



# The Relationship Between Spiritual Well-Being, Life Satisfaction and Hope in Elderly Individuals in Turkey

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## Abstract

Life satisfaction and hope are important features in elderly individuals. Spiritual well-being is thought to affect life satisfaction and hope in the elderly. This study was conducted to determine the association between spiritual well-being and life satisfaction and hope in elderly persons. This study followed a cross-sectional design. The sample size of the study was 1383 individuals aged 65 or older. The Spiritual Well-Being Scale (FACIT-Sp), Satisfaction with Life Scale, and Hope Scale were administered to participants. Results indicated that spiritual well-being was significantly associated with life satisfaction and hope ( $p < 0.05$ ). A limitation of this finding is the possible contamination of the measure of spiritual well-being with indicators of meaning and peace that could explain the relationship between spiritual well-being and hope. The spiritual well-being scale used in this research included indicators of meaning and peace that could explain the relationship between spiritual well-being and hope.

**Keywords** Spiritual well-being · Life satisfaction · Elderly · Hope

## Introduction

Populations throughout the world are aging, and the number of chronic diseases is increasing. Physical and mental problems also increase with age (Lee & Salman, 2018). In this process, spiritual development emerges as an auxiliary mechanism to cope with all these losses (Moal-Ulvoas, 2017). Older individuals experience

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biological, psychological, and social changes due to aging (Chen et al., 2017; Yaghoobzadeh et al., 2018). They also have many health problems caused by chronic diseases and aging. The elderly, frustrated with their problems and struggling to control their lives, can experience despair and lowlife satisfaction (So Nam & Sang Bok, 2013). Spiritual well-being can help the elderly to deal with their problems effectively.

Human health shows that the well-being of individuals consists of five dimensions: mental, emotional, physical, social, and spiritual. Spiritual well-being positively affects the other four dimensions and provides the energy to keep individuals alive (Moosavi et al., 2020). This dimension includes not only religious practices but also values, beliefs, and behaviors (Chen et al., 2017; So Nam & Sang Bok, 2013). Spirituality is often confused with religion, but it is a very different concept from religion. Religion, unlike spirituality, is a traditionally rich concept that imposes social roles and responsibilities and has certain limits and rules. However, spirituality is too broad a concept to be limited to religious beliefs. Individuals can have spiritual aspects even if they do not belong to any religion.

Spirituality is a concept that is effective at many points in the lives of individuals (Boztilki & Ardiç, 2017). Spiritual well-being itself consists of two dimensions. The first is the vertical dimension, which indicates that the individual experiences a sense of well-being due to his or her attachment to God or another being (religious well-being); the other is the horizontal dimension, which includes the individual's purpose and perception (existential dimension) in life (Chen et al., 2017). Spirituality is a resource for better aging. It helps individuals to cope with problems and manage stress while helping to ensure that they live a joyful life and age successfully (Moal-Ulvoas, 2017; Soriano et al., 2016). Other dimensions of health cannot function properly without spiritual well-being since spirituality is a powerful resource for the healing process (Moosavi et al., 2020). Spiritually strong individuals experience a decrease in physical and mental health problems such as pain, anxiety, and depression (Jafari et al., 2010; Moal-Ulvoas, 2017; Pan et al., 2019; Soriano et al., 2016). Spiritual well-being is an indicator of how well individuals handle threats and changes throughout their lives. Spiritual well-being has been a beneficial variable affecting the health status of elderly individuals in recent years. Finding out how it affects the concepts of hope and life satisfaction, which are very important for the elderly, will provide better quality health services (Chen et al., 2017).

Life satisfaction is the individual's joy of life-related to his or her circumstances and future and is an important concept for individuals to lead a happy and peaceful life (Pan et al., 2019). It is a measure of life quality for individuals and associated with positive life outcomes, such as health and longevity (Hu et al., 2016). If the expectations of elderly individuals are similar to what they have experienced in life, individuals say that they have high life satisfaction. This matching of expectation and experience provides better mental and physical health conditions in elderly individuals (Göktaş et al., 2016; Kurt et al., 2010; Pan et al., 2019).

If the individual is not happy in his or her old age, hopelessness may arise (Erci et al., 2017a, 2017b). Hope, along with spiritual beliefs, increases well-being and satisfaction in individuals while also increasing their adaptation to stressors related

to conditions threatening their lives (Jafari et al., 2010). Aydın and İşleyen found that hopelessness levels were high in elderly individuals (Aydın & İşleyen, 2004).

