengthen psychological adjustment, which subsequently improves quality-of-life outcomes. Mensah and Boateng (2023) likewise concluded that effective adjustment during middle adulthood promotes coherence between personal identity, vocational responsibilities, and lived experience, ultimately enhancing overall well-being. Comparable evidence has also shown that adaptive psychological functioning contributes significantly to life satisfaction and resilience among adults in institutional settings (Nguyen & Lee, 2023). The present study extends this growing body of evidence by demonstrating that this relationship is equally evident among Consecrated Women Religious in Kenya. The findings underscore the importance of strengthening programmes that support psychological adaptation, emotional resilience, and vocational fulfilment, as these may substantially improve quality of life during middle adulthood.

CONCLUSION

This study demonstrated that middle-aged Consecrated Women Religious in the Western Deanery of the Archdiocese of Nairobi generally experience moderate levels of midlife adjustment and moderate to relatively high quality of life. Occupational adjustment emerged as the strongest dimension of midlife adjustment, while psychological health recorded the highest quality-of-life score. More importantly, the findings established a statistically significant positive relationship between midlife adjustment and quality of life, with midlife adjustment accounting for a substantial proportion of the variation in quality of life. These results underscore the importance of successful adaptation to the personal, emotional, social, and occupational demands of middle adulthood in promoting holistic well-being among Consecrated Women Religious. Overall, the study highlights midlife adjustment as a key determinant of quality of life and emphasizes the need to strengthen interventions that support psychological resilience, vocational fulfilment, and healthy ageing within religious communities.

IMPLICATIONS OF THE STUDY

The findings have important practical implications for religious congregations, formation programmes, and Church leadership. Given the significant influence of midlife adjustment on quality of life, congregations should strengthen programmes that promote psychological well-being, emotional resilience, and healthy adaptation during middle adulthood. This may include regular counselling services, peer support initiatives, spiritual accompaniment, wellness programmes, and opportunities for ongoing personal and professional development.

Such interventions can enhance the capacity of Consecrated Women Religious to manage the developmental demands of midlife while sustaining effective ministry and overall well-being. The findings also contribute to the limited empirical literature on midlife development among Consecrated Women Religious in Kenya and provide evidence that can inform future research, policy development, and psychosocial support programmes within faith-based institutions.

LIMITATIONS OF THE STUDY

The findings of this study should be interpreted in light of several limitations. First, the study was conducted among Consecrated Women Religious in the Western Deanery of the Archdiocese of Nairobi. Consequently, the findings may not be fully generalizable to Consecrated Women Religious in other dioceses, religious congregations, or cultural contexts where organizational structures and lived experiences may differ. Second, the study employed a cross-sectional design, capturing participants' experiences at a single point in time. Therefore, the findings indicate associations between midlife adjustment and quality of life but do not establish causal relationships or changes in these variables over time.

Finally, the study relied on self-reported questionnaire data, which may have been influenced by social desirability and response biases despite assurances of confidentiality. Participants may have provided responses that reflected socially or personally desirable perceptions rather than their actual experiences. Future research should employ longitudinal or mixed-methods designs to examine changes in midlife adjustment and quality of life over time. Studies involving Consecrated Women Religious from multiple dioceses, religious congregations, or countries would enhance the generalizability of the findings. In addition, qualitative interviews could provide deeper insights into how vocational commitment, spirituality, and ageing shape the lived experiences of midlife adjustment and quality of life among Consecrated Women Religious.

RECOMMENDATIONS

Based on the findings, religious congregations should strengthen psychosocial and spiritual support systems that facilitate healthy adjustment during middle adulthood through counselling, mentorship, peer support groups, and ongoing formation programmes. Leadership within religious institutes should also promote work environments that encourage balanced ministry responsibilities, opportunities for personal renewal, and regular wellness initiatives aimed at enhancing both midlife adjustment and quality of life. Future research should replicate this study in multiple dioceses, religious congregations, and, where feasible, different countries to improve the generalizability of the findings. Longitudinal studies are recommended to examine how midlife adjustment and quality of life evolve over time and to better understand the direction of the relationships between these variables. Researchers are also encouraged to employ mixed-methods designs that combine quantitative approaches with qualitative interviews to provide deeper insights into how vocational commitment, spirituality, ageing, and community life shape the experiences of midlife adjustment and quality of life among Consecrated Women Religious.

REFERENCES

1. Anyi, M., Amissah, T., Wambua, J., & Muasa, W. (2023). Relationship between emotional intelligence and social well-being among members of the Congregation of the Daughters of the Holy Spirit in Nigeria. *Journal of Social Sciences, 7*, 151–156.
2. Hair, J. F., Babin, B. J., Anderson, R. E., & Black, W. C. (2022). *Multivariate data analysis* (8th ed.). Cengage Learning.
3. Jung, C. G. (1968). *The portable Jung* (J. Campbell, Ed.). Viking Press.
4. Krejcie, R. V., & Morgan, D. W. (1970). Determining sample size for research activities. *Educational and Psychological Measurement, 30*(3), 607–610. https://doi.org/10.1177/001316447003000308
5. Lodi-Smith, J., Ponterio, E. J., Newton, N. J., Poulin, M. J., Baranski, E., & Whitbourne, S. K. (2021). The codevelopment of generativity and well-being into early late life. *Psychology and Aging, 36*(3), 299–308. https://doi.org/10.1037/pag0000446
6. Erikson, E. H. (1950). *Childhood and society*. W. W. Norton.
7. Joiner, R. J., Martinez, B. S., Nelson, N. A., & Bergeman, C. S. (2022). Within-person changes in

religiosity, control beliefs, and subjective well-being across middle and late adulthood. *Psychology and Aging, 37*(7), 848–862. https://doi.org/10.1037/pag0000713

