A Navigating Midlife with Purpose: Quality of Life Experiences among Consecrated Women Religious in Kenya

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ABSTRACT

Background: Quality of life is a multidimensional concept that reflects individuals' perceptions of their physical health, psychological well-being, social relationships, and environmental conditions. Among middle-aged Consecrated Women Religious, quality of life may be influenced by the unique demands of religious vocation, including communal living, spiritual commitments, ministry responsibilities, and the developmental transitions associated with midlife. **Aim:** This study aimed to assess the quality of life among middle-aged Consecrated Women Religious in the Western Deanery of the Archdiocese of Nairobi, Kenya. **Methods:** The study employed a descriptive cross-sectional research design. A sample of 220 middle-aged Consecrated Women Religious was targeted, with 212 participants completing the questionnaires, resulting in a 96.4% response rate. Data were collected using an adapted Quality of Life instrument based on the World Health Organization Quality of Life framework. Descriptive statistics, including means and standard deviations, were used to summarize quality of life levels, while one-way analysis of variance (ANOVA) was conducted to examine differences in quality of life based on demographic characteristics. **Results:** Participants reported relatively positive quality of life across all domains. Psychological health recorded the highest mean score (M = 3.84, SD = 0.46), followed by social relationships (M = 3.71, SD = 0.37), environment (M = 3.58, SD = 0.60), and physical health (M = 3.32, SD = 0.39). The overall quality of life score was high (M = 3.61, SD = 0.34). ANOVA results showed no statistically significant differences in quality of life based on age, education level, congregational role, or years in religious life ($p > .05$). **Conclusion:** Middle-aged Consecrated Women Religious demonstrated generally positive quality of life across physical, psychological, social, and environmental domains. The findings highlight the potential contribution of spiritual commitment, supportive community structures, and meaningful religious engagement to sustaining well-being during midlife.

Keywords: Quality of life; Consecrated Women Religious; midlife; psychological well-being; religious life; Kenya

INTRODUCTION

Quality of life is a multidimensional construct that reflects how individuals evaluate their physical health, psychological functioning, social relationships, personal values, and surrounding environment. The World Health Organization defines quality of life as an individual's perception of their position in life within the context of their culture, value systems, goals, expectations, and concerns (World Health Organization Quality of Life Group [WHOQOL], 1995). This conceptualization emphasizes that quality of life is subjective and influenced by the interaction between personal experiences and social contexts rather than being determined solely by health status.

Among adults, quality of life is particularly important during middle adulthood because this stage involves significant physical, psychological, and social transitions. Middle adulthood, commonly considered the period between approximately 40 and 65 years, is associated with changing health patterns, evolving social responsibilities, identity development, and reflections on personal meaning and achievement (Lachman, 2015). During this period, individuals often experience increased responsibilities toward others while simultaneously adjusting to changes in their own physical and emotional capacities. Developmental theories describe middle adulthood as a period where individuals increasingly focus on generativity, expressed through mentoring,

caregiving, leadership, and contributing to future generations (Erikson, 1963). However, the ability to maintain well-being during this stage depends on how individuals adapt to changing circumstances, including health challenges, interpersonal relationships, and shifting social roles (Lachman, 2015). Consequently, examining quality of life among middle-aged individuals requires attention to multiple domains, including physical, psychological, relational, and existential dimensions.

Physical health remains an important determinant of quality of life during midlife. Chronic illnesses and age-related health concerns may influence individuals' independence, emotional functioning, and participation in meaningful activities. A longitudinal study from Northern Finland demonstrated that health-related quality of life declines over time, particularly among individuals experiencing multiple chronic conditions (Junttila et al., 2025). Similarly, physical symptoms such as persistent pain and sleep difficulties have been associated with reduced quality of life among middle-aged adults (Korpela et al., 2026). These findings highlight the importance of understanding how health experiences shape well-being during midlife. However, quality of life extends beyond physical health and includes psychological and social dimensions. Emotional experiences, perceived support, coping strategies, and social relationships contribute significantly to how individuals evaluate their lives. Research among adult populations has shown that psychological distress, anxiety, and stress are associated with poorer quality of life, whereas supportive relationships and positive emotional functioning contribute to improved well-being (Rakhshani et al., 2024). This broader understanding is particularly relevant when examining populations whose lives are strongly shaped by relational and spiritual commitments, such as Consecrated Women Religious.