In the later stages of life, many physical and mental losses are experienced. Spiritual well-being has an important place in dealing with these losses. The literature review supports the idea that the spiritual well-being of the elderly is very important. It is thought that life satisfaction and hope are indicators of effective coping with these losses. Lack of research examining the effect of spiritual well-being on life satisfaction and hope in the world and in our country reveals the importance of this study for nursing literature. Since no study investigating these concepts was found in the literature review, this present study was planned. The study is very important in terms of being the first in the literature. In addition, the results of this study are thought to contribute scientifically to nurses who care for elderly people and the literature in the field of nursing. The purpose of this study is to examine the effect of spiritual well-being on life satisfaction and hope in elderly individuals.

## Methods

### Type of Study

This cross-sectional study was conducted between April 2021 and August 2021 in 5 family health centers (FHCs) located in the city center of Malatya.

### The Population and Sample of the Study

The population of the study was composed of 10,095 individuals aged 65 or older. The research was completed with 1383 elderly individuals. Inclusion criteria of the study: able to communicate verbally (is there a required language), aged 65 or over. Exclusion criteria of the study: unable to hear or to communicate verbally, has a cognitive problem such as memory, language, attention, problem-solving, diagnosed with a neurological or psychiatric disorder that affects their mental state.

### Data Collection

The data were collected between April 2021 and August 2021. The first, third, and fourth researchers read the questions to elderly individuals in the FHCs using a face-to-face interview technique. We used a descriptive characteristics questionnaire, the Spiritual Well-Being Scale (FACIT-Sp), the Satisfaction with Life Scale, and the Hope Scale. It took an average of 20–30 min for a participant to complete this interview.

## Data Collection Tools

### Descriptive Characteristics Questionnaire

This form is composed of a total of 8 questions, including descriptive characteristics of elderly individuals (age, gender, marital status, education level, income level, working status, and perception of health).

### Spiritual Well-Being Scale (FACIT-Sp)

This scale is a measure of spiritual well-being that is based on a broad definition of “spirituality,” which is described as the personal search for faith, meaning, and purpose in life through connection with others, nature, and the transcendent dimension of existence. A Turkish validity and reliability study of the scale developed by Peterman was conducted by Eric and Aktürk (Aktürk et al., 2017; Peterman et al., 2002). The scale is composed of 12 questions and 3 subscales (faith, peace, and meaning). Items 4 and 8 of the scale are reverse scored. The FACIT-Sp is a Likert-type scale that includes 12 items, which are ranked between 0 and 4 (“0” never to “4” always). The total score of the scale varies between 0 and 48. The Cronbach’s alpha reliability coefficient of the scale varies between 0.78 and 0.93. In this study, the Cronbach’s alpha coefficient of the scale was calculated as 0.79.

### Satisfaction with Life Scale

A Turkish validity and reliability study of the scale developed by Lavalée was conducted by Akın (Akın & Yalnız, 2015; Lavalée et al., 2007). This scale that determines one’s life satisfaction level consists of 5 questions, which are answered on a 7-point Likert-type rating scale (“1” strongly disagree to “7” strongly agree). Items 3 and 4 of the scale are reverse coded. The satisfaction level of an individual is determined according to the total score of the given answers. As the score increases according to the responses of the individual, the satisfaction level also increases. The total score of the scale varies between 5 and 35. The Cronbach’s alpha reliability coefficient of the scale has been previously found to be 0.73. In this study, the Cronbach’s alpha coefficient of the scale was calculated as 0.86.

### Hope Scale

This scale was developed with the aim of determining the permanent hope levels of individuals aged 15 and over. The Turkish validity and reliability study of the scale developed by Snyder et al. was conducted by Tarhan (Snyder et al., 1991; Tarhan & Bacanlı, 2015). The scale consists of 12 items and two subscales. The subscales, which are called Alternative Ways Thinking and Acting Thinking, are each measured with four items. One of these four items is in the past tense, two are in the present tense and include questions about the participant’s here and now, and one is in the future tense. The filler (3, 5, 6, and 11) items of the 12-item scale are not taken into consideration in scoring. The lowest and highest total scores on the scale are 8 and 32, respectively. The

Cronbach's alpha coefficient of the scale has been previously found to be 0.86. In this study, the Cronbach's alpha coefficient of the scale was calculated as 0.89.

