

The Relationship of Daily Spiritual Experience with Self-Care among the Elderly in Gonbad-e-Kavos City, Iran, in 2017

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Original Article

Abstract

Introduction: With the aging, changes will occur in the health dimensions of elderly. Due to these changes, the elderly is prone to damage and decreased quality of life. As a result, health promotion behaviors become more important. Religion and spirituality can have a positive impact on mental and physical health. As age grows, religious beliefs and spiritual health also increase. Similarly, the adherence to religious beliefs and instructions increases the motivation of the individual to create and strengthen self-care behaviors. This study aimed to investigate the relationship between daily spiritual experiences and self-care among the elderly.

Materials and Methods: This descriptive correlational study was conducted on 200 elderly people in Gonbad-e-Kavos City, Iran, in year 2017, using non-random sampling method. The data gathering tool was a questionnaire of daily spiritual experiences and a self-care questionnaire for the elderly. The data were analyzed using Pearson correlation coefficient, ANOVA, and independent t tests.

Results: The mean scores of spiritual experiences and self-care among the elderly were 81.31 ± 9.63 and 51.97 ± 5.22 , respectively. There was not any significant relationship between the two variables based on the Pearson correlation coefficient ($P = 0.91$). There was a significant difference between the daily spiritual experiences and job ($P = 0.007$), as well as between the self-care and marital status ($P = 0.020$).

Conclusion: The level of spiritual well-being was high among the elderly; and considering their religious culture and beliefs, we can help them to improve their quality of life by identifying and strengthening their spiritual needs.

Keywords: Daily spiritual experiences, Self-care, Elderly

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Introduction

Elderly is a transition from middle age to a new stage of life and is an inevitable fact. Accepting the view that aging is a time of maturity and not a time to surrender to it, aging will have a more beautiful meaning (1). The number of the elderly is increasing in the societies worldwide (2); as according to the World Health Organization (WHO) statistics, the number of the elderly in the world will increase from 605 million to 2 billion by 2050 and with the rapid increase in the number of the elderly, one in five people in the world will be elderly (3). Based on the statistical assessments and indices, it is predicted that 25-30% of the total population will be elderly in Iran by 2032 (4). Given these figures, it can be stated that Iran is transitioning from a young to a middle-aged

population and will soon join countries with an older population composition (5).

With increasing age, disability and numerous physical and mental illnesses affect the lives of the individuals (6). Therefore, given the rapid growth of the elderly population as well as their vulnerability in comparison to other demographic groups (7), the elderly need attention and special care model (8). With age, the health-promoting behaviors gain more importance. Paying attention to these behaviors can enhance the efficiency and independence of the old people and help them to cope with the potential complications of aging and various treatments (9). Self-care is regarded as one of the skills of daily living performed by individuals to provide, maintain, and promote health (10). According to the definition

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by WHO, self-care is the “ability of individuals, families, and communities with or without the support of the health care staff” (11). Self-care is an essential component in managing long-term health problems (12). Although the risk of developing chronic diseases increases with age, aging does not mean disability. Thus, self-management and self-care programs have been developed to control chronic diseases to prevent or delay disability among the elderly (9).

Religious beliefs, attitudes, and functions are an important factor in adapting to the consequences of aging and providing mental health of the elderly (13), reducing stress in the face of life challenges such as illnesses (14). The results of some studies have shown that quality of life (QOL), mental and physical health, and in general, successful aging, are strongly influenced by religious beliefs of the elderly (15). Some researchers consider the experience of spirituality to include hope, meaning in life, the ability to forgive others, ethical beliefs and values, spiritual care, having a good relationship with others, believing in God, morality, and creativity and self-assertion (16). Religious beliefs and spiritual health also increase with age (17). Adherence to religious beliefs and guidelines increase the individual's motivation to create and promote self-care behaviors (18), so that the stronger the old individual's faith in God, the higher his ability to cope with the life problems (19). People with higher spiritual tendencies appear to have higher levels of hope and satisfaction (20) and have a better response to treatment when exposed to injury and trauma (21). Taking into account the importance of self-care in the growth and promotion of the elderly health, prevention of long-term complications of illnesses, and increasing population of the elderly in the country, the present study is conducted aiming to investigate the relationship between daily spiritual experiences and self-care of the elderly in Gonbad-e Kavus, Iran.

