



## **A COMPARISON OF RESILIENCE, LIFE EXPECTANCY AND SPIRITUAL HEALTH AMONG THE ELDERLY LIVING IN NURSING HOMES AND THOSE LIVING AT HOME IN ISFAHAN**

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### **ABSTRACT**

*Today, our country is the youngest country in the world, and more than 50 percent of the population is under the age of 20. With birth control, nutrition, health, and life expectancy rising, it is only natural to have the highest percentage of the elderly for the next 50 years. The aim of this study was to compare the resilience, life expectancy and spiritual health of the elderly living in the nursing homes and the ones living at home in Isfahan. The statistical population of this study includes all the elderly people living in nursing homes and those living at home in Isfahan. In this study, 140 elderly people of Isfahan, 70 of whom (35 women, 35 men) were living in a nursing home and 70 of them (35 women, 35 men) living at home, were selected by available sampling method. The measurement tools for this study were the Conradioid Resonance Test, Hertz's Life Expectation, and the Polutosin Wallison Spiritual Health Questionnaire. The research design was causal-comparative. In order to analyze the data, t-test was used for independent groups and the results showed that resilience, life expectancy and spiritual health in the elderly living at home are higher than those living in the nursing home and according to the results obtained from the output data in the t-test, using SPSS software, and concerning significant deviation between the mean and the significance of the study (<0.05) with 95% level of confidence, it could be concluded that resilience, life expectancy, and spiritual health among the elderly living at home is higher. The results of this study suggest that factors related to increased resilience, spiritual health, and life expectancy of this segment of the society, especially the elderly living in nursing homes, be considered in the care of this group.*

**Keywords:** *resilience, life expectancy, spiritual health, the elderly*

### **INTRODUCTION**

Aging is a period of life in which a person undergoes a series of changes that include both physical and spiritual changes. Several factors affect the quality of life of the elderly, including periodic shortages of age that reduce cognitive adjustment and self-reliance. Losing family members such as spouses and parents, illness, and decline of individual independence, changes in the society and creation of a gap between the elderly and future generations may pose challenges in old age and reduce their quality of life and life expectancy.

Life expectancy is a positive trait introduced by Schneider and is one of the concepts very close to positive psychology. Hope is effective in many areas of life. Because hopeful people are better able to set effective goals and make good decisions about those goals. Research findings show that a person's higher hopes are positively perceived with self-esteem and competence and negatively associated with depressive symptoms. (Schneider et al., 1997).

Resilience, meanwhile, has a special place, especially in the areas of evolutionary psychology, family psychology, and spiritual health (Campbell et al., 2006). Resilience is defined as an ability process or a consequence of successful adaptation despite the existence of challenging and threatening conditions. (Garmzi and Masten, 1991). It can be said that it is a person's resilience, ability, and capability in making balance among biological, psychological, and spiritual criteria

in the face of risky conditions which is a form of self-healing accompanied by excited, emotional, and cognitive consequences. Although, resilience is partly a personal trait and to some extent a result of people's environmental experiences but human beings are not victims of their environment and heredity. People can be trained to increase their reproductive capacity by learning skills. Reactions to stress can change unpleasant and difficult events in a way that makes it possible to overcome environmental problems and negative effects.

Spiritual needs are one of the most crucial human needs and one of the needs that identifies and provides a special place in promoting health and developing response to diseases and is defined in terms of the style of entry and spiritual needs as follows: "Any factor to maintain a dynamic relationship with God and outside of this relationship, for the experience of forgiveness, love, hope, trust, meaning and purpose which are essential elements for life" (Mokhtari and Gasemi, 2010).

Some believe that the dimensions of spirituality include striving for meaning, the goal of supremacy, and the feeling that being human is beyond material existence. However, some people who consider themselves spiritual, do not endorse an official religion. Religiosity and spirituality are the concepts that overlap experimentally. In fact, both the search for meaning and purpose may include supremacy, connection, and values.

In this view, being religious is like spirituality. Religiosity and spirituality are the most important cultural factors that give meaning to human values, behaviors, experiences, and structure.

In our society, we have not paid as much attention to the issue of aging as we should have in various ways. It is important to emphasize that aging is the final stage of growth to reconsider, clarify, and make sense of how past lives used to live. It is only possible for a person to continue to grow during this period if he or she is able to adapt to change and loss through realism and flexibility, and spend these years of his or her life with a sense of worth and effectiveness.