## Data Analysis

In the study, the significance was accepted as  $p < 0.05$ . In data analysis, SPSS 22.0 packaged software was used. In the study, descriptive statistics were used in the calculation of the mean scores of the scale and in the examination of the group characteristics of the elderly individuals. Linear regression analysis was used in the comparison of the descriptive characteristics of the elderly individuals with the Spiritual Well-being Scale, Satisfaction with Life Scale, and Hope Scale. In the comparison of the Spiritual Well-being Scale, Satisfaction with Life Scale, and Hope Scale, linear regression and Pearson Correlation analysis was used. Reliability analysis was used to calculate the Cronbach's alpha values of the scales.

## Ethical Principles of the Study

In order to conduct the study, approval from the Health Sciences Non-invasive Ethics Committee (IRB NO: 2018/5–16) and legal permission from the Public Health Directorate were obtained. Each participant was informed about the purpose of the study and their written and verbal consents were obtained. Each participant signed the informed consent form. The elderly individuals were also informed that they would have the right to withdraw from the study at any time.

## Results

The results show that 100% of the elderly individuals who participated in the study were 65 years old or older, 57.5% were male, 42.5% were female, 31.7% were literate, 31.3% had a primary school education, 25.9% had a secondary school education, 11.1% had a college education, 85.2% were married, 14.8% were single, 73.2% were unemployed, 26.8% were employed, 53.1% perceived their income level as moderate, 39.3% perceived their income level as high, 7.5% perceived their income level as low, 46.9% perceived their health status as good, 42.7% perceived their health status as moderate, and 10.3% perceived their health status as poor (Table 1).

Table 2 shows that the total mean scores of the elderly individuals were  $32.47 \pm 7.08$  on the Spiritual Well-Being Scale,  $20.68 \pm 2.64$  on the Satisfaction with Life Scale, and  $22.35 \pm 4.24$  on the Hope Scale (Table 2).

A linear regression stepwise model was used to determine the actual factors affecting life satisfaction. Total spiritual well-being, perceived health status, working status, income level, and education level were taken as independent variables. The total score of life satisfaction was taken as a dependent variable. According to the results of the regression analysis, it was found that the following factors had

**Table 1** Distribution of the Descriptive Characteristics of the Elderly People ( $n = 1383$ )

Descriptive characteristics	<i>n</i>	%
<i>Age groups</i>		
65 years and over	1383	100.0
<i>Gender</i>		
Male	795	57.5
Female	588	42.5
<i>Education level</i>		
Literate	439	31.7
Primary school	433	31.3
Secondary school	358	25.9
College	153	11.1
<i>Marital status</i>		
Married	1178	85.2
Single	205	14.8
<i>Working status</i>		
Employed	371	26.8
Unemployed	1012	73.2
<i>Perception on income level</i>		
Low	104	7.5
Moderate	735	53.1
High	544	39.3
<i>Perception on health status</i>		
Good	649	46.9
Moderate	591	42.7
Poor	143	10.3

**Table 2** Scores and Mean Scores the Spiritual Well-being Scale, Satisfaction with Life Scale, and Hope Scale ( $n = 1383$ )

Scale	Min–Max score	Mean $\pm$ SD
Spiritual well-being scale total score	10–48	32.47 $\pm$ 7.08
Satisfaction with life scale total score	10–35	20.68 $\pm$ 2.64
Hope scale total score	8–32	22.35 $\pm$ 4.24

the following magnitude effects on life satisfaction: Spiritual well-being total at 0.90 impact size; spiritual well-being total and perceiving health status total at 0.33 impact size; spiritual well-being total, perceiving health status and working status total at 0.09 impact size; spiritual well-being total, perceiving health status, working status and income level at 0.08 impact size; spiritual well-being total, perceiving health status, working status, income level, and education level total at 0.07 impact

**Table 3** Examination of the effect of spiritual well-being and demographics variables on the life satisfaction with a regression analysis