Materials and Methods

This was a cross-sectional correlational descriptive study that was conducted in autumn of 2017. The statistical population of the study included all the elderly people of Gonbad-e Kavus in Golestan Province. Based on a study by Jadidi et al., the sample size was estimated to be 200 using the G*POWER software at a significance level of 0.05, test power of 80%, and correlation coefficient of 0.2. The subjects were selected from parks, shopping centers, residential apartments, the elderly nursing homes and collection areas, and rehabilitation centers using the convenience sampling method. The study

inclusion criteria included age over 60, willingness to participate in the study, having the Iranian nationality, complete consciousness during the study and ability to answer the questions, and lack of speech and hearing problems to complete the questionnaire and communication.

The data collection tool is detailed below.

Daily Spiritual Experience Scale (DSES): This scale consists of 16 items that are scored using a 6-point Likert method with options ranging from *most time of the day to never or almost never* with scores from 6 to 1, respectively), with higher scores indicating more spiritual experiences (23). The face and content validity of the DSES questionnaire was confirmed by 10 faculty members of Islamic Azad University. Additionally, its concurrent validity was examined along with the Allport and Ross Religious Orientation Scale (ROS) and a correlation coefficient of 0.71 was obtained for the two scales. Moreover, the reliability of the DSES scale was measured by three methods of retesting, halving, and internal consistency. The correlation coefficient, total scale Spearman-Brown coefficient, and Cronbach's alpha coefficient respectively in the test-retest method, halving method, and internal consistency method were 0.96, 0.88, and 0.91 (20). The correlation coefficient of this questionnaire was 0.87 in the study by Taghavi and Amiri (24).

Self-Care Ability Scale for the Elderly (SASE):

This scale is comprised of 17 items based on a 5-point Likert scale with options as *strongly agree, agree, no idea, disagree, and strongly disagree*, scored from 1 to 5, respectively. The maximum and minimum scores in this scale are 85 and 17 and the scores above and below 69 indicate high and low levels of the self-care ability, respectively (25). The reliability of the SASE questionnaire after translating and localizing it with the Iranian language and culture and its confirmation by specialists in geriatrics and medical sciences was assessed using the Cronbach's alpha coefficient and confirmed with a value of $r = 0.89$ (26).

After receiving the IR.IAU.CHALUS.REC.1395.33 code of ethics from Chalus Branch, Islamic Azad University, Chalus, Iran, and approving the project, the researcher provided the participants with the necessary explanations and assured them of the confidentiality of the information received, then he provided an informed consent form to them and no time limit was applied to complete the questionnaire. At the time of completing the questionnaires, the researcher was present beside the participants and answered their questions.

The Kolmogorov-Smirnov (K-S) test was utilized

to check the normal distribution of the variables. To determine the relationship between daily spiritual experiences and self-care of the elderly, the relationship between self-care and daily spiritual experiences and gender, marital status, and place of residence, and the relationship between daily spiritual experiences and education, occupation, and age, the Pearson correlation coefficient and Linear regression tests, independent t test, and analysis of variance (ANOVA) test were used, respectively. Finally, the data were analyzed in SPSS software (version 16.0, SPSS Inc., Chicago, IL, USA). In addition, $P < 0.05$ was considered as the significance level.

Results

The mean age of the participants was 67.21 ± 6.21 years and 59% ($n = 118$) and 41% ($n = 82$) of them were women and men, respectively. Moreover, the mean number of children of the subjects was 5.71 ± 2.35 (Table 1).

The mean daily spiritual experiences and mean self-care of the elderly were 81.31 ± 9.63 and 51.97 ± 5.22 , respectively. According to the results of the Linear regression test, there was no significant difference between daily spiritual experiences and self-care ($B = -0.05$, $\text{Beta} = -0.09$, $P = 0.90$).

