

Research Paper

The Role of Spiritual Capital and Sense of Coherence in Predicting the Psychological Health of Elderly Women Covered by the Imam Khomeini Relief Committee of South Khorasan Province



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ABSTRACT

Background and Objectives: Investigating and recognizing the factors affecting the psychological health of the elderly plays an effective and key role in improving their life. Therefore, the present study was conducted to investigate the role of spiritual capital and sense of coherence (SOC) in predicting the psychological health of elderly women.

Methods: The present descriptive correlational research was done on the elderly women covered by the Imam Khomeini (RA) relief committee of South Khorasan Province, Iran, in the fall of 2023. A total of 120 eligible individuals were selected as the research sample using the convenience sampling method. The data collection tools included the spiritual capital scale by Golparvar et al. Antonovsky's SOC Questionnaire, and the psychological health subscale of the short form of the World Health Organization quality of life questionnaire. For data analysis, the Pearson correlation test and multiple regression were employed using SPSS software, version 24, with a significance level set at 0.05.

Results: The results showed a direct relationship between spiritual capital and SOC with the psychological health of elderly women ($P < 0.01$). The components of spiritual capital explained 55% of the variance in psychological health, while the components of SOC explained 36% of the variance.

Conclusion: Strengthening and placing greater emphasis on spiritual capital and SOC, along with holding educational workshops to increase awareness among the elderly, will provide a foundation for improving psychological health.

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Introduction

Population aging is a global phenomenon [1]. Old individuals have complex physical, psychological, and social changes that place a heavy burden on their psychosocial functioning and psychological health [2]. Psychological health includes mental comfort, a sense of self-empowerment, autonomy, sufficiency, an understanding of intergenerational solidarity, and awareness of one's ability to realize both intellectual and emotional capacities [3]. Psychological health indicates the ability to communicate effectively and harmoniously with others, influence the social environment and cope with its demands [4]. This framework helps people to achieve a better and happier life, prevent the occurrence of mood and personality disorders, and adapt to themselves, others, and the environment [5].

Psychological health is a multidimensional factor influenced by individual, social, cultural, economic, spiritual, and even political factors [6]. One of the spiritual factors is spiritual capital, which includes an accumulated and stable set of beliefs, knowledge, values and tendencies that promote social, organizational, and interpersonal behaviors [7]. Spiritual capital refers to the eternal source of God and the adherence to the commands of the irreplaceable creator of existence, which, in connection with human beliefs and behaviors, provides a generative, dynamic, guiding, and regulating force for individuals, thus serving as a source of capital known as spiritual capital [8]. Spiritual capital causes peace, purposeful effort, hope, and purposefulness. The relationship between spiritual capital and clinical symptoms of the elderly [9], as well as the effect of spiritual capital on depression and death anxiety of the elderly [10], has been confirmed.

Another factor related to the psychological health of the elderly is the sense of coherence (SOC) [11], which refers to a stable overall orientation to understanding and controlling the environment to have a meaningful and appropriate behavior or action [12]. The SOC refers to a person's ability to recognize life's stressors and efficiently utilize resources to cope with these stressors and maintain health [13]. The SOC indicates the extent, to which a person has a stable and dynamic sense of confidence in viewing internal and external stimuli as predictable and transparent during a structured life, allowing them to acquire the necessary resources to face these stimuli [14]. There is a relationship between the SOC with the death anxiety of the elderly [15], the psychological well-being of the elderly [16] and the quality of life of the elderly [17].