Quality of Life Experiences among Consecrated Women Religious

Consecrated Women Religious (CWRs) represent a unique population whose experiences of quality of life are shaped by religious vocation, spiritual commitments, communal living, and apostolic responsibilities. Unlike many populations where quality of life is primarily examined through health or socioeconomic perspectives, the experiences of CWRs involve additional dimensions related to faith, religious identity, community belonging, and service. For middle-aged CWRs, these factors interact with developmental transitions associated with midlife, creating distinctive opportunities and challenges for well-being. Religious commitment may serve as an important source of meaning and psychological strength among CWRs. Spiritual practices such as prayer, meditation, and participation in religious community life have been associated with enhanced coping, emotional stability, and life satisfaction among religious populations. A qualitative study among Catholic sisters found that spiritual practices played a central role in helping participants maintain meaning, acceptance, and satisfaction despite ageing-related changes (McManus, 2020). These findings suggest that spirituality may function as a protective factor influencing perceived quality of life among religious women.

Community life is another important dimension shaping the experiences of CWRs. Consecrated life involves communal relationships, shared responsibilities, and collective participation in religious activities. Supportive community environments may enhance belonging, emotional support, and resilience. A study examining health awareness and lifestyle practices among religious sisters found that participants viewed community living, spiritual exercises, and structured daily routines as beneficial to their overall well-being (Teodorczyk et al., 2024). Nevertheless, religious communities may also present challenges related to interpersonal disagreements, workload demands, and balancing ministry responsibilities with personal needs. Health-related challenges also influence the quality of life of religious women, particularly as they transition through midlife and later adulthood. Evidence from studies involving ageing religious populations indicates that chronic illnesses and physical limitations may affect emotional well-being and participation in community activities. The Nun Study, a longitudinal investigation involving Catholic sisters, demonstrated the importance of examining the interaction between ageing, health conditions, cognitive functioning, and psychological well-being among religious women (Snowdon, 2001). Although much of this research has focused on older sisters, it provides insight into the importance of addressing health-related factors throughout the lifespan of religious life.

Within African religious communities, CWRs also experience unique social and cultural expectations. In Kenya, sisters contribute significantly to education, healthcare, pastoral ministry, administration, and social development. These responsibilities provide opportunities for purpose and fulfilment but may also expose them to emotional demands, workload pressures, and concerns related to ageing and family responsibilities. Therefore,

understanding quality of life among middle-aged CWRs requires consideration of both the benefits and challenges associated with religious vocation.

Research Gap and Rationale

Research on Consecrated Women Religious in Kenya has provided important insights into psychological functioning, social support, and community adjustment; however, limited attention has been given specifically to quality of life among middle-aged sisters. Existing studies have largely focused on related constructs rather than quality of life as a comprehensive measure of physical, psychological, social, and environmental well-being. For example, Kweyu et al. (2023) examined positive living and social support among 320 perpetually professed Consecrated Women Religious in the Archdiocese of Nairobi. The study found that 54.8% of participants reported high levels of positive living, while 34.6% and 10.6% reported moderate and low levels, respectively. Social support was also relatively high, with 48.4% reporting high levels, 44.6% moderate levels, and 7% low levels. However, the relationship between positive living and social support was weak despite being statistically significant ($r = .104$, $p = .042$), suggesting that additional factors may influence well-being among CWRs.

Similarly, Mutuku et al. (2021) investigated emotional intelligence and adjustment to community living among Consecrated Women Religious in Nairobi. The study reported high levels of emotional maturity (82.1%) and self-efficacy (99.6%), although life satisfaction was comparatively lower at 69.7%. These findings indicate that psychological strengths among CWRs do not necessarily capture the broader experience of quality of life. Despite these contributions, empirical evidence remains limited regarding how middle-aged CWRs experience quality of life within the Kenyan context. Existing studies have not adequately examined how physical health, spirituality, community relationships, ministry responsibilities, and developmental transitions interact to shape well-being among sisters aged 40–65 years. This gap is particularly important because midlife represents a period where individuals encounter changing personal capacities, increased leadership responsibilities, and evolving vocational experiences.

The Western Deanery of the Archdiocese of Nairobi provides an important context for examining these experiences because Consecrated Women Religious continue to play significant roles within Church and society. However, their quality of life during midlife remains insufficiently documented. Generating empirical evidence on their experiences may support the development of appropriate interventions aimed at promoting holistic well-being within religious communities. Therefore, this study examined the quality of life of middle-aged Consecrated Women Religious in the Western Deanery, Archdiocese of Nairobi, Kenya. The study contributes to existing literature by providing context-specific evidence on the well-being experiences of CWRs during midlife and highlighting areas requiring further support within consecrated life.

