Health Science Monitor
2025; 4(1): 37-45
Published online (http://hsm.umsu.ac.ir)

Original Article

Predicting resilience based on the components of spiritual health in the elderly of Urmia city: a coping strategy for the future

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Abstract

***Background & Aims*:** Considering the many physical and psychological stresses in old age, it seems necessary to investigate the factors affecting the resilience and spiritual health of this group of people. For this reason, the present study was conducted to determine the components of spiritual health in predicting the resilience of older adults in Urmia City in 1402.

***Materials & Methods*:** In this descriptive-analytical and cross-sectional correlational study, 180 married elderly individuals living in Urmia were selected through cluster sampling. The Spiritual Health and Resilience questionnaires were used in addition to the demographic questionnaire to collect data in this research. Data were analyzed using SPSS version 21 statistical software as well as descriptive statistical tests (mean and standard deviation, frequency, and percentage) and analytical tests (Pearson correlation coefficients and multiple linear regression) at a significance level of $p \leq 0.05$.

***Results*:** Multiple regression analysis showed that the three variables of existential health ($p < 0.00001$), age ($p < 0.00001$), and number of children ($p < 0.032$) can significantly predict the resilience variable. In other words, with an increase in existential health and age, there is expected to be an increase in the resilience of the elderly. However, with an increase in the number of children, the resilience will decrease.

***Conclusion*:** The results of the present study can help health service providers identify effective resources for strengthening resilience in elderly empowerment planning. Resilience by creating better-coping strategies and defense mechanisms can enable older adults to address flexibility issues and be less exposed to mental and emotional disorders of old age.

***Keywords*:** Elderly, Existential health, Religious health, Resilience, Spiritual health

Received 14 September 2024; accepted for publication 16 November 2024

Introduction

Aging, typically marked by reaching age 65, involves biological and physiological changes at the cellular level that gradually impair bodily functions .(1) The elderly population is rising both globally and in Iran. The World Health Organization (WHO) projects that there will be two billion elderly people worldwide by 2050(2) . In Iran, the latest census by the Statistical Center indicates that by 2050, those over 60 will make up about 20% of the population (3).

Health status is a significant concern for the elderly. Research indicates this group generally experiences weak to moderate health, facing challenges like reduced social interaction, loss of loved ones, poverty, loneliness, and social isolation—adversities that make sustaining a healthy lifestyle difficult (4). As the aging population expands rapidly, addressing their health issues and ensuring their comfort and well-being in society has become increasingly vital (5). Health, as defined by the WHO, includes psychological, social, physical, and spiritual dimensions. Spiritual health, in particular, is linked with and influences these other health aspects (6). Enhancing mental health and quality of life can be achieved through focusing on spiritual health, which brings stability, peace, balance, emotional wholeness, and a connection to a higher power.(7)

Experts assert that spiritual health provides inner strength, aiding individuals in overcoming daily life challenges and reducing anxiety. It contributes to achieving a purposeful and meaningful life (8). If spiritual health is compromised, individuals may feel lonely or depressed. It also plays a key role in managing stress and promoting individual health .(9) Therefore, spiritual health is fundamental, especially for the vulnerable elderly population (10).

Spiritual health varies by environment. A U.S. study shows that belief in divine fate is crucial for elderly health, with illness often viewed as a reminder of spiritual blessings .(11) Icelandic research indicates that spirituality and religious interest increase with age .(12) In Kashan, 85.2% of elders reported moderate spiritual health, while 14.8% reported high levels .(13) Most elders in Tehran have moderate to high spiritual health (14) whereas Isfahan's elderly reported average levels (15).

Resilience, closely tied to spiritual health, involves adapting positively to adversity, equipping individuals with skills and abilities to manage life's challenges. Elderly individuals are resilient when they can adapt and recover from stress, maintaining or returning to a prior state of well-being after difficulties(16) . Resilience is crucial in gerontology, as it links to successful aging and quality of life, helping elderly individuals face significant challenges .(17) Salehi and Khoshlahjeh found that resilience accounts for 37.5% of the variance in quality of life, emphasizing the need for fostering resilience to enhance life quality (18). A similar study found that older adults at the low end of resilience adapt poorly to new situations and recover more slowly from stressful situations. In fact, older adults with high resilience view negative events more flexibly and realistically than older adults without resilience, often considering problems as temporary and limited, and also benefit from more effective coping strategies (19) Both external and internal resources are vital for resilience, and social environments can significantly foster it. Addressing biological, psychological, and social aspects is crucial for comprehensively understanding resilience (20).

