

Social Connectedness, Spirituality, Quality of Life, and Hopelessness among Older Adults

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Abstract

This study tries to analyse the relationship between social connectedness, spirituality, quality of life, and hopelessness among older adults. Hopelessness was common among the elderly, and it was linked to social connectedness, spirituality, and overall quality of life. 100 elderly people of Jammu were selected for this study. The Beck hopelessness scale, the Lynwood daily spiritual experience scale, and the WHOQOL scale were used to gather data. Multivariate regression analyses were used for analysis. The result of the study showed that there was a positive and significant relationship between all the variables. Spirituality and social connectedness have a positive effect on the quality of living and tend to reduce hopelessness in the elderly. The study's main finding revealed that attempts are being made to improve elderly people's quality of life by growing social connectedness and spirituality. The results of the analysis may be valuable for ongoing studies.

Keywords: *Social connectedness, spirituality, quality of life, hopelessness, elderly people*

Introduction

Social connectedness plays a very important role in promoting health and wellbeing. Social well-being in elderly people helps in strengthening good mental health and consists of arrangement of networks and their interconnections (Galloway, 2013). Social connectedness is often promoted as a means of encouraging older people to age 'effectively' and 'set up,' as well as framing the newly discovered 'age-friendly cultures' (World Health Organization, 2007, 2015) and diminished paces of discouragement and stress (Haslam *et al.*, 2015),

decreased dangers of psychological decay (Ertel, 2008), and mortality (Seeman *et al.*, 1987), and more prominent life span (Umberson & Montez, 2010). Spirituality has become an essential part of emotional health in today's world. Maintaining a sense of value or reason in life as an older adult is a sign of general happiness (Crowther, *et al.*, 2002; Fry, 2000, 2001; Krause, 2004; Steger, Oishi, & Kashdan, 2009) and is associated with lower levels of depressive symptoms (Van Orden *et al.*, 2012). Older adults with clinically severe depressive symptoms may be more susceptible to believing that life has no significance (Reker, 1997). Provided meta-analytic results showing positive correlations between spirituality and well-being (Smith, McCullough, & Poll, 2003). Spirituality refers to an individual's experience of the sacred (Hill & Pargament, 2003) and associated with lower depressive symptoms (Mofidi *et al.*, 2006; Nelson *et al.*, 2002; Yoon & Lee, 2004), greater psychological well-being (Bush *et al.*, 2012; Fry, 2001), and greater levels of positive affect (Kim *et al.*, 2004). In older people, spirituality has been shown to reduce the negative association between frailty and psychological well-being (Kirby, Coleman, & Daley, 2004). The factors which can contribute to health, social, and behavioural problems, can limit the physical capabilities and disposition of elderly people in their communities (Farzianpour *et al.*, 2012; Nejat *et al.*, 2008; Ware & Sherbourne, 1992; Mellor *et al.*, 2008; Gureje *et al.*, 2006; Donmez, Gokkoca & Dedeoglu, 2005; Bussche *et al.*, 2001; Lehnert *et al.*, 2011 & WHO, 2007). Hopelessness among the elders is commonly seen in elderly people and also influences the elderly people the formation of suicidal thoughts and a component of the depressive condition (Beck *et al.*, 1985; Melges & Bowlby, 1969; Stotland, 1969). It results in a negative attitude towards life which results in maladaptive and abnormality in behavior (Beck *et al.*, 1974; Weishaar & Beck, 1992; Alloy *et al.*, 1988). The onset of the hopelessness thoughts influences the occurrence of depression in the elderly. There are a few Social Connections for Older Adults Strategies available (van *et al.*, 2020). Considering the weakness of older individuals and the significance of health status in the elderly population and because of the absence of studies concerning social connectedness, spirituality, and quality of life on the hopelessness of the elderly people, this examination was expected to survey the relationship between different variables. The present exploration was attempted to explore the socio-segment characteristics to survey the mental health and fundamental prosperity of the seniors rehearsing spirituality. Without spirituality, the mental wellbeing of the elderly cannot be persuaded. Nowadays, the mental health of the elderly is often neglected, and fatigue, anxiety, and depression have become commonplace. This study aimed to investigate the relationship of social connectedness, spirituality, quality of life, and hopelessness on elderly people's. The following objectives were laid for this study:

- 1) To find out the relationship between social connectedness and hopelessness.
- 2) To explore the association between social connectedness and quality of life.
- 3) To explore the association between spirituality and hopelessness.
- 4) To find out the relationship between spirituality and quality of life.

