

Investigating the relationship between spiritual health and quality of life among elders in Iranshahr

Iraj Zarban

Associate Professor of Health Education and Health Promotion, Iranshahr University of Medical Sciences, Iranshahr, Iran.

Associate Professor of Health Education and Health Promotion, Health Promotion Research Center, Zahedan University of Medical Sciences, Zahedan, Iran

Maryam Seraji

*Assistant Professor of Health Education and Health Promotion, Health Promotion Research Center, Zahedan University of Medical Sciences, Zahedan Iran. (Corresponding Author) serajimaryam@gmail.com

Mohammadhadi Abbasi

Assistant Professor of Health Education and Health Promotion, Health Promotion Research Center, Zahedan University of Medical Sciences, Zahedan Iran.

Received: 11 October 2020

Accepted: 24 November 2020

Doi: 10.22038/jhl.2020.51944.1128

ABSTRACT

Background and Objective: The issue of quality of life in current century has become a real challenge, especially for the elderly. Spiritual health is considered the newest aspect of health and causes the integration of other aspects of health (physical, mental and social). The present study was conducted to investigate the spiritual health and quality of life of elderly people in Iranshahr, Iran.

Materials and Methods: This cross-sectional and correlational study was conducted among 377 elderly people in Iranshahr who were selected by available sampling. Data were collected by Paloutzian and Ellison's Spiritual Health Questionnaire and Quality of Life Questionnaire (SF36). Pearson correlation coefficient, and analysis of variance were used to analyze the data. The SPSS software version 19 was used to manage the data.

Results: The mean scores of spiritual health and quality of life of the elderly people were 88.98 ± 7.35 and 58.2 ± 6.2 , respectively. The quality of life of elderly women was significantly lower than elderly men ($p = 0.03$) and there was a positive relationship between spiritual health and quality of life of the elderly ($p = 0.03$).

Conclusion: According to the results of present study, it is necessary to consider the factors related to the quality of life in the care of elderly people. Also, the correlation between spiritual health and quality of life should be considered in the planning and policy-making related to health promotion of elderly population.

Paper Type: Research Article

Keywords: Spiritual health, Quality of life, Elderly

► **Citation:** Zarban I, Seraji M, Abbasi M. Investigating the relationship between spiritual health and quality of life among elders in Iranshahr. *Journal of Health Literacy*. Autumn 2020; 5(3): 46-52.

Introduction

The aging population and the rapid increase in elderly population is a global phenomenon. Decreased birth rates and increased life expectancy have caused the elderly population to increase much faster than general population (1). It is predicted that by 2025 the number of elderly people in the world will increase to over one billion. This means that elderly population doubles every 25 years. On average, elderlies account for 16% of the population in industrialized countries. This number is also projected to increase by up to 3% over the next few decades (2). According to the Statistics Center of Iran, in 2018 census, the number of elderly people over 60 years in Iran was about the elderly population over 60 years of our country with 8 million and 231 thousand people, about 9.9 percent of the population and the population over 65 years, constitute 4.6 percent of the population. Estimates of the United Nations and the World Health Organization indicate that by 2030, the elderly population in the world will increase from 9% to 16% and in Iran from 6.5% to 17.5% (3). Increasing the number of elderly people with disabilities and lack of support system in the family due to shrinking family size, (4). employment of women and dispersion of family members will increase the demand for long-term care of the elderly in the coming decades (5). Although the main public health challenge in the twentieth century was to increase life expectancy, in the 21st century, better quality of life is the most important concern. Obviously, since the purpose of life for the elderly is not only to live longer and to be alive, but also to have a better quality of life, so improving the quality of life of elderlies at first requires comprehensive information about their quality of life (6). Quality of life is a criterion for measuring the best energy or strength in a person, and this strength is used for successful adaptation to the existing challenges. Several