Recognizing resilience as a multidimensional construct that combines mental, social, and physical factors has important implications for healthy aging and longevity. By understanding and promoting resilience in older adults, healthcare professionals and caregivers can contribute to their well-being and support them in maintaining a positive outlook on life, even in the face of age-related challenges (21). As the country experiences an aging demographic, focusing on enhancing the health and quality of life for this vulnerable group is critical. Therefore, examining the factors influencing resilience and spiritual health in the elderly, and their relationship, is essential. This study aims to identify spiritual health components that predict resilience among elderly individuals in Urmia in 2023.

Materials & Methods

The present study is a cross-sectional descriptive-analytical study conducted in 1402 on older adults in Urmia. The inclusion criteria were: individuals aged 60 years and older, willingness to participate in the study, the ability to speak and respond, no known cognitive problems, not taking medications that affect consciousness and thinking, residing in Urmia, and not living in a nursing home or other elderly care centers. The exclusion criterion was the incomplete completion of the questionnaire. The sample size was determined to be 180 elderly individuals based on the study "Meta-analysis of the relationship between resilience and mental health" by Mortazavi et al. Considering a 95% confidence interval, the relationship between spiritual health and resilience (r = 0.35)(22), and allowances for a potential 20% participant dropout.

$$N = \left\lfloor \frac{\quad}{c} \right\rfloor + 3 \rightarrow N = \left\lfloor \frac{\quad}{0.23} \right\rfloor + 3 = 149.26$$

The method was as follows: After receiving an official letter of introduction from the Vice Chancellor for Research of Urmia University of Medical Sciences and obtaining the ethics code (IR.UMSU.REC.1402.186), the study began. Sampling was conducted using a multi-stage cluster method. First, Urmia city was divided into four geographical regions based on cardinal directions: North, South, East, and West. From each region, one comprehensive urban health service center was selected using a simple random sampling method by drawing lots. Next, 45 older adults were selected from each center through simple random selection (by drawing lots) based on the household records. A total of 180 people were invited to the comprehensive health centers through a telephone call, during which the purpose of the study was explained to them, and they were asked to complete the questionnaires. At the beginning of the process, sufficient explanations were provided about the study's purpose and inclusion criteria. Participants were also assured that their participation was entirely voluntary and that they could withdraw from the study at any time if they wished. Furthermore, they were informed that their information would remain confidential and accessible only to the researcher. Finally, after obtaining informed consent, the questionnaires were completed by trained interviewers. The data collection tool in this study consisted of three parts: a demographic information questionnaire, a standard spiritual health questionnaire, and the Connor and Davidson resilience questionnaire.

Research Instruments

The study employed two standardized questionnaires for data collection. The Spiritual Well-being Scale consists of two sections: demographic data (including age, number of children, gender, education, marital status, occupation, income, chronic disease history, and mobility) and the well-being assessment itself. The well-being section comprises 20 items rated on a 6-point Likert scale ranging from "strongly agree" to "strongly disagree". This scale, developed by Ellison and Paloutzian in 1982, is divided into two subscales: religious and existential well-being, each containing 10 items and scoring from 10 to 60. Odd-numbered questions assess religious well-being, while even-numbered questions measure existential well-being. The combined scores from both subscales range from 20 to 120 and are categorized as low (20-40), moderate (41-99), or high spiritual well-being (100-120). The validity and reliability of the scale, with a Cronbach's alpha of 0.87, have been confirmed in multiple studies (13).

The Connor–Davidson Resilience Scale, created in 2003, consists of 25 items rated on a 5-point Likert scale (0 = completely false to 4 = always true), with total scores ranging from 0 to 100 and a cutoff score of 50. It evaluates five components: personal competence (items 10, 11, 12, 16, 17, 23, 24, 25), trust and emotional tolerance (items 6, 7, 14, 15, 18, 19, 20), positive acceptance and secure relationships (items 1, 2, 4, 5, 8), control (items 21, 22), and spiritual influences (items 3, 9). Khalili et al.'s study confirmed the content validity of this scale, reporting Cronbach's alpha values ranging from 0.76 to 0.90 for internal consistency.(23) In this study, the Cronbach's alpha values for the components were: 0.88 for personal competence 0.89 for trust and emotional tolerance, 0.92 for acceptance and

relationships, 0.94 for control, and 0.93 for spiritual influences.

Data Analysis

The research data were analyzed using SPSS software version 21, employing both descriptive statistics—such as mean, standard deviation, frequency, and percentage—and analytical statistics, including the Spearman test and one-way ANOVA. The Kolmogorov-Smirnov test was used to assess the normality of the data. Results were considered statistically significant at a p value of less than 0.05.

Results

As shown in Table 1, half of the elderly participants reported having an average economic status. Additionally, 84.4% identified as Turkish, 61.7% had no chronic illnesses, and 64.4% described themselves as healthy. Furthermore, 91.1% were capable of walking, 76.7% were married, and 53.9% of the elderly participants exhibited moderate levels of spiritual well-being.