The results of the ANOVA test indicated no significant difference between the daily spiritual experiences with age ($P = 0.890$) and educational level ($P = 0.058$), however there was a significant difference between the daily spiritual experiences with job ($P = 0.007$). The Scheffe post-hoc test revealed a difference between the free job and

retirement, so that the daily spiritual experiences in retirees were less compared to other jobs. Based on the independent t-test, there was no significant difference between daily spiritual experiences and marital status ($P = 0.230$), but this test showed a significant difference between the daily spiritual experiences and gender ($P = 0.030$), so that the daily spiritual experiences were greater in men in comparison to women (Table 2).

Table 1. Demographic characteristics of the elderly

Demographic characteristics	Range	n (%)
Age (year)	60-70	170 (85.0)
	70-80	14 (7.0)
	> 80	16 (8.0)
Gender	Female	118 (59.0)
	Male	82 (41.0)
Marital status	Single	37 (18.5)
	Married	163 (81.5)
Level of education	Initial	170 (85.0)
	Diploma- High school	14 (7.0)
	Academic	16 (8.0)
Job	Retired	24 (12.0)
	Self-employment	18 (9.0)
	Farmer	14 (7.0)
	Worker	13 (6.5)
	Employee	15 (7.5)
	Housewife	116 (58.0)

Given the ANOVA test results, there was a significant difference between self-care with age ($P = 0.206$), education level ($P = 0.650$), and job ($P = 0.150$).

Table 2. Relationship between daily spiritual experiences and demographic characteristics of the elderly using analysis of variance (ANOVA) and independent t tests

Demographic characteristics	Range	Daily spiritual experience (mean \pm SD)	Test results
Age (year)	60-70	81.45 ± 9.81	$F = 0.10$, $P = 0.890$
	70-80	80.72 ± 8.82	
	> 80	81.70 ± 11.14	
Gender	Female	80.11 ± 9.40	$F = 0.46$, $P = 0.030$
	Male	83.04 ± 9.96	
Marital status	Single	83.01 ± 9.58	$F = 0.03$, $P = 0.230$
	Married	80.92 ± 9.63	
Level of education	Initial	81.70 ± 9.46	$F = 2.88$, $P = 0.058$
	Diploma- High school	75.42 ± 8.89	
	Academic	82.41 ± 10.89	
Job	Retired	79.12 ± 8.90	$F = 3.30$, $P = 0.007$
	Self-employment	82.38 ± 10.58	
	Farmer	82.71 ± 8.50	
	Worker	82.38 ± 7.82	
	Employee	81.00 ± 9.88	
	Housewife	80.25 ± 9.39	

SD: Standard deviation

Table 3. Relationship between self-care and demographic characteristics of the elderly using analysis of variance (ANOVA) and independent t tests

Demographic characteristics	Range	Self-Care (mean \pm SD)	Test results
Age (year)	60-70	51.59 \pm 5.27	F = 1.30, P = 0.260
	70-80	53.02 \pm 5.31	
	> 80	52.66 \pm 7.26	
Gender	Female	52.36 \pm 5.84	F = 4.05, P = 0.220
	Male	51.21 \pm 4.72	
Marital status	Single	53.82 \pm 6.39	F = 0.57, P = 0.020
	Married	51.55 \pm 5.10	
Level of education	Initial	52.05 \pm 5.41	F = 0.41, P = 0.650
	Diploma- High school	53.35 \pm 6.41	
	Academic	50.81 \pm 4.75	
Job	Retired	53.87 \pm 5.28	F = 1.61, P = 0.150
	Self-employment	50.66 \pm 4.05	
	Farmer	49.82 \pm 3.43	
	Worker	51.30 \pm 4.83	
	Employee	50.46 \pm 4.71	
	Housewife	52.31 \pm 5.82	

Moreover, the independent t-test did not reveal a significant difference between self-care and gender ($P = 0.202$), but the difference between self-care and marital status was significant ($P = 0.020$), so that self-care was more in widows ($P = 0.020$) (Table 3).

