

*Original Article****The Relationship between Daily Spiritual Experiences and General Health of the Elderly Registered in the Retirement Center of Isfahan***Somayeh Sharifi¹ Mahin Moeini^{2*} Saba Bromand³ Niloofar Binayi⁴

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Abstract

Background and purpose: A significant proportion of retired people who are close to the elderly age, experience the loss of physical and mental symptoms of general health, while on the other hand, the spiritual needs of the elderly is greater than other age groups due to their problems. Therefore, this study focused on one of the most important recent innovations in the concept and measurement of spirituality which meant the scale of daily spiritual experience and its relationship with general health of retired people.

Materials and Methods: This descriptive-analytic study was done among 190 retired elderly who were referred to Isfahan retirement center and were selected through simple sampling. The information was collected via demographic variables, general health questioner, and daily spiritual experiences scale. Data analysis was also done by SPSS Software 21 through descriptive statistical tests, Pearson correlation coefficient, t-test, and ANOVA.

Results: In this study, the mean score of general health was 29.67 ± 10.60 , and the mean score of their daily spiritual experiences was 73.11 ± 16.9 . In addition, the results showed significant and positive correlation between daily spiritual experiences and general health of the elderly ($p < /05$).

Conclusion: According to the results, when retired elderly had more daily spiritual experiences, they experienced more general health. So, having a comprehensive view to the elderly spiritual needs in health educating programs, so as to induce more appropriate care, seems necessary.

Keywords: Elderly; Daily Spiritual Experiences; Public Health

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1. Introduction

Growing old is a global phenomenon. The predictions have shown that by 2020, the number of elderly will reach one billion people in the world (1). This issue requires future planning to take control of issues related to this population group, because the elderly population are exposed to disabilities and many diseases (2). Retirement and becoming elderly are often related phenomena which happen simultaneously that is associated with changes that happen in the mental and physical aspects (3). A significant proportion of retired people experience the decline in general health and mental and physical symptoms (5-6). In this study, physical complaints, anxiety and insomnia, social dysfunction, and depression were selected from among public health symptoms. A wide range of internal investigations also demonstrated some signs of general health that retired and elderly people had already experienced (7). On the other hand, in the last decades, research suggested that focus on spirituality as a power that gives the elderly people peace, strength, and joy, has been especially considered by the nursing theorists and those meeting the spiritual needs of elderly who experience a lot of problems (8). The importance of spirituality is to the extent that the World Health Organization notes the physical, psychological, social, and spiritual dimensions in the existential dimensions definition, and explains the fourth dimension or the spiritual dimension in human growth and development (10). This dimension is important in the elderly, because the spiritual needs of the elderly is more than other age groups due to physical problems and being close to death (11,12). Hilton also believed it is necessary for

nurses to obtain knowledge about spirituality and its role in the peace of the elderly patients (13). Religion and spirituality present a set of words and frameworks through which human can understand the meaning of life concepts (14). The concept of spirituality is broader than religion, and religion has outer, more formal, and more traditional aspect, while spirituality includes personal and intellectual experiences of the person from a world beyond the material world. So far, a clear definition of spirituality has been represented in most studies which have been done in relation to spirituality, and researchers cannot exactly compare these results, because an ambiguity exists in these scales; whether the components of spirituality or religion are precisely measured or not. Therefore, in 2002, Underwood & Tressis built the daily spiritual experiences scale, which exactly assesses the components of relationship with the supernatural and spiritual experiences and avoids ambiguities in other measures of spirituality (15). This scale has no roots in religion and tradition, and in fact measures persons' understanding of the world beyond themselves (God). This scale has been approved by all international forums seniors (16). The results of a study conducted among US adults demonstrated that the daily spiritual experiences had significant associations with various aspects of psychological well-being (16). Also, the study that was done among older men in 2008, showed a positive correlation between the number of daily spiritual experiences and mental well-being (17). According to the position of spirituality in the lives of the elderly with regard to the health component failure in the elderly, we decided to conduct a research on the

relationship between the daily spiritual experiences and the general health of elderly registered in the Retirement Center of Public Health in 2014.