Table 1. Descriptive indicators of research variables

Variable	Group	Frequency	Percentage
Economic status	Poor	36	20
	Average	90	50
	Good	42	23.3
	Excellent	12	6.7
Ethnicity	Turkish	152	84.4
	Fars	5	2.8
	Kurdish	23	12.8
Chronic illness	Yes	69	38.3
	No	111	61.7
Health status	Healthy	116	64.4
	Sick	64	35.6
Ability to walk	No	16	8.9
	Yes	164	91.1
Marital status	Single	3	1.7
	Married	138	76.7
	Divorced	4	2.2
	Widow	35	19.4
Spiritual well-being	High	83	46.1
	Average	97	53.9
	Poor	0	0

According to Table 2, the t-test results illustrate variables such as sex (p = 0.191), health status (p = 0.214), and walking ability (p = 0.162) that are not significant factors in the resilience of the elderly. The F-test further indicates that ethnicity (p = 0.812) and economic status (p = 0.138) do not substantially affect resilience. However, marital status significantly influences resilience levels among the elderly (p = 0.029).

Table 2. Comparison of resilience variable based on demographic variables

Variables	Groups	Mean ± SD	Test	*P* value
Sex	Female	68.40 ± 14.35	T = 1.311	0.191
	Male	13.48 ± 65.67		
Marital status	Single	3.21 ± 76.7	F = 3.065	0.029
	Married	13.25 ± 68.4		
	Divorced	18.64 ± 50.8		
	Widow	15.34 ± 63.6		
Ethnicity	Turkish	14.25 ± 66.75	F = 0.208	0.812
	Fars	11.75 ± 68.80		
	Kurdish	12.65± 68.56		
Economic status	Poor	12.87 ± 68.47	F = 1.863	0.138
	Average	15.29 ± 65.02		
	Good	11.92 ± 68.14		
	Excellent	10.99 ± 74		
Health status	Healthy	14.27 ± 68	T = 1.246	0.214
	Sick	13.29 ± 65.29		
Ability to walk	Yes	15.0 1± 62.37	T = 1.404	0.162
	No	13.81 ± 67.49		

T = Paired t-test, F =, ANOVA, SD = Mean & standard deviation

Results shown in Table 3 highlight a significant correlation between religious health and resilience (r = 0.268, $p < 0.00001$), suggesting that enhancing religious health could bolster resilience in older adults. Additionally, a meaningful relationship exists between existential health and resilience (r = 0.501, $p < 0.00001$), indicating that improved existential health is likely to increase resilience.

Table 3. Correlation matrix of research variables

	Components of spiritual well-being	Correlation coefficient	*P* value
Resilience	Religious health	0.268	0.00001
	Existential health	0.501	0.00001

α = 0.01

Table 4 demonstrates the results of a multiple regression analysis predicting resilience based on components of spiritual well-being and demographic characteristics. Significant predictors of resilience were existential health ($p < 0.00001$), age ($p < 0.00001$), and the number of children ($p = 0.032$). The analysis suggests that as existential health and age increase, resilience also increase, whereas an increase in the number of children tends to decrease resilience.

Table 4. Multiple regression analysis predicting resilience based on spiritual health components

Model	B	Beta	t	Sig.	CI-lower bound	CI-upper bound
Existential health	1.077	0.726	10.736	0.00001	0.876	1.276
Age	0.326	0.318	4.461	0.00001	0.182	0.47
Number of children	-1.088	-0.098	-2.168	0.032	-2.079	-0.098

Discussion

The aim of this study was to assess whether the components of spiritual health could predict resilience in the elderly population of Urmia and to explore the possible role of spiritual health in resilience levels. The findings revealed a positive correlation between spiritual health and resilience meaning that stronger spiritual health corresponds with increased resilience. This suggests that spiritual health as a component can fundamentally influence resilience (24). Supporting studies, like those by Bahrami et al., suggest that resilience acts as a mediator, with spiritual health helping individuals cope with stress through resilience enhancement (16). Dehghani work confirmed significant relationships between religious orientation, spiritual health, and resilience, indicating that emphasizing religion and spirituality could strengthen resilience in adolescents (25). Additionally, Sadeghian and Abdolvand highlighted the positive relationship between resilience and spiritual health, noting its importance in reducing stress and pressure at work (26). In contrast, Balochi et al. did not find a significant link between spiritual health and resilience, though resilience was positively predicted by mental health(27).