Discussion

The current study was accomplished with the aim to determine the relationship between daily spiritual experiences and self-care of the elderly in Gonbad-e Kavus. The results showed no significant difference between the daily spiritual experiences and self-care in the elderly. In a study, Lee-Poy et al. concluded that despite a low age range, there was no significant relationship between religion and spirituality with health care (27). Freud and Alice also had a negative evaluation of the role and influence of religion on mental health (28), however in a study with a high sample size and equal gender rates, Miri et al. found a significant relationship between religious orientation and mental health in the elderly (29).

In the present study, the daily spiritual experiences in the elderly were of high level. The results of the study by Miri et al. indicated that religious orientation is significantly higher in the elderly without mental disorders, and the mental health of the elderly is improved with increasing religious orientation and its internalization (29). The results of studies by Stefanaki et al. with a low sample size and more women (30) and Kim et al. (31) indicated that spirituality was high in the elderly. One reason for this may be due to the more inclination of the older people to religion and spirituality in the higher ages, as they seek to gain power and support by the spiritual power (22).

There was a significant difference between daily spiritual experiences and gender, so that men had a higher level of spirituality in comparison to women. In a study with more men and women, Khalili et al. concluded that spiritual health was higher in men than in women (32). Furthermore, Hadizadeh Meimandi and Barghamadi reported similar results in similar studies with high sample numbers and higher numbers of men (13), while the results of studies by Munoz et al. (33) and Kandasamy et al. (34) showed that spirituality was higher in women compared to men. In explaining the difference in spirituality between men and women, since men are more likely to participate in rituals, mosques, and religious ceremonies than men because of their strong presence in society, normally, they are expected to have greater level of spiritual well-being (35).

The findings of the present study suggested that there is a significant difference between the daily spiritual experiences with job, so that retirees had less spiritual experiences in comparison to the individuals with a free job. Additionally, with similar sample numbers, Khalili et al. found that retirees had lower spiritual health (36). Activity of the elderly provides the ground for their general health in old age. Since the spiritual dimension is one of the dimensions of health, providing general health results in the spiritual well-being of the individuals (35).

In the present study, there was no significant difference between the daily spiritual experiences with age, education level, and marital status, which is in line with the results of a study by Jadidi et al. with a low sample size (22). Additionally, the findings of the study conducted by Sadrollahi and Khalili indicated that there was no significant difference between spiritual health

and age and education level of the elderly (35).

The elderly self-care was evaluated to be at a high level in the present study. In the study by Lommi et al. (11) with a higher sample size and Guo et al. (37) with similar number of widows, the elderly also had high level of self-care. This can be justified as health, well-being, QOL, and how to maintain them for as long as possible and until old age have long been a concern for scientists and even the elderly themselves. Therefore, maintaining and improving health and QOL in old age has become more important than ever. Moreover, successful aging depends on how to actively adjust by the individuals and their behaviors so as to improve their QOL and well-being (38). In a study with a larger sample size, Azadbakht et al. noted the adverse status of self-care behaviors in the elderly (39). The reason for the higher level of self-care among the elderly in the present study can be attributed to the preservation of the traditional texture in Golestan Province, to the elderly being more active due to agricultural and animal husbandry conditions, and to the greater independence of the elderly in the province.

There was a significant difference between the self-care of the elderly and the marital status, so that self-care was higher in widows compared to the married ones. In explaining the reason, it can be said that married individuals pay less attention to self-care than the single and widowed individuals due to their common busy life and less opportunity (40); this is in agreement with the results of the study by Foroughan et al. (41). However, the findings of the studies carried out by Seow et al. (42) and Sundsli et al. (43) with higher number of married people showed that self-care was higher in the married Individuals. In addition, in the present study, there was no significant difference between self-care and other demographic characteristics such as age, gender, education level, and occupation, which is in line with the results of studies by Niakan et al. with a small sample size (44) and Bairami et al. (45). Based on the results regarding the relationship between the demographic characteristics and self-care, the reasons for these differences can be found in the cultural and religious beliefs of the elderly in Golestan Province.