People who feel good about living or are able to show their worth and feel strong, have a more meaningful life during old age and achieve a sense of humanistic perfection. During this period, a person needs a broader definition of himself and must go beyond intellectual pursuits related to his job and body; and surrender himself to the human and spiritual world. Therefore, this study compares resilience and life expectancy with the spiritual health of the elderly (Lotfabadi, 2008).

According to the above, the present study compares resilience, life expectancy and mental health in two groups of elderly residents of home and nursing house.

## **THEORETICAL BACKGROUND OF THE RESEARCH:**

### ***Resilience***

Psychological resilience is the dynamic process of adaptation and positive agreeableness with the bitter and miserable business in life (Martin and Marsh, 2014). Resilience enables individuals to have a social network of family and friends who would support them in times of stress. They also have a high ability to cope with challenging situations (Silber et al., 2012).

Resilience is the dynamic process of positive adaptation to bitter and unfortunate experiences. Resilience, also known as stress resistance or post-traumatic stress disorder, extends along a continuum with varying degrees of resistance to psychological trauma. Regarding this definition, it is beyond a survival from stress or the adversities of life and corresponds to positive growth, adaptability, and attainment of a level of balance after the disturbance of the previous



equilibrium state. Resilience, therefore, is called temporary adaptation, in which the source of suffering and stress of the able-bodied and the disabled becomes apparent. This definition of resilience reflects the measurement and dynamics of a structure that requires a complex interaction between risk factors and protection (Badri et al., 2013).

Resilience is a form of protection against social psychological problems and increases the positive way of functioning in life. Werner and Smith argue that resilience can be enhanced by increasing social skills; skills such as communication skills, leadership skills, problem solving, management of resources, ability to overcome barriers to success, and ability to plan. Although the definitions of resilience may vary, most researchers agree that resilient individuals share similar factors. Some of these common factors include higher intelligence, lower innovation seeking, less peer pressure, less substance abuse and delinquency. Researchers have also examined other common characteristics in resilient individuals, including higher autonomy, independence, empathy, commitment to work, seriousness, good problem-solving skills, and good relationships with peers (Jadidi, 2010).

Resilient people do not have self-deprecating behaviors, are emotionally calm, and have the ability to change stressful situations. The central nucleus of resilience is assumed to be emanating from a belief that there is a biological basis for growth and perfection in every human being that can be revealed naturally or under certain environmental conditions (Wells, 2005). According to Masten when disaster strikes and basic human needs are not met, then resilience emerges as a result of which, adverse effects are corrected, modified, or even disappeared (Samani and Jokar, 2002).

### *Life expectancy*

Hope is one of the characteristics of life that leads us to look for a better and more prosperous tomorrow. Hope means success, a better future, and a reason to live (Bahadorinejad, 1996). Life expectancy means a person's length of life in a given society according to the death toll pattern of that society; thus it is considered as one of the most important known indicators of human survival and health. Hope is the most important motivation in a person's life. If a person was aware of the time of his death, he would not have ever achieved anything. If he had known he was going to die in a few years, he would not have ever chosen a mate or started a work; and was only able to do his daily chores. It is the unclarity of the time of death and the hope of life that makes him to study, start a great business, or get married, provide a home, and start a family (Jonah verses 7 and 8).

To understand the strategies for increasing hope in individuals, especially the cultivation of hope in students, it is necessary to examine the mechanisms by which hopeful thoughts develop in children for the first time.

In general, hope and its components are cognitive structures that are closely related to the process of children's socialization. Attachment to caregivers, coping with environmental challenges and barriers, and changes in cognitive development can determine how this type of thinking is shaped and developed. As a cognitive structure, hope can have many cognitive and emotional consequences (Samawi, 2012).

### *Spiritual health*



Spiritual needs, as one of the most essential human needs, are special needs that have a special place in promoting health and responding to diseases (Wood and Estool, 2005).

Spiritual health and life satisfaction are characteristics of a healthy person. Therefore, the global effort to provide a suitable platform for a disease-free life is not only focused on the prevention and treatment of special diseases such as heart disorders or infectious diseases, etc., but in addition to physical health, special attention is paid to providing a calm environment for inner peace and spiritual health of the individuals.

