

The Effectiveness of Positive Intervention on Spiritual Well-Being of Older People in Nursing Homes

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Quantitative Study

Abstract

Background: Spiritual care included in the holistic care model has become highly important with the increase in health and disease needs of the individuals. The aim of this study was to evaluate the effectiveness of positive intervention on spiritual well-being (SWB) of older people in nursing homes.

Methods: The current research was semi-experimental with pretest-posttest design with a control group. The statistical population of the present study was made up of the nurses of the nursing home of Shahrekord City, Iran, in 2016. From this statistical population, 40 people were selected by purposive sampling method and assigned to two experimental ($n = 20$) and control ($n = 20$) groups by the random sampling method. The intervention treatment protocol based on Rashid positive psychology was used to conduct the research. Spiritual Well-Being Scale (SWBS) was used to collect information. The data were analyzed using analysis of covariance (ANCOVA) by SPSS software.

Results: Positive intervention had a positive and significant effect on SWB ($F = 17.25$, $P = 0.001$). Consequently, there was a meaningful difference between the mean scores of the two groups in the post-test.

Conclusion: The results of the research indicated that the training and implementation of the treatment protocol increased SWB. As a result, positive intervention has a positive and significant effect on SWB. In other words, by participating in these meetings and getting familiar with the concept of positive intervention, nurses will get to know their personality traits, and their internal control and SWB will increase.

Keywords: Positive therapy; Spiritual well-being; Older; Nursing homes

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Introduction

Aging is one of the most prevalent demographic changes in the current century. Along with the development of economic and social conditions of societies and the appearance of new technologies in the field of diagnosis, prevention, and treatment of diseases, primary health care, and also the expansion of family planning programs, the world's elderly population has increased (Rashedi & Bahrami, 2015). Based on various sources, it is predicted that the number of elderly people (people over 65 years old) in the world, which was 600 million people in 2003, will almost double in 2025 and will increase to over 2 billion people in 2050. Statistics show that the growing trend of the older adult population is higher in developing countries, and currently, 59% of the world's elderly population lives in these countries, and this number will increase to 70% by 2030 (Bloom, Canning, & Lubet, 2015).

Some observe through statistics that Iran is also experiencing this phenomenon, where it is estimated that by 2050, a significant proportion of the country's population will be elderly. This statistical evidence also suggests that the demand for nursing homes and caretakers for older adults will rise in response to this trend. The golden years mark a crucial stage in life where individuals are exposed to various risks related to their physical and mental well-being, including enduring chronic ailments, social isolation, and inadequate social networks. The level of support provided to old members by their families is decreasing. The rise in the generation and age divide between the youth and older adults, coupled with a decrease in the number of kids and an increase in the life span of older adults, is the main factor behind this problem. This causes more elderly care in their sunset years (Jadidi, Sadeghian, Khodaveisi, & Fallahi-Khoshknab, 2022).

As of late, because of the growth in the number of older individuals, it is expected that a considerable amount of elderly will require extended care. There is a scarcity expected in the nursing profession. Nurses in nursing homes are often confronted with extended working hours, excessive workloads, challenging situations, and a wide range of geriatric health issues, which can make caring for older adults a daunting task. The strain experienced by nursing staff can have adverse health outcomes, which are linked to decreased wellness and lower quality of care provided to older individuals (Salvagioni, Melanda, Mesas, Gonzalez, Gabani, & Andrade, 2017). Enhancing the mental well-being of nursing staff is crucial to ensure the stability of the workforce in care facilities (Collet, de Vugt, Schols, Engelen, Winkens, & Verhey, 2018). According to Ellison's perspective (1983), the concept of spiritual well-being (SWB) integrates both religious and psychosocial factors. Those who believe that spirituality plays a significant role in fostering good relationships and mental well-being have attempted to link spirituality and health regarding SWB. According to Ellison, SWB encompasses aspects connected to one's religious beliefs, social connections, and psychological state (Ellison, 1983). Being spiritually sound involves having a relationship with a superior force, such as the divine entity known as God. One of the socio-psychological components is existential well-being (EWB), which reflects an individual's sentiments about their identity, actions, motivations, and place within society. Despite being distinct, these dimensions have an interconnected and interdependent relationship with each other. As a result, a sense of contentment, direction, and emotional well-being will ensue (Sahan & Yildiz, 2022).