The elderly population is growing rapidly, and according to the [World Health Organization \(WHO\)](#), the proportion of the world's population over 60 years old will increase from 12% to about 31% between 2015 and 2050 [18]. In Iran, it is expected that by 2031, 25% to 30% of the population will be old [19]. The percentage of elderly women in the world exceeds that of elderly men, and predictions in Iran indicate a feminization of old age [20]. Therefore, it is necessary to consider the necessary measures and arrangements for the psychological health of this population and to address the challenges of this era. Also, having healthy elderly individuals with a high capacity for public participation can help preserve the social and cultural capital of the country. However, poverty and social deprivation are significant obstacles to benefiting from the abilities and potential of the elderly. Therefore, improving the health of the elderly population covered by support institutions, such as the [Imam Khomeini Relief Committee](#) is of particular importance. Due to their low levels of income and social support, they are considered one of the vulnerable groups in society and face numerous physical, economic, cultural, and social challenges. On the one hand, due to the importance of spiritual capital and SOC in the lives of the elderly, as well as the research gap in the field of the relationship between the aforementioned variables in the psychological health of elderly women, the present study aimed at investigating the role of spiritual capital and SOC in predicting the psychological health of elderly women and answering the question whether spiritual capital and SOC play a role in predicting the psychological health of elderly women.

Methods

This descriptive correlational research was done on the elderly women covered by the [Imam Khomeini \(RA\) Relief Committee of South Khorasan Province](#), Iran, in the fall of 2023 (n=18,000 people). Stevens (2012) recommends that in social science and psychological research, approximately 15 to 20 subjects are needed for each predictor variable [21]. Considering two predictor variables (spiritual capital: Four components and SOC: Three components), a minimum of 105 subjects is required for each component. However, because a larger sample leads to a better fit of the model and to account for possible dropouts and greater generalizability of the results, 120 qualified individuals were selected as the research sample using a convenience sampling method. The inclusion criteria included being a woman, over 60 years of age, having sufficient literacy and the ability to answer questions, the absence of psychiatric disorders

based on the health record, and a willingness to participate in the research. The exclusion criteria included incomplete questionnaires. The data collection tools comprised the following questionnaires:

Spiritual capital scale

Golparvar et al. created this 21-question questionnaire, which measures four scales of spiritual value (items 1 to 6), solitude with God (items 7 to 12), the importance of spirituality (items 13 to 18), and spiritual influence (items 19 to 21) based on a five-point Likert scale from “very low” (one) to “very high” (five). The scores range from 21 to 105, with higher scores indicating greater spiritual capital and vice versa. In a study conducted by Golparvar et al. the validity of this scale, assessed using exploratory factor analysis, was found to be very favorable. The reliability, determined by Cronbach’s α method for the subscales of spiritual capital, spiritual value, solitude with God, importance of spirituality, and spiritual influence, were 0.90, 0.87, 0.84 and 0.86, respectively, indicating the reliability of the questionnaire [22]. In the present study, the reliability, using Cronbach’s α method, was obtained at 0.81.

SOC questionnaire

Antonovsky created this 13-item questionnaire, which measures three components of controllability (items 3, 5, 10 and 13), perceptibility (items 2, 6, 8, 9 and 11) and meaningfulness (items 1, 4, 7 and 12) using a seven-point Likert scale (from one [unwillingness] to 7 [intensity of desire]). The score of the tool is obtained by summing the scores of the questions; therefore, the range of scores is between 13 and 91, with a higher score indicating a higher SOC. Antonovsky confirmed its construct validity and reported reliability through the internal consistency method (Cronbach’s α) for the subscales, which ranged between 0.82 and 0.95 [23]. In Iran, Mohammadzadeh et al. confirmed the validity of the questionnaire, reporting a reliability coefficient of 0.77 using the Cronbach’s α method, while the re-test coefficient for the whole scale was 0.66 [24]. In the present study, the reliability was obtained at 0.85 using the Cronbach’s α method.

Psychological health subscale of the World Health Organization quality of life instrument, short form (WHOQOL-BREF)

In this research, the psychological health subscale of WHOQOL-BREF was used to evaluate psychological health. A group of experts from the WHO designed this 26-question questionnaire, which measures four areas

related to health, namely physical health (items 3, 4, 10, 15, 16, 17 and 18), psychological health (questions 5, 6, 7, 11, 19 and 26), social relations (items 20, 21, 22) and living environment (items 8, 9, 12, 13, 14, 23, 24 and 25). Responses are recorded on a Likert scale (very bad [1] to very good [5]) and items 3, 4, and 26 are scored in reverse. Therefore, the range of scores is between 26 and 130, with higher scores indicating a higher quality of life and vice versa [25]. Its external validity was confirmed in the study by Skevington et al. and the reliability of the subscales of the questionnaire was reported between 0.54 and 0.92 according to Cronbach’s α [26]. Nejat et al. reported that the face validity and reliability of the Persian version for physical health, psychological health, social relations, and environment, as measured by Cronbach’s α method, were 0.77, 0.77, 0.75 and 0.84, respectively [27]. In the current study, the score range for the psychological health subscale was between 6 and 30, with a reliability of 0.76 determined using Cronbach’s α method.

