

RELATIONSHIP DAILY SPIRITUAL EXPERIENCES AND DEMOGRAPHIC VARIABLES WITH HOPE IN IRANIAN SENIORS

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ABSTRACT

This study aimed to determine the relationship between daily spiritual experiences and socio-demographic variables with hope in elderlies covered by Behshahr City (Iran) Healthcare Centers to further contribute to developing professional and health programs for the elderly.

Material and Methods: This research was a descriptive-correlational study. The study population consisted of all individuals aged above 60 years covered by healthcare centers in Behshahr, Iran. Using stratified random sampling method, 374 individuals aged above 60 years were selected. Data collection tools included demographic information checklists, Daily Spiritual Experiences Scale (DSES), and Snyder's Adult Hope Scale. Data were analyzed using descriptive and inferential statistics, independent sample T-test, Scheffe's test, Analysis of Variance (ANOVA) with the SPSS Software version 21.

Results: The findings of ANOVA and t-test showed that several factors affecting the elderlies' hope include gender ($p=0.005$), marital status ($p=0.001$), employment ($p=0.001$), leisure time passing ($p=0.002$), income level ($p=0.001$), lifestyle ($p=0.001$), exercise pattern ($p=0.045$), entertainment ($p=0.001$) and chronic disease status ($p=0.025$). Factors such as age ($p=0.021$), marital status ($p=0.021$), housing status ($p=0.023$), lifestyle ($p=0.001$), exercise pattern ($p=0.05$) and entertainment program ($p=0.001$) have impacts on their daily spiritual experiences. Multiple regression analysis also indicated that the variable education level has a positive and significant effect on daily spiritual experiences in elderlies.

Discussion: The variables employment and leisure time activities significantly have negative impact on the hope status among the elderly.

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Introduction

Promoting the elderlies' health and staying active in old age is a serious concern and it is no longer a luxury concept. Keeping the special needs of the elderly in mind, health promoting behaviors and quality of life in the elderly, which has been largely ignored, need to be considered as an important subject [1]. Therefore, any measure to improve their living conditions reduces social and consequently family problems. They are mainly tackling with disabilities and physical and

psychological problems [2]. Risk of social isolation and feeling hopelessness increases among the elderly with aging and decreased physical and mental faculties and this would be the major root of depression [3]. Several factors such as appropriate relationships with important people in life, physical activity and sport, recreation and entertainment, personality features and spiritual experiences have impacts on one's hope [4]. This study was to prove the hypothesis indicating a significant difference in terms of demographic variables between the daily spiritual experiences and hope in the elderly covered by Behshahr's Healthcare Centers in Iran.

Research Methodology

This research is an analytic-descriptive study. The population of the study consisted of all elderly covered by the healthcare centers in Behshahr City.

Inclusion criteria included being aged 60 years and older, living along with family, no history of psychiatric disorders and of consuming psychiatric drugs, and lack of hearing impairment to be able to communicate. Exclusion criteria also contained lack of interest in participation, unwillingness to continue participation, and experiencing stress factors over the last month.

To collect data, the following tools were employed:

1. Daily Spiritual Experiences Scale (DSES) consisted of 16 questions. The scale was first developed by Underwood and Teresi [5]. The scale measures concepts such as respect, joy, sense of sublimation, strength, convenience, comfort, God's assistance and help, God's guidance, God's love, a sense of awe, thanksgiving, love accompanied with compassion and closeness to God. To score the questionnaire, a 6-point Likert scale was adopted: 6=most often a day; 5= very day; 4= majority of days; 3= some days; 2= from time to time; 1= never or almost never. However, the 16th item was a general question with a different response scale (containing not at all; somewhat close, very close, as close as possible). Scores are assigned with an interval equal to 1.5 point (close= 1.5 and as close as possible = 6). The scale minimum and maximum scores were 16 and 96, respectively. The higher scores represented the greatest spiritual experiences. The scores were then interpreted as follows: 16-36 relatively weak, 37-56 medium; 57-76 strong, and 77-96 very strong [6-7]. Several studies have been conducted on the validity of this scale. Underwood and Teresi in two studies reported internal consistency of the scale using Cronbach's alpha coefficients to be .94 and .95. They also tested 47 patients who had substance abuse and requested for treatment. In this case, they reported Cronbach's alpha coefficient and reliability coefficient values of .88 and .92 in re-testing, respectively. The validity of the scale was confirmed by Taghavi and Amiri in Iran and retest coefficient and Cronbach's alpha coefficient were reported to be .96 and .91, respectively [8].