Limitations

The non-random sampling, low sample size, and also the ambient noise at some time were among the limitations of the present study to complete the questionnaires.

Recommendations

It is suggested that similar studies with a larger

sample size be conducted in other cities.

Conclusion

The findings of this study suggested that there is no significant difference between daily spiritual experiences and self-care of the elderly. Besides, given the increasing importance of self-care and the problems of old age as well as the high level of spirituality in this period, it is suggested to pay more attention to spiritual care and education programs for the elderly in order to maintain and improve the health and QOL of the elderly.

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Authors' Contribution

Faezeh Pagheh: Study design and ideation, providing study equipment and samples, data collection, analysis and interpretation of results, manuscript preparation, expert evaluation of the manuscript in scientific terms, final manuscript approval for submission to the journal office; Razieh Safaei: Study design and ideation, providing study equipment and samples, data collection, analysis and interpretation of results, manuscript preparation, expert evaluation of the manuscript in scientific terms, final manuscript approval for submission to the journal office; Golbahar Akhoundzadeh: Study design and ideation, manuscript preparation, final manuscript approval for submission to the journal office, responsibility for maintaining the integrity of the study process from beginning to publication and responding to the referees' comments, attracting funding for the study, providing supportive, executional, and practical study services, analysis and interpretation of the results, and specialized statistical services.

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Conflict of Interests

The authors declare no conflict of interest. Dr. Golbahar Akhoundzadeh attracted funding for basic studies related to this study from the Aliabad Katoul

Branch, Islamic Azad University and is an assistant professor in the department of nursing at the university. Raziieh Safaei and Faezeh Pagheh have

been undergraduate nursing students at the Aliabad Katoul Branch, Islamic Azad University since 2014.