Hypotheses:

H1 There will be no significant relationship between social connectedness and hopelessness.

H2 There will be no significant relationship between social connectedness and quality of life.

H3 There will be no significant relationship between spirituality and hopelessness.

H4 there will be no significant relationship between spirituality and quality of life.

Method

Sample

The sample of this study was 100 elderly people having age range between 60 onwards were taken. Though the data was collected from only Jammu districts. Of the total number of participants, 59 (59%) were male and 41 (41%) were female.

Procedure

Purposive sampling was used for the collection of the data. Elderly people living in the home and who were interested taken for the study and the purpose of the study was clearly spelled out. The confidentiality was assured. The tools were subjected to screening and coding. Thereafter, results were obtained.

Measures

Hopelessness scale

Beck devised a 20-item scale for this analysis, with seven negative items (1, 5, 6, 8, 13, 15, and 19) that were scored in reverse order. Scores of 4-8 indicate a mild degree of hopelessness, 9-14 indicate a moderate level and 15-20 indicate a severe level of hopelessness.

Social connectedness scale

There were 20 points on the scale, 10 of which are positive and 10 of which are negative. The scale has shown satisfactory reliability (internal reliability = 0.91, test-retest $r = 0.96$) as well as convergent and divergent validity.

Daily spiritual scale

Lynwood gave a daily spiritual experience scale which is 10 items scale. Based on a 6-point Likert scale. The total score gives the spirituality level. The higher the score, the higher the spirituality. The reliability coefficient Cronbach's α was .968.

Quality of life

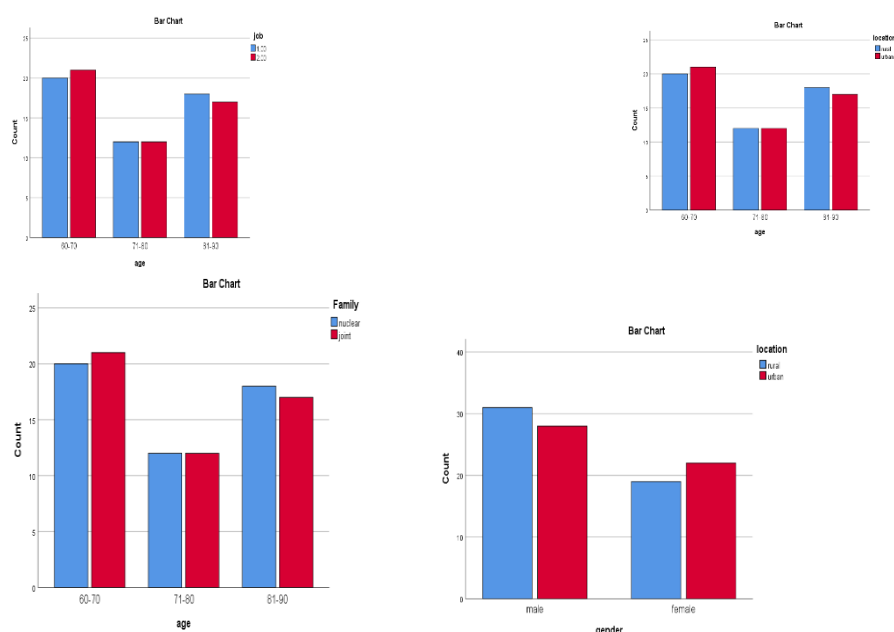
Physical, psychological, environmental, and social interactions are the four domains of QOL in the WHOQOL-BREF questionnaire. It had 26 questions, and the domain score was calculated using the mean score of items within each area. Cronbach's alpha was used to measure the questionnaire's reliability, and a coefficient of 0.711 was obtained.