After approving the research protocol and receiving the code of ethics, the letter of introduction was obtained, and then sampling was conducted in coordination with the research officer of the [Imam Khomeini Relief Committee of South Khorasan Province](#) among the qualified individuals. The researcher distributed the questionnaires to the study population and provided the necessary explanations, including the objectives of the study and instructions on how to complete the questionnaires. In addition, all relevant ethical principles were observed in this research, including the confidentiality of the questionnaires, the informed consent of the participants, and the right to withdraw from the study.

For data analysis, descriptive statistics, such as, percentage, frequency, Mean \pm SD were used, while the inferential analysis employed Pearson’s correlation coefficient and multiple regression, utilizing SPSS software, version 24 at a significance level of 0.05.

Results

[Table 1](#) presents the samples’ demographic information including age, number of children, income, marital status, and education. Based on [Table 2](#), all the correlation coefficients calculated between spiritual capital and the SOC with psychological health were positive and significant. The positive values of the obtained coefficients indicate a direct relationship between spiritual capital and SOC with the psychological health of elderly women ($P < 0.01$).

Table 1. Demographic information of the research samples

Variables		No. (%)
Age (y)	60-70	78(65)
	71-80	29(24)
	>80	13(11)
Number of children	0	11(9.2)
	1	7(5.8)
	2	5(4.2)
	3	9(7.5)
	4	19(15.8)
	>4	69(57.5)
	Income (million)	<1
2-3		19(15.8)
Marital status	Married	66(55)
	Single	36(30)
	Divorced	18(15)
Education level	Primary	117(97.5)
	Diploma	2(1.7)
	Bachelor's degree	1(0.8)



Table 2. Descriptive findings and correlation coefficients between spiritual capital and SOC with psychological health

Variables	Mean±SD	1	2	3	4	5	6	7	8	9	10
1 Spiritual value	20.67±3.411	1									
2 Solitude with God	14.78±3.941	0.607**	1								
3 Importance of spirituality	17.22±3.640	0.597**	0.552**	1							
4 Spiritual influence	7.19±2.128	0.622**	0.684**	0.669**	1						
5 Spiritual capital	59.85±11.080	0.839**	0.855**	0.837**	0.847**	1					
6 Controllability	19.49±4.526	0.621**	0.429**	0.623**	0.551**	0.654**	1				
7 Perceptibility	23.81±2.826	0.375**	0.273**	0.298**	0.472**	0.401**	0.317**	1			
8 Meaningfulness	18.93±4.531	0.516**	0.481**	0.708**	0.499**	0.658**	0.646**	0.301**	1		
9 Sence of coherence	62.23±9.556	0.650**	0.512**	0.719**	0.637**	0.741**	0.874**	0.588**	0.869**	1	
10 Psychological health	17.89±2.094	0.614**	0.638**	0.638**	0.656**	0.751**	0.526**	0.361**	0.542**	0.613**	1

*Significance at the 0.05 level, **Significance at the 0.01 level.



Table 3. Multiple regression analysis to predict psychological health through spiritual capital

Model	B	SE	Beta	t	Sig.	R	Adjusted R ²	F	P
Constant	9.633	0.828		11.629	0.001	0.752	0.550	37.393	0.01
Spiritual value	0.117	0.053	0.190	2.207	0.029				
Solitude with God	0.131	0.047	0.247	2.775	0.006				
The importance of spirituality	0.145	0.050	0.252	2.882	0.005				
Spiritual influence	0.196	0.097	0.200	2.034	0.044				



To predict the psychological health of elderly women through spiritual capital, a multiple regression analysis was used. The Durbin-Watson statistic was used to check the independence of the residuals. Considering that its value (1.800) was between 1.5 and 2.5, it can be said that the assumption of independence of the residuals holds. Tolerance indices and the variance inflation factor (VIF) were employed to check for the presence of multicollinearity among the predictor variables, and according to the obtained results, no deviations from the multicollinearity assumption were observed.