References

1. Hekmatipour N, Hojjati H, Farhadi S, Sharifnia S, Manouchehr B, Kouchaki G, et al. Effect of a regular exercise program on self-consistency and life satisfaction among elderly in Gorgan and Gonbad (2011). *Journal of Geriatric Nursing* 2014; 1(1): 73-82. [In Persian].
2. Fujiwara E, Otsuka K, Sakai A, Hoshi K, Sekiai S, Kamisaki M, et al. Usefulness of reminiscence therapy for community mental health. *Psychiatry Clin Neurosci* 2012; 66(1): 74-9.
3. World Health Organization. Census 2012. Available from: <http://www.webda.ir/index.aspx>.
4. Samadifard H, Narimani M. Prediction of death anxiety of elderly based on mindfulness and irrational beliefs. *Iranian Journal of Psychiatric Nursing* 2017; 5(3): 15-21. [In Persian].
5. Akhoondzadeh G, Akhoondzadeh J. Effectiveness of memory recall on memory performance of elderly. *Journal of Geriatric Nursing* 2014; 1(1): 64-72. [In Persian].
6. Hinkle J, Cheever K, Tingberg B, Bredlöv B, et al. *On the web. Nursing made Incredibly Easy*. 2010.
7. Hindle A, Coates A. *Nursing care of older people*. New York, NY: Oxford University Press; 2011.
8. Rostami M, Baraz Pordanjani S, Farzianpour F, Rasekh A. Effect of Orem self care model on elderlies' quality of life in health care centers of Masjed Solaiman in 2007-2008. *J Arak Univ Med Sci* 2009; 12(2): 51-9. [In Persian].
9. Salimi F, Garmaroudi G, Hosseini S M, Batebi A. Effect of self-care educational program to improving quality of life among elderly referred to health centers in Zanjan. *J Educ Community Health* 2015; 2(2): 28-37. [In Persian].
10. Hemmati Maslakkpak M. Effect of implementing Orem,s self-care program on the self- esteem of elderlies based in residents of Nursing home in Urmia. *Med Surg Nurs J* 2012; 1(1): e87445.
11. Lommi M, Matarese M, Alvaro R, Piredda M, De Marinis MG. The experiences of self-care in community-dwelling older people: A meta-synthesis. *Int J Nurs Stud* 2015; 52(12): 1854-67.
12. MacKichan F, Paterson C, Henley WE, Britten N. Self-care in people with long term health problems: A community based survey. *BMC Fam Pract* 2011; 12: 53.
13. Hadjizadeh Meimandi M, Barghamadi M. The study of the relationship between religious beliefs performance and life satisfaction among the elderly. *Salmand Iran J Ageing* 2010; 5 (1): 87-94. [In Persian].
14. Geary C, Rosenthal SL. Sustained impact of MBSR on stress, well-being, and daily spiritual experiences for 1 year in academic health care employees. *J Altern Complement Med* 2011; 17(10): 939-44.
15. Ghaderi D, Mostafae A. A Study on the relationship between religious orientations and quality of life among elderly men living in nursing homes and those living with their families in Tabriz. *Salmand Iran J Ageing* 2014; 9(1): 14-21. [In Persian].
16. Borjaliloo S, Shahidi S, Emami A. Care, everyday experiences and spiritual well-being among the nurses of hospitals in Tehran. *Ravanshenasi Va Din* 2014; 6(4): 119-32. [In Persian].
17. Ghasemi Navab A, Moatamedy A, Sohrabi F. Predicting relationship with god, based on the life events, spiritual intelligence and life line drawing in elders. *Journal of Health and Care* 2015; 17(1): 57-69. [In Persian].
18. Ghorbanian M, Fesharaki F. Self-care motives in Quran and Hadith. *Journal of Islamic and Iranian Traditional Medicine*. 2015;6(3):187-97. [article in Persian].
19. Coats H, Crist JD, Berger A, Sternberg E, Rosenfeld AG. African American elders' serious illness experiences: narratives of "God Did," "God Will," and "Life Is Better". *Qual Health Res* 2017; 27(5): 634-48.
20. Khodadadi Sangdeh J, Haghani M, Taheri M, Rezaiee Ahvanuee M, Ranjgar P. The relationship between the hopefulness, daily spiritual experiences and quality of life among the single students 2010-2011. *Community Health Journal* 2015; 9(2): 38-48. [In Persian].
21. Roushani K, Naderi F. Spiritual intelligence, social intelligence and death anxiety associations in ahwas metropolitan senile. *Journal of Health Psychology* 2011; 1(2): 115-29. [In Persian].
22. Jadidi A, Farahaninia M, Janmohammadi S, Haghani H. the relationship between spiritual well-being and quality of life among elderly people residing in Kahrizak Senior House. *Iran J Nurs* 2011; 24(72): 48-56. [In Persian].
23. Hojjati H, Sarbani A, Alimohammadzadeh K. The relationship between daily spiritual experiences and perceived stress in the spouses of war veterans with post-traumatic stress. *J Mil Med* 2017; 19(2): 135-42. [In Persian].
24. Taghavi SHR, Amiri H. Psychoanalysis characteristic investigation Daily Spiritual Experience Scale (DSES). *Journal of Islamic Education* 2011; 5(10): 149. [In Persian].
25. Soderhamn U, Bachrach-Lindstrom M, Ek AC. Self-care ability and sense of coherence in older nutritional at-risk patients. *Eur J Clin Nutr* 2008; 62(1): 96-103.
26. Hashemlo L, Hemmati Maslakkpak M, Khalkhali H. The effect of Orem self-care program performance on the self- care ability in elderly. *J Urmia Nurs Midwifery Fac* 2013; 11(2): 119-26. [In Persian].
27. Lee-Poy M, Stewart M, Ryan BL, Brown JB. Asking patients about their religious and spiritual beliefs: Cross-sectional study of family physicians. *Can Fam Physician* 2016; 62(9): e555-e561.

