



Effectiveness of training Hope for living in the quality of life of elderly people in Ahwaz

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ABSTRACT

The aim of this study was to evaluate effectiveness of training hope in the quality of life of elderly people. This study was an experimental research containing pre-test and post-test with control group. The research tools included adult hope and quality of life scales. The sample consisted of 30 elderly people from charities of Ahvaz being randomly selected and then divided into two experimental and control groups. Before training hope, both groups – experimental and control- were pre-tested. Then, the experimental group received 10 fifty-minute sessions of hope training whereas the control group did not receive any training. Upon completion of the course, immediately the posttests were taken from both groups. The results of multivariate covariance analysis (MANCOVA) and one-way (ANCOVA) showed that training hope significantly increased quality of life and its subscales among the elderly people.

Keywords: hope for living, quality of life, elderly

INTRODUCTION

Aging is an important part of every person's life. Due to the increase in longevity and life Hope indices, an important question has been raised namely, the passing of life; addressing this issue has attracted the experts and researchers in senior citizens' subjects. It has been proven that problems and numerous issues that physiologically occur in old age has an impact on quality of life. Happiness, health, job satisfaction and life are among the other ends of people which are all a part of the positive psychology approach. Human capabilities and capacities and an emphasis on the development of them are a priority in positive psychology [1]. In this approach, the positive human characteristics and benefitting from healthy mental states are emphasized [2]. The goal of this approach is that instead of dealing with injuries, the optimization of life be regarded [3]. Some of the positive psychology's goals are identification of variables and methods that result in human well-being and happiness. Hence, the study of human factors that make life better and cause more consistency of humans with the needs and threats of life, is an important structures of this approach [4]. One of the most fundamental structures proposed in this approach is the quality of life. The researches on quality of life began from the 1960s and since then extensive researches have been done in this area but no single definition of quality of life is not provided that could satisfy all [5]. Old age is a sensitive period of human life and attention to the issues and needs of this stage is a social necessity. A new problem that arises today regarding the quality of life is the hope life. Although the idea of hope life existed since the beginning of human creation, the scientific study on this issue in human life is short spending its first years. According to Snyder (2004), hope is a positive motivational state based on pathways and way finder; it is the result of the interaction of the individual with the environment. In other words, hope is the capacity to imagine the ability, to create paths towards desired goals

and imagining incentives to move in this direction. Hope for living is one of the basic criteria to determine the quality of life in modern societies in a way that the more the longevity of the people of a country is, the more advanced society it is considered to be. According to the World Health Organization's definition of quality of life, understanding of people from their position in life in terms of culture, value system in which they live, goals, expectations, standards and priorities [6]. Quality of life is not a new concept, many sciences such as sociology, psychology and economics use it. The term quality of life, especially health-related quality of life refers to the physical, mental and social health range, and these specified areas are influenced by the experiences, beliefs, expectations and perceptions of the person. People's perceptions of their quality of life may not be affected just by their diseases, but it is affected by their treatment as well [7].

The results of the researches conducted by Sanaei, Zardoshtian, Noroouzi Sayed Hosseini (2013), Farhadi, Movahedi and Movahedi (2011), Bland and Darlington (2014) and Schwarzer and Frohner (2014) showed that hope therapy Interventions are effective in the improvement of the quality of life in older people; they seek to promote hope, improvement in all dimensions of the quality of life and promotion of good health in the elderly.