Procedures

Statistical Analyses

SPSS was used to conduct statistical analysis. The fundamental characteristics of the elderly subjects and variables were first analyzed using descriptive statistics. Multivariate regression analysis was used to describe the results. The chi-square test was first used for univariate analysis, then variables with statistical characteristics ($p < 0.05$) in the chi-square test were selected.

Results



Descriptive Statistics

100 elderly people were included in the study. Table 1 presents the basic demographic characteristics of the respondents. Among the total participants, 59 were male, and 41 were female, accounting for 59.0% and 41.0%, respectively. Regarding age, the 60–70 age group accounted for the highest percentage 41.0%, middle age group on 24.0% and older age group on 35.0%. Regarding the place of residence, 50.0% of the respondents lived in urban areas, and 50.0% lived in rural areas.

Table 1
Sample population attributes

		Total	Percentage
Gender	Male	59	59.0%
	Female	41	41.0%
Age	60-70 yrs	41	41.0%
	71-80 yrs	24	24.0%
	81-90 yrs	35	35.0%

Location	Rural	50	50.0%
	Urban	50	50.0%

Table 2
Chi-square test for different variables based on different population characteristics.

	Category	Variable	X2 value	P value
Gender	Male Female	SC	8.583	.482**
		HP	13.002	.369**
		SPI	29.477	.338**
		QOL	36.229	.320**
Age	Young	SC	21.790	.150**
	Middle	HP	33.838	.088**
	Late	SPI	55.698	.411**
		QOL	77.417	.159**
Location	Rural urban	SC	12.927	.114**
		HP	14.208	.288**
		SPI	9.985	0.041**
		QOL	8.845	0.004**

Note: SC (social connectedness), HP(hopelessness), Dse(daily spiritual experience scale)
Qol (quality of life)

Regarding social connectedness, hopelessness, spirituality and quality of life , the participants gender on social connectedness ($\chi^2 = 8.583$, $p = <0.05$), hopelessness ($\chi^2 = 13.002$, $p = <0.05$), spirituality ($\chi^2 = 29.477$, $p = <0.05$), quality of life ($\chi^2 = 36.229$, $p = <0.05$) were all significant. Age on social connectedness ($\chi^2 = 21.790$, $p = <0.05$), hopelessness ($\chi^2 = 33.838$, $p = <0.05$), spirituality ($\chi^2 = 55.698$, $p = <0.05$), quality of life ($\chi^2 = 77.417$, $p = <0.05$), place of residence on social connectedness ($\chi^2 = 12.927$, $p = <0.05$), hopelessness ($\chi^2 =$

14.208, $p = <0.05$), spirituality $\chi^2 = 9.985$, $p = <0.05$), quality of life ($\chi^2 = 8.845$, $p = <0.05$) passed the significance test, showing statistical significance.

Table 3
Showed the mean, SD, and SEM of the variables and demographic variables.

Variable		Statistics	SEM
SC	Mean	12.0900	.1518
	Std. Deviation	1.52484	.11195
hopelessness	Mean	10.7010	.2368
	Std. Deviation	2.38147	.33958
DSe	Mean	73.1400	1.0583
	Std. Deviation	10.73183	.41302
qol	Mean	115.2900	1.1398
	Std. Deviation	11.29789	.55538
location	Mean	1.5000	.0496
	Std. Deviation	.50252	.00377
gender	Mean	1.41	.05
	Std. Deviation	.494	.010
age	Mean	1.94	.09
	Std. Deviation	.874	.026

Note: SC (social connectedness), qol (quality of life), dse (daily spiritual experience scale)

Table 5
Linear regression analysis variable of the social connectedness and hopelessness among elderly people on different population characteristics.