Despite rapid advances in solving human physical problems, medical science has not yet taken effective steps to address human spiritual health problems in spite of the fact that psychological problems play an important role in causing physical illnesses. Religion, with its various mechanisms, contributes to the spiritual health of the individual as well as the society at large. In general, the impact of religion and religious beliefs on health of the individuals and society is very important. Studies suggest that one can achieve peace of mind within a group of benevolent, moral beliefs and good deeds, and that a believing person is a lively and happy person who is always striving to be in touch with his community. In every cultural, social and economic field, he tries to be the best according to his abilities. Today, despite the significant scientific advances in psychiatry and psychotherapy, some experts have emphasized the need for the role, importance and necessity of religion for spiritual health and psychotherapy and believe that religious beliefs and trust in God lead to faster relief and recovery from pain and psychological problems. In the Qur'an, in Surah Al-Mubarakah, we read: "He is the One who sent down peace in the hearts of the believers so that they may increase their faith".

Regarding the importance of religion on spiritual health, we can mention the words of Benjamin Rush as the father of psychiatry who states that the role of religion on human spiritual health is like the role of oxygen in respiration (Karami et al., 2006).

Today, more than ever, we need to think about the impact of religious changes on all human affairs, especially emotional and spiritual issues. Many commentators and scholars, nowadays, believe that religion has an undeniable effect on health of the soul, body, and other aspects of human life.

Coping methods are cognitive and behavioral abilities used by a person exposed to stress in order to control specific internal and external needs that have been pressured and are beyond individual resources. In this regard, religious confrontation has been defined as a method that uses religious sources such as prayer, supplication, trust and recourse to God, etc., to confront. Recent findings suggest that since these types of coping are both a source of emotional support and a means of positively interpreting life events and can facilitate the use of subsequent coping, they are useful for most people.

Religion, in general, man's relationship with the Creator of the universe, and his belief in His constant presence can have a profound effect on spiritual health and the treatment of mental illnesses. Having meaning and purpose in life, feeling of belonging to a high source in life and hope for God's help and assistance in difficult situations, enjoying social support, etc. are all among the resources that religious people can attach to in order to suffer less damage in the face of adverse events of life.

***Research background:***



In a study conducted by Paloma and Pendleton on the role of religion in spiritual health, it was found that religious beliefs and prayer were strongly associated with feelings of complete satisfaction with life (Karami et al., 2006).

Hankins (2004), in a study investigating the effect of Schneider's hope-based therapeutic intervention, examined the reduction in the despair of hospitalized patients with major depression. After hourly 10-session inspection of teams, he found that the amount of hope in the experimental group increased significantly compared with control group and the amount of despair significantly decreased.

In 2009, Elizabeth et al. conducted a study on the role of spiritual health in improving cognitive symptoms in older women with depression in North Carolina with the aim of linking gender and depressive symptoms to religion and in relation to the three factors of religious attention, gender and depressive symptoms in predicting decreased cognition. The results showed that patients with more religious beliefs were less likely to have cognitive problems; and among older people with major depression, people with lower religious beliefs were more likely to have cognitive impairments.

Kim (2017) showed in her research that there is less satisfaction and more depression in elderly residents of the nursing homes.

In a study conducted by Hakimeh Safavi (2015) on the elderly, the results revealed that the elderly living at home had a higher quality of life and social support and a lower level of depression than the elderly living in a nursing home. According to the results of the present study, it is better for the elderly to be with their family until the last days, because they tend to be more dynamic, have the ability to take care of their children, communicate with people, and be supported by the family.

Kazem Befroui, Mohammad Kamali-Azarj, Mohammad Afkhami Aqda (2015) conducted a research study to compare perceived social support and life expectancy of the elderly living in homes and nursing homes in Yazd province and the results showed that there was a significant difference regarding social support and life expectancy of two groups of elderly in terms of being residents or nonresidents of nursing homes, gender, and marital status.

In 2010, the results of a study by Jadidi and colleagues entitled "the relationship between spiritual health and quality of life of the elderly living in a nursing home" showed that most people have moderate or high levels of spiritual health and their average spiritual health score was  $96.26 \pm 17/93$ .

#### ***Research Method:***

Since the purpose of this study was to compare resilience, life expectancy, and spiritual health of the elderly living in nursing homes and those living in homes, the unit of analysis was the individual. The method of this study was based on causal-comparative finding.

The community is for the elderly living in a nursing home and residents living in houses in Isfahan.