Dependent variable	Independent variable	Beta <sup>b</sup>	<i>F</i>	<i>p</i> -value	<i>R</i> <sup>2</sup>	<i>t</i>	<i>p</i>
Life satisfaction	1 (Constant)		0.38	<b>0.00</b>		19.140	<b>0.00<sup>b</sup></b>
	Spiritual well-being total	0.274		<b>0.00</b>	0.90	11.669	
	2 (Constant)		0.12	<b>0.00</b>	0.33	19.386	<b>0.00<sup>c</sup></b>
	Spiritual well-being total	0.242		<b>0.00</b>		9.158	
	Perceiving Health Status	−0.191		<b>0.00</b>		−7.206	
	3 (Constant)		74.39	<b>0.00</b>	0.09	19.663	<b>0.00<sup>d</sup></b>
	Spiritual well-being total	0.243		<b>0.00</b>		9.237	
	Perceiving Health Status	−0.175		<b>0.00</b>		−6.566	
	Working status	−0.099		<b>0.00</b>		−3.882	
	4 (Constant)	0.22	75.93	<b>0.00</b>	0.08	16.700	<b>0.00<sup>e</sup></b>
	Spiritual well-being total	0.233		<b>0.00</b>		8.816	
	Perceiving Health Status	−0.153		<b>0.00</b>		−5.640	
	Working status	−0.096		<b>0.00</b>		−3.776	
	Income level	−0.092		<b>0.00</b>		3.528	
	5 (Constant)		57.58	<b>0.00</b>	0.07	15.597	<b>0.00<sup>f</sup></b>
	Spiritual well-being total	0.228		<b>0.00</b>		8.670	
	Perceiving Health Status	−0.150		<b>0.00</b>		−5.532	
	Working status			<b>0.00</b>		−3.223	
	Income level			<b>0.00</b>		3.624	
	Education level			<b>0.00</b>		3.279	

Bold indicates  $p < 0.05$

Dependent variable: life satisfaction total

<sup>a</sup>Predictors: (constant), life satisfaction total

<sup>b</sup>Predictors: (constant), spiritual well-being total

<sup>c</sup>Predictors: (constant), spiritual well-being total, perceiving health status

<sup>d</sup>Predictors: (constant), spiritual well-being total, perceiving health status, working status

<sup>e</sup>Predictors: (constant), spiritual well-being total, perceiving health status, working status, income level

<sup>f</sup>Predictors: (constant), spiritual well-being total, perceiving health status, working status, income level, education level

size ( $p < 0.05$ ). The total score of spiritual well-being was found to have the greatest impact on life satisfaction (Table 3).

A linear regression stepwise model was used to determine the actual factors affecting hope. Total spiritual well-being, education level, and marital status were taken as independent variables. The total score of hope was taken as a dependent variable. According to the results of the regression analysis, it was found that the following factors had an effect on hope: Spiritual well-being total at 0.20 impact size; spiritual well-being total and education level total at 0.06 impact size; spiritual well-being total, education level and marital status total at 0.05 impact size; ( $p < 0.05$ ). The total score of spiritual well-being was found to have the greatest impact on hope (Table 4).

**Table 4** Examination of the effect of spiritual well-being and demographics variables on the hope with a regression analysis

Dependent variable	Independent variable	Beta <sup>a</sup>	<i>F</i>	<i>p</i> -value	<i>R</i> <sup>2</sup>	<i>t</i>	<i>p</i>
HOPE	1 (Constant)		362.111	<b>0.00</b>	0.20	43.299	<b>0.00<sup>a</sup></b>
	Spiritual well-being total	0.456		<b>0.00</b>		19.029	
	2 (Constant)		187.229	<b>0.00</b>	0.06	43.163	<b>0.00<sup>b</sup></b>
	Spiritual well-being total	0.461		<b>0.00</b>		19.257	
	Education level	−0.076		<b>0.00</b>		−3.160	
3 (Constant)	3 (Constant)		128.635	<b>0.00</b>	0.05	40.196	<b>0.00<sup>c</sup></b>
	Spiritual well-being total	0.461		<b>0.00</b>		19.319	
	Education level	−0.074		<b>0.00</b>		−3.116	
	Marital status	−0.072		<b>0.00</b>		−3.035	

Bold indicates  $p < 0.05$

Dependent variable: hope total

<sup>a</sup>Predictors: (constant), spiritual well-being total

<sup>b</sup>Predictors: (constant), spiritual well-being total, education level

<sup>c</sup>Predictors: (constant), spiritual well-being total, education level, marital status

## Discussion

The findings of the study, which examines the effect of spiritual well-being on life satisfaction and hope in elderly individuals, are discussed in line with the literature.