Barry's study (2014) shows that about 60 percent of health care costs and 35 percent of hospital discharges and 47 percent of hospitalization days in hospitals account for seniors. Undoubtedly, quality of life, plays an important role in ensuring mobility and efficiency of any individual and the community. People with similar problems may have different opinions about the quality of their lives and report it differently. It should be noted that quality of life is rooted in believes and necessary trainings [8]. Everyone wants to live with health, happiness and hope. Moreover, all societies are demanding happiness, prosperity and health of the people. Therefore, to achieve these demands, we should identify factors influencing quality of life, as far as possible, because when the people are physically and mentally healthier, they feel happier and can move toward the improvement of themselves and their societies with more energy. The instructions that psychologists can use as their activities are in the form of an aid to understand the factors and determinants of quality of life so that people may be enabled to work and have a perfect marriage, social relations and contributions, as well as a better health condition. Researches suggest that numerous variables have had an impact on quality of life, among which hope for living is one of them [9,10]. Given the importance of health and quality of life of the elderly and the necessity of creating a hopeful space in terms of qualitative living, this study seeks to answer the question of whether training hope for living and quality of life influence the elderly's quality of life. For this purpose, the following hypothesis was provided.

1. Training hope improves the quality of life and its components in the elderly.

Research methodology, population, samples and sampling

The present study is a field study with pretest-posttest design and control group. In order to measure and evaluate the effectiveness of training hope in the variable of quality of life, ANCOVA and MANCOVA analyses were used. The population consisted of elderly men and women living in welfare centers established in Ahvaz. The population consisted of 30 elderly men and women. Random sampling was used in this study. The sampling was done by random selection of 30 elderly men and women from nursing homes supported by Welfare Organization of Ahvaz.

Research Tools

Quality of Life scale: The questionnaire was prepared in 1998 by Diego and his colleagues and was studied in the cities of Leiden in the Netherlands, Padua in Italy and Helsinki in Finland. The questionnaire is not culturally bound and has been translated and validated in Iran and its validity and reliability were confirmed in this study. The reliability of the questionnaire was confirmed by Cronbach's alpha in the study of Davami and Tavakol (2008) and the value of alpha was 0.87. Also in Hesamzadeh (2004) the value of alpha was reported to be 0.79. The researchers announced the desirable validity of the questionnaire as well. The questionnaire consists of two parts: the first part, considers the personal characteristics (demographic) including age, gender, income, marital status, number of children, length of stay and level of education and the second part contains 31 questions that measures seven dimensions of the quality of life including physical dimension (5 questions), self-care (6 questions), depression and anxiety (4 questions), cognitive (5 questions), social (3 questions), life satisfaction (6 questions) and sexual problems (2 questions). It should be noted that the questions were directed in a four-level scale of 0 to 3 for low 0, medium 1, Good 2 and very good 3. To determine the reliability of the questionnaire, Cronbach's alpha and split-half is used in the present study. Using Cronbach's alpha and split-half, the reliability of the questionnaire was confirmed to be 0.81 and 0.80 respectively, which is a relatively good reliability for the measurement of quality of life. The reliability of other components is also desirable. In this study, the validity of the questionnaire was confirmed through the correlations of each component with the total score -between 0.65 to 0.86- which is

significant at the level of $p \leq 0.01$. The intervention program, contained 10 sessions of 50 minutes being held once a week at the nursing home for the experimental group in Salehin charity; Elderly participants in the experimental group were asked not to talk about hope skills' training classes to other seniors of the control group. Obviously, the control group did not receive such trainings. The content of Hope meetings were based on the perspective of Snyder (1999). Each session consists of four parts. In the first part, the activities and duties of the last week are discussed for 20 minutes and people are encouraged to help each other in solving problems related to those obligations. In the second part, the subjects learn the mental trainings and skills related to hope; the skills are in three fields of goals, pathways and factors. In the third part application of these skills are discussed in daily living practices and seniors are encouraged to discuss issues objectively and clearly and help each other to use the hope skills to fix them. At the end of the session, assignments of the next meeting will be presented.

Findings

Table 1 shows the results of one-way covariance analysis in MANCOVA context to compare the post-test scores in the experimental and control groups, controlling the dependent variables of pretests (quality of life and its subscales).