factors affect the quality of life of elderlies, including the physical problems at old age that reduce cognitive adjustment and self-reliance (7). In general, with aging, the risk of disease and disability increases, especially in the last years of life (8), which negatively affect the ability to maintain independence. The numerous problems and issues that occur physiologically in old age have an effect on reducing the quality of life of elderlies. In our country, 28% of the elderlies have restriction in doing physical activity and need help to perform activities of daily living, and this contributes to their low quality of life (9). A study conducted on the elderly people in Tehran showed that disability was high among the elderly people (10). Given that, the quality of life in this period can be easily threatened, it is important to consider underlying factors that can affect quality of life (11). One of the issues affecting the quality of life, especially in the elderly, is health status. Health, as defined by the World Health Organization, has physical, mental, social, and spiritual aspects. Some experts believe that serious attention must be paid to the aspects of health. Spiritual health has two dimensions; vertical dimension that includes communication with transcendental, and horizontal dimension that includes communication with others and the environment. There are several tools for measuring spiritual health, one of which is the Palutzian and Ellison's Spiritual Health Scale (This scale is divided into two subscales of religious health and existential health. Each contains 10 phrases and a score of 10 to 60 are allocated to themselves. Individual phrases, Religious health and couple expressions, existential health. Show). In this scale, both horizontal and vertical dimensions are considered, and higher score indicates higher spiritual health. Some studies indicated that without spiritual health, other biological, psychological and

social aspects of quality of life cannot function properly or reach their maximum capacity, and as a result the highest level of quality of life will not be achievable (12). In recent years, extensive studies have been carried out to investigate how religion and spirituality affect various aspects of physical and mental health. Some researchers have shown that spirituality has a significant correlation with a person's overall health, and also religion and spirituality are considered as important strategies in adapting to stressful events (13). Studies conducted on the spiritual health of cancer patients have found a direct relationship between the age of patients and their spiritual health [14]. Research in the last decade strongly suggest that attention to spiritual forces that give elderlies peace, strength and vitality should be considered in nursing theorists (15). Elderly people with faith who suffer from a particular physical illness perform better than their peers with weaker faith, and also get better results from their treatment (16). Some studies have also linked spiritual health to greater immunity to certain illnesses (17). However, the relationship between spiritual aspect of health and quality of life, especially in the elderly, is not entirely clear. Therefore, considering that no research has been conducted on this issue and also taking into account the cultural, social, and economic context of Iranshahr (It is one of the cities of Sistan and Baluchestan province. This city is located in the center of Baluchistan, Iran. Iranshahr city with an area of 30,200 square kilometers and an average height of 591 meters above sea level is located 345 kilometers from the center of Sistan and Baluchestan province and occupies 15% of the province.) investigating this issue in Iranshahr seemed necessary. Thus, the researcher decided to conduct a study to determine the relationship between spiritual health and quality of life in the elderly population of Iranshahr.

Method

The present study was a cross-sectional and correlational study, in which 377 elderly people over 60 years old living in Iranshahr were selected by convenience sampling. Thus, by referring to different public places of Iranshahr (parks, sport and shopping centers and markets), 10 samples from each public place were included in the research with their consent. People with physical disabilities were excluded from the study. The data collection tools included the Paloutzian and Ellison's Spiritual Health Questionnaire and Quality of Life Questionnaire (SF36). The participants' responses to the questionnaire were recorded by the researchers during the interview. Inclusion criteria were; living in Iranshahr for at least 6 months, lack of acute or chronic physical and mental disability, lack of cognitive impairment and ability to read and write in order to take part in the interview. Also, to comply with the ethical considerations in research, two questionnaires including Quality of Life Questionnaire (SF36) and Paloutzian and Ellison's Spiritual Health Questionnaire were used for data collection. The standard SF36 questionnaire includes 36 questions and phrases in the form of subscales such as physical function, physical role, physical pain, general health, energy and vitality, social performance, emotional role and mental health (In the study of Montazeri et al., The validity and reliability of the Persian questionnaire with Cronbach's alpha of 0.7 were evaluated and confirmed (. The Paloutzian and Ellison's Spiritual Health Questionnaire has been used in the study of Sayyed Fatemi et al (18), and its validity was determined by Cronbach's alpha coefficient of 0.82. This questionnaire has 20 questions, 10 of which are related to religious dimension and the other 10 questions measure existential dimension. The scores of religious and existential health subgroups range from 10