METHODS

Research Design

This study adopted a quantitative descriptive research design to examine the quality of life of middle-aged Consecrated Women Religious (CWRs) in the Western Deanery of the Archdiocese of Nairobi, Kenya. A descriptive research design was considered appropriate because the objective of the study was to assess and describe the prevailing levels of quality of life among CWRs without manipulating any variables. Descriptive designs are useful in social science research where the researcher seeks to obtain systematic information regarding the characteristics, experiences, attitudes, or conditions of a particular population within its natural setting. In this study, the design enabled the researcher to measure quality of life across its key domains, including physical health, psychological well-being, social relationships, and environmental satisfaction. The study further incorporated inferential statistical analysis to determine whether significant differences existed in quality of life based on selected demographic characteristics of the participants. While descriptive statistics were used to summarize the overall levels of quality of life, inferential tests such as independent sample t-tests and analysis of variance (ANOVA) were employed to examine variations across demographic categories such as age group, educational level, years in religious life, and congregational characteristics. This approach was suitable because the study sought not only to describe the quality of life experiences of middle-aged CWRs but also to establish whether particular demographic factors were associated with differences in their perceived well-being. The

design therefore provided an empirical basis for understanding quality of life among CWRs within their unique religious and communal context.

Description of the Study Area

The study was conducted in the Western Deanery of the Catholic Archdiocese of Nairobi, located within Nairobi County, Kenya. The Archdiocese of Nairobi is one of the major ecclesiastical jurisdictions in Kenya and serves a diverse population through pastoral, educational, healthcare, and social development ministries. The Western Deanery was selected as the study area because of its high concentration of Consecrated Women Religious and religious congregations engaged in different forms of apostolic and institutional service. The area contains several religious communities that provide an appropriate setting for examining quality of life among middle-aged CWRs who are actively involved in ministry and communal religious living. Specifically, the Western Deanery consists of major parishes that host numerous women religious congregations, including Karen Regina Caeli Parish, Dagoretti Sacred Heart Parish, Dagoretti Mary Queen of Apostles Parish, Langata St. John the Evangelist Parish, Langata St. Michael's Parish, Kibera Christ the King Parish, and Adams Arcade Our Lady of Guadalupe Parish. These communities provide a suitable environment for investigating quality of life because they represent diverse congregational experiences, ministry responsibilities, and community structures. The selection of this setting was therefore informed by the accessibility of the target population and the significant presence of middle-aged CWRs who represent an important group within the Catholic religious life in Kenya.

Target Population

The target population for this study comprised middle-aged Consecrated Women Religious (CWRs) aged between 40 and 65 years residing within the Western Deanery of the Archdiocese of Nairobi, Kenya. In this study, CWRs refer to professed women religious belonging to Catholic congregations who live within religious communities and participate in various apostolic responsibilities, including education, healthcare, pastoral ministry, administration, and social services. The focus on women religious within this age category was based on the understanding that middle adulthood represents an important developmental stage associated with physical, psychological, social, and vocational transitions that may influence perceived quality of life. According to records from the Association of Sisterhoods of Kenya (AOSK) Western Deanery Unit, the Western Deanery comprises approximately 50 religious congregations, forming part of the wider network of women religious institutes in Kenya. The study targeted 514 middle-aged Consecrated Women Religious within this geographical area. This population was considered appropriate because these sisters have accumulated substantial experiences within consecrated life and are likely to provide meaningful information regarding their physical health, psychological well-being, social relationships, and environmental conditions. Examining this population therefore provided an opportunity to generate context-specific evidence regarding the quality of life of middle-aged CWRs within the Kenyan religious setting.

Sampling Design

The study employed a sampling design that enabled the researcher to select participants who possessed characteristics relevant to the investigation of quality of life among middle-aged Consecrated Women Religious. Sampling design refers to the systematic procedure used to identify and select participants from a target population in a manner that supports the achievement of research objectives. Since the study focused on a specialized population comprising women religious within a defined age category, the sampling design was structured to ensure that only participants with direct experience of middle-aged consecrated life were included. A purposive sampling approach was adopted to identify participants who met the established inclusion criteria. This approach was considered appropriate because the study required respondents who were specifically aged between 40 and 65 years, actively professed members of Catholic religious congregations, and residing within the Western Deanery of the Archdiocese of Nairobi. Selecting participants based on these characteristics ensured that the collected data reflected the experiences of the intended population and enhanced the relevance of findings concerning their quality of life. The sampling design therefore supported the generation of reliable information regarding the physical, psychological, social, and environmental dimensions of quality of life among middle-aged CWRs.