Sampling method was based on available sample in this study. The sample size was 140 elderly people of Isfahan, 70 of whom (35 men, 35 women) were living in nursing homes and 70 others (35 men, 35 women) were living at home in the houses.

#### ***Data collection instruments:***



Resilience Questionnaire: The questionnaire was prepared by Conro David Sun by reviewing the 1991-1979 research resources on resilience. The psychometric scale of this study was divided into six groups: general population, clients with initial care assessments, outpatients, patients with generalized anxiety disorder, and two groups of patients with post-accident stress. The developers of this scale believed that the questionnaire was well able to distinguish the productive individuals in clinical and non-clinical groups and could be used in research and clinical situations. There were 25 items in this questionnaire. Each item was graded on a Likert scale between zero (completely incorrect) and five (completely correct). In order to get the overall score of the questionnaire, the sum of the scores of all the questions were added together. This score would range from 0 to 100. The higher this score, the higher the resilience of the respondent and vice versa. Mohammadi has adapted this scale for use in Iran. He performed it on 248 people and using Cronbach's alpha coefficient, the reliability of the scale was 89% and the validity of the scale was obtained by the correlation method of each item with the total score of the categories of coefficients from 41% to 64%.

#### *Herat's Life Hope Questionnaire:*

This questionnaire has 12 closed questions and the answer to this test is distributed with the options I agree, I am not sure, I disagree, for which there is no time limit. The questions have 6 scores totally and 3 options which are scored this way: I agree 1 point, I am not sure 2 points, and I disagree 3 points; and the rest are scored in reverse. In this scale, 11 to 25 are regarded as those with low hopes, 25 to 30 average hopes, and 31 to 36 as high hopes. The test was developed in 1991 and is designed to assess life expectancy. The test had 12 questions, 4 options and two modes, which have been performed on 20 patients in Northern Illinois. A retest was held on 72 patients in Northern Illinois and the Cronbach's alpha coefficient which was formerly 97 percent, was obtained 0.91 in the retest. In Iran in 2000, Tayebeh Pourghaznein has performed its validity and credibility. The validity was calculated by two methods of retesting Pearson correlation coefficient of 0.84 and Cronbach's alpha coefficient of 76%, in which the first shows stability in time and the second, internal stability.

#### *Spiritual Health Questionnaire:*

The questionnaire is comprised of 20 questions of the Spiritual Health of Pultzins Wallison (1982), 10 questions of which are related to religious health and the other 10 to existential health that are the sum of these two subgroups, within the range of 20-120. The answers to these questions in the form of Likert 6-point scale scored 1 from 'I strongly disagree' and the questions 1, 2, 5, 6, 9, 12, 13, 16, 18 'I strongly disagree' have scored 6. At the end, spiritual health was divided into 3 groups in which (20-40) were regarded as the bottom, (41-99), the middle, and (100-120) as the top. Phrases with odd numbers measure religious health and phrases with even numbers measure existential health.

In order to analyze the data of this research, t-test statistical index for independent groups was used and data analysis was performed using SPSS software version 20.

## **RESULTS AND FINDINGS:**

### *Descriptive research findings*

According to the survey, 50 percent of respondents were women and 50 percent were men. In terms of the respondents' accommodation, 50% of the elderly were residents of nursing homes and



50% were residents of private homes. Similarly, in terms of age, 57% were between 60 and 70 years old and 43% were between 70 and 80 years old.

**Table 1- Descriptive characteristics of research variables by residence**

Tone	Curvature	Standard Deviation	Mean	Number of participants	Accommodation	Variable
-0/642	0/520	5/16	82/00	70	Home resident	Resilience
-1/57	-0/520	9/28	66/84	70	Nursing home resident	
1/54	-0/855	3/96	28/41	70	Home resident	Life expectancy
-1/15	-0/43	5/09	18/47	70	Nursing home resident	
-0/31	-0/030	3/64	52/81	70	Home resident	Existential health dimension
-1/00	-0/49	7/37	41/44	70	Nursing home resident	
0/699	-0/85	4/25	47/77	70	Home resident	Religious health dimension
-0/862	0/029	7/65	36/44	70	Nursing home resident	
-0/739	0/189	6/05	100/70	70	Home resident	Spiritual health: total score
-1/08	-0/266	14/71	77/88	70	Nursing home resident	

As can be seen in Table 1, the average scores on resilience, life expectancy, and spiritual health are higher among the elderly who are home residents. In addition, the research variables, tone and curvature, are within the range of -2 and 2 which indicates that the variables enjoy a normal distribution.