2. Snyder's Adult Hope Scale (1991): This 12-item questionnaire was used to measure hope. The questionnaire contains 12 questions; however, items 5, 3, 7, and 11 are deviating and not scored. An 8-point Likert scale (absolutely incorrect, mostly incorrect, partly incorrect, somehow incorrect, somehow correct, partly correct, mostly correct, and absolutely correct) was adopted and the option "absolutely incorrect" was scored 1 and the option "absolutely correct" was scored 8. Minimum and maximum scores were 8 and 64, with higher scores indicating greater hope. Validity and reliability of the questionnaire has been confirmed in numerous studies in Iran and the reported value of Cronbach's alpha was equal to .89 [9].

3. Socio-demographic questionnaire: In the socio-demographic questionnaire, the variables age, gender, level of education, employment, level of income, housing status, marital status, number of children, life partners, regular physical activity, leisure time passing, and being affected by chronic diseases were included and data analysis was performed using the SPSS Software version 21.

Results

According to Table 1, it was found that the mean scores of daily spiritual experiences among the elderly woman and men were 86.41 and 87.71, respectively. Regarding the results of independent paired samples t-test, there was no significant difference between the mean scores of two groups ($p=0.15$). Mean scores of daily spiritual experiences were equal to 86.50, 89.79, and 87.50 in age group 60-70 years, 71-80 years, and 80 years and older, respectively. ANOVA results also indicated that there is a significant difference between the mean scores of spiritual experiences in three age groups ($p=0.021$, $f=4.51$). Scheffe's post hoc test results showed that there is a significant difference between the mean scores of spiritual experiences in the age group of 60 to 70 years and 71 to 80 years. In other words, the daily spiritual experiences status was greater in the age group 71 to 80 years than the other group. No significant difference was found in other comparisons. One-way analysis of variance suggested that there was a statistically significant difference between spiritual experiences with regard to marital status ($p < 0.001$, $f=8.10$). Scheffe's post hoc test results also added that there was a statistically significant difference between spiritual experiences of married individuals and those of widows and widowers. This means that married elderly possessed higher level of spiritual experiences in comparison with two other groups. There was no statistically significant difference found in other comparisons. No statistically significant relationship was found between level of education and daily spiritual experiences ($p=0.39$, $f=.988$). In other words, the status of daily spiritual experiences was similar among the four groups. There was no statistically significant relationship observed between type of employment and daily spiritual experiences, ($p=0.70$, $f=2.18$), indicating equal status of the daily spiritual experiences among the study groups. Furthermore, there was no statistically significant relationship between leisure time passing and daily spiritual experiences ($p=0.064$, $f=2.23$), reflecting equal status of the daily spiritual experiences in these groups. Independent paired samples t-test results confirmed that there is a significant relationship between the type of housing and daily spiritual experiences ($p=0.023$,

