

Assessment of the Relationship between Spiritual and Social Health and the Self-Care Ability of Elderly People Referred to Community Health Centers

Abstract

Background: Promotion of self-care ability among older people is an essential means to help maintain and improve their health. However, the role of spiritual and social health has not yet been considered in detail in the context of self-care ability among elderly. The aim of this study was to assess the relationship between spiritual and social health and self-care ability of older people referred to community health centers in Isfahan. **Materials and Methods:** In this cross-sectional correlation study, 200 people, aged 60 years and older, referred to healthcare centers in 2016 were recruited through convenience sampling method. Data were collected by four-part tool comprising of: (a) demographics, (b) Ellison and Palotzin's spiritual well-being scale, (c) Kees's "social health" scale, and (d) self-care ability scale for the elderly by Soderhamn's; data were analyzed by descriptive and inferential (independent *t*-test, analysis of variance – ANOVA, Pearson's coefficient tests, and multiple regression analysis) statistics by SPSS16 software. **Results:** Findings showed that the entered predictor variables were accounted for 41% of total variance (R^2) of the two self-care ability in the model ($p < 0.001$, $F_{3,199} = 46.02$). Two out of the three predictor variables including religious well-being and social health, significantly predicted the self-care ability of older people. **Conclusions:** The results of this study emphasized on the relationship between spiritual and social health of the elderly people and their ability to self-care. Therefore, it would be recommended to keep the focus of the service resources towards improving social and spiritual health to improve self-care ability in elderly people.

Keywords: Aged, nurses, self-care, spiritual wellbeing

Introduction

Presently, seniority is presented as a major challenge across all societies.^[1] According to World Health Organization (WHO) statistics, the number of old people all over the world will increase such that by 2030 one out of five people in the world will be old.^[2] As one of the developing countries, Iran is not an exception. According to the census in 2012, the population of the elderly is estimated to be 8.42% of the total population.^[3] After increasing the population of the elderly, the number of old people who need medical services will constantly increase.^[1] Although seniority is not considered as a disease by itself and include physiological changes occurring over the years, acute and chronic diseases will increase by these changes. Currently, 80% of people over 65 suffer from one chronic disease and 50% of them suffer from two of such conditions.^[4]

Nowadays, one of the known important methods of meeting health needs and overcoming the existing challenges is strengthening the elderly in self-care. Self-care refers to those activities which elders are engaged in to promote health, prevent from disease, restrict illness, and maintain their health status. The significant principle in self-care is patient's participation and responsibility in such a way that many diseases and associated factors can be controlled by correctly following relevant behaviors.^[5] According to the existing texts, promoting self-care skills plays an important role in preventing, treating, and rehabilitating diseases and also in improving old people's quality of life.^[6] Despite the importance and vital role of self-care in old people's different aspects of life and health, some evidences signify low and poor level of it among the elderly.^[7]

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Various findings suggest that despite enough knowledge on the significance of self-care, the way of achieving it especially among the elderly, is a serious challenge. Thus, some researchers have studied determining factors of self-care or those associated with it among various groups of patients. For example, the result of study done by Soderhamn showed that receiving help from others and old agedness and feeling unable are predicting factors of low self-care.^[8] The result of research done by Jeffery Gamsale *et al.* suggested as well that there is a converse connection between depression and doing self-care behaviors in old patients inflicted by diabetes.^[9]

Since human being is made up of different biological, psychological, social, and spiritual aspects, and human health is made up of health in these dimensions too, it seems all their behaviors and abilities are a sum of performance and interaction of these four dimensions. Although the determining role of physical and psychological dimensions in self-care behaviors have been evaluated and supported during some studies,^[10] the role of social and spiritual dimensions has not been taken seriously; particularly in the Iranian society where less attention has been paid to the determining role of these healthy dimensions in the capacity of self-care among the elderly. Spiritual well-being is considered as one of the important dimensions of health in human being, which provides a harmonious and integrated relationship among internal forces. Spiritual well-being includes two landscapes: the landscape of religious well-being, which focuses on how people understand health in their spiritual life when they connect with a higher power; and the landscape of existential well-being, which focuses on people's social and psychological anxieties.^[11] Some scholars have shown that spirituality has a close connection with a person's health, so that religion and spirituality are regarded as important resources to adapt with stressful life events.^[12] Studies in the current decade strongly reveal that attention to the spiritual forces as the need which grant the elderly peace, force and inexplicable joy, has been paid by theorists of nursing.^[13] However, the relationship between spiritual well-being and self-care capacity, especially among the elderly has not been paid sufficient attention.