### **Research hypotheses**

Hypothesis 1: Resilience varies between nursing home residents and home residents.

**Table 2. The results of t-test for resilience**

Standard Deviation	Mean variance	Significance level	Degree of freedom	value t	Levine significance level	f coefficient	
1/17	14/80	0/000	138	12/57	0/000	16/25	Variance equality
1/17	14/80	0/000	114	12/57			Variance inequality

A significant level for the Levine test (Sig ": 0/000") indicates that the variances are not equal (Liven's  $p \leq "0/05"$ ). In order to obtain t, we use lower-order values ( $t = 12/57$ ). The above table shows a significance level (Sig: "0.000") in terms of resilience among elderly home residents and those of nursing home residents. By examining the averages, we conclude that the resilience score is higher among the elderly living in their home than the ones living in nursing home, which means that they are more resilient.

Hypothesis 2: Life expectancy varies between the elderly living at home and those living in nursing homes.

**Table 3. T-test results for life expectancy**

Standard Deviation	Mean variance	Significance level	Degree of freedom	value t	Levine significance level	f coefficient	
0/805	9/6	0/000	138	11/98	0/023	5/25	Variance equality
0/805	9/65	0/000	155/136	11/98			Variance inequality

A significant level for Levine's test (Sig: 0/023) indicates that the variances are not equal (Live in.  $p \leq 0 / 05$ ).

In order to get the t, we use the lower values of the table (t = 11/98).

The table above shows a significance level (Sig: 0/000), which indicates a significant difference in terms of life expectancy among the elderly living in their houses and those living in nursing homes. Considering the mean scores we conclude that score of life expectancy among the elderly living in their houses is higher than those living in nursing homes which means that they hope to live longer.

Hypothesis 3: Spiritual health and its dimensions are different among the elderly living in their own houses and the elderly living in nursing homes.

**Table 4. Results of the t-test for spiritual health and its dimensions**

Standard Deviation	Mean variance	Significance	Degree of freedom	value t	Levine significance level		Variables
1/04	11/32	0/000	138	10/82	0/000	Variance equality	Religious health dimension
1/04	11/32	0/000	107/93	10/82		Variance inequality	
0/983	11/37	0/000	138	11/56	0/000	Variance equality	Existential health dimension
0/983	11/37	0/000	100/84	11/56		Variance inequality	
1/90	22/81	0/000	138	11/99	0/000	Variance equality	Spiritual health: total score
1/90	22/81	0/000	91/69	11/99		Variance inequality	

The significance for the Levine test is (Sig: 0/000) which indicates that the variances are not equal (Levin's  $p \leq 0 / 05$ ). We use the lower values of the table to obtain t. (t = 11/99) The above table shows a significant level (Sig: 0/000) for the variables of spiritual health and its dimensions, which shows a significant difference in terms of spiritual health among the elderly living in their houses and those living in nursing homes. Examining the averages, we also conclude that the score of spiritual health and its dimensions are higher among the elderly living in their houses than the elderly living in nursing homes, which means that they have more spiritual health.

## DISCUSSION AND CONCLUSION

Elderly people in contemporary Iran constitute a large part of Iranian society due to demographic changes (Ghodrati et al., 2012). The increase of the elderly population in present age has created many challenges for communities around the world. Since the phenomenon of aging creates significant changes in all aspects of human life, including a wide range of traditional structures, values and criteria, and creation of social organizations, tackling the pervasive challenges of this phenomenon and adopting appropriate policies to improve the physical, social and psychological condition of the elderly is of great importance. (Rezvani et al., 2013).

The results of t-test for independent groups showed that resilience is higher among the elderly living in their homes. Similarly, life expectancy and spiritual health and its dimensions are higher among the elderly living in their homes than those living in nursing homes.

**Hypothesis one:** Resilience varies between nursing home residents and home residents.

The results, according to the significance level (Sig: 0.000), show that there is a significant difference in terms of resilience between the elderly living in nursing homes and those living in their houses. Examining the means (elderly living in nursing homes: 66 and the elderly living in their houses: 82), it is evident that the resilience score is higher among the elderly living in their houses. This means that the older people living in their homes are more resilient. The results of this hypothesis are consistent with the research of Fatemeh Mohammadnia and Shahnam Abolghasemi (2014) which was conducted with the aim of comparing the anxiety of death and resilience among the elderly living in nursing homes and the ones living in their houses; and the results showed that the elderly living in their house have more resilience and less anxiety.

