

The Relationship between Spiritual wellbeing, Anxiety and Depression in Old Adults: A cross sectional study of Shiraz Clinics, Iran

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Abstract

Introduction: Spiritual well-being can serve as an important factor affecting older adults' quality of life, reduce their psychological abnormalities, boost their interpersonal relationships, and relieve the severity of their potential illnesses. This research investigated the relationship between spiritual well-being and anxiety and depression in older adults who attended clinics in Shiraz, Iran, in 2012.

Methods: This study was a cross sectional research which investigated the condition of 128 old patients who attended the clinics of Shiraz University of Medical Sciences in 2012. The data were collected through a demographic questionnaire, the Depression, Anxiety and Stress scale (DASS), and Paloutzian and Ellison spiritual well-being questionnaire. The data were then analyzed via student's t-test and Pearson chi square test in SPSS 18.

Results: The participants were aged 70.8±8 years, 35.4% of them were male, 64.6% were female, 74% were married, 39.4% were illiterate, and 29.1% had certificates below the high school diploma. The findings revealed that the mean score on depression was 57.9±4.28 and that on spiritual well-being was 83.43±5.2. All participants showed severe depression and anxiety, 91.3% had extreme stress, and 8.7% suffered from severe stress. Although old adults with higher levels of spiritual well-being were less influenced by mental disorder,

according to the Pearson statistical test, no statistically significant correlation was observed between high levels of stress, anxiety and depression and spiritual well-being ($P \geq 0.05$).

Conclusion: Results from the current study showed that we can address the function of spiritual well-being in enhancing old adults' quality of life during the nursing care process.

Key words: Spiritual wellbeing, anxiety, depression, stress, elderly

Introduction

Old age is one of the critical stages of human life (1). Old age is a consequence of a wide range of cellular and molecular atrophies in the human body over time. Apart from biological changes, aging people may experience a variety of important events in life, such as retirement, moving out to a more favorable place for life, death of friends or partners, loneliness and isolation, and social exclusion (2).

In many countries, people aged 60 years or older are considered to be old adults. Today, there are about 125 million people beyond the age of 85. It has been predicted that by 2050, the population of the elderly will be several times as great as the population of children under 5 years of age. Current estimates of the global population of people aged 60 years and above suggest that there are 600 million old individuals, and the proportion of these people will double by 2025 and will reach nearly 2 billion in 2050 (2, 3).

According to the 2011 Census in Iran, there are more than six million and two hundred people aged 60 and beyond in the country. Using statistical and demographical instruments and indicators, one could observe that the Iranian society has been growing old (4). Considering the problems that this age-group faces, and the increasing rate of its expansion, it is necessary to formulate anticipatory plans that can help them to control the issues threatening the future of this age-group (5).

As old adults' rate of population increases, their health-related problems, including both physical and psychological issues, must be seriously taken into consideration (6). Prevalent psychological disorders which are likely to threaten old people are depression and anxiety (7, 8). Estimates suggest that the prevalence of anxiety among the elderly ranges between 4% and 6%, while symptoms of depression among the general public of old adults is about 10-5% (9). Depression is thought to be the most widespread disorder among the elderly; studies confirm that 72% of old people suffer from clinical depression, while nearly 33% have major depressive disorders (8). Anxiety may be unmarked as in the cases of generalized anxiety disorder, or may be markedly visible as in the cases of phobias, obsessive-compulsive disorder, and panic attack.

One of the most significant notions in studies concerned with psychological assessment is "spiritual well-being." The notion, as a health dimension, subsumes several indicators and includes two sub-types, namely existential and religious. Religious well-being brings about satisfaction as a result of being in contact with a supreme power, whereas existential well-being is associated with attempts to make sense of the meaning and purpose of life (10).

According to research, spirituality is strongly related to an individual's general health; more specifically, religion and spirituality have been regarded as forces that help people adapt themselves to the tensions of everyday life (11, 12).

Old adults with reinforced levels of spiritual well-being can effectively adapt to their illnesses (11).

As a result, spiritually and religiously motivated support and being connected to a higher power are effective aspects of spiritual well-being and can help improve life quality, reduce psychological disorders, increase interpersonal interaction, relieve the severity of disorders, and bring about positive medical effects (13). Religion and spiritual credence, besides internally motivating people, involve external sources of motivation that make it possible for people to (a) adapt themselves to positive conditions; (b) avoid negative sentiments and inner pressures; and (c) achieve self-worth and social respect (14).

Despite the fact that aging can physically limit people's engagement in religious rituals, there is evidence suggesting that old people may experience remarkably increased religious attitudes and sentiments. This experience can strongly predict health, happiness and life satisfaction in these people (15). Generally speaking, measures of religiosity and performing divine commands are relatively higher in old adults who usually associate their happiness with their faith (16, 17).

The purpose of the present study was to investigate the relationship of spiritual well-being to depression, anxiety and stress in old adults who attended clinics in Shiraz, Iran. The findings can reveal to policy-makers the importance and effectiveness of spiritual well-being in old adults' lives.