to 60, and the higher score indicates the higher religious and existential health. The score of spiritual health is the sum of scores obtained from the two subgroups, which range from 20 to 120. The questions in this questionnaire are answered in a 6-option Likert's scale, ranging from totally disagree to completely agree. The questions are also scored in reverse and the spiritual health is categorized in three levels of low (20-40), medium (41-99) and high (100-120). In this study, the questionnaires were completed by the elderly samples unless one was illiterate and could not fill out the questionnaires, which in such cases the questionnaires were completed by trained interviewer through an interview. analysis of variance and Pearson correlation coefficient were used to determine the relationship between variables. The SPSS software version 19 was the significance level of all tests was considered to be less than 0.05.

Results

In this study, 377 elderly people from Iranshahr with a mean age of 71.68 ± 9.24 years were examined. Demographic characteristics of the samples are shown in Table 1.

Table 1: Demographic characteristics of research units

Variable		Frequency	Percentage
Gender	male	193	51/3
	Female	184	48/7
Marital status	Single	32	8/5
	Married	113	29/9
	Widow	193	51/3
	Divorced	39	10/3
Education level	Illiterate / primary	225	59/8
	Secondary	65	17/2
	Diploma	32	8/5
	University	55	14/5

The results of this study showed that, the mean score of quality of life of the elderly samples in this study was 57.2 ± 6.7 . The mean score of quality of life in men and women was 62.52 ± 6.7 and 51.2 ± 6.7 , respectively. Independent t-test showed that women's quality of life was significantly lower than men's ($p = 0.04$), and also quality of life score was correlated to marital status, so that widowed elderlies had lower quality of life score than married and single elderlies ($p = 0.048$). However, the quality of life did not have a relationship with other demographic variables such as age and level of education ($p > 0.05$).

The mean score of participants' spiritual health was 88.98 ± 7.35 . The spiritual health of most participants (94%) was at moderate level (%87.8) and high level (%105.6).

Although the mean score of spiritual health in women was slightly higher than in men, but this difference was not statistically significant ($p > 0.05$). In addition, their average religious health was higher than their existential health.

Participants' spiritual health score was not correlated to any of the demographic variables. Similarly, existential and religious health scores were not correlated to any of the demographic variables. However, Pearson correlation test showed that spiritual health and its dimensions were correlated to the aspects of quality of life, except for the aspects of physical pain and physical problems. It also had the greatest correlation with social performance and vitality (Table 2).

Discussion and Conclusion

Since, so far in our society, the main index and normative criterion for quality of life of the elderly have not been determined, if we consider 0-100 criteria used in the questionnaire in present study, we can determine the average of 50 with standard deviation of 10 as a normative criterion of society

Table 2: Correlation of quality of life and its dimensions with spiritual health and its dimensions

Variable	Religious health		Existential health		Spiritual health	
	r	p	r	p	r	p
Physical function	0.37	0.02	0.39	0.003	0.39	0.02
Physical pain	-0.077	0.30	-0.05	0.49	-0.017	0.85
Social performance	0.68	0.03	0.051	0.2	0.48	0.052
Mental health	0.45	0.021	0.40	0.04	0.42	0.03
General health	0.39	<0.001	0.45	0.4	0.32	<0.001
Vitality	0.55	<0.001	0.46	0.062	0.51	<0.001
Physical problems	-0.049	0.5	-0.52	0.34	-0.051	0.58
Mental problems	-0.060	<0.001	-0.42	0.51	-0.062	<0.001
Quality of life	0.40	0.04	0.41	0.26	0.45	0.03

and an acceptable criterion for the quality of life of the elderly (19). Thus, the quality of life of the elderly in this study would be at moderate level (57.2 ± 6.7), which is consistent with other studies. Jadidi et al., found that all aspects of quality of life in the elderly samples was at moderate level (50.36 ± 11.3), (20). Habibi Sola et al., also found that 60% of the elderlies had a good quality of life and their quality of life was at moderate level (21). However, some studies show that the quality of life of elderly people in our country is not very good. For instance, Ahmadi et al., found that the quality of life of elderlies is less than average, and about 42% of the elderlies have disorders of various kind and 46% have sleep disorders that have a negative effect on their quality of life (19). Salar et al., found that about 63% of the elderlies have physical problems (22). The score of quality of life of women in the present study was significantly lower than men, which is consistent with the results of Mir Saeedi's study (23). However, Sajjadi and Biglerian studied the quality of life of elderly women and found that older women had moderate quality of life in the aspects of physical and mental health, respectively (20) In addition, in this study, the results showed no significant relationship between quality of life and education level, which is not consistent with

