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Spiritual Well-being of the Elderly Residing in Zahedan City (South-East of Iran)

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Abstract

Aim: Spiritual well-being is one of the most important aspects of health that provides the integration and coordination of all aspects. However, due to the increasing number of the elderly, it is important to pay more attention to their health. This study was conducted to determine the spiritual well-being of the elderly residents of Zahedan in 2016.

Methods: This cross-sectional study was conducted on 117 elderly people residing in Zahedan. They were selected through population-based cluster random sampling to participate in the study. In order to measure spiritual well-being and evaluate its relationship with demographic variables we made use of Paloutzian and Ellison's spiritual well-being questionnaire. Moreover, we used descriptive statistics for determining frequency, mean, and standard deviation, as well as t- test, and ANOVA in order to analyze the data.

Findings: The results showed that spiritual health of the majority of the participants was from moderate to high level, and the mean score of their spiritual well-being was (88.98±7.35). The results indicated that the participants' spiritual health is not related to any of the demographic variables.

Conclusion: The protection coming from religious or spiritual resources and having a relationship with a higher power can be useful for improving the quality of life and health promotion. Since the elderly people are considered as a vulnerable group in the society, the need for educational planning and counseling services in this field is crucial.

Keywords: Spiritual well-being, Elderly, Quality of life, Health promotion

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Introduction

Due to health developments, preventive cares, and control of contagious diseases, human being's life time is increasing, and consequently, the number of the elderly people is increasing [1]. According to the reports of the Statistical Center of Iran (SCI), in the census taken in 2011, the number of elderly people above 65 years old in Iran was 15 million, which make 7.5% of the country's population, while this number was about 3% in 1956 [2]. Factors such as the increasing number of elderly people suffering from disability and functional disorder and lack of a supportive system in the family will increase the request for long term cares for the elderly in coming decades [3]. Even though the main challenge of general health in the 20th century was "enhancing the life expectancy", the most important issue in this regard in the 21st century is "life with better quality" [4].

One of the effective issues on quality of life, especially in the elderly, is health status. As defined by the World Health Organization (WHO), health has physical, mental, social, and spiritual dimensions. Spiritual aspect of health requires a very serious attention. Some studies indicated that without possessing spiritual well-being, other social, mental, and living dimensions of an individual could not function correctly or reach their maximum capacity; consequently, the highest level of life quality will not be achieved. In fact, spiritual well-being will coordinate other aspects of life and increase the elderly's compatibility capacity [5]. In recent years, a great number of studies have come to this conclusion that religion and spirituality can affect different aspects of individuals' mental and physical health. Some researchers suggest that spirituality has great relationship with individual's general health; that is, religion and spirituality are considered as significant sources for compatibility with the life's stressful events [6]. In a research on the spiritual well-being of patients affected by cancer, it was found out that there is a direct relationship between the patients age and their spiritual well-being so that 96% of the patients above 70 years old have a high level of spiritual well-being [7]. Recent studies strongly support that paying attention to spiritual forces as the need, which provides the elderly's inscribable equanimity, joy and force, has been the focus of attention for nursing theorists [8]. In their study on the elderly, Gales et al. (2009) concluded that if spiritual well-being decreases, depression rate will increase subsequently. Therefore, they suggest that regarding the cares provided for the elderly, it is better to have a more comprehensive approach, and it is necessary to pay more attention to effective factors on their spiritual well-being [9].

The results of some studies indicated that in

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comparison with the elderly people having weaker faith and belief, the faithful elderly suffering from a special physical disease have better performance and receive better results from the treatments provided for them [10]. Moreover, in a study conducted on Tehran elderly people, Ghaderi (2010) reported that the elderly people's happiness and joy are related to their religious directions and beliefs [11]. In addition, the results of Zarin and Akbarian's study revealed that the depression intensity of the elderly is reversely related to their spiritual attitude and performance [12]. Since no study has been conducted on determining the spiritual wellbeing of the elderly residing in Zahedan, regardless of their religion, the main purpose of the current study is to take into account the spiritual wellbeing status of the elderly in this area.

Materials and Methods

The total of 117 Muslim elderly above 60 without any mental disorder residing in Zahedan City participated in this cross-sectional study willingly. The sampling method was population-based cluster random sampling. For this purpose, areas 2, 4, and 6 from the total of six areas in Zahedan City were randomly selected on the map. Then public places (mosques, parks, gyms, and shopping centers) and houses were recognized separately so that, in each area, one mosque, one park, and one shopping center were randomly selected. After that, the researcher with two other questioners who were trained in interviewing and filling the questionnaires went to these places, and finally, 13 people in each public place were selected to take part in the study. Of course, the individuals had the required features for the study and they were willing to participate. Meanwhile, physically disabled people were omitted from the study.

Data collection instrument was questionnaire, and the responses to the question inscribed questionnaire were written down and recorded by the researchers through interview. The criteria for entering into the study included having six months residency in the area, not having any chronic or acute diseases, which are physically or mentally disabling, not having cognitive disorder, and being literate or able to interview. A consent form was signed by each participant before filling in the questionnaire. Then the questionnaire was given to each of them. They were informed about the study's purposes and confidentiality of the obtained data. Moreover, it was mentioned that they were free to answer or not answer the questions.

The required data were gathered through demographic features and Pallutzian & Ellison's spiritual well-being scale (SWBS). This questionnaire includes 20 questions: 10 questions measure religious well-being and the

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other 10 questions measure existential well-being. The range of religious well-being score and existential well-being score was 10 to 60, respectively. If the obtained score is high, it indicates the high degree of existential and religious well-being. These two scores together make the spiritual well-being score whose range is considered to be 20-120. Answer to the questions was classified based on the 6-item Likert scale from *completely disagree* to *completely agree*. Scoring the questions was done in a reverse manner, and finally, the spiritual well-being was divided into three levels: low (20 to 40), moderate (41 to 99), and high (100 to 120).