Material and method

This study was a cross-sectional, descriptive-analytic research that sought to investigate spiritual/mental well-being in a sample of old patients who referred to clinics of University of Medical Sciences, Shiraz, Iran. After the Ethics Committee of the University authorized the research protocol, the researchers coordinated the research procedure under the supervision of competent authorities. As a result, among the health and medical centers of Shiraz, 10 centers were randomly selected. According to study of Kandasamy in 2011 we randomly selected 128 patients, out of the population of old people attending these centers. The data were gathered through questionnaires which included ten questions addressing the participants' age, gender, education level, marital status, life conditions, and social participation. Content validity of the demographic section of the questionnaire was validated and confirmed by the opinions of five university professors.

Paloutzian and Ellison's spiritual well-being scale was used to measure the spirituality of the participants. There were 20 questions in the scale; 10 of the questions dealt with religious issues and the other 10 questions addressed existential matters, based on a 6-point Likert scale (ranging from "I totally agree" to "I totally disagree"). The range of possible scores for each of the two sub-scales was between 10 and 60. A participant's final score was the aggregate of both existential and religious scores, ranging from 20 to 120. The scores finally observed could be divided into three groups: low spiritual well-being (20-41); moderate

spiritual well-being (41-99); high spiritual well-being (100-120) (28).

The instrument used to measure the levels of depression, anxiety and stress was DASS-21 standard scale, which included a total number of 21 questions (7 questions were implemented to identify each of the three disorders). This scale was formulated according to a self-report 4-point Likert scale, including these items: "Never", "rarely", "sometimes", "most of the time." The minimum possible score on each question was 0 and the maximum was 3. In the cases of stress and anxiety, the questionnaire included such items as relaxation, reaction to different situations, energy used for everyday activities, nervousness and faintness, patience, and fear of stressful situations (18).

During a meeting with the participants, research goals and procedures were explained to them, and they were asked to submit their written consent for their participation in the research project. It was also clarified that all of the information collected through the study would remain confidential. To reach the final results, the data were analyzed based on Student's t-test and ANOVA processed in Predictive Analytics Soft Ware (PASW) SPSS 18.

Ethical considerations:

This article is derived from a research project approved by No. 6694 in 2012.4.29. After the Ethics Committee of the University authorized the research protocol, the researchers coordinated the research procedure under the supervision of competent authorities.

Results

A total number of 128 old adults participated in this study. Their mean \pm SD age was 70.8 \pm 8 years. Demographically speaking, 64.6% of the participants were female, 74% were married, 29.1% had certificates below the high school degree, 16.5% had poor economic conditions, and 30.7% lived in their children's homes.

Results of the statistical analysis revealed that the mean score on depression was 57.9 \pm 4.28, and the mean score on spiritual well-being was 83.43 \pm 5.2. All of the participants displayed severe anxiety and depression. As far as stress was concerned, 91.3% of the participants had extreme and 8.7% suffered from severe stress.

All participants scored moderately on spiritual well-being, and there was no significant relationship between the demographic variables and spiritual well-being, except for the gender variable. In other words, females' scores were significantly associated with spiritual well-being, although there was a reverse statistical relationship between spiritual wellbeing (good, moderate, poor) and stress, anxiety and depression. That is to say, the patients with a high level of spiritual well-being, experienced a lower level of stress, anxiety and depression. Pearson test did not reveal any statistically significant association between the two scores in the participants ($p > 0.05$).

Discussion

Spiritual well-being can serve as an important factor affecting older adults' quality of life. In this study the mean score of the old adults' spiritual well-being showed a high measure (83.43 \pm 5.2), which was compatible with the results of relevant studies. Jadidi et al. (2012), too, concluded that the mean score on spiritual well-being of nursing home care residents was high (96.26 \pm 17.9) (19). Meanwhile, in another study, Rykkje et al. (2013) observed that religion and spirituality were important in older age (20). One of the reasons for this tendency was that the elderly might develop a sense of religiosity to gain power and support from spiritual forces.

Rykkje and colleagues' research also found no significant association between depression and spiritual well-being. In the study conducted by Jadidi et al. (2012), no significant relationship was observed between spiritual well-being and mental health of old residents of Kahrizak nursing home. Yet, there are findings that are not compatible with the observations of the present study. For instance, some researchers detected a significant association between religiosity/spirituality and mental health in old adults. Hedayati et al. (2016) observed a relationship between spiritual well-being (religious and existential well-being) and situational anxiety; their study suggested that increased levels of spiritual well-being could reduce anxiety (21).

Investigating the spiritual well-being in patients with cancer, Chong et al. (2007) also showed a reverse correlation between spiritual well-being and anxiety (22). Generally speaking, in the majority of studies, including that of Hmong Wong (2015), social participation and religious engagement were linked with reduced risks of developing depression in the elderly (17, 23). The present study was on a relatively limited sample, so next coming studies can use random sampling in larger populations. More studies can probe into how spiritual well-being can be improved and how it may reduce anxiety.

Conclusion

We can emphasize spiritual well-being to encourage nurses to improve patients' life quality, especially in the case of old adults, by considering spiritual aspects of human life. Identifying old patients' spiritual needs, the medical staff can provide the grounds for enhancing such patients' spiritual well-being, as a factor that can alleviate their depression and anxiety. Through spiritual/religious intervention, nurses can also help improve patients' psychological status.

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