the study of Naseh et al (24). However, Habibi Sola et al., in their study found that education level was correlated to the quality of life of elderlies, so that in most variables, people with the education level of diploma and above had a higher quality of life than others (21). The low level of education and illiteracy in this part of the country has affected the quality of life of the elderly, and it seems that related interventions should be taken. Aging also leads to a decline in most aspects of quality of life (25), but this study did not show such a relationship, which may be due to cultural and social conditions in Balochistan region of Iran that traditional life and support of family improve the quality life of elderlies. In this study, 94% of the participants had moderate spiritual health, which is consistent with the study of Seyed Al-Shohadaei et al (26). In fact, religion and spirituality are important sources of power and support throughout life, and help elderlies to deal with critical and stressful situations (27). Religion and spirituality are important to many people and this is more important for the elderly than young people (18). The results of this study showed that spiritual health is not correlated to any of the demographic variables, but this finding is not consistent with the results of other studies. Rezaei et al., found that spiritual health

was correlated to age, because older people in their study had higher spiritual health (28). This is possibility due to the fact that older people with a stronger religious faith have a longer life expectancy than others (29) The low level of education and illiteracy in this part of the country has affected the quality of life of the elderly, and it seems that related interventions should be taken. In addition, spiritual health is correlated to marital status, so that widows and divorced people have more spiritual health (30). However, the present study did not confirm these results. In this study, the religious health of elderlies was higher than their existential health, which is consistent with the findings of Rezaei et al., as they believed that cultural condition of Iranian society is responsible for that, so that people turn to religion in order to adapt to critical conditions (18). The results of our study showed that quality of life is correlated to the spiritual health of elderlies. In this regard, Rippentrop et al., found that spirituality is directly related to the quality of life of elderlies (31). In addition, Whelan-Gales et al., concluded that higher spirituality is associated with better health outcomes (29). In fact, spirituality in times of loneliness and hardship calms people down and relieves their anxiety. Also, religion and spirituality give hope and support the elderlies in difficult situations (32). Although studies show that spiritual health is associated with all aspects of quality of life, this study did not show such a relationship. The spiritual health of elderly people in Iranshahr was not significantly associated with their pain and physical problems. Meanwhile this finding contradicts the results of other studies that found a statistically significant relationship between spirituality, religion and reduced pain and physical problems in elderlies (33). It seems that the elderly in Balochistan region are less effective in reducing physical pain due to chronic diseases and the use of drugs and having a mental norm of

a doctor. According to the results of present study, by satisfying the spiritual needs of elderlies, we can improve their quality of life. In addition, since the quality of life of older women was lower than men in most aspects, it is necessary to pay more attention to the quality of life of elder women. On the other hand, due to the rich culture of Iran, adherence to ancient traditions and having respect for the elderly are recommended. High spiritual health indicates that other aspects of human existence are in balance, so in order to improve the quality of life of elderly people, it is necessary to make special and basic plans to promote the spiritual aspect of quality of life to promote the elderlies' overall health.

Acknowledgement: This study is the result of a research project No: 9515-13, so the authors of this article would like to thank the Vice Deputy for Research at Iranshahr University of Medical Sciences for funding this research. The authors would also like to thank all participants who helped us in this study.

