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Original Article

The Relationship between Spiritual Well-Being and Quality of Life among the Elderly People Residing in Zahedan City (South-East of Iran)

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A B S T R A C T

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Introduction: Regarding the increasing number of elderly people, their quality of life becomes more important. Spiritual well-being is one of the most important aspects of health status which has often been neglected in some nations. This study aims to identify the relationship between spiritual well-being and quality of life among the elderly people residing of Zahedan city in 2016.

Methods: This is a cross-sectional and correlational study. The study's sample included 117 elderly people residing in Zahedan city in south-east of Iran who were recruited through Population-based cluster random sampling. The required data was collected by Spiritual Well-Being Scale of Paloutzian and Ellison and health survey questionnaire (SF36) and analyzed by Pearson correlation coefficient, ANOVA, and *t*-test by the use of SPSS software, version 19.

Results: The mean score of quality of life was (58.2 ± 6.25). Women's quality of life was significantly lower than men's (p = 0.04). The mean score of spiritual well-being was (88.98 ± 7.35). Moreover, there was a positive correlation between quality of life and both spiritual (p = 0.04, r = 0.42) and religious well-being (p = 0.043, r = 0.41).

Conclusion: Regarding the low levels of quality of life especially in elderly women, it is recommended that more attention should be paid to this group of the society .Awareness of the importance of spiritual well-being in taking care of these people is highly recommended.

Keywords: Spiritual Well-being, Quality of Life, Ageing

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Introduction

Population ageing or the rapid increase of the elderly numbers is a global phenomenon (1). Factors such as the increasing number of elderly people suffering from disability and functional disorder, lack of a supportive system in family due to shrinking family size, women's employment and jobs, and family members' dispersion will increase the request for long term cares for the elderly in future decades (2). Even though the main challenge of general health in 20th century was "enhancing the life expectancy", the most important issue in this regard in 21st century is "life with better quality". This is completely evident, because elderly does not mean having a long age and being alive, but their type and quality of life are also very important issues. Therefore, enhancing the quality of the elderly life, in the first instance, requires having comprehensive information about their life quality (3).

Quality of life is the criterion for measuring the best energy or force in an individual. This force and energy are used for successful compatibility of an individual with the existing challenges. Various factors including shortages in elderly period which cause decrease in cognitive compatibility and decrease in self-reliance

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can affect the elderly people's quality of life (4). In general, ageing can probably increase the affection to some diseases and also lead to disability occurrence during the last years of life (5). In addition, the negative effects of ageing on the ability to protect independence will increase the needs for assistance. These various problems and difficulties which occur physiologically during the old ages have some effects on the decrease of life quality in the elderly period. In our country, Iran, about 28% of the elderly have limitations in physical activities and they need help and assistance in order to do their usual and daily activities. This issue causes a decrease in quality of their life (6). A study conducted on Tehran revealed a high rate of disability in the elderly people (7). Since quality of life in this period of individual's life can easily be threatened, considering the effective background factors in this regard can have a potential significance (8).

One of the effective issues on quality of life, especially in the elderly, is health status. As defined by World Health Organization, health has physical, mental, social, and spiritual dimensions. Spiritual aspect of health is an aspect that requires a very serious attention, some experts believe spiritual well-being has two aspects: vertical aspect which has to do with the relationship to supernatural world, and horizontal aspect which has to do with the relationship to the environment and others. With regard to measuring the spiritual well-being, there are different instruments one of which is Paloutzian and Ellison's Spiritual Well-Being Scale (SWBS) (9).

In this scale, both vertical and horizontal aspects are taken into consideration and getting high score means having high spiritual well-being. Some studies indicated that without possessing spiritual well-being, other social, mental, and living dimensions of an individual cannot function correctly or reach their maximum capacity; consequently, the highest level of life quality will not be achieved (9). In recent years, great number of studies came to this conclusion that how religion and spirituality can affect different aspects of mental and physical health. Some researchers state that spirituality has great relationship with individual's general health; that is, religion and spirituality are considered as significant sources for compatibility with life's stressful events (10). Rezaei et al. in their research on spiritual well-being of patients affected by cancer, found out that there is a direct relationship between patient's age and their spiritual well-being (11).

In recent decades, different studies strongly indicate that paying attention to spiritual forces as the need which provides the elderly inscribable equanimity, joy and force has been the focus of attention for nursing theorists (12). In comparison with the elderly people having weaker faith and belief, the faithful elderly who suffer from a special physical disease have better performance and they receive better results from the treatments provided for them (13). Moreover, some other studies show that there is a significant relationship between spiritual well-being and higher protections against some diseases (14). Since the relationship between health spiritual aspects and quality of life, especially among the elderly, is not completely obvious, and no study has been conducted in this regard, doing such a research seems essential. The main purpose of doing this study is to determine the relationship between spiritual well-being and quality of life among the elderly people residing in Zahedan city.