$t=2.13$). In other words, the elderly with housing ownership had higher levels of the daily spiritual experiences compared to the other group. One-way analysis of variance showed a statistically significant relationship between the level of income and the elderly's daily spiritual experiences ($p=0.007$, $f=5.01$). According to the post hoc test, increasing level of income enhanced the level of spiritual experience. One-way analysis of variance showed a significant relationship between lifestyle and daily spiritual experiences ($p<0.001$, $f=12.18$). The Scheffe's test results further revealed that people who live with a spouse compared to the other group (Living with children or living alone) enjoy higher level of daily spiritual experiences. There was no significant difference between the other groups. One-way analysis of variance showed a significant relationship between the exercise pattern and daily spiritual experiences ($p=0.05$, $f=2.72$). Scheffe's test results showed that people who are physically active on a daily basis compared to people who are physically active on a monthly basis have higher levels of daily spiritual experiences. No significant difference was observed between the other groups. Based on one-way analysis of variance, there was a significant relationship between entertainment and daily spiritual experiences ($p<0.001$, $f=47.9$). Scheffe's test results showed that those who assessed the status of their entertainment as good compared to people who evaluated it as bad possessed higher levels of daily spiritual experiences. There was no significant difference between the other groups. Independent paired-samples t-test results suggested that the elderlies with and without chronic diseases had similar levels of daily spiritual experiences.

Table 1. Comparison of daily spiritual experiences of the elderly covered by the Behshahr Healthcare Centers of socio – demographic variables

Variables	Subdivisions	Mean	level of Significance
Gender	Female	86.41	0.15
	Male	87.71	
Age	60 to 70 years	86.50	0.021**
	71 to 80 years	89.79	
	80 years and older	87.50	
Marital Status	Married	88.24	0.001***
	Divorced	85.50	
	Widow	83.31	
	Widower	80.80	
Level of education	Illiterate	87.78	0.39
	Below high school diploma	86.45	
	Diploma	87.12	
	Academic	89.25	
Employment status	Retired	88.44	0.07*
	Self-employed	84.72	
	Clerk	87.66	
	Worker	86.17	
	Housewife	86.31	
Leisure time	Park	89.45	0.064*
	Watching TV	86.94	
	With friends	85.51	
	Taking a trip	87.46	
	Studying	89.31	
Housing status	Proprietary	87.41	0.033**
	Leased	82.6	
Income level	Less than spending	84.76	0.007**
	Equal to spending	87.88	
	Higher than spending	88.71	
Lifestyle	With wife/husband	88.24	0.001***
	With children	81.87	
	Alone	84.70	
Exercise Pattern	Daily	87.40	0.05**
	Weekly	87.11	
	Monthly	77.20	
	None	86.16	
Entertainment	Good	88.58	0.001***
	Very good	85.92	
	Bad	82.02	
	Very bad	85.52	
Chronic disease	Yes	87.46	0.47
	No	86.80	

The relationship between demographic variables and hope in the elderly is discussed below. According to Table 2, it was found that the mean scores of hopefulness among the old woman and men were 45.80 and 48.06, respectively. Regarding the results of independent paired samples t-test, there was no significant difference between the mean scores of two groups in this regard ($p=0.005$). The estimated mean scores indicated that male elderlies enjoyed higher levels of hopefulness, compared to old women. The mean scores of hopefulness in the elderly are presented separately based on age groups. The results of one-way ANOVA results indicated no significant difference between the mean scores of hopefulness in three age groups ($p=0.14$, $f=1.98$). One-way analysis of variance suggested that there was a statistically significant difference between levels of hopefulness in terms of marital status ($p<0.001$, $f=7.14$). Scheffe's post hoc test results also revealed that there was a statistically significant difference between hopefulness levels of married individuals and those of widows and widowers. This indicates that married elderlies possessed higher level of hopefulness in comparison with two other groups. There was no statistically significant difference found in other comparisons. A statistically significant relationship was found between level of education and hopefulness ($p<0.001$, $f=13.16$). According to the mean score of each group, it was realized that level of hopefulness enhances as level of education goes up. Hence, illiterate elderlies possessed lowest levels of hopefulness and the ones with academic education had the highest levels. One-way analysis of variance revealed a statistically significant relationship between type of employment and level of hope ($p<0.001$, $f=8.62$), revealing higher levels of hope for workers and housewives. Furthermore, there was no statistically significant difference for other comparisons. A statistically significant relationship was found between leisure time passing and hope ($p=0.002$, $f=4.21$), indicating that those elderlies who spend their leisure time studying are more hopeful than those who spend their leisure time watching TV. There was no statistically significant difference for other comparisons. Independent paired samples t-test results confirmed no significant relationship between the type of housing and hopefulness ($p=0.18$, $t=1.33$). In other words, elderly with housing ownership and leased houses had equal levels of hopefulness. One-way analysis of variance showed a statistically significant relationship between the level of income and the elderlies' hopefulness ($p<0.001$, $f=13.37$). According to the post hoc test, increasing level of income enhanced the level of hopefulness. One-way analysis of variance indicated a significant relationship between lifestyle and level of hopefulness ($p<0.001$, $f=11.79$). The Scheffe's test results further revealed that people who live with a spouse compared to the other group (Living with their children) enjoy higher level of hope. There was no significant difference for the other groups. One-way analysis of variance showed that people who are physically active on a weekly basis compared to those who are not physically active have higher levels of hope. No significant difference was observed for the other groups. Based on one-way analysis of variance, there was a significant relationship between entertainment assessment and hope status ($p<0.001$, $f=23.61$). Scheffe's test results showed that the higher assessed levels of entertainment are accompanied with higher levels of hope. Thus, those who assessed the status of their entertainment as very good compared to those individuals who evaluated it as very bad possessed higher levels of hope. Independent paired-samples t-test results suggested that the elderlies without chronic diseases had higher levels of hope than the elderlies with chronic diseases ($t=25.25$, $p=0.025$). The results suggested that there is a significant relationship between some demographic characteristics and daily spiritual experiences and hope in the elderlies.