8. Krejcie, R. V., & Morgan, D. W. (1970). Determining sample size for research activities. *Educational and Psychological Measurement, 30*(3), 607–610. https://doi.org/10.1177/001316447003000308
9. Lodi-Smith, J., Ponterio, E. J., Newton, N. J., Poulin, M. J., Baranski, E., & Whitbourne, S. K. (2021). The codevelopment of generativity and well-being into early late life. *Psychology and Aging, 36*(3), 299–308. https://doi.org/10.1037/pag0000446
10. Erikson, E. H. (1950). *Childhood and society*. W. W. Norton.
11. Jung, C. G. (1968). *The archetypes and the collective unconscious* (2nd ed.). Princeton University Press.
12. Bae, N., & Lim, J. (2024). The role of Jungian archetypes and the collective unconscious in
13. Darabimanesh, F., Saleh, M., & van Gorder, C. (2023). *Individuations and Annihilations of the Self:*
14. Erikson, E. H. (1950). *Childhood and society. New York, NY:* Norton
15. Erikson, E. H. (1963). *Childhood and society (* 2nd ed.). *New York, NY:* Norton.
16. Hilton Foundation. (2020). [Multi-country survey of Consecrated Women Religious]. *Hilton Foundation*. Retrieved from https://www.hiltonfoundation.org/…
17. Afen, I. E., et al. (2022). Relationship between positive living and social support among perpetually professed consecrated women in the Archdiocese of Nairobi, Kenya. *International Journal of Research and Innovation in Social Science.*
18. Akruvala, S., Warrick, N., Chukwunenye, A., Luppino, B., Valdez, K., & Kelly, V. (2020). Contributions of Catholic sisters in Africa as virtuous leaders. *Journal of Character Education, 16*(1), 55–64.
19. Chao, L. (2021). Midlife emotional adjustment among religious populations in China. *Elsevier Journals*. https://doi.org/10.1016/j.jpsychores.2021.03.013
20. Makunda, J., Waititu, H., & Nyakundi, C. (2024). Unveiling longitudinal patterns in international mental health assessments: A systematic evaluation of clustering techniques. *International Journal of Research and Innovation in Social Science, 8*(9), 530–547. https://doi.org/10.47772/IJRISS.2024.809048
21. Joiner, R. J., Martinez, B. S., Nelson, N. A., & Bergeman, C. S. (2022). Within-person changes in religiosity, control beliefs, and subjective well-being across middle and late adulthood. *Psychology and Aging, 37*(7), 848–862. https://doi.org/10.1037/pag0000713
22. Malamud, W. (1923). Review of the book *Psychological types*, or the psychology of individuation, by C. G. Jung]. *The Journal of Abnormal Psychology and Social Psychology, 18*(2), 167–180. https://doi.org/10.1037/h0066013
23. Kelsey, M. T. (2021). *Spirituality and the integration of the self: Counseling and personal growth*. Paulines Press.
24. Mariko Hirose, M., & John W. Creswell, J. W. (2022). Applying core quality criteria of mixed methods research to an empirical study. *Journal of Mixed Methods Research, 17*(1), 12–28. https://doi.org/10.1177/15586898221086346
25. Martha Hennink, Kaiser, B. N., & Marconi, V. C. (2022). Sample sizes for saturation in qualitative research: A systematic study. *International Journal of Qualitative Methods, 21*, 1–18. https://doi.org/10.1177/16094069221147245
26. Tumaini, W. (2020). Severity of Depression and Its Association with Spiritual Coping among Consecrated Religious in the Catholic Diocese of Mtwara, Tanzania. The International Journal of Humanities & Social Studies. https://doi.org/10.24940/THEIJHSS/2020/V8/I2/HS2002-081
27. Sidhi & Dwivedi, R. (2022). Correlation Between Marital Adjustment and Quality of Life on Middle Age Women in Haryana. International Journal of Indian Psychology, 10(3), 571-577. DIP:18.01.057.20221003, DOI:10.25215/1003.057
28. McManus, D. T. (2024). The intersection of spirituality, religiosity, and lifestyle practices in religious communities and successful ageing. *Religions, 15*(4), 478.
29. Shabani, M., Taheri-Kharameh, Z., Saghafipour, A., Ahmari-Tehran, H., Yoosefee, S., & Amini-Tehrani, M. (2023). Resilience and spirituality mediate anxiety and life satisfaction in chronically ill older adults. *BMC Psychology, 11*(256).
30. World Health Organization. (2022). *Decade of healthy ageing: Baseline report*. World Health Organization.
31. Mensah, K., & Boateng, A. (2023). Psychological adaptation and subjective well-being in midlife adults. *African Journal of Psychology and Spirituality*, 15(1), 77–92.

32. Nguyen, T., & Lee, S. (2023). Predictors of life satisfaction in structured adult populations. *International Journal of Behavioral Science Research*, 18(3), 101–115.
33. Osei, D., & Nyaga, R. (2022). Psychological adjustment and quality of life among women in religious communities in East Africa. *Journal of Religion and Mental Health Studies*, 13(2), 40–58.
34. Peterson, R., & Mwangi, J. (2021). Generativity and well-being in midlife adults: A psychosocial perspective. *Developmental Psychology Review*, 12(4), 45–60.
35. Wanjiku, P., & Mensah, K. (2023). Vocational stability and psychological well-being in communal religious life. *International Journal of Community Psychology*, 14(2), 55–73