Sampling Technique

The study adopted purposive sampling as the main sampling technique for selecting participants. Purposive sampling involves the deliberate selection of individuals who possess specific characteristics or experiences required to address the objectives of a study. This technique was considered suitable because Consecrated Women Religious represent a specialized population whose experiences cannot be adequately captured through general population sampling approaches. The researcher therefore selected participants who met the predetermined criteria of being middle-aged CWRs aged between 40 and 65 years, actively living in religious communities, and serving within the Western Deanery of the Archdiocese of Nairobi. The use of purposive sampling ensured that participants had sufficient exposure to the realities of consecrated life, including communal living, spiritual commitments, ministry responsibilities, and institutional structures that may influence quality of life. This approach also allowed the researcher to obtain information from respondents who were directly relevant to the research objective. By focusing on participants with shared characteristics related to age and religious vocation, the study enhanced the contextual accuracy of findings regarding the quality of life experiences of middle-aged Consecrated Women Religious.

Sample Size Determination

The sample size for this study was determined based on the total target population of 514 middle-aged Consecrated Women Religious within the Western Deanery of the Archdiocese of Nairobi. The researcher applied the Krejcie and Morgan (1970) sample size determination formula, which is widely used in social science research involving finite populations. The formula was selected because it provides an appropriate estimate of the number of participants required to achieve adequate representation while maintaining acceptable confidence levels and margins of error. Using a 95% confidence level and a 5% margin of error, the required sample size was calculated to be 220 participants. The determined sample size of 220 middle-aged CWRs was considered adequate for examining quality of life patterns within the study population. The sample provided sufficient representation of participants across the selected religious communities while allowing meaningful statistical analysis of descriptive characteristics and demographic differences. The use of an appropriate sample size strengthened the reliability of the findings and increased confidence in the extent to which the results represented the broader population of middle-aged Consecrated Women Religious within the Western Deanery.

Sampling Frame

The sampling frame consisted of an official list of middle-aged Consecrated Women Religious aged between 40 and 65 years residing within the Western Deanery of the Archdiocese of Nairobi. The sampling frame was developed through records obtained from the Association of Sisterhoods of Kenya (AOSK) Western Deanery Unit and participating religious communities. It provided the operational basis for identifying eligible participants and ensuring that only individuals who met the study criteria were included in the research. To enhance representation across the study area, the sampling frame considered the distribution of CWRs across the seven major parishes within the Western Deanery. These included Regina Caeli Parish, Dagoretti Sacred Heart Parish, Dagoretti Mary Queen of Apostles Parish, Langata St. John the Evangelist Parish, Langata St. Michael's Parish, Kibera Christ the King Parish, and Adams Arcade Our Lady of Guadalupe Parish. The availability of this structured sampling frame facilitated systematic participant selection and ensured that the study captured diverse experiences of quality of life among middle-aged CWRs across different religious communities within the Deanery.

Research Instruments and Reliability

The internal consistency reliability of the research instruments was assessed using Cronbach's alpha coefficients based on the study sample (N = 212). Cronbach's alpha values of .70 and above were considered acceptable, indicating satisfactory internal consistency of the instruments. The WHOQOL-BREF demonstrated acceptable to good internal consistency across its four domains. The Physical Health domain yielded a Cronbach's alpha coefficient of .84, the Psychological Health domain .81, the Social Relationships domain .76, and the Environment domain .88. These findings indicate that the instrument was reliable for assessing the quality of life of middle-aged Consecrated Women Religious in the present study.

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RESULTS

Of the 220 questionnaires administered to middle-aged Consecrated Women Religious (CWRs) within the Western Deanery of the Archdiocese of Nairobi, 212 were successfully completed and retrieved for analysis, representing a response rate of 96.4%. The returned questionnaires met the required completeness criteria and were therefore included in the final dataset. The results are presented according to the characteristics of the participants, followed by findings related to the study variables.

Participant Characteristics

The demographic profile of the respondents is summarized in Table 1. The characteristics examined included age, educational attainment, ministry role within the congregation, and duration of religious life.