Social health is one of the other significant dimensions of health in the human, which have been shown to have positive correlation with health and health-related behaviors in different dimensions. Studies done by Sayfzadeh *et al.* showed that there is a significant connection between age and social health, such that increasing age is associated with decreasing social health.^[14] Also, studies done by Khalili *et al.* showed that elders' educational level and income was inversely associated with their social health.^[15] It seems that social health may be one of the predicting factors of self-care capacity among the elderly. However, no study has been done in this respect. The purpose of this study was to investigate the predicting role of the elderly people's spiritual and social health in their self-care capacity.

Materials and Methods

This correlational study was conducted in 2016 wherein the relationship between spiritual and social health with self-care capacity among the elders has been investigated. In this research, the sampling was carried out in several steps so that of the 46 centers of social health located in Isfahan, two major centers were recruited. Then the elders' health files which were filled out over the previous year and enjoyed the inclusion criteria for the research was selected and their list was provided. The inclusion criteria for the research consisted of interest in the study, lack of cognitive problems, and diagnosed psychological diseases. Thus, the lottery was done according to the codes which the researcher had given to healthy files. Then, the elders were invited to the center to fill out the questionnaire. It was done over two months from March to June 2016. The sample size was estimated based on the numbers of predicting variables,^[16] such that the average number of 20 people was considered per each predicting variable (spiritual well-being and social health and about five variables relating to background and individual qualities) and in this way, overall sample size was estimated 140 people. But to secure more and supply the hypotheses of the analysis, 200 elders were considered as the sample volume. The data were gathered by demographic specifications questionnaire and Elison and Palotzin's spiritual well-being and Kees' social health questionnaire, and Soderhamn's self-care capacity questionnaire. Spiritual well-being scale holds 20 items of which 10 items measure an elder's religious and 10 items measures his/her existential well-being. The score of spiritual well-being is the sum of these two subgroups whose range is from 20 to 120. The answers to these questions are 6 points Likert (from completely disagree to completely agree). According to this questionnaire, people's spiritual well-being can be divided into three classes: low (20–40), average (41–99), and high (100–120). Fatemi *et al.* identified the validity of the questionnaire through content validity and its durability was determined by Cronbach's alpha coefficient 0.82.^[17] Social health questionnaire holds 20 questions whose scoring has been done based on Likert 5 degree spectrum (very much = 5, much = 4, average = 3, little = 2, very little = 1). The items 1, 6, 13, 14, 15, 17, 18, 19, 20 of this questionnaire are scored conversely and the total score of them expresses the amount of people's social health. The total score of the questionnaire is 100. According to this questionnaire, social health is divided into three levels: low (20–46), moderate (47–74), high (75–100). Hashemi *et al.* used internal consistency due to survey the durability of this device. In this study, the received Cronbach's alpha has been reported 0.81% for the whole scale.^[18] Self-care capacity questionnaire includes 17 questions for evaluating self-care capacity in the old people. The answer to each question is based on Likert scale whose score has been divided between 1 and 5. The scientific validity of

questionnaire has been determined by qualitative content validity and its scientific trust has been achieved by 0.89 Cronbach coefficient.^[19] The questionnaires were completed by questioning and were analyzed by statistical package for the social sciences (SPSS) software, version 16.0. (IBM Corporation, New York, U.S.), and by using inductive and descriptive statistics (independent T, variance analysis, correlation coefficient, and multi-variable regression test). In this study, all moral considerations have been considered including volunteer participation and exit of the study, written conscious approval and also the confidentiality of the information related to the participants. This study has been approved by vice-presidency of research and morality committee of Isfahan's medical sciences university.

Ethical considerations

The study was approved by the Isfahan University of Medical Sciences (IUMS) research committee (394972). Participants signed an informed consent, and were given written information and ensured that their participation would be voluntary. Moreover, they were ensured about the confidentiality of their information.

Results

Surveys pertinent to frequency division of demographic variables and personal qualities of studied units have been presented in Table 1. The result of Pierson correlation coefficient among background variables, dimensions of social and spiritual well-being with self-care capacity have been demonstrated in Table 2. The result of multi-regression analysis [Table 3] revealed that predicting model of self-care capacity in the elderly based on their dimensions of spiritual and social health is significant ($F_{3, 199} = 46.02, p < 0.0001$). These consequences signify that the advantage of self-care capacity among the elderly can be well predicted based on advantages of their spiritual and social health dimensions. The predicting variables entered for attitude totally dedicated 41% of total variable (R^2) relevant to the advantage of self-care capacity within the model to themselves. The results suggested that of three predicting variables, two spiritual and social variables significantly predict the self-care capacity among the elders and only one entered variable (existential well-being) had no significant effect on scale variable ($p = 0.06$). Likewise, evaluating the share of each variable in the model by standardized beta coefficient has been presented. As can be seen, social health variable has more shares in predicting scale variable than religious well-being variable.