Traditionally, the emphasis in psychology has been predominantly on diminishing issues related to mental wellness. Presently, mental health treatments aimed at nursing staff primarily concentrate on managing stress and lessening

burnout (Romppanen & Haggman-Laitila, 2017). It is becoming more common to acknowledge that optimal functionality does not rely on an individual's absence of mental health issues. In recent times, an emerging field of study that centers on spiritual wellness has gained traction, actively pursued through the positive psychology movement. Enhancing the welfare of nursing home workers is a crucial purpose as it is related to minimizing psychological disorders, strengthening overall physical and mental wellness, socializing, proficiently handling disputes, and the commitment to remain in the institution (Hone, Jarden, Duncan, & Schofield, 2015). SWB is the individual's ability to meet spiritual needs, establish balanced relationships with others without spiritual suffering and conflicts, have a meaning and goal in life, and shortly, feel life (Cinar & Eti Aslan, 2017; Coppola, Rania, Parisi, & Lagomarsino, 2021; Kaplan & Arkan, 2020). The lack of research surrounding positive psychology and nursing home nurses' SWB in Iran has prompted a positive intervention to improve the quality of care provided by these nurses. By enhancing their SWB and flexibility in action, this approach aims to better serve this segment of the population. This study aimed to evaluate the effectiveness of positive intervention on SWB of older people in nursing homes.

Methods

The current research was semi-experimental with pretest-posttest design with a control group. The statistical population of the present study included the nurses of the nursing home of Shahrekord City, Iran, in 2016. From this statistical population, 40 people were selected by purposive sampling method and assigned to two experimental (n = 20) and control (n = 20) groups by the random sampling method. The inclusion criteria were as follows: having work experience of over 3 years, age range between 30 and 50 years old, and not suffering from psychological diseases. Exclusion criteria were: having a work experience less than 3 years, absence of over two sessions in therapy sessions, and failure to answer the questionnaire. The therapeutic intervention protocol based on positive psychology was conducted in 12 sessions (Rashid, 2020). In these meetings, acquaintance was first made and the rules and regulations of the meetings and their framework were determined. Then, the basics of positive psychotherapy and its goals, as well as how to identify abilities, strengths and weaknesses, and feelings and emotions in a person's well-being were explained. Then the dimensions of SWB were considered in these meetings. Finally, in the last session, integrating the contents and processes of the previous sessions, explaining the group therapy experience and its effects, getting feedback from the members about their feelings and opinions towards the group, feedback from the members about the end of the group meetings, summarizing and concluding the group therapy, and conducting a post-test were done. Approval was granted by the Ethics Committee of Islamic Azad University, Sharekord Branch (E.8092.000.11251) before the start of the study. Informed consent was taken from all participants in compliance with the Declaration of Helsinki.

Spiritual Well-Being Scale (SWBS): This scale was developed by Ellison and Paloutzian in 1991 as a general indicator of the subjective state of well-being and perceived spiritual quality of life (Ellison & Paloutzian, 1991). It comprises 20 items with 2 subscales: EWB and religious well-being (RWB), with each subscale containing 10 items. The EWB items include such components as having purpose in life, satisfaction, being related with others, and environment surrounding the person, with no specific religious word or concept. The SWBS contains some positive and

some negative items. Scoring is ordered by a 6-point Likert scale as follows: 1) strongly disagree, 2) moderately disagree, 3) disagree, 4) agree, 5) moderately agree, and 6) strongly agree. The negative items are reverse-scored. Based on the sum of the scores, there are 3 scales for this questionnaire: 1) RWB, 2) EWB, and 3) total SWB. The scores for the EWB and RWB scales range between 10 and 60. Therefore, the total score of the SWBS can range from 20 to 120. Less than 10 minutes is required to complete the questionnaire. The researchers categorized the score of the SWBS as low (20-40), moderate (41-99), and high (100-120). For the RWB scale, a score of 10 to 20 reflects a sense of unsatisfactory relationship with God and scores of 21 to 49 and 50 to 60 reflect moderate and positive views of the individual's relationship with God, respectively. For the EWB scale, the same range of scores was categorized as "low satisfaction with life", "relative lack of clarity about purpose in life", and "moderate and high level of satisfaction and purpose in life", respectively. In Iran, Cronbach's alpha for the Spiritual Well-Being Questionnaire (SWBQ) and the SWBS was greater than 0.85. The repeatability of both questionnaires was between 0.88 and 0.98. The Pearson correlation for the SWBQ and the SWBS ranged from 0.33 to 0.53; and all the correlations were significant. The Persian versions of the SWBS and the SWBQ have good reliability, repeatability, and validity to assess spiritual health in the Iranian population (Biglari Abhari, Fisher, Kheiltash, & Nojomi, 2018).

Descriptive statistics and inferential statistics were used to analyze the data in SPSS software (version 25, IBM Corporation, Armonk, NY, USA). The Kolmogorov-Smirnov test was used to check the normality of the data. In addition, Levene's test was used to check the homogeneity of variances.

Results

In this study, the frequency of respondents in the age group of 35-40 with 6 people and 40% frequency in the experimental group and 5 people and 33% frequency in the control group was more than the frequency of other groups. In addition, the frequency of respondents at the bachelor level with 6 people and 40% frequency in the experimental group, and the respondents at the postgraduate level with 8 people and 54% frequency in the control group was more than the frequency of other educational qualifications. Moreover, respondents with a service experience of 5-8 years with 4 people and 27% frequency in the experimental group and 2 people and 13% frequency in the control group had the lowest frequency percentage.