2. Materials and Methods

As a cross-sectional study, the present research targeted the population including all people aged 60 years and above among the members of Isfahan retirement Center. Random sampling method was used in this study. Among the records of people referring to the retirement center, the numbers of records of all persons with 60 years of age and older were respectively extracted, and then, the samples were determined using a random number table. After that, among those who fulfilled inclusion criteria (being over 60 years of age and above, capacity to respond to the questionnaire, ability to communicate, and having no known mental and physical disabilities) – contained in the dossier – were selected with a total number of 190 samples. The number of samples was obtained using statistical formula $N = \frac{(z_1 + z_2)^2 (1 - r^2)}{r^2} + 2$ and reliability coefficient 95%, test power factor 80%, and correlation coefficient 0.2%, hence the minimum sample size obtained was 190. It should be noted that prior to implementing the research, the subjects were adequately justified on the aims of the study, and their attentions were attracted to participate in the research after signing the informed consent form to participate in the study, and the questionnaires were filled out in one step as self-report. Sampling lasted about two months.

In the present research, the data collection tool included demographic data form including questions about age, gender, educational level, marital status, general health, and daily spiritual experiences

questionnaire. General health was measured using the Goldberg General Health Questionnaire which was initially developed by Goldberg in 1979. Through the analysis, four factors in the questionnaire were specified. Physical symptoms subscale included anxiety and insomnia, social dysfunction, and depression which were involved in questions 1 to 7, questions 8 to 24 related to anxiety and insomnia, questions 15 to 21 related to social dysfunction, and finally questions 21 to 28 related to depression. The subject was supposed to express her/his status during the last one month while the questions were scored based on the Likert scale (1-2-3-4), and the resulting scores varied from zero to 84. The scores zero to 22 were considered as natural, 23 to 40 revealed minor discomfort, 41-60 demonstrated average discomfort, and 61-84 scores showed severe discomfort (18), in addition, reliability and validity of general health questionnaire in the elderly of Iran was peer-reviewed by Malekooti. According to the study results, for Iranian version of the General Health Questionnaire, reliability coefficients with Cronbach's alpha equal to 94% was obtained.

Factor analysis revealed four factors as indications of depression, social dysfunction, anxiety, and physical symptoms (19). Elderly daily spiritual experiences were measured using the Underwood and Tresi questionnaire of spiritual experiences. It was designed in 2002 by Underwood and Tresi (15). This questionnaire is a multi-dimensional tool of spirituality which is effectively used in order to evaluate religion and spirituality in various fields.

This scale aims to measure understanding of the people from a higher authority (God, Allah) in the daily life and interaction of them with the superior power to the material world, and mentions the spiritual experiences of individuals and not their religious ideas and behavior, and finally scores the questionnaire based on the Likert scale from 1 to 6. Except for question 16, which has 4 options and in order to add its score to scores of other options, which have 6 options, the marking range was increased to 1.5, with higher scores indicating more spiritual experiences (20). The original scale had 16 questions, and higher scores indicated less spiritual experiences. But for ease of interpretation of the results, in this study, scoring was reversed so that higher scores indicated more spiritual experiences, and then when data was compared in several studies, the difference in marks had to be considered.

Taghavi and Amiri measured validity of the reliability of the scale in Iranian society. In the concurrent validity way, the correlation coefficient of 71% was observed with the religious orientation questionnaire Alport. Reliability of the scale was measured using test-retest and internal stability, and the test-retest coefficient was achieved to be 96% (21).

Additionally, since validity and reliability were not assessed in elderly, the researchers decided to test reliability and validity in Iranian elderly. The content validity of the questionnaire was determined through consultation with several professors and psychologist experts in this field, and the questionnaires were distributed among 20 retired elderly that were completed in Isfahan, and the test reliability was obtained through Cronbach's alpha coefficient to be 80%.

The data for this study was quantitative, and descriptive statistics, chi-square test, independent t-test, and analysis of variance with repeated measure were used to analyze it through SPSS Software, V₂₁.

3. Results

Among the 190 participants in the study, 156 completed the questionnaire fully and delivered it. The demographic information are shown in Table 1. The results showed that the majority of the participants in this study (70.5%) were in the age range of 60 to 70 years old. 54.5% of them were women, and 45.5% of them were male. Most participants were in higher educational levels (51.2%), and the lowest percentage of them were illiterate (3.8%), in addition, the largest number of participants were married (79.5%).