	Unstandardized Coefficients		Standardized Coefficients			95% Confidence Interval	
Variable	B	Std. Error	Beta	t	Sig.	Lower	Upper
Constant	14.509	2.094		6.928	.000	7.772	20.434
SC	-.106	.159	-.068	-6.668	.006	-.455	.289
location	-.532	.481	-.112	-1.106	.271	-1.493	.237
gender	-.311	.472	-.023	-2.35	.015	-1.033	.810
age	-.808	.264	-.296	-3.058	.003	-1.326	-.252
** $p < 0.05$							
Dependent variable: Hopelessness							

Multivariate Linear Regression Analysis illustrated by graphing the relationship between social connectedness and hopelessness in the table 5. The social connectedness coefficients in the regression equation are -.106 it means that there was a negative correlation between social connectedness and hopelessness. Social connectedness had a significant effect on the

hopelessness of elderly individuals($t=-6.668$). The regression coefficient for sex was $-.311$ ($t = -2.35$, $p < 0.05$), and the coefficient for location was $-.532$ ($t = -1.106$, $p < 0.05$), indicating that sex and location had a significant negative effect on hopelessness. The regression coefficient for age was $-.808$ ($t = -3.058$, $p < 0.05$), indicating that age had a significant negative impact on the level of hopelessness. These results show that elderly individuals who were female, younger old age group, and from an urban area have a high risk of hopelessness and social connectedness plays a very important role in overcoming hopelessness. More the social connectedness, less the hopelessness among the elderly people. Similar findings were found in social connectedness and hopelessness (Stotland, 1069; Beck, 1985, Hamzaoglu,2010)

Table 6
Linear regression analysis variable of the social connectedness and quality of life among elderly people on different population characteristics.

Coefficients							95% Confidence Interval	
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Interval	
		B	Std. Error	Beta			Lower	Upper
1	(Constant)	9.832	1.644		5.981	.000	6.842	13.029
	SC	.013	.013	.094	.964	.338	-.014	.036
	location	.883	.295	.291	2.996	.003	.331	1.446
	gender	-.454	.302	-.147	-1.503	.136	-1.041	.145
	age	.253	.170	.031	2.314	.054	-.304	.397
a. Dependent Variable: Qol								
b. SC(social connectedness)								

This table depicts the value by graphing the relationship between social connectedness and quality of life. The quality-of-life coefficients in the regression equation are $.013$ ($t = .964$, $p < 0.5$) which means that there is a positive correlation between social connectedness and quality of life which means that an increase in social connectedness leads to an increase in quality of life among the elderly people. Among all the independent variables like social connectedness, quality of life, location, gender, age all passed the significance test at a level of $p < 0.05$. ($t=2.314$). The regression coefficient for gender was $-.454$ ($t = -1.503$, $p < 0.05$), and the coefficient for location was $.883$ ($t = -2.996$, $p < 0.05$), indicating that sex had a significant negative correlation on quality of life. sex and location had a significant positive effect on the quality of life. These results show that the social connectedness of elderly individuals based on gender, location, and age has a significant difference with the quality of life. The elderly people who have social connectedness have a good quality of life and there

is a significant difference among male and female, younger, middle and old, and rural and urban elderly people who have high social connectedness have a better quality of life.

Table 7
Linear regression analysis variable of the spirituality and hopelessness among elderly people on different population characteristics.

Coefficients								
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95% Confidence Interval	
		B	Std. Error	Beta			Lower	Upper
1	(Constant)	10.697	1.883		5.680	.000	6.772	14.359
	location	-.618	.454	-.130	-1.360	.177	-1.462	.244
	gender	-.160	.465	-.033	-.344	.731	-.981	.679
	age	-.767	.262	-.281	-2.924	.004	-1.297	-.249
	DSe	.036	.021	.163	1.682	.096	-.005	.081
a. Dependent Variable: hopelessness								