The reliability and validity of SWBS were confirmed in a study conducted by Seyed Fatemi et al. [13] (Cronbach alpha coefficient was 0.82). The questionnaire was filled in by the elderly themselves, but if they were illiterate or not able to fill in it, the trained questioners would do the task through interview with them. In order to determine the relationship between the variables, we made use of Pearson's correlation coefficient, independent t-test, and ANOVA. In addition, the data were analyzed by the SPSS software (ver. 19), and the significance level was set to 5% (P value<0.05).

Results

The total of 117 elderly people with the average age of 71.68 ± 9.24 years were included in this study. Demographic features of the samples taking part in the study are shown in Table 1.

Table 1: Demographic features of the participants

Variable		Number	Percentage
Gender	**Male**	60	51.3
	Female	57	48.7
Marital status	**Single**	10	8.5
	Married	35	29.9
	Widow or widower	60	51.3
	Divorced	12	10.3
Educational level	**Illiterate or elementary education**	70	59.8
	School degree	20	17.2
	Diploma	10	8.5
	Academic education	17	14.5

The mean score of the participants' spiritual well-being was 88.98±7.35 with the minimum score of 75 and the maximum score of 117; i.e. the spiritual well-being of majority of the participants (94%) was in a moderate level (87.8), and for 6% of them, it was in a high level (105.6). The mean score of religious wellbeing (42.27 ± 4.12) was greater than that

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of existential wellbeing (42.70±4.49). Although the women's mean score of spiritual well-being was slightly greater than the men's, this difference was not statistically significant ($p>0.05$). In addition, the women's mean score of religious well-being was greater than that of their existential well-being.

In order to determine the significance of mean difference among the various groups, based on marital status and educational level, we made use of one-way ANOVA; and for comparing the two groups (men and women), independent t-test was used. The results indicated that the participants' spiritual well-being score was not related to any of the demographic variables. In the same vein, the scores of existential and religious well-being had no relationship with any of the demographic variables (Table 2).

Table 2: Mean and standard deviation of spiritual well-being aspects based on demographic variables

Variable		Religious well-being		Existential well-being		Spiritual well-being	
		Religious well -being score	P	Existential well-being score	P	Spiritual well-being score	P
Gender	Male	47.35±6.94	0.65	40.65±7.38	0.55	87.98±7.38	0.62
	Female	48.48±6.9		41.42±8.98		89.90±7.98	
Marital status	Single	43.12±8.36	0.72	44.03±7.16	0.23	87.15±8.98	0.12
	Married	46.52±7.16		43.43±6.16		89.95±6.94	
	Widow or widower	43.22±8.33		44.13±7.23		87.35±8.96	
	Divorced	44.02±7.26		43.03±5.26		87.05	
Educational level	Illiterate or elementary education	45.20±7.53	0.44	42.13±7.86	0.14	87.31±7.92	0.24
	School degree	42.12±6.86		44.13±5.76		86.25±8.46	
	Diploma	44.30±9.16		45.13±8.16		89.35±7.56	
	Academic education	44.30±9.16		44.13±5.16		88.43±8.16	

Among the items of religious wellbeing, the highest score belonged to this item: "I believe that God loves me and takes care of me in all situations" with the mean and standard deviation equal to 5.5±0.07. In addition, among the existential health items, the highest score belonged to this item: "I believe that there are a lot of real goals in my life" with the mean and standard deviation equal to 5.1±1.47. In order to determine the relationship between spiritual wellbeing and demographic variables, we made use of linear regression test, and the results indicated that among all the variables, spiritual wellbeing was highly related to gender (Table 3).

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Table 3: Regression between spiritual well -being and dependent variables

Variable		P	B
Spiritual well-being	**Age**	0.55	0.71
	Gender	0.014	6.5
	Marital status	0.11	2.5
	Educational level	0.002	3

Discussion and conclusion

In this study, about 94% of the participants had average spiritual well-being, which corresponds with the study conducted by Rezaee et al. [14]. In fact, religion and spirituality are important sources of power and support in all periods of life, and they can help us to exit from stressful and critical conditions [15]. Religion and spirituality are of great significance for most people, and this issue has greater importance for the elderly than the youths [14, 16, 17]. The results of the present study indicated that spiritual well-being has no relationship with demographic variables; however, this finding does not match the other studies' findings. Rezaee et al. found that spiritual well-being is related to age. That is, people with higher age have high spiritual well-being [14, 18], because the elderly people have stronger religious faith and higher life expectancy than others [19].

Moreover, spiritual well-being is related to marital status; widowed and divorced individuals have greater spiritual well-being [14]. But such a finding was not confirmed in the current study. Similarly, with regard to the existential and religious health of the participants, no statistically significant difference among the various groups was found. This finding matches the results of Farsani's study [20], but it does not match the other studies' results. Some studies have revealed that spiritual wellbeing is related to age, marital status, and educational level. That is, in comparison with others, older people and widowed or divorced individuals with low education have greater scores in spiritual wellbeing [21]. One of the reasons may be the fact that in comparison with others, the elderly people have stronger religious beliefs and higher life expectancy [22].

However, the current study did not confirm such findings. In this study, religious wellbeing of the elderly was greater than their existential wellbeing, the fact that was reported by Rezaee et al. too. They believe that these conditions are related to the cultural situations of Iran's society, so that people refer to the religion in order to adapt to their critical conditions [14]. In fact, during the moments of

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loneliness and difficulty, spirituality can ease the individual's anxiety and stress. Moreover, religion and spirituality can provide hope for the elderly and support them in tough conditions of life [23].

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