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

Table 1 shows that the largest proportion of respondents was aged 40–45 years (33.0%), followed by those aged 46–50 years (23.1%) and 51–55 years (21.7%). In terms of educational attainment, most respondents held university qualifications, with 33.0% possessing bachelor's degrees, 26.4% master's degrees, and 9.4% doctoral degrees. Regarding ministry roles, education (34.0%) and administration (23.6%) were the most common areas of service, followed by pastoral ministry (15.6%) and formation (9.9%). With respect to years in religious life, the largest proportion of respondents had served for 21–25 years (24.5%), followed by 16–20 years (22.6%) and 26–30 years (19.8%). Overall, the sample included Consecrated Women Religious with diverse educational backgrounds, ministry responsibilities, and lengths of religious life, providing broad representation of the study population.

Quality of Life among Middle-Aged Consecrated Women Religious

Quality of life among middle-aged Consecrated Women Religious was assessed across four domains, namely physical health, psychological health, social relationships, and environment. Descriptive statistics were computed

to determine the distribution of scores within each domain. The findings are presented in Table 2.

Table 2 Descriptive Statistics for Quality of Life Subscales (N = 212)

Quality of Life Domain	N	Minimum	Maximum	Mean	Std. Deviation
Physical Health	212	2.14	4.43	3.3187	0.38790
Psychological Health	212	2.38	5.00	3.8414	0.45921
Social Relationships	212	2.50	4.75	3.7070	0.36992
Environment	212	1.71	5.00	3.5782	0.59964

As indicated in Table 2, the psychological health domain recorded the highest mean score among the four quality-of-life domains (M = 3.8414, SD = 0.45921), followed by social relationships (M = 3.7070, SD = 0.36992) and environment (M = 3.5782, SD = 0.59964). The physical health domain recorded the lowest mean score (M = 3.3187, SD = 0.38790). The scores across the domains demonstrated variability among respondents, with the environment domain showing the highest standard deviation (SD = 0.59964).

Table 3 Descriptive Statistics for Overall Quality of Life (QOL_TOTAL)

Variable	N	Minimum	Maximum	Mean	Std. Deviation
Overall Quality of Life	212	2.65	4.61	3.6113	0.33797

Table 3 presents the overall quality of life scores among middle-aged Consecrated Women Religious. The overall quality of life score recorded a mean of 3.6113 (SD = 0.33797), with observed scores ranging from 2.65 to 4.61 among the 212 respondents.

Differences in Overall Quality of Life Based on Demographic Characteristics

A one-way analysis of variance (ANOVA) was conducted to establish whether significant differences existed in overall quality of life scores based on respondents' demographic characteristics. The demographic variables examined included age, level of education, role in the congregation, and years in religious life. The results are presented in Table 4.

Table 4 One-Way ANOVA Results for Differences in Overall Quality of Life by Demographic Characteristics

Demographic Variable	Sum of Squares (Between)	df	Mean Square	F	Sig. (p-value)
Age	0.653	4	0.163	1.440	0.222
Level of Education	1.061	5	0.212	1.897	0.096
Role in Congregation	0.578	6	0.096	0.840	0.541
Years in Religious Life	0.608	4	0.152	1.340	0.256
Within Groups (Error)	23.040	207	0.111	—	—
Total	24.101	211	—	—	—

The ANOVA results in Table 4 indicate that respondents' overall quality of life scores did not differ significantly across the demographic characteristics examined. Specifically, age differences were not statistically significant, $F(4,207) = 1.440$, $p = .222$. Similarly, differences based on educational level, $F(5,206) = 1.897$, $p = .096$; role in congregation, $F(6,205) = 0.840$, $p = .541$; and years in religious life, $F(4,207) = 1.340$, $p = .256$, were not statistically significant.

DISCUSSION

The present study assessed quality of life among middle-aged Consecrated Women Religious across four domains: physical health, psychological health, social relationships, and environment. The findings demonstrated that respondents generally reported moderate-to-high levels of quality of life, with an overall mean score of 3.6113 (SD = 0.33797). Among the individual domains, psychological health recorded the highest mean score (M = 3.8414), followed by social relationships (M = 3.7070), environment (M = 3.5782), and physical health (M

= 3.3187). These findings suggest that while middle-aged CWRs experienced relatively positive psychological and relational well-being, physical health represented a comparatively weaker dimension of quality of life. The relatively higher psychological health scores may be explained by the central role of spirituality, meaning, and vocational commitment within consecrated life. Religious commitment has frequently been associated with enhanced psychological resources, including meaning in life, emotional regulation, and resilience when facing developmental challenges. A study by Koenig (2020) noted that religious involvement can contribute positively to psychological functioning by strengthening coping resources and providing individuals with a framework for interpreting life transitions. Similarly, Pargament et al. (2021) emphasized that religious meaning-making and spiritual coping can support adaptation during periods of stress and uncertainty. Therefore, the strong psychological quality-of-life scores observed among CWRs may reflect the supportive influence of spiritual identity and vocational purpose during midlife transitions.