Table 1. The relationship between the mean daily spiritual experiences with general health and its dimensions in elderly

General health/ spiritual experiences	Total score of general health		Physical symptoms		Anxiety and insomnia		Social dysfunction		Depression	
	R	P	R	p	r	p	r	p	r	P
	-0.213	0.008	-0.253	0.001	-0.164	0.042	-0.259	0.001	-0.311	<0.001

The result of Pearson correlation coefficient also showed that there was a significant relationship between the daily spiritual experiences and the general health

($r=0.213$ and $p=0.008$). In other words, the people who had daily spiritual experiences, had also greater public health. Pearson correlation coefficient between daily

spiritual experiences and physical symptoms ($p=0.001$), social function failure ($p=0.001$), anxiety and insomnia ($p=0.042$), and depression ($p<0.001$) had also a significant relationship. In other words, the people who had more daily spiritual experiences, also faced more physical symptoms, social dysfunction, anxiety, insomnia, and depression.

4. Discussion

In the present study, the relationship between daily spiritual experiences and the general health of the retired members of retirement center in Isfahan Province was investigated. In terms of the general health status with the average of 29.67 ± 10.60 , the retired seniors experienced a little disorder in their general health. Of course, the presence of general health problems of the elderly has also been proven and reported in other studies conducted in our country, and it has been found to be in the range of 15% to 65% (22-23). Despite this, Ghanbari et al. have conducted a study on the elderly in Mashhad, Iran, and found the average mental health of family resident elderly to be equal to 25.91% (24), that was not consistent with the findings of this study, and this may be due to differences in cultural subjects. At the same time, among 4 subscales, general health and social dysfunction had the highest rate, and depression had the lowest rate. The general health subscales have been measured in different studies. In the research of Nejati, social dysfunction had also the highest rate, and depression had the lowest rate (25). As the results showed, the retired elderly were in unfavorable condition in terms of social functioning, and the researcher believed that this outcome could be achieved because most of them spent their time at home and had less community

participation, which doubled the importance of addressing this issue in the elderly.

In terms of the daily spiritual experiences, the retired elderly were at a high level. In fact, religion and spirituality were found to be important for many of the people in this country, and this issue was more important for the elderly than the younger people (26, 27). In the study conducted by Christensen, daily spiritual experiences of elderly were also in high level (28). The scale of daily spiritual experiences were fewer used among elderly in internal studies, but the results of studies in which spiritual health scale have been used to measure spirituality in elderly people stated that the spiritual health level of the elderly was moderate, which was also aligned with the results of the present research (29,30).

The results of the present study showed that there was a significant correlation between the daily spiritual experiences and 4 subscales of general health, in a way that the highest correlation of daily spiritual experiences was found with depression and social dysfunction. This finding indicated that the higher daily spiritual experiences revealed more favorable social functioning and lower depression in the elderly. The findings of the current research was further supported by the results of Christopher and et al. who showed that there was a significant relationship between the daily spiritual experiences and various aspects of psychological well-being (31).

Additionally, the results of a study conducted by Kalkstein also revealed that as the repeat of number of spiritual experiences in elderly increased, they were less likely diagnosed with mental disorders, and more intimate relationship with people was found to lead to an increase in one's self-perceived health (16).

Similarly, the results of another study conducted by Rebecca demonstrated a positive correlation between the number of daily spiritual experiences and mental health in older men (32), which was consistent with the findings of the present study. However, the results of the study of Christensen showed that the number of daily spiritual experiences in elderly had no significant correlation with depression (28), and the researcher believed that the reason for this paradox could have been the difference in religious and cultural differences between the two studied samples.

The results of the present research demonstrated that as retired elderly had more spiritual experiences, they also had more public health. Therefore, spiritual experiences as a supportive source for elderly people can provide more help for increasing their mental and physical health, and it is important to consider this issue in health training programs. Accordingly, it is suggested that in theoretical and clinical trainings, nursing students should become more acquainted with this field to have a more comprehensive viewpoint toward the spiritual needs of the elderly people and can provide more complete and more suitable caring for them along with preserving their munificence. Additionally, considering the plans and approaches in order to promote the level of spiritual experiences of elderly also seems essential.

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Author's contribution:

Study conception and design: Somayeh Sharifi, Mahin moeini.

Collection of data: Somayeh Sharifi.

Analysis and interpretation of data: Somayeh Sharifi, Mahin moeini.

Drafting of manuscript: Somayeh Sharifi, Mahin moeini, Saba Bromand, Niloofar Binayi.

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