Tavanaie et al. found significant links between overall spiritual health and resilience, with correlation coefficients of 0.61, 0.50, and 0.57, respectively, for different aspects of spiritual health(28) .The results of another study showed that the direct effect of purpose in life ($p < 0.01$) and its indirect effect through spiritual health ($p < 0.005$) on resilience are significant. Also, the indirect effects of social support ($p < 0.04$) and interpersonal conflict ($p < 0.006$) on resilience through spiritual health were noteworthy. Accordingly, spiritual health can play a mediating role between purpose in life, social support, interpersonal conflict, and resilience in the face of psychological stress and ultimately enhancing resilience (29).

Research indicates that individuals with a high sense of meaning in life tend to establish clear goals and a sense of purpose for themselves and their future. When they focus everyday challenges, they concentrate on specific aspects of the problem at hand. In contrast, those with a low sense of meaning in life often perceive time constraints as a significant issue and tend to connect current problems with the fear of not achieving their future goals. As a result, individuals who possess a greater sense of meaning in life are better equipped to face difficult situations. This high sense of meaning not only aids them in overcoming challenges but also enhances their overall personal satisfaction and success. It can be said that certain aspects of meaning, such as a correct view of one's position and role and having clear goals, play a major role in increasing one's ability to cope with problems. Increasing the meaning of life not only helps one overcome inconsistencies but also leads to improved overall life satisfaction. This aspect of meaning seems to play an important role in helping individuals overcome incongruent and stressful situations (27).

The present study showed that the three variables of existential health, age, and the number of children play a role in predicting the resilience of the elderly. In this regard, the results of the studies by Dehghani(25) and Tavanaie et al. (28) showed that only two variables, religious health and existential health, can predict resilience. Perhaps the reason for this difference is that the researchers did not include background variables in the model.

Also, the research by Rajabian Dehzireh et al. showed that the components of spiritual health, especially the existential health component, are a good predictor of students. In this regard, there is a similarity between these two studies in that both have examined the role of spiritual health on resilience and observed a significant relationship between the variables related to spiritual health and their resilience, although the statistical populations measured differed between the two studies (24).

This study indicated that existential health, age, and the number of children are key predictors of resilience among the elderly. Previous studies have similarly highlighted the predictive power of religious and existential health, although the current study’s findings might differ due to contextual variables not previously considered. The link between elderly age and spirituality

is well-documented, with age increasingly correlating with improved health, happiness, and satisfaction(30) . Additionally, the number of children was found to affect resilience, with Resnick noting the importance of family support in enhancing resilience(31) . The current economic climate may explain divergent results regarding resilience predictors.

Regarding non-significant factors, the study found that gender, health status, walking ability, ethnicity, and economic status did not impact resilience, with marital status being the only exception. This finding aligns with Ebrahimi et al., who noted the importance of family support in dealing effectively with the stresses associated with aging and chronic illness(32) . It is believed that family support and being married lead to better interaction with society and increase confidence and self-esteem in individuals, and help moderate the stresses caused by aging and chronic diseases, making it easier for the elderly to endure hardships (17).

Conclusion

The study revealed that existential health, age, and the number of children are key components predicting resilience in the elderly population of Urmia. Understanding these predictors can assist healthcare providers in crafting interventions, such as educational workshops, to empower the elderly, strengthen resilience, and ultimately improve their quality of life. Resilience fosters better-coping strategies and defense mechanisms, helping elderly individuals remain less susceptible to emotional disturbances during their later years.

Acknowledgments

Would like to thank the Vice-Chancellor of Research and Technology of Urmia University of Medical Sciences. We also thank all the older adults who participated in this study.

Authors' Contributions

The conceptualization of the project was carried out by Yeganeh Dadashzadeh Sangary, Jamileh Amirzadeh Iranagh, and Selva Mohammad Hasanpour. The methodology was developed by Yeganeh Dadashzadeh Sangary and Jamileh Amirzadeh Iranagh. Data collection was handled by Selva Mohammad Hasanpour and Yeganeh Dadashzadeh Sangary. Data analysis was performed by Yeganeh Dadashzadeh Sangary and Parsa Jovanmard. The project was supervised by Jamileh Amirzadeh Iranagh and Masoud Janbozorgi. Project administration was overseen by Jamileh Amirzadeh Iranagh and Masoud Janbozorgi. The original draft of the writing was prepared by Yeganeh Dadashzadeh Sangary, Jamileh Amirzadeh Iranagh, and Selva Mohammad Hasanpour. The editing was done by Parsa Jovanmard. Finally, the review and further writing were carried out by Yeganeh Dadashzadeh Sangary.

Data Availability

The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

Conflict of Interest

The authors have no conflicts of interest associated with the material presented in this paper.

Ethical Statement

The Ethics Committee of Urmia University of Medical Sciences approved the study (IR.UMSU.REC.1402.186).

Funding/Support

This research was funded by Urmia University of Medical Sciences.

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