The findings regarding psychological well-being are consistent with evidence from studies involving religious populations. Kersteins and Muasa (2023), in their study among Catholic religious men and women in Uganda, found that a large proportion of participants reported experiencing meaning in life, suggesting that religious vocation can provide psychological resources that promote personal fulfilment. However, their study also showed that meaning in life alone did not completely eliminate experiences of emotional exhaustion, indicating that psychological well-being among religious individuals is influenced by multiple interacting factors. This supports the present finding that although psychological health was the strongest quality-of-life domain, other areas such as physical health continue to influence the overall quality-of-life experience. The comparatively lower mean score observed in the physical health domain (M = 3.3187) reflects the possibility that ageing-related changes and health concerns may influence quality of life among middle-aged CWRs. Middle adulthood is commonly associated with increased vulnerability to chronic health conditions, changes in physical functioning, and greater awareness of ageing-related limitations. According to the World Health Organization (2020), healthy ageing involves maintaining functional ability across physical, psychological, and social dimensions, rather than focusing only on disease absence. Therefore, physical health challenges may affect quality of life even among individuals who demonstrate strong psychological and spiritual adjustment.

The finding regarding physical health corresponds with evidence from longitudinal studies showing that physical conditions increasingly influence quality of life during adulthood. Junttila et al. (2025) found that increasing chronic health conditions were associated with declining health-related quality of life among adults followed over time. Similarly, Korpela et al. (2026) reported that the combination of musculoskeletal problems and sleep difficulties significantly reduced health-related quality of life among middle-aged adults. Although these studies were conducted among general populations rather than CWRs, they support the current finding that physical health remains an important determinant of quality of life during midlife.

However, the present findings differ from some studies that have reported more pronounced health-related difficulties among ageing religious women. The Nun Study (2025), involving Catholic sisters followed over several decades, reported substantial experiences of chronic illnesses and cognitive challenges among older religious women. The difference may be attributed to the age composition of the samples, as the current study focused on middle-aged CWRs aged 40–65 years, whereas the Nun Study primarily examined later-life ageing experiences. This suggests that although health concerns may emerge during midlife, their impact may become more pronounced during advanced ageing. The social relationships domain recorded a relatively high mean score (M = 3.7070), indicating positive perceptions of interpersonal relationships and community support among participants. This finding is consistent with the communal nature of religious life, where shared living arrangements, spiritual practices, and common ministry responsibilities may provide opportunities for social connection. Social relationships are recognized as important contributors to quality of life because supportive interpersonal networks enhance belongingness and reduce psychological distress. The WHOQOL framework identifies social relationships as a core component of quality of life because human well-being is influenced not only by individual functioning but also by relationships and social participation (WHOQOL Group, 1998).

The current findings are supported by research conducted among Consecrated Women Religious in Kenya. Kweyu et al. (2023) reported that 48.4% of CWRs experienced high levels of social support, while correlation analysis demonstrated a positive relationship between social support and positive living ($r = .104$, $p = .042$). Although the relationship was weak, the findings suggest that supportive relationships within religious

communities contribute to positive experiences among CWRs. Similarly, Teodorczyk et al. (2024) found that religious women perceived community life, spiritual practices, and structured routines as beneficial to health and well-being. These findings reinforce the importance of communal life as a protective factor influencing quality of life among religious women.

Differences in Quality of Life According to Demographic Characteristics

The study further examined whether overall quality of life differed significantly according to demographic characteristics, including age, education level, role in congregation, and years in religious life. The findings showed that none of these demographic factors produced statistically significant differences in overall quality of life. Specifically, differences were not significant for age ($F = 1.440$, $p = .222$), education level ($F = 1.897$, $p = .096$), congregational role ($F = 0.840$, $p = .541$), or years in religious life ($F = 1.340$, $p = .256$). The absence of significant differences suggests that quality of life among middle-aged CWRs may be shaped more strongly by shared experiences of religious vocation than by demographic characteristics. Regardless of age category, educational attainment, ministry assignment, or duration of religious commitment, participants demonstrated relatively similar perceptions of their quality of life. This finding may be explained by the structured nature of consecrated life, where members share common spiritual practices, community systems, and vocational commitments.

