



Investigating the relationship between spiritual health and quality of life of the elderly in Qazvin in the 2001s

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Abstract

Due to the increasing number of elderly people, the need to pay attention to their quality of life becomes more important. One of the factors affecting the quality of life is health status and spiritual health is one of its important dimensions that is often neglected. The aim of this study was to determine the relationship between spiritual health and quality of life in the elderly in Qazvin in ten years from 2001 to 2011. This study was cross-sectional and correlational and 300 elderly people living in nursing homes in Qazvin were conducted using systematic random sampling based on the list of names of people in the elderly registration system. Then quality of life was analyzed with Ellison and Palutzian (SWB) short form and spiritual health using the spiritual health questionnaire. Data were analyzed by SPSS 16 software. The version of the quality of life questionnaire consisting of 36 questions and the 30-item spiritual health questionnaire were analyzed. Pearson correlation coefficient, t-test and analysis of variance were used to analyze and interpret the data. The results showed that the average score of quality of life of the elderly was 50 with (11 ± 0.36) . In addition, the level of spiritual health of men was high and the mean score of their spiritual health was significantly higher than women. In addition, the results showed that spiritual health has a significant correlation with the quality of life of the elderly ($P = 0.006$). According to the results of this study, it is necessary to consider the factors related to the quality of life of the elderly in the care of this group. The relationship between spiritual health and quality of life indicates the need to pay attention to this issue in the care of the elderly.

Keywords:

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Spiritual health, quality of life, the elderly.

1. Introduction

Population aging or rapid increase in elderly number is a global fact. Birth reduction and increase in life expectancy has caused elderly population increase faster than predictions and by the year two thousand twenty the world elderly number reach to one billion (Eftekhar et al., 2002). On average sixteen percent of industrialized countries consist of elderly and it is indicated it will increase to three percent in several future decades (Rafiei, 2004). About seven point three percent of the country population consists the elderly. If this trend goes on, we would witness a population in Iran, which is called the elderly (Dehghan-nayeri & Adib-Hajbaghery, 2011). It is obvious that because the only goal of elderly lives is not living long but also the kind and quality of it is important. Therefore increasing life quality of elderly in the first place requires vast information about life quality of their lives. Life quality is a criteria for measuring the best energy or force in a person that this force is used for adaptation with the existing challenges. Multiple factors affect the lives of the elderly including poornesses of elderly period which cause fewer congenital compatibility and in total it causes an increase in lowering of self-dependence (Bahmani et al., 2004). Aging causes increase in possibility of diseases and disabilities in the end years of life and its negative effect on being independent causes increase in need for aid. These problems and multiple things, which happen physiologically in higher ages (Faraji, et al. 2010), cause a decrease in life quality in the elderly ages. In our country, twenty-eight percent of the elderly have disabilities in their physical activities and for normal activities of life need help which causes decrease in their life quality. A study on the elderlies of Tehran indicated disability rate is high among the elderly (Moghimian et al., 2011). Paying attention to background factors is very important considering that life quality at this period can be threatened easily (Baljani et al., 2011). Although paying attention to life quality of all elderlies is one of the crucial factors of the century, elderlies living at sanatorium are prior because elderlies staying at sanatoriums are the most vulnerable layer of the elderlies (Jadidi et al., 2011). Reasearchers have found mental health of elderlies staying at home of the aged is significantly lower than those staying home (Lakeh et al., 2016).

Also their general health is lower level according to studies. Study of elderlies of Kahrizak indicates most of the elderly staying at sanatorium have lower life quality. However Sajadi and Biglarian in a research at the Kahrizak sanatorium have found out that life quality of these people was at average and good level (Jadidi et al., 2011). The perspectives on partners in Australian clinics

to the job of profound consideration in medical clinics were investigated (Holmes. 2018). It was indicated that the coordination of emotional wellness administrations into PHC has been completed by different nations (Wakida et al., 2018). The relationship between profound wellbeing and personal satisfaction ought to be considered in the arranging and strategy making identified with wellbeing advancement of older populace (Zarban et al., 2020). Researchers have found out in their researches on spiritual health of patients who have cancer that there is a strong connection between their age and spiritual health this indicates that paying attention to spiritual forces as a need, which gives elderly indescribable force peace, and happiness that has been noted by nursing theoreticians (Marandi & Azizi. 2010).

It is inferred that there is a need to improve profound wellbeing as a factor that influences the personal satisfaction of MS patients. This key finding could be helpful and essential in planning care-treatment programs for such patients in a country with the intelligent person, social, and strict convictions of Iran (Shahabian et al., 2020). Elderlies with belief who suffer from a special physical disease in comparison to groupmates with weaker beliefs have better function, get better results out of some researches about their health, and have had more spirituality or safety against some diseases. Some other studies also show that communication is meaningful. There is a statistical difference between spirituality, religion, and the mental health of the elderly living in nursing home. ;Although those in Nursing homes are more physically and mentally ill than other elderly people. However, the relationship between the spiritual dimension of health and quality of life, especially in nursing home residents, is not entirely clear. So according to the fact that no research has been done in this area seems necessary. The purpose of this study was to determine the relationship between spiritual health and quality of life in the elderly in Qazvin nursing home was in the years 85 to 95.