Reference

1. Mirzaei M, Darabi S, Babapour A. Aging population in Iran and rising health care costs. *Journal of Elderly Research*. 2017;12(2):156-69. <https://doi.org/10.21859/sija-1202156>
2. Schwartz ML. Book Review of "Policy and Program Planning for Older Adults and People with Disabilities". *Journal of Gerontological Social Work*. 2020;1-4. <https://doi.org/10.1080/01634372.2020.1742262>
3. Yahya R, Mulder M, Sijbrands E, Williams M, van Lennep JR. LDL-receptor negative compound heterozygous familial hypercholesterolemia: Two lifetime journeys of lipid lowering therapy. *Dyslipidemia beyond LDL*. 2017;11(1):102. <https://doi.org/10.1016/j.jacl.2017.01.004> PMID:28391901
4. Rajabi M, Jahanshahi S, Movahed Bek, Abadi Harh, Abadi Mahsh, Qashqaei U, et al. Assessing the quality of life of the elderly in Tehran and related factors in 2016. *Monitoring*. 2017; 16(4): 531-41.
5. Sadeghi M, Kazemi H. Prevalence of dementia and depression among residents of elderly nursing homes in Tehran province. *Iranian journal of psychiatry and clinical psychology*. 2004;9(4):49-55.
6. Saeed, Mojgan, Makarem, Khanjani, Saeed, Bakhtiari, et al. Comparison of social health and quality of life in two groups