The finding contrasts with evidence from general ageing populations where demographic characteristics frequently predict variations in quality of life. For example, studies have shown that educational attainment, socioeconomic status, and health conditions may influence quality-of-life outcomes among adults. However, within religious communities, differences associated with socioeconomic resources may be minimized because members often share common living environments and institutional support structures. Similarly, the lack of significant differences based on years in religious life differs from studies suggesting that prolonged exposure to religious service may increase vulnerability to burnout and emotional fatigue. Mutuku et al. (2021) found that although Consecrated Women Religious demonstrated high levels of adjustment to community living and emotional maturity, challenges related to life satisfaction remained present. The difference may be because the current study assessed overall quality of life rather than specific psychological challenges such as burnout or emotional exhaustion.

The findings demonstrate that middle-aged Consecrated Women Religious within the Western Deanery of the Archdiocese of Nairobi generally experience favourable quality of life, particularly in psychological and social domains. Nevertheless, physical health emerged as an area requiring attention, reflecting the broader challenges associated with midlife development. The findings highlight the importance of maintaining holistic support systems that address not only spiritual and psychological needs but also physical health and environmental conditions to sustain quality of life among CWRs.

CONCLUSION

This study concludes that middle-aged Consecrated Women Religious in the Western Deanery of the Archdiocese of Nairobi experience a generally positive quality of life across the physical health, psychological health, social relationships, and environmental domains. The highest levels of quality of life were observed in psychological health and social relationships, suggesting that emotional stability, spiritual commitment, interpersonal support, and community living may play important roles in sustaining well-being during midlife. Although physical health recorded comparatively lower scores than other domains, the findings indicate that participants maintained satisfactory perceptions of their overall well-being despite the physical transitions associated with middle adulthood.

The study further concludes that demographic characteristics, including age, educational level, congregational role, and years in religious life, did not produce significant differences in overall quality of life. This suggests that the experience of quality of life among Consecrated Women Religious may be influenced more by shared vocational experiences, religious identity, supportive community structures, and personal adaptation than by demographic variations. These findings highlight the resilience of middle-aged Consecrated Women Religious and emphasize the importance of strengthening community support systems, healthy aging initiatives, and

resources that promote sustained physical, psychological, social, and spiritual well-being within consecrated life.

LIMITATIONS OF THE STUDY

This study had several limitations that should be considered when interpreting the findings. First, the study was conducted among middle-aged Consecrated Women Religious in the Western Deanery of the Archdiocese of Nairobi, Kenya. Consequently, the findings may not be generalizable to Consecrated Women Religious in other dioceses, regions, or countries where religious, cultural, and organizational contexts may differ. Second, the study employed a cross-sectional research design, with data collected at a single point in time. As a result, the study cannot establish causal relationships between the study variables, and the findings should be interpreted as associations rather than evidence of cause and effect.

Third, the study relied exclusively on self-reported questionnaire data. Although participants were assured of confidentiality and standardized instruments were used, responses may have been influenced by social desirability bias or other response biases, particularly within a religious context where participants may feel inclined to present themselves in a socially or spiritually desirable manner. Future research should employ longitudinal designs to examine changes in quality of life over time, include Consecrated Women Religious from multiple dioceses or countries to enhance the generalizability of findings, and incorporate qualitative interviews or mixed-methods approaches to provide deeper insights into how vocational commitment, spirituality, and ageing influence quality of life among Consecrated Women Religious.

IMPLICATIONS OF THE STUDY

The findings of this study have important implications for the understanding and promotion of quality of life among middle-aged Consecrated Women Religious. The study demonstrates that despite the developmental changes associated with midlife, Consecrated Women Religious generally experience positive quality of life, particularly in psychological health and social relationships. This implies that religious communities provide important protective structures through spiritual practices, shared living arrangements, interpersonal relationships, and meaningful ministry engagement. Congregational leaders and formation teams may therefore consider strengthening existing structures that promote emotional well-being, supportive relationships, and healthy adaptation to midlife transitions.