2.Methodology

This study is cross-sectional and correlational. 400 elderly people over 60 years old living in Qazvin city participated in the study using simple random sampling. Admission criteria included the following: Having at least 1 year of residence in the center, absence Acute and chronic physical and mental disability, lack of cognitive impairment and having the literacy or ability to interview. Researcher after obtaining a license from the Ethics Committee of the Paramedical School of Qazvin University of Medical Sciences and obtaining permission from the Nursing Center Took. Satisfaction form was given to the participants before filling out the questionnaire. Then a questionnaire is available He was placed and the necessary explanations were given about it. The researcher filled out the questionnaires by interviewing them. Questionnaire and interview form used in this study, a form of demographic information and length of stay in a nursing home and a 36-item quality of life questionnaire Questioner (SF36) Short Form 36 Item Health Survey It was to check the quality of life. This questionnaire consists of phrases in the form of subscales of physical function, role-playing Physical, physical pain, general health, energy and vitality, social functioning, emotional role playing and mental health. The maximum score earned for each section or subscale is 100 and the minimum score is zero with high scores. Jafari et al., (2010) indicates quality Have a Better Life Spiritual Health Using the Being Well Spiritual (SWB) Palutzian Health Scale And Ellison, which

included 20 Likert questions with six-part answers from strongly agree to strongly I disagree. This scale is divided into two subscales of religious health and existential health, each of which has 10 terms Are included and have a score of 10 to 60 total scores to the results can be categorized as follows: low spiritual health (21-40) medium (41-99) and high(100-120). Cronbach's alpha coefficient for the reliability of this tool is determined to be ($\alpha = 0.81$). After completing the questionnaires and collecting Necessary information was analyzed using SPSS software and related statistical tests. Findings The demographic characteristics of the studied units are shown in Table 1. The results of this study showed the average. The quality of life of the elderly in this study (50.36 ± 11.3) and the average quality of life of men and women during the test, respectively 36.44 ± 2.10 and 27.9 ± 95.55 independent showed that the quality of life of women is significantly lower than men.

Table (1). Frequency of length of stay of the elderly in the centers

| Duration of stay in the center | absolute frequency | Relative frequency |
|---------------------------------------|---------------------------|---------------------------|
| Less than a year | 62 | 15% |
| Between one and three years | 75 | %19 |
| Between three and 5 years | 144 | %36 |
| More than 5 years | 119 | 30% |

Table (2). Abundance of demographic information of the elderly

| Age | Average | Standard deviation |
|-----------------------|---------------------------|---------------------------|
| | 70.43 | 9.6 |
| Gender | Absolute frequency | Relative frequency |
| Man | 270 | %67.5 |
| Female | 130 | %32.5 |
| Marital status | Absolute frequency | Relative frequency |
| Single | 100 | %25 |
| Married | 70 | %17.5 |
| divorced | 55 | %13.7 |
| Widow | 175 | 43.3% |

| education | Absolute frequency | Relative frequency |
|-------------|--------------------|--------------------|
| illiterate | 189 | %47.3 |
| High school | 122 | %28 |
| Diploma | 40 | 10% |
| University | 59 | %14.7 |

Table(3). Correlation coefficient of quality of life with dimensions of spiritual health

| Study variables | | Pearson correlation test | |
|-----------------|--------------------|--------------------------|------|
| | | R | P |
| Quality of Life | Moral health | 0.032 | 0.19 |
| | Existential health | 0.028 | 0.26 |
| | mental health | 0.012 | 0.23 |
| mental health | physical health | 0.005 | 0.51 |
| | mental health | 0.119 | 0.19 |

3.Results

Since so far in our society, the basic index and normative criterion of quality of life of the elderly has not been determined, if we consider the zero to one hundred criterion that is related to the present questionnaire, we can average 50 with a deviation of 10. The title of the norm of society and an acceptable index for the quality of life of the elderly. Therefore, this study (Marzband & Zakavi, 2016) determined that the quality of life of the elderly is moderate, which is confirmed by other studies. Nejati and Ashayeri found that the score of all aspects of the quality of life of the elderly is above 50 and around it. Habibi Sola et al. Also found that 44% of the elderly have a good quality of life and the average is desirable But some of them their quality of life is average (Lin et al., 2013). Studies also show that the quality of life of the elderly in our country is not very good; Ahmadi et al. found that the quality of life of the elderly is lower than average and about 42% of the elderly have disorders of multiple devices and 46% have sleep disorders that have a negative effect on their quality of life. It is also found in their surveys that about 86% of the elderly have physical problems In addition; residents of nursing homes have, on average, a chronic illness that requires medical attention.

The quality of life score of women in the present study was significantly lower than men, which is consistent with the results of [Montazeri et al., \(2005\)](#). However, Sajjadi and Biglerian, by studying the quality of life of the women of this sanatorium, found that the elderly women are in a good level in physical dimensions and in a moderate level in terms of mental health, and are also at a higher level than the residents of other centers are. Moreover, this situation is considered due to the efforts of donors, proper and successful management, providing desirable services and the physical space of this center.