**Hypothesis 2:** Life expectancy varies between the elderly living at home and those living in nursing homes.

The results, according to the significance level (Sig: 0/000), show that there is a significant difference in terms of life expectancy between the elderly living in nursing homes and the elderly living in their houses. According to the study of averages, the mean (resident of nursing homes: 18) and the average (dwelling houses: 28) can be seen that the score of life expectancy in the elderly living in the houses is higher than the elderly living in nursing homes. This means that the elderly living in their houses have more hope for life. The results of this hypothesis are consistent with the research of Kazem Befravi et al., the result of which indicated that life expectancy in the elderly living in their houses and residents of nursing homes had a significant meaning.

**Hypothesis 3:** Spiritual health and its dimensions are different among the elderly living in their own houses and the elderly living in nursing homes.

The results, according to the significance level (Sig: 0.000), show that there is a significant difference in terms of spiritual health between the elderly living in nursing homes and the elderly living in private homes. And according to the averages ("old people of nursing homes": ) and ("old people of the private houses": 100) it is observed that the score of spiritual health is higher in the elderly living in the houses. This means that they have more spiritual health. In addition, in terms of spiritual health, the two groups of elderly people are different. In terms of religious health, the average of the elderly living in nursing homes is /44 and for elderly people living at home is /44, which shows a significant difference (Sig: 0/000). It is also evident that the elderly



living in their homes have more religious health. Regarding the elderlies' existential health, the old people living in nursing homes show 41/ 44 in average and the elderly living in their houses 52/81 which indicates a significant difference (Sig: 0/000), in other words, the elderly living in their homes are existentially more healthy. In general, the elderly population both living in their homes and nursing homes have more existential health than religious health in terms of the dimensions of spiritual health. The results of this hypothesis are also consistent with the research of Mahnaz Seyed Al-Shohadaei et al., whose research results showed that spiritual health is significantly different in the elderly living in nursing homes and those living in their houses.

In explaining these findings, it should be noted that aging is a sensitive period of human life and it is necessary to take account of the issues and needs of this stage. Living with other family members has a positive effect on the physical and spiritual health of the elderly. Spiritual health in the elderly is an important aspect of health which in Iran is closely linked to their religious beliefs. That gives meaning and direction to life of the elderly which should be given special consideration in programs related to their health. In critical times of life, spirituality is regarded as one of the shelters of human beings and creates a strong base against the problems and deprivations of life. The findings showed that the level of spiritual health in the elderly living in nursing homes is lower than those living in their own homes, and given the effects of spiritual health on improving overall health, it should be one of the planning priorities for this group of people.

Elderly people living with their families with independence from work, caring for grandchildren, having relationships with people, and family support enjoy more spiritual health. Independence in doing daily activities, also increases the life expectancy of these people and, at the same time, the quality of their psychological and spiritual health. Therefore, families and children are advised to serve and take care of their elderly at home in order to improve their social and psychological health as much as possible.

Life expectancy, spiritual health, and resilience of the elderly living in their homes are higher. These results show that older people who live at home during their old age are more likely to be mentally healthy and less depressed. As a result, their life expectancy and resilience are higher than the elderly living in nursing homes. Accordingly, it is better for the elderly to be cared for at home during their old age, because they will be able to be more dynamic, socialize with people and gain support of their children and families.

### ***Recommendations***

- 1- Launching religious places in the city, holding religious ceremonies, holding prayer and benediction conferences and festivals related to religious and doctrinal issues for the elderly living all over the city and those living in nursing homes are instances of activities that will be helpful in increasing spiritual health of the elderly.
- 2- A need for educational planning and counseling services to increase life expectancy, resilience, and spiritual health among the elderly living in nursing homes is also felt more than other groups.
- 3- The elderly should be cared for by their own families during old age and should not be left in care of care-taking centers.



4- Older people are a valuable source of useful business, and talking, socializing, and being given tasks to perform at home or caring for grandchildren are very useful and form a belief in them that they are still useful.

Elderly care centers can create solutions to increase the life expectancy of the elderly and, accordingly, increase their life expectancy by providing them with independence in works.

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