Table 2. Comparison of hope in the elderlies covered by the Behshahr Healthcare Centers in terms of socio-demographic variables

Variables	Sub variables	Mean	level of Significance
Gender	Female	45.80	0.005***
	Male	48.06	
Age	60 to 70 years	47.08	0.14
	71 to 80 years	48.26	
	80 years and older	44.31	
Marital Status	Married	48.06	0.001***
	Divorced	45.08	
	Widow	43.04	
	Widower	45.3	
Level of education	Illiterate	44.88	0.001***

	Below high school diploma	47.44	
	Diploma	50.87	
	Academic	52.15	
Employment status	Retired	49.27	0.001***
	Self-employed	46.81	
	Clerk	47.33	
	Worker	43.06	
	Housewife	45.10	
Leisure time	Park	48.97	0.002***
	Watching TV	45.96	
	With friends	47.35	
	Taking a trip	48.86	
	Studying	50.57	
Housing status	Proprietary	47.31	0.18
	Leased	44.66	
income level	Less than spending	44.18	0.001***
	Equal to spending	47.72	
	Higher than spending	51.17	
Lifestyle	With wife/husband	48.08	0.001***
	With children	42.51	
	Alone	45.23	
Exercise pattern	Daily	47.28	0.045**
	Weekly	48.66	
	Monthly	42.20	
	None	40.50	
Entertainment	Good	48.77	0.001***
	Very good	49.66	
	Bad	42.22	
	Very bad	41.18	
Chronic disease	Yes	46.55	0.025**
	No	48.37	

Table 3. Concurrent effect of physical strength, cognitive factors and demographic variables on the elderly's life expectancy

Variable	se	β	t	p
Daily spiritual experiences	0.384	0.361	8.22	0.000
Education level (reference group: illiterate)				
below diploma degree	0.729	0.145	3.05	0.002
diploma	0.998	0.240	5.06	0.000
Academic	1.474	0.159	3.62	0.000
Occupation (reference group: retired)				
Self-employed	1.124	-0.0809	-1.81	0.071
Clerk	2.571	-0.154	-.36	0.72
Worker	1.312	-0.0556	-1.19	0.23
Housewife	0.751	-0.1421	-3.07	0.002
Recreation (reference group: very good)				
Good	1.283	-0.0600	-0.76	0.44
Bad	1.544	-0.181	-2.62	0.009
Very bad	1.629	-0.266	-4.06	0.000
Intercept	3.862	--	-5.60	0.000
Model results	0.001<p<19.11=F*0.367=R ² ,0.606=R			

To investigate the effects of primary and demographic variables on the elderly's life expectancy, the regression model was used. In this model, nominal variables were included using the definition of a reference group. A group reference for each variable is shown in following table. The relationship between daily spiritual experiences and life expectancy was positive and significant ($\beta=0.361$).