- of resident and non-resident elderly in Tehran nursing homes. *Journal of Elderly Research*. 2019; 14 (2): 178-87.
7. Taheri, Noorullah, Moghadam F, Malik, Cheraghian, Poor H, et al. Factors affecting the quality of life of the elderly living in nursing homes. *Quarterly Journal of Elderly Nursing*. 2015; 2 (1): 50-61.
 8. Mehrabadi F, Ismail, Gohar P, Minoo, Asadi, Haqqani, et al. Lifestyle of the elderly with osteoporosis and its related factors. *Journal of Elderly Research*. 2017; 12 (2): 132-45. <https://doi.org/10.21859/sija-1202132>
 9. Ahmadi M, Noudehi M, Esmaeili M, Sadrollahi A. Comparing the quality of life between active and non-active elderly women with an emphasis on physical activity. *Iranian Journal of Ageing*. 2017;12(3):262-75. <https://doi.org/10.21859/sija.12.3.262>
 10. Adib-Hajbaghery M, Akbari H. The severity of old age disability and its related factors. *Kaums Journal (FEYZ)*. 2009;13(3):225-34.
 11. Barati M, Fathi Y, Soltanian A, Moeini B. Mental health condition and health promoting behaviors among elders in Hamadan. *Avicenna Journal of Nursing and Midwifery Care*. 2012;20(3):12-22.
 12. Milan, Mohammad, Nasimi, Hafizi, Zadeh AH, Hosseini, et al. The relationship between spiritual health and quality of life in hemodialysis patients in Shahid Motahari Hospital in Jahrom in 2016. *Iranian Journal of Nursing*. 2018; 31 (113): 42-51. <https://doi.org/10.29252/ijn.31.113.42>
 13. Boalhari, Jafar, Kabir M. Designing and evaluating a spiritual skills training package for students. *Iranian Journal of Psychiatry and Clinical Psychology*. 2019; 25 (2): 210-21 <https://doi.org/10.32598/ijpcp.25.2.210>
 14. Agha Hosseini S, Rahmani A, Abdollahzadeh F, Asvadi Kermani I. Spiritual health in cancer patients and its related factors. *Qom University of Medical Sciences Journal*. 2011;5(3):7-12.
 15. Pishkhani St., Shahbolaghi M, Farahnaz, Khankeh, Dalvandi. Spiritual health in the Iranian elderly: Concept analysis with Walker and Avant approach. *Journal of Elderly Research*. 2019; 14 (1): 96-113.
 16. Yousefi Z, Sharifi K, Tagharrobi Z, Akbari H. The effect of narrative reminiscence on happiness of elderly women. *Iranian Red Crescent Medical Journal*. 2015;17(11). <https://doi.org/10.5812/ircmj.19612>
 17. Jadidi A, Farahaninia M, Janmohammadi S, Haghani H. The Relationship between Spiritual Well-Being and Quality of Life among Elderly People Residing in Kahrizak Senior House. *Iran Journal of Nursing (2008-5923)*. 2011;24(72).
 18. Seyedfatemi N, Rezaei M, Hosseini F. Spiritual well-being in cancer patients who undergo chemotherapy. *Hayat*. 2008;14(3).104-105.
 19. Seraji M, Shojaeizadeh D, Goldoost F. Quality of life of the elderly residing in Zahedan (South East of Iran). *Iranian Rehabilitation Journal*. 2017;15(3):215-20. <https://doi.org/10.29252/nrip.irj.15.3.215>
 20. Jadidi A., Nia Mof, Mohammadi Saj, Haqqani H. Investigating the relationship between spiritual health and quality of life of the elderly living in Kahrizak sanatorium. *Iranian Journal of Nursing*. 2011; 24 (72): 48-56.
 21. HABIBI S, Nikpour S, Sohbatzadeh R, Haghani H. Quality of life in elderly people of west of Tehran. *Iranian Journal Of Nursing Research*. 2008; 2 (6): 29-36.
 22. Salar A, Boryri T, Khojasteh F, Salar E, Jafari H, Karimi M. Evaluating the physical, psychological and social problems and their relation to demographic factors among the elderly in Zahedan city during 2010-2012. *KAUMS Journal (FEYZ)*. 2013;17(3):305-11.
 23. Saeidi M, Mostafavi S, Heidari H, Masoudi S. Effects of a comprehensive cardiac rehabilitation program on quality of life in patients with coronary artery disease. *ARYA atherosclerosis*. 2013;9(3):179. <https://doi.org/10.1136/heartjnl-2013-304613.387> PMID:23766774 PMID:PMC3681279
 24. Naseh L, Shaikhy R, Rafiei H. General self-efficacy and associated factors among elderly residents of nursing home. *Journal of Holistic Nursing And Midwifery*. 2016;26(2):90-7.
 25. Vahdani Nia MS, Goshtasebi A, Montazeri A, Maftoon F. Health-related quality of life in an elderly population in Iran: A population-based study. *Payesh (Health Monitor)*. 2005;4(2):113-20.
 26. Martyrs, Heshmat, Fatemi, Naima, Haqqani. Spiritual health of the elderly living in a nursing home and living at home. *Iranian Nursing*. 2013; 26 (81): 11-20.
 27. Daaleman TP, Perera S, Studenski SA. Religion, spirituality, and health status in geriatric outpatients. *The Annals of Family Medicine*. 2004;2(1):49-53. <https://doi.org/10.1370/afm.20> PMID:15053283 PMID:PMC1466615
 28. Hojjati H, Motlagh M, Nuri F, Sharifnia S, Mohammadnejad E, Heydari B. Relationship between different dimensions of prayer and spiritual health of patients treated with hemodialysis. *Iranian Journal of Critical Care Nursing*. 2010;2(4):7-8.
 29. Whelan-Gales MA, Griffin MTQ, Maloni J, Fitzpatrick JJ. Spiritual well-being, spiritual practices, and depressive symptoms among elderly patients hospitalized with acute heart failure. *Geriatric Nursing*. 2009;30(5):312-7. <https://doi.org/10.1016/j.gerinurse.2009.04.001> PMID:19818266
 30. Khalili, Sadrullahi, Ali, Nazari. Spiritual health and its related factors in the elderly referring to the parks of Khalkhal city. *Iranian Journal of Nursing Research*. 2016; 10 (4): 127-35.
 31. Rippentrop AE, Altmaier EM, Chen JJ, Found EM, Keffala VJ. The relationship between religion/spirituality and physical health, mental health, and pain in a chronic pain population. *Pain*. 2005;116(3):311-21. <https://doi.org/10.1016/j.pain.2005.05.008> PMID:15979795
 32. Cheung C-k, Kam PK. Resiliency in older Hong Kong Chinese: Using the grounded theory approach to reveal social and spiritual conditions. *Journal of aging studies*. 2012;26(3):355-67. <https://doi.org/10.1016/j.jaging.2012.03.004>
 33. Ayyari T, Salehabadi R, Rastaghi S, Rad M. Effects of Spiritual Interventions on Happiness Level of the Female Elderly Residing in Nursing Home. *Evidence Based Care*. 2020;10(1):36-43.