Methods

Participants and procedures

This is a cross-sectional and correlational study which takes into account 117 elderly people above 60 years old residing in Zahedan. The sampling method in this study was population-based cluster random sampling. That is, area 2, 4, and 6 from among various areas in Zahedan (areas 1 to 6) 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 studied. Of course, the individuals who were eligible enter the study and participation in the study was voluntarily.

Data collection instrument was questionnaire and the response to the question inscribed questionnaire was written down and recorded by the researchers through interview. The criteria for entering into the study included having six months residency in the center, not having any acute diseases which are physically or mentally disabling, not having cognitive disorder, being literate or able to interview.

Instrument

The data collection instrument included two questionnaires: a questionnaire on measuring the quality of life (SF 36) which its reliability and validity was confirmed in a study conducted by Montazeri et al. (15)(Cronbach alpha coefficient: 0.77-0.9) which consists of 36 questions and expressions micro scales about physical performance (Cronbach alpha coefficient was 0.9), playing physical roles (Cronbach alpha coefficient: 0.85), body pain (Cronbach alpha coefficient: 0.83) , general health (Cronbach alpha coefficient: 0.71), energy and joy (Cronbach alpha coefficient: 0.84), social performance (Cronbach alpha coefficient: 0.85), playing emotional role (Cronbach alpha coefficient: 0.77), and mental health (Cronbach alpha coefficient: 0.71) (15, 16).

The second questionnaire was SWBS which its reliability and validity was confirmed in a study conducted by Seyed Fatemi et al. (Cronbach alpha coefficient: 0.82) (17). The questionnaire includes 20 questions. 10 questions measure religious well-being and the other 10 questions measure existential well-being. The range of religious well-being score and

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existential well-being score is 10 to 60. The higher the score measured, the higher the degree of existential and religious well-being. These two scores together make the spiritual well-being score. Its range is considered between 20 to 120. Answer to questions is classified based on 6-item Likert from completely disagree to completely agree. Scoring the questions is done in a reverse manner, and finally the spiritual well-being is divided into three levels: low (20 to 40), moderate (41 to 99), and high (100 to 120).

Ethical considerations

In order to account for the study's ethical issues, a consent form was signed by each participant before filling in the questionnaire. Then, the questionnaire was given to each of them and they were informed about the study's purposes and confidentiality of the obtained data; moreover, it was mentioned that they were free to answer the questions.

Data analysis

In order to determine the relationship between variables, we made use of Pearson correlation coefficient, independent *t*-test, and ANOVA. In addition, the data was analyzed by SPSS software, version 19. The significance level was set to 5%.

Results

In this study, 117 elderly people with the average age of 71.68 ± 9.24 were taken into consideration. Demographic features of the samples taking part in the study are shown in table 1. The mean score of elderly quality of life was 57.2 ± 6.7 (men and women 62.52 ± 6.7 and 51.2 ± 6.7, respectively). Independent samples t-test showed that quality of life in women was significantly lower than that in of men ($p = 0.04$). The quality of life score is related to marital status; that is widows and widowers had lower scores than the married or single individuals ($p = 0.048$). However, the quality of life score had no relationship with other demographic variables such as age and educational level ($p > 0.05$).The mean score of participants' spiritual well-being was 88.98 ± 7.35. That's to say, spiritual well-being of majority of the participants (94%) was at moderate or high level.

Although the women's mean score of the spiritual well-being was slightly greater than 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 existential well-being, but this was not true in men. 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. However, Pearson correlational coefficient test revealed that spiritual well-being are related to quality of life total score and the aspects of, physical performance, social performance, mental health, general health and joy. Existential well-being are related to physical performance and Mental health aspects and religious well -being are related to quality of life total score and the aspects of physical performance, social performance, mental health, general health and joy. It had the greatest relationship with joy and social performance. (Table 2)

Table 1. Demographic features of the study's units

Variable		N	%
Age	60-70year	67	57.2
	71-80year	30	25.6
	>80 year	20	17.2
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	20	17.2
	Elementary education	50	42.6
	School degree	20	17.2
	Diploma	10	8.5
	Academic education	17	14.5

Discussion

Since in our society, the basic index and normative criterion of the elderly people's quality of life were not determined, if we consider this criterion from 0 to 100 regarding the present questionnaires, we can determine the average of 50 and standard deviation of 10 at the society's normal index and an acceptable index for the elderly people's quality of life status (18). Therefore, in this study, the quality of life among the elderly is moderate which is confirmed by other studies' results, as well. Fry concluded that the scores of all aspects of the elderly life quality is greater than 50 and it is something appropriate (19). Moreover, Habibi Sola et al. found out that 60% of the elderly people have good quality of life and the mean of their quality of life is moderate (20).