Table 1. Results of one-way covariance analysis in the context of MANCOVA on quality of life and its subscales in the post-test score's mean in experimental and control groups

Effect	Dependent variable	Sum of squares	Degree of freedom	Mean Square	F	The significance level	Effect size
Group	Quality of Life	757.46	1	757.46	181.40	0.001	0.79
	Physical Dimensions	528001.38	1	528001.38	29.18	0.001	0.38
	Self Care	6.85	1	6.85	22.26	0.01	0.32
	Depression and anxiety	825.49	1	825.49	31.40	0.001	0.48
	Cognitive development	42500.6	1	42500.6	33.9	0.01	0.52
	social situation	7.5	1	7.5	22.7	0.01	0.38
	Life satisfaction	6.6	1	7.5	22.7	0.01	0.38
	Sexual issues	8.5	1	8.5	17.8	0.01	0.77

Results in Table 1 show that one-way covariance analysis is significant in quality of life ($F= 181.40$, $p < 0.001$), physical dimensions ($F= 29.18$, $p < 0.001$), self care ($F= 22.26$, $p < 0.01$), depression and anxiety ($F= 31.40$, $p < 0.001$) cognitive development ($F= 33.9$, $p < 0.01$) social status ($F= 22.7$, $p < 0.01$), life satisfaction ($F= 19.6$, $p < 0.01$) and sexual problems ($F= 17.8$, $p < 0.01$). Thus, the research hypothesis about the effectiveness of training hopes in the improvement of life quality was confirmed. The results of Chi Eta statistics showed that training of hope can have a strong impact on improving the quality of life in elderly people; it was 0.79 ($p < 0.001$).

DISCUSSION AND CONCLUSION

The findings related to the hypothesis of the study are presented in Table 1. The results thus indicated that the training of hope skills hope positive impact on quality of life. The results of the study were compatible with the studies conducted by Sanaei, Zardoshtian, Noroouzi Sayed Hosseini (2013), Farhadi, Movahedi and Movahedi (2011), Bland and Darlington (2014) and Schwarzer and Frohner (2014). The researchers showed that hope interventions is an effective way to improve the quality of life in the elderly and the promotion of hope causes improvement in all dimensions of the quality of life and good health in the elderly. We can conclude that since hope can correct the attitude towards life, training hope to the elderly improves the quality of life. Also according to the multi-dimensionality, dynamics, and subjectivity of the concept of quality of life, training of hope can have a direct impact on at least one aspect of quality of life and improve the quality of life in general. In analyzing these findings, we can say that according to the model of Felce and Perry (1995), social well-being is one of the most important aspects of quality of life which includes communication within the family, relationships with relatives, connection with friends, communication activities and social support. On the other hand, given that the skill of hope is a learned social skill, naturally, hope makes a person gives more value to his/her social connections and enter into social networks. In addition, Hope can increase the person's mental well-being and satisfaction. In regarding the world and its events, the hope increases the individual's coping skills and social adjustment. Hopeful people are happier; less depressed and have higher self-esteem. They are more capable and motivated and pursue their objectives with effort. They have networks of family and friends and refer to them whenever needed. Finally, their lives are more meaningful. It can also be said that the social dimension of quality of life is a condition that includes the relationship with others (family passes or membership in organizations in which they work) and society. So the training of hope can encourage seniors to maintain a healthy and positive social interaction with their environment and create better

social support networks. Finally, we can say that hopeful people have a purpose in their lives, have more power and show more patience when faced with problems. Therefore, hopeful people have a better quality of life and consequently are more satisfied with their lives.

Regarding the effectiveness of hope trainings in having hope for life and quality of life, it is recommended that: to improve the quality of life and hope for living of the elderly, all the institutions and individuals should cooperate so that their mental and physical health is promoted. Given that hope based interventions are effective in the improvement of the quality of life, so it is better to improve the quality of life, provide educational services and programs for the promotion of the quality of life with appropriate methods. Consulting with homogeneous groups of patient in terms of education, type of disease, gender, duration of treatment and teaching resistance methods to the patients, simultaneous use of different treatment methods and comparison of the effectiveness of methods are important. In this study, only the training of hope was presented. It seems that hope interventions are more effective when mixed with health interventions.

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