In addition, in this study, the results did not show a significant relationship between quality of life and education level, but Habibi Sola et al. found that educational status was related to quality of life in the elderly. As in most variables, people with a diploma or higher, they had a higher quality of life than the others did. Age also leads to a decrease in the quality of life in most dimensions, but this study did not show such a result ([Marandi & Azizi. 2010](#)). The results of research also show that people who live in nursing homes are in a more unfavorable physical and mental condition than other elderly people are. The results of this study showed that spiritual health is related to a number of demographic variables and is consistent with the results of other studies. Rezaei et al. found that spiritual health was related to age; so that people in older ages ([Nasrabadi et al., 2009](#)). They have higher spiritual health than others do because the elderly have a stronger religious faith and more life expectancy. In addition, spiritual health is related to [Jafari et al., \(2010\)](#) marital status; so that widows and divorced people have more spiritual health. However, the present study did not confirm these results. In this study, the religious health of the elderly was higher than their existential health. They believe that the reason for this is the cultural conditions of Iranian society, so that people to adapt to the critical situation had a significant relationship with the mental health of the elderly living in the nursing home with their mental health. While this finding contradicts the results of other studies, some studies have found a statistically significant relationship between spirituality and religiosity and mental health of the elderly living in nursing homes. One of the reasons for this may be that the elderly living in nursing homes does not have good mental health in general. Studies show that elderly people living in nursing homes have lower mental health than those living in homes ([Jafari et al., 2010](#)) and have higher cognitive impairment and severe depression ([Bentur et al., 2010](#)). In addition, high spiritual health is associated with reduced depressive symptoms in the elderly with heart disease. High spiritual health indicates that other aspects of human existence are in balance, so in order to improve the quality of life of the elderly, it is necessary to pay attention to the spiritual dimension of their lives.

4. Conclusions

Since so far in our society, the basic index and normative criterion of quality of life of the elderly has not been determined, if we consider the zero to one hundred criterion that is related to the present questionnaire, we can average 50 with a deviation of 10. The title of the norm of society and an acceptable index for the quality of life of the elderly. Therefore, it is determined that the quality of life of the elderly is moderate, which is confirmed by other studies. It is found that the score of all aspects of the quality of life of the elderly is above 50 and around it. Habibi Sola et al. Also found that 44% of the elderly have a good quality of life and the average is desirable. But some

of them their quality of life is average (Lin et al., 2013). Studies also show that the quality of life of the elderly in our country is not very good; found that the quality of life of the elderly is lower than average and about 42% of the elderly have disorders of multiple devices and 46% have sleep disorders that have a negative effect on their quality of life. It is also found in their surveys that about 86% of the elderly have physical problems In addition; residents of nursing homes have, on average, a chronic illness that requires medical attention. The quality of life score of women in the present study was significantly lower than men. It is consistent with the results of other studies. However, by studying the quality of life of the women of this sanatorium, found that the elderly women are in a good level in physical dimensions and in a moderate level in terms of mental health, and are also at a higher level than the residents of other centers are. In addition, this situation is considered due to the efforts of donors, proper and successful management, providing desirable services and the physical space of this center. In addition, in this study, the results did not show a significant relationship between quality of life and education level, but Habibi Sola et al. found that educational status was related to quality of life in the elderly. As In most variables, people with a diploma or higher, they had a higher quality of life than the others did. Age also leads to a decrease the quality of life in most dimensions, but this study did not show such a result (Marandi & Azizi, 2010). The results of research also show that people who live in nursing homes are in a more unfavorable physical and mental condition than other elderly people are. The results of this study showed that spiritual health (Faraji et al., 2010) is related to a number of demographic variables and is consistent with the results of other studies. Rezaei et al. found that spiritual health was related to age; so that people in older ages; (Nasrabadi et al., 2009). They have higher spiritual health than others do because the elderly have a stronger religious faith and more life expectancy. In addition, spiritual health is related to (Jafari et al., 2010) marital status; So that widows and divorced people have more spiritual health. However, the present study did not confirm these results. In this study, the religious health of the elderly was higher than their existential health, which was also obtained by Rezaei et al. They believe that the reason for this is the cultural conditions of Iranian society, so that people to adapt to the critical situation had a significant relationship with the mental health of the elderly living in the nursing home with their mental health, while this finding contradicts the results of other studies. Some studies have found a statistically significant relationship between spirituality and religiosity and mental health of the elderly living in nursing homes. One of the reasons for this may be that the elderly living in nursing homes do not have good mental health in general. Studies show that elderly people living in nursing homes have lower mental health than those living in homes (Jafari et al., 2010) and have higher cognitive impairment and severe depression (Bentur et al., 2010). In addition, high spiritual health is associated with reduced depressive symptoms in the elderly with heart disease. High spiritual health indicates that other aspects of human existence are in balance, so in order to improve the quality of life of the elderly, it is necessary to pay attention to the spiritual dimension of their lives.

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