In Table 3, the F value obtained for assessing the regression model was equal to 37.393, which was significant at the alpha level of <0.01. This indicates that spiritual capital can explain the changes related to psychological health effectively and supports the appropriateness of the regression model. The adjusted R-squared (R²) value=0.550, indicating that the components of spiritual capital explain 55% of the variance in psychological health. The values of the standardized regression coefficients (Beta) were as follows: Spiritual valorism ($\beta=0.190$, $P<0.05$), solitude with God ($\beta=0.247$, $P<0.01$), importance of spirituality ($\beta=0.252$, $P<0.01$), and spiritual influence ($\beta=0.200$, $P<0.05$). Therefore, it was concluded that spiritual capital positively and significantly predicts the psychological health of elderly women.

To predict the psychological health of elderly women through SOC, a multiple regression analysis was conducted. The Durbin-Watson statistic was used to check the independence of the residuals. Considering that its value (1.781) was between 1.5 and 2.5, it can be said that the assumption of independence of the residuals was met. Tolerance indices and the VIF were used to check the presence of multiple collinearities between the predictor variables and according to the obtained results, no deviation from the multiple collinearity assumption was observed.

In Table 4, the F value obtained for checking the regression model was equal to 23.336, which was significant at an alpha level of less than 0.01. This indicates that the SOC can effectively explain the changes related to psychological health and demonstrates the appropriateness of the regression model. The adjusted R² value was equal to 0.360, which showed that the components of SOC explain 36% of the variance in psychological health. The values of the standardized regression coefficients (Beta) were as follows: Controllability ($\beta=0.264$, $P<0.01$), perceptibility ($\beta=0.181$, $P<0.05$) and significance ($\beta=0.317$, $P<0.01$). Therefore, it can be concluded that the SOC positively and significantly predicts the psychological health of elderly women.

Table 4. Multiple regression analysis to predict psychological health through SOC

Model	B	SE	Beta	t	Sig.	R	Adjusted R ²	F	P
Constant	9.535	1.335		7.141	0.001	0.613	0.360	23.336	0.01
Contralibity	0.122	0.045	0.264	2.711	0.008				
Perceptibility	0.134	0.058	0.181	2.327	0.022				
Meaningfulness	0.146	0.045	0.317	3.270	0.001				



Discussion

Investigating and recognizing the factors affecting the psychological health of the elderly plays an effective and key role in improving the living conditions of the elderly. Therefore, the present study was conducted to investigate the role of spiritual capital and SOC in predicting the psychological health of elderly women. Based on the results, a direct relationship was observed between spiritual capital and the psychological health of elderly women, and spiritual capital positively and significantly predicted the psychological health of elderly women. In other words, psychological health increases with an increase in spiritual capital. The results obtained are consistent with those of previous studies in this field; for example, the study by Sharifi et al. showed that spiritual capital had a direct effect on predicting depression and death anxiety in the elderly [10]. Salehi and Mohammadi showed an inverse and significant relationship between spiritual capital and physical complaint disorder, obsession, sensitivity in mutual relationships, depression, anxiety, aggression, morbid fear, paranoia, psychosis, and the total score of clinical symptoms in the elderly [9]. Zakeri and Jafar Tabatabaei showed that spiritual capital can play an effective role in predicting the social health of students [28]. Accordingly, spiritual capital is the strength and influence derived from attachment to a superhuman force, which fosters peace, purposeful effort, and goal-oriented hope. In the Islamic religion, spirituality manifests as adherence to religious behaviors and beliefs, along with attachment, trust and hope, all introduced by God's infinite grace. Therefore, it can be said that spiritual capital, with its energizing nature and psychological benefits, provides significant achievements for individuals. It enables the elderly to exhibit patience and tolerance by relying on the source of Almighty God during moments of facing difficulties and suffering. The stronger this attachment to spiritual and religious principles, the more hopeful the elderly will be when facing challenges, leading to greater psychological well-being [29]. In other words, it can be said that as spiritual capital increases in old individuals, their understanding of their disabilities and problems, such as loneliness or unemployment, changes. With a spiritual connection to an inexhaustible source, they can better maintain their health. Also, high spiritual capital and positive interpersonal interactions function as a form of emotional regulation, helping to reduce mental pressures. Spiritual capital serves as a critical source of support for improved physical and mental health in the elderly.