Ahmadi et al. stated that quality of Life among the elderly is lower than moderate and about 42% of them have disorder in their body systems, and 46% of them suffer from sleeping disorder (insomnia). All of these conditions have a negative effect on their quality of life (18). Furthermore, in his study, Nejati found out that about 86% of the elderly suffer from physical problems (21). The score of women's quality of life in this study is significantly lower than that of men. This finding matches the results of some other studies (13, 19, 20). However, studying the life quality of elderly women, Sajadi and Beiglari came to this conclusion that from physical aspects, elderly women are in a good condition and from mental health perspective; they are in a moderate level (8).

In addition, in this study, the results of life quality had no significant relationship with educational level, but Habibi Sola et al. showed that educational status has some relationship with quality of life of the elderly.

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Table 2. The correlation between quality of life and its aspects and spiritual well-being and its aspects

Variable	Spiritual well-being		Existential well-being		Religious well –being	
	r	p	r	p	r	p
Physical performance	0.29	0.03	0.29	0.002	0.27	0.03
Physical pain	-0.019	0.84	-0.052	0.59	-0.091	0.35
Social performance	0.58	0.058	0.053	0.3	0.58	0.02
Mental health	0.48	0.02	0.38	0.03	0.48	0.025
General health	0.38	< 0.001	0.35	0.3	0.38	< 0.001
Joy	0.58	< 0.001	0.48	0.052	0.58	< 0.001
Physical problems	-0.055	0.57	-0.58	0.38	0.05	0.60
Mental problems	0.049	0.60	-0.48	0.58	-0.065	0.50
Quality of life	0.42	0.04	0.44	0.23	0.41	0.043

That is, in most of the variables, people with educational level above diploma degree had higher quality of life than others (20). Furthermore, aging phenomenon can lead to a decrease in quality of life in most aspects of life (8, 19), but the current study did not show such a result. These may be due to the fact that most of the participants in our study were illiterate or low literacy level of education.

In this study, about 94% of the participants had an average spiritual well-being which is consistent with the study conducted by Rezaei et al. (11). In fact, religion and spirituality are important sources of power and support in all periods of life and they are helpful for exiting from stressful and critical conditions (22). Religion and spirituality are of great significance for most people and this issue has greater importance for the elderly than the youths (11, 23, 24).

Results of the present study indicated that spiritual well-being has no relationship with demographic variables, while this finding does not match other studies' findings, That could be due to cultural differences. Rezaei et al. found out that spiritual well-being is related to age. That is, people with higher age have high spiritual well-being (11, 25), because the elderly people have stronger religious faith and higher life expectancy than others (25). Moreover, spiritual well-being was related to marital status; that is, widow or widowers and the divorced individuals have greater spiritual well-being (11). But such a finding was not confirmed in the current study.

In this study, the elderly people's religious health was higher than their existential health and this result was obtained by Rezaee et al., as well. These conditions are probably attributed to cultural and religious context of Zahedan city, so that people refer to the religion in order to adapt to their critical condition (11).

This study's results indicated that quality of life is related to elderly people's spiritual well-being. Rippentrop et al. concluded that spirituality has a direct relationship with quality of life of the elderly (26).

Moreover, Daaleman and Studenski came to the conclusion that higher spirituality will provide better health conditions (22). In fact, while loneliness and difficulty, spirituality will make us relax and decrease our anxiety. In addition, spirituality and religion will create hope and they support the elderly during the tough situations (25). Even though other studies indicated that spiritual well-being is related to all aspects of quality of life, in this study such a result was not revealed. This spiritual well-being of the elderly residing in Zahedan had no significant relationship with their physical pain and difficulties, while this finding disagrees with the results of other studies in which there was a statistically significant relationship between spirituality and a decrease in the elderly people's physical problems and pains (26). That also could be due to cultural differences with other regions.

Conclusion

Families with elderly people should pay more attention to spiritual well-being of them and by providing these spiritual needs, we can improve their quality of life. In addition, since quality of life in elderly women is lower than that in men regarding majority of the aspects, it is essential to pay more attention to their quality of life. Moreover, according to the rich culture of our country, Iran, it is recommended that we have to rely on old traditions and respect the elderly people. The high rate of spiritual well-being means that other existential aspects of human being are becoming balanced. Therefore, in order to improve the elderly people's quality of life, it is essential to take into consideration the spiritual aspects of their life.

Study limitations

Self-report nature of the measures which is subject to response bias and also the special cultural characteristics of the participants should be addressed applying the results of the study.

Conflict of interest

The authors declare that there is no conflict of interest.

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