28. Ghaderi D. the survey of relationship between religious orientation and happiness among the elderly man and woman in Tehran. *Salmand Iran J Ageing* 2011; 5(4): 64-71. [In Persian].
29. Miri MR, Salehiniya H, Tiyuri A, Bahlgerdi M, Taghizadeh AA. Relationship between religious orientation and mental health in older people. *Med Hist* 2015; 6(21): 83-102. [In Persian].
30. Stefanaki IN, Shea S, Linardakis M, Symvoulakis EK, Wynyard R, Lionis C. Exploring the association of sense of coherence, and spiritual and religious beliefs in a rural population group on the island of Crete, Greece. *Int J Psychiatry Med* 2014; 47(3): 207-30.
31. Kim SS, Hayward RD, Kang Y. Psychological, physical, social, and spiritual well-being similarities between Korean older adults and family caregivers. *Geriatr Nurs* 2013; 34(1): 35-40.
32. Khalili Z, Sadrollahi A, Nazari R. Factors related and Spiritual Well-being among elderly referring to city parks of Khalkhal. *Iran J Nurs Res* 2016; 10(4): 127-35. [In Persian].
33. Munoz AR, Salsman JM, Stein KD, Cella D. Reference values of the Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being: A report from the American Cancer Society's studies of cancer survivors. *Cancer* 2015; 121(11): 1838-44.
34. Kandasamy A, Chaturvedi SK, Desai G. Spirituality, distress, depression, anxiety, and quality of life in patients with advanced cancer. *Indian J Cancer* 2011; 48(1): 55-9.
35. Sadrollahi A, Khalili Z. Spiritual well-being and associated factors among the elderly population in Kashan. *Journal of Geriatric Nursing* 2015; 1(2): 94-104. [In Persian].
36. Khalili F, Sum S, Asayesh H. Spiritual health among Isfahanian elderly people. *Salmand Iran J Ageing* 2013; 8(1): 16-23. [In Persian].
37. Guo L, Soderhamn U, McCallum J, Ding X, Gao H, Guo Q, et al. Testing and comparing two self-care-related instruments among older Chinese adults. *PLoS One* 2017; 12(8): e0182792.
38. Nikdel F, Arabzadeh M, Ghazanfari N. The survey of relationship between Memory Self-efficacy and Hope with Quality of Life in Older Adults of Kohgiluyeh and Boyer-Ahmad in 2016. *Journal of Gerontology* 2016; 1(2): 19-26. [In Persian].
39. Azadbakht M, Garmaroodi G, Taheri Tanjani P, Sahaf R, Shojaeizade D, Gheisvandi E. Health promoting self-care behaviors and its related factors in elderly: Application of health belief model. *J Educ Community Health* 2014; 1(2): 20-9. [In Persian].
40. Anbari K, Ghanadi K, Kaviani M, Montazeri R. The self care and its related factors in diabetic patients of khorramabad city. *Yafteh* 2012; 14(4): 49-57. [In Persian].
41. Foroughan M, Akbarikamrani A, Taraghi Z. Psychosocial factors and self-care behaviors among elderly with chronic heart failure. *Iran J Nurs Res* 2017; 12(4): 60-7. [In Persian].
42. Seow LSE, Subramaniam M, Abdin E, Vaingankar JA, Chong SA. Hypertension and its associated risks among Singapore elderly residential population. *J Clin Gerontol Geriatr* 2015; 6(4): 125-32.
43. Sundsli K, Soderhamn U, Espnes GA, Soderhamn O. Ability for self-care in urban living older people in southern Norway. *J Multidiscip Healthc* 2012; 5: 85-95.
44. Niakan M, Paryad E, Shekholeslam F, Kazemnezhad Leili E, Assadian Rad M, Bonakdar H R, et al. Self care behaviors in patients after myocardial infarction. *J Holist Nurs Midwifery* 2013; 23(2): 63-70. [In Persian].
45. Bairami S, Fathi Y, Mohammadinasab S, Barati M, Mohammadi Y. Relationship between self-care behaviors and quality of life among hypertensive patients visiting comprehensive health centers in Hamadan, Iran. *J Educ Community Health* 2017; 4(1): 20-7. [In Persian].