Regarding the relationship of leisure time passing, it was specified that other groups in comparison to the reference group, i.e. high satisfaction of leisure time activities, had lower levels of life expectancy. However, no significant difference was found between groups with good and very good leisure time passing. Examining the relationship between level of education and life expectancy, it was found that compared to uneducated people, the educated ones have higher levels of life expectancy. Regarding the beta coefficient value, individuals having diploma had higher life expectancy. On the relationship between occupation and life expectancy, it was observed that housewives compared with the reference group of retired people had lower life expectancy. No significant difference was observed among other occupation categories and the reference group. The results of the model showed that the remaining variables in the model generally explained about 36.7% of life expectancy variation in the elderly and the implemented model is well fitted ($p<0.001$, $F [11, 362]=19.11$).

Discussion and Conclusion

Results of the research hypothesis indicating "There is a significant difference in terms of demographic variables between the daily spiritual experiences and hope in the elderly covered by Behshahr's Healthcare Centers revealed no statistically significant difference between the mean scores of daily spiritual experiences in men and women Findings of the current study are not in a similar line with Maselko [10] and Kubzansky's [11]. Considering the importance of daily spiritual experiences in dealing with events and stress and regarding conflicting reports on the relationship between daily spiritual experiences and gender, more research is needed in this regard.

The researcher explained that many problems physiologically occur in old ages. In general, the risk of diseases and incidence of morbidity enhance with increasing age in later years [12]. However, studies indicate that although physical abilities decline during old ages, spiritual performance does not necessarily decrease [13]. On the other hand, it can be noted that the tendency towards spirituality is considered as a function of aging, through which one is faced with the reality of death and adjusts it [14]. In other words, the spiritual experiences of married people were of higher level than the other two groups. This can be explained by lack of interest induced by loneliness and isolation and may affect daily spiritual experiences.

Comparing daily spiritual experiences of the elderly in Behshahr Healthcare Centers based on type of housing showed that there is a significant relationship between the type of housing and daily spiritual experiences. In other words, the elderly with personal housing enjoyed higher levels of daily spiritual experiences in comparison to others. Explanation provided by the researcher in this regard is that the elderly who live in their own or children's homes enjoy higher mental relaxation and lower levels of stress and anxiety and such a confidence may influence their daily spiritual experiences.

According to the post hoc test, level of spiritual experience increased with increasing level of income. The researcher explained that this group of elderly is not concerned with meeting their daily needs so that they address their daily spiritual experiences in a more relaxed mode. It is likely that the individuals with higher economic status have more time and motivation to participate in religious ceremonies, praying and communication with God because of the lack of problems including financial problems, health care and medical services costs. It seems that the spiritual experiences in the elderly increases as their economic status improves and financial burden reduces. The elderly who claimed the cost of their lives, compared to other elders, are of greater mental health and satisfaction. Having a better economic status makes the elderly more able to manage their lives and this affects their independence and consequently their spiritual experiences. Considering the hypothesis, it can be concluded that there is a significant relationship between gender, age, marital status, housing status, income level, lifestyle, exercise pattern, entertainment and spiritual daily experiences in elderly. On the other hand, a significant relationship exists between marital status, level of education, employment, recreation, income level, lifestyle, exercise pattern, leisure time passing and hope in the elderly. According to the results, there was a significant relationship between some demographic characteristics and hopes and daily spiritual experiences in the elderly. Thus, the research hypothesis is confirmed. The findings of this study indicated that spirituality has a significant effect on the elderly's health and lives and is considered as a source of support for physical and mental health. The results of this study and other studies show that religion and spirituality can be taken as an effective treatment in enhancing hope. These findings would aid health professionals such as nurses, doctors and social workers to recognize the spiritual needs and the role of spirituality in promoting health and well-being of the elderly with different religions and cultures around the world.

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