This table showed the relationship between spirituality and hopelessness. This coefficient represents that the mean increase in spirituality leads to a decrease in hopelessness. Spirituality had a significant effect on the hopelessness of elderly individuals .036 (t=1.682). The regression coefficient for gender was -.160 (t = -.344, p >0.05), and the coefficient for location was -.618 (t = -1.360, p < 0.05), forage was -.767 (t = -2.924, p < 0.05), indicating that location and age had a significant impact on the level of hopelessness. These results showed that The elderly individuals who have spirituality have a lower risk of hopelessness. Spirituality and hopelessness also vary on gender, age and location. More spirituality and less will be the hopelessness among elderly people. Bamonti, *et al.*, 2016 conducted research and found that Spirituality reduces the connection between depression symptom severity and life sense.

Table 8
Linear regression analysis variable of the spirituality and quality of life among elderly people on different population characteristics.

Coefficients								
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95% Confidence Interval	
		B	Std. Error	Beta			Lower	Upper
1	(Constant)	-29.278	3.807		-7.690	.000	-36.364	-22.473
	location	-.499	.683	-.023	-.732	.466	-1.875	.840
	gender	-.270	.700	-.003	-.600	.020	-1.608	1.302
	age	-.326	.393	-.027	-.828	.410	-1.146	.465
	Dse	.901	.031	.949	29.409	.000	.851	.963

a. Dependent Variable: Qol		
b. Dse : Daily spiritual experience		

By graphing the relationship between spirituality and quality of life, this table portrays the value of regression equation's quality-of-life coefficients are .901 ($t=29.409$, $p<0.05$), indicating that there is a strong correlation between spirituality and quality of life, implying that an increase in social connectedness contributes to an increase in quality of life for the elderly. Gender had a substantial negative correlation on quality of life, with a regression coefficient of $-.270$ ($t = -.270$, $p < 0.05$) and place had a coefficient of $-.499$ ($t = -.732$, $p < 0.05$), age $-.326$ ($t = -.828$, $p < 0.05$) meaning that sex, age and location had a significant negative correlation on quality of life. The elderly people who have high spirituality have a better quality of life as compared to others who have less spirituality. Uncapher, 1998; Dong and Chang, Cotton *et al.*, 1999; Ironson *et al.*, 2002; Contrada *et al.*, 2004; Ali Salman, Yi-Hui Lee, 2019)described the same result on spirituality and quality of life.

Discussion

The study found that (1) elderly individuals' sex, age, location, and social connectedness were significantly correlated with hopelessness. (2) Elderly individuals' sex, age, place of residence, and social connectedness were significantly correlated with quality of life. (3). Elderly individuals' sex, age, place of residence, and spirituality were significantly correlated with hopelessness. (4). Elderly individuals' sex, age, place of residence, and spirituality were significantly correlated with quality of life. We discuss our findings in detail below.

Conclusions

The result of the study provides evidence of the relationship between social connectedness with hopelessness and quality of life and spirituality with hopelessness and quality of life. The importance of spirituality and social connectedness in positive psychology is worth noting, and it is important to tend to both to develop as a fully functional being. Sharing of the results with the trainers of the elderly people might develop an insight in them to incorporate growth-enhancing features. Elderly people are a particularly disadvantaged group, with a higher risk of poor mental health and conditions such as hopelessness. Thus, the result of the study showed that social connection and hopelessness are negatively correlated., less social connections lead to poor quality of life among the elders but it varies according to their demography. Spirituality also helps in accelerating good quality of life and makes people hopeful. In the theoretical paradigm of psychopathology, hopelessness is seen as a determinant and part of depressive disorders. As a result, this report sheds light on the variables that have a positive impact on the elderly.

Future implications

Several limitations may have influenced the results of the study. For example, the sample was primarily composed of elderly people of only Jammu and Kashmir, India. Therefore, future research should examine elderly people of the other states so that a diverse sample is incorporated. Future research should examine the ways to either providing an optimum environment congenial for the overall wellbeing of elderly people. It may be important to find

out which factors tend to increase the spirituality and social connectedness among elderly people as it may contribute to the quality of life.

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