As can be seen in table 1, general descriptive information, such as mean and standard deviation (SD) of pre-test and post-test scores of the experimental and control groups, is shown. Levene's test showed a significance level of 0.46 prior to the experiment, and 0.20 after the experiment. This value is greater than the point of 0.05 observed prior to the experiment, which suggests that the variance of the sample was uniform. The homogeneity of regression slopes test indicates that the F value for the independent variable and covariance interaction is 11.92.

Table 1. Mean and standard deviation (SD) of scores obtained from research variables

Variable	Experimental	Stages	Mean ± SD
Spiritual well-being	Control	Pre-test	89.86 ± 12.51
		Post-test	96.38 ± 12.72
	Experimental	Pre-test	88.16 ± 12.43
		Post-test	89.84 ± 12.89

SD: Standard deviation

Table 2. Analysis of covariance (ANCOVA)

	SS	MS	F	P-value	η^2
Spiritual well-being	244.46	244.46	20.89	0.001	0.46
Group	201.91	201.91	17.25	0.001	0.51
Error	432.93	11.70			

SS: Sum of squares; MS: Mean square

However, the obtained significance level exceeding 0.05 suggests a lack of statistical importance. In conclusion, it can be inferred that the presumption of uniformity in regression slope is validated.

As indicated in table 2, the F value shows the significant influence of the independent variable ($F = 17.25$, $P = 0.001$). Consequently, there is a significant difference between the mean scores of the two groups in the post-test.

Discussion

The study aimed to evaluate the effectiveness of positive intervention on SWB of older people in nursing homes. There was a significant difference between the mean scores of the two groups in the post-test. It means that the positive intervention was effective on improving SWB of older people in nursing homes. This finding aligns with the results of previous studies (Kim & Yeom, 2018; Musa, 2017). In his research, Musa (2017) investigated the relationship between spiritual care intervention and SWB from the perspective of Jordanian Muslim nurses using the correlation method (Musa, 2017). The research results showed that SWB was significant for nurses, which had implications for improving the provision of spiritual care interventions. Their SWB is positively related to the repetition of providing spiritual care interventions. In their research, Kim and Yeom (2018) examined the relationship between SWB and job burnout in intensive care unit (ICU) nurses using a multiple regression method (Kim & Yeom, 2018). The results of the research showed that the nurses of the ICU had a high level of job burnout, and SWB and positive psychology helped them improve job burnout. Therefore, burnout has an inverse relationship with well-being. Durmus and Alkan (2021) investigated the relationship between quality of work life, burnout, and SWB in ICU nurses (Durmus & Alkan, 2021). They found that as the SWB levels of nurses working in ICU increased, their burnout levels decreased and their work life quality increased. In addition, it was found that nurses who received spiritual care training had higher work life quality and lower burnout levels than nurses who did not receive training.

Coyle (2002) states that SWB creates a positive frame of mind that leads to meaning, purpose, and healthy behavior (Coyle, 2002). The advantages of being spiritually well can be seen in reduced feelings of anxiety and depression, increased peace, a greater sense of hope and positivity, more meaningful purpose, stronger social connections, and higher satisfaction in marriage. By improving one's spiritual dimension, individuals can fulfill their needs to comprehend and incorporate the significance and direction in their lives (Durmus & Alkan, 2021). Moreover, another study aimed to determine the effect of SWB of ICU nurses on compassion fatigue. It was determined that ICU nurses had a moderate level of compassion fatigue and a high level of SWB. Although especially the educational levels of the nurses contributed to their level of SWB, a younger age and being single and less experienced in the nursing profession and intensive care were identified as significant factors in determining compassion fatigue (Unlugedik & Akbas, 2023). Moreover, SWB is referred to as a supportive state in the attitudes and life goals of

the individuals that establishes a connection between the mind and body of the individual (Coppola et al., 2021). It seems more possible for the individuals with SWB at an optimal level to find a meaning and goal in their lives, be in an inner harmony and peace, and get rid of stress in life (Kim & Yeom, 2018).

The semi-experimental design of the study, small sample size, and participation of only a small group of nursing home nurses working in public and university hospitals in Shahrekord City were the limitations of this study. Drawing general conclusions from the study is challenging because of the limited number of samples, and variables that could have influenced the outcomes were not regulated. It is advisable to explore the present studies carried out in various regions and cultures. It would be worthwhile to study this research with a more extensive sample size and across different cultural backgrounds. Further studies should also focus on improving the treatment and its efficacy.

Conclusion

The results of the research indicated that the training and implementation of the treatment protocol increased SWB. As a result, positive intervention has a positive and significant effect on SWB. In other words, by participating in these meetings and getting familiar with the concept of positive intervention, nurses will get to know their personality traits, and their internal control and SWB will increase.

Conflict of Interests

Authors have no conflict of interests.

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