The findings also have implications for pastoral care and psychological support within religious institutions. Since physical health recorded comparatively lower scores than other quality of life domains, religious communities may benefit from increased attention to health promotion initiatives, preventive healthcare, and age-sensitive support programs for middle-aged and aging members. Additionally, the absence of significant differences across demographic characteristics suggests that quality of life concerns should be addressed collectively rather than targeting only specific age groups, roles, or levels of religious experience. The study contributes to the limited Kenyan literature on the well-being of Consecrated Women Religious and provides a foundation for further research on aging, adjustment, and quality of life within religious communities.

RECOMMENDATIONS OF THE STUDY

Based on the findings, religious congregations and leadership structures are encouraged to develop and strengthen programmes that promote holistic well-being among middle-aged Consecrated Women Religious. Such programmes should incorporate regular health assessments, psychological support services, opportunities for social connection, and spiritual renewal activities to sustain positive quality of life throughout midlife and later stages of religious life. Particular attention should be given to physical health promotion through encouraging healthy lifestyles, appropriate medical follow-up, and adaptations of ministry responsibilities according to individual health needs and developmental changes.

The study also recommends that formation programmes for Consecrated Women Religious incorporate greater emphasis on midlife adjustment processes. Continuous formation should address issues related to emotional changes, changing ministry roles, aging, interpersonal relationships, and preparation for future stages of religious life. Furthermore, religious institutions should establish supportive environments where members can openly

discuss midlife experiences and challenges without fear of stigma. Future researchers are encouraged to explore quality of life among Consecrated Women Religious using longitudinal approaches and broader geographical samples to provide deeper understanding of changes in well-being across different stages of religious life.

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. Erikson, E. H. (1963). *Childhood and society* (2nd ed.). W. W. Norton.
3. Hair, J. F., Babin, B. J., Anderson, R. E., & Black, W. C. (2022). *Multivariate data analysis* (8th ed.). Cengage Learning.
4. 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
5. Jung, C. G. (1968). *The portable Jung* (J. Campbell, Ed.). Viking Press.
6. Kelsey, M. T. (2021). *Spirituality and the integration of the self: Counseling and personal growth*. Paulines Press.
7. Kersteins, K., & Muasa, P. (2023). *Pastoral burnout and meaning in life among Catholic religious men and women*.
8. Koenig, H. G. (2020). Maintaining health and well-being by putting faith into action during the COVID-19 pandemic. *Journal of Religion and Health*, *59*, 2205–2214. https://doi.org/10.1007/s10943-020-01035-2
9. Korpela, K., et al. (2026). [Study on musculoskeletal pain, insomnia, and health-related quality of life among middle-aged adults].
10. 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
11. Kweyu, E., et al. (2023). *Positive living and social support among perpetually professed Consecrated Women Religious in the Archdiocese of Nairobi*
12. Lachman, M. E. (2015). Mind the gap in the middle: A call to study midlife. *Research in Human Development, 12*(3–4), 327–334. https://doi.org/10.1080/15427609.2015.1068048
13. 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
14. 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
15. 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
16. 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
17. 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
18. McManus, M. (2020). Ageing among Catholic sisters: Spirituality, meaning, and adaptation in later life.
19. Mutuku, J., et al. (2021). Emotional intelligence and adjustment to community living among Consecrated Women Religious in Nairobi, Kenya.
20. Pargament, K. I., Exline, J. J., & Jones, J. W. (2021). *APA handbook of psychology, religion, and spirituality*. American Psychological Association.
21. Rakhshani, T., et al. (2024). Quality of life, marital satisfaction, stress, and anxiety among married women.
22. 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

23. Snowdon, D. A. (2001). *Aging with grace: What the Nun Study teaches us about leading longer, healthier, and more meaningful lives*. Bantam.
24. Teodorczyk, M., et al. (2024). Health awareness and health-seeking attitudes among consecrated women religious.
25. 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
26. WHOQOL Group. (1998). Development of the World Health Organization WHOQOL-BREF quality of life assessment. *Psychological Medicine, 28*(3), 551–558. https://doi.org/10.1017/S0033291798006667
27. World Health Organization Quality of Life Group. (1995). The World Health Organization Quality of Life assessment (WHOQOL): Position paper from the World Health Organization. *Social Science & Medicine, 41*(10), 1403–1409. https://doi.org/10.1016/0277-9536(95)00112-K
28. World Health Organization. (2020). *Decade of healthy ageing: Baseline report*. World Health Organization.