Discussion

The purpose of this study was to determine the relationship between spiritual well-being (religious and existential well-being) and social health with self-care capacity among the elders who went to the center covered by Isfahan's society health. The results suggested that religious

Table 1: Frequency distribution of demographic variables and personal qualities of researched units

Variable	Terms	Frequency (%)
Gender	Female	117 (58.5)
	Male	83 (41.5)
Marriage status	Married	180 (90)
	Widow	20 (10)
Occupation status	Retired	91 (45.5)
	Worker	10 (5)
Education level	Homemaker	99 (49.5)
	Analphabetic	20 (10)
	Primary education	115 (57.5)
Income	Diploma	47 (23.5)
	University	18 (9)
Habitat	Income less expense	18 (9)
	Came at the expense and more	182 (91)
Hospitalization	Personal	191 (95.5)
	Leased	3 (1.5)
History	With child	6 (3)
	Yes	92 (46)
History	No	108 (54)
	Yes	130 (65)
History	No	70 (35)
	Variable	Mean (standard deviation)
Age (year)	66.14 (4.41)	
Number of child	4.45 (1.54)	

Table 2: Correlation of background variables and dimensions of spiritual and social health with self-care capacity

Variable	Age	Child	Religious well-being	Existential well-being	Social health
Self-care					
<i>r</i>	-0.03	-0.06	0.51	0.41	0.59
<i>p</i>	0.62	0.40	0.000	0.000	0.000

Table 3: The results of multiple regression analysis for evaluating the predicting effect of variables on self-care capacity

Entered variables	Statistical indices				
	B	Standard deviation	Beta	t	p
Religious well-being	0.31	0.10	0.22	3.01	0.003
Existential well-being	0.15	0.08	0.12	1.88	0.06
Social health	0.49	0.08	0.49	6.51	0.000

well-being variable and social health variable significantly predict the self-care capacity among the elders. Although few studies have been carried out in determining the role of spiritual well-being in self-care capacity among the old people, some previous studies surveying the connection of social and spiritual well-being with various variables relevant to healthy behaviors and self-care capacity among the elderly has stressed the importance and role of spiritual well-being. Various evidences have stressed the determining

role of spirituality in forming human behaviors. For example, findings of Tate showed that spirituality and religion cause prevention, health promoting behaviors, and contrast with healthy problems^[20] and the results of study done by Abdala *et al.* were religiosity and quality of life in older adults. By analyzing the mentioned research, they concluded that physical performance, life quality, race, and spirituality are significantly connected with health situation; and spirituality is a key factor in explaining the elders' evaluation of their own health situation.^[21] This finding stresses on the importance of doing spiritual precautions of the elders apart from other precautions, which has been stressed in other existing documentations too. Valse and Ashia suggested in the results of their studies that spirituality and spiritual care in the elderly has an important role especially in the last years of their life. Nursing interferences including listening to them, taking time for them, being kind, and respect and religion and belief of the personnel highly effect on promoting spiritual care.^[22] The results of other studies revealed that social health has a significant connection with self-care capacity, which can arise from feeling valuable, belonging to the society and important persons of elders' life and its manifestation in the behaviors relevant to their health.^[23] In parallel with the results of the present study, Dale *et al.* showed in their study results that communication with others and feeling of support from them are important predictors of self-care among the elders.^[24] Also, Huyen suggested that social support is one of the important components of self-care behaviors among the elders.^[25] This finding stresses on the significance of developing the cares related to supply social health among the elderly too. Based on this finding, it can be suggested that identification and enhancement of elders' social relationships be the agenda of planning for caring the elders. The results of this study can provide a perfect insight into the determining role of social and spiritual health due to predict self-care capacity among the elderly. However, this study has had some limitations including the limit of a small spectrum of the relevant variables, and has conducted in a limited portion of the society.

Conclusion

The results of this study stress on positive connection of religious and social health with self-care among the elders. According to the results of this study, providing the ground for developing spiritual behaviors (especially religious behaviors) and also expansion of elders' social and spiritual relationships due to improve self-care is suggested.

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Conflicts of interest

There are no conflicts of interest.

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