There was also a direct relationship between SOC and the psychological health of elderly women, indicating that SOC positively and significantly predicts their psychological health. In other words, as SOC increases, psychological health also improves. The obtained results are consistent with the results of some previous studies in this field; for example, Khedmatishowed a significant negative relationship between SOC and death anxiety of the elderly, and SOC negatively and significantly predicted death anxiety [15]. Asgari and Shafieeshowed that internal coherence predicts changes in the quality of life of the elderly [17]. However, these findings are inconsistent with the results of Nezamdoust Sedehi et al.'s study, which found a significant negative relationship between SOC and psychological well-being [16]. Therefore, according to Erikson's opinion, the final psychosocial crisis that occurs in old age is the SOC in the face of despair, which deals with the way a person faces the end of life. Erikson posits that old age is a period of review and reflection, during which a person evaluates the events of their entire life. Hence, SOC helps individuals determine whether a neutral or unfortunate event is beneficial or detrimental. In other words, SOC is a combination of optimism and control, serving as an internal resource that assists people in facing stressful situations [30]. SOC, by modulating the effects of pressures and stresses and fostering stable self-confidence in elderly individuals, enables them to trust in their ability to handle various situations. This, in turn, increases their sense of independence and self-control, promotes health-related behaviors, enhances performance, and improves psychological well-being [31]. In other words, people with a better SOC have more adaptability and flexibility in terms of controlling and dealing with complications caused by their conditions and are more compliant with medication and food regimens. On the other hand, individuals with a weak SOC perceive aging as a state of perpetual disability, feeling unable to cope with and manage their conditions, leading to a sense that life is worthless and meaningless. They tend to overestimate the severity of stressful situations and stimuli while underestimating their own abilities, which causes them to succumb to the stress arising from their circumstances. Therefore, a strong SOC helps individuals better understand and accept the emotions and events they encounter in life, resulting in improved psychological health.

This research was conducted solely using quantitative methods and questionnaires on elderly women covered by the Imam Khomeini Relief Committee of South Khorasan Province. Therefore, it would be beneficial to use qualitative methods, such as in-depth and semi-structured interviews. To conduct complementary research

using experimental and causal-comparative methods, as well as comparative tests of the model, it is recommended to consider the role of gender among the elderly and to determine their marital status (widowed or married). Longitudinal research, such as time panel investigations within the framework of structural equation modeling in this research field, is also recommended, particularly given Iran's cultural and ethnic diversity. Additionally, it is suggested to include more variables in future studies, such as the socio-economic status of families and cultural, religious and ethnic backgrounds. According to the results of this research, therapists and counselors are encouraged to enhance the psychological health of the elderly by focusing more on these variables and organizing educational workshops to increase awareness.

Conclusion

Changes in the psychological health of elderly women can be predicted by the dimensions of spiritual capital and SOC. Therefore, to enhance the psychological health of elderly women, it is suggested that efforts be made to improve their levels of spiritual capital and SOC.

Ethical Considerations

Compliance with ethical guidelines

This study was approved by the Ethics Committee of [Al-Zahra University](#) (Code: IR.ALZAHRA.REC.1402.021).

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Authors' contributions

Data collection and editing: Mojtaba Salmabadi; Data analysis: Writing of the article: Asieh Rezaei Nasab; Ali Afshin; Supervision and project management: Maryam Safara.

Conflict of interest

The authors declared no conflict of interest.

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