According to the information obtained from the elderly individuals participating in the study, specifically from the Spiritual Well-Being Scale, it can be interpreted that the spiritual well-being levels of the enrolled elderly individuals are high. Spirituality is an important component of advanced life functions and has a special place in coping with the difficulties that may be experienced in old age (Zadworna-Cieślak, 2020). Older people with stronger sense of spirituality are known to have better health than others (Jafaripoor et al., 2018). In their study, Herlina et al. observed that more than half of the elderly individuals participating in the study had low levels of spiritual well-being (Herlina & Agrina, 2019). The literature shows that generally, the spiritual well-being levels of elderly individuals are high (Jafaripoor et al., 2018; Zadworna-Cieślak, 2020). The results of our study are generally similar to those found in the literature. It can be asserted that the spiritual well-being levels of elderly individuals are high because they use spirituality to cope with the difficulties they experience. As the reason why spiritual well-being is interpreted as high in elderly individuals; In Turkish culture, it can be thought that with aging, the devotion to religious belief increases (worshiping, praying, etc.), that some situations can be accepted physically with aging, elderly individuals generally live with their relatives and their relatives relax them physically, emotionally and spiritually (Table 1).

According to the points obtained by the elderly individuals who participated in the current study, specifically from the Life Satisfaction Scale, it can be interpreted that the life satisfaction levels of the enrolled elderly individuals are high.



Life satisfaction, which is an indicator of healthy aging, includes individuals' own views and this is a subjective evaluation of their own lives (Şahin et al., 2019). The evaluation of the individual's life is one of the indicators of successful aging, as well as health and physical function (Lou et al., 2008). A study by Ghimire et al. found that 79% of their elderly respondents were satisfied with their lives (Ghimire et al., 2018). Separate studies by Sahin and Chehregosha revealed that elderly individuals have a moderate level of life satisfaction (Chehregosha et al., 2016; Şahin et al., 2019). In the study by Erci et al., most of the examined elderly people were satisfied with their lives (Erci, Çoban, et al., 2017; Erci, Yılmaz, et al., 2017). The results of our study are similar to those found in the literature. The fact that the elderly people participating in our study reported having a good income, feeling physically well, being married, living with family members, and having a good social support system can be counted among the factors suggesting why their level of life satisfaction may be high (Table 1).

According to the points obtained by the elderly individuals participating in the current study, specifically from the Hope Scale, it can be interpreted that the hope levels of the enrolled elderly individuals are high. A high level of hope for an individual enables them to display more positive health behaviors (Farone et al., 2007). Chimica et al. found that the hope levels of elderly individuals were high (Chimich & Nikolaichuk, 2004). In another study, it was seen that almost half of the examined elderly individuals had a high level of hope (Zhou et al., 2019). In Turkish culture, the elderly generally live with their spouses and children. This situation allows them to perform their daily functions and prevents them from feeling lonely. Thus, it can be asserted that elderly people have a high level of hope since they can make good use of their free time. In Turkish culture, valuing elderly people, benefiting from their life experiences, and spending time together as a family generally makes elderly people feel good in terms of spirituality; it is thought that this situation can make elderly people feel useful and increase their hope for the future (Table 1).

We found in the current study that the differences between the spiritual well-being total scores, education level, income level, working status, perceived health status, and life satisfaction scores were statistically significant. Total score of spiritual well-being was found to have the greatest impact on life satisfaction. Spiritual well-being is a complex concept that is influenced by many factors (Lee & Salman, 2018). Lee and Salman observed that the differences between gender, marital status, working status, and spiritual well-being were statistically insignificant. In the same study, the difference between the spiritual well-being and education level of elderly individuals was statistically significant; i.e., as their education level increased, their spiritual well-being also increased (Lee & Salman, 2018). Erci et al. carried out a study that found the difference between education, perceiving health status, and life satisfaction to be statistically significant (Erci et al., 2017a, 2017b). In the study by Ghimire et al., the authors found that the life satisfaction level of those who were married, had a high-income level, were employed, and had a good perception of their health status was higher than that of their counterparts, and the difference between them was statistically significant. It was found in the same study that gender and education level had no effect on life satisfaction (Ghimire et al., 2018). There are differences and similarities between the literature and the present study,

which are thought to be caused by the sociodemographic characteristics of the individuals participating in the study (Table 2).

We found that in the current study, the differences between the spiritual well-being total scores, education level, marital status, and hope scores were statistically significant. Total score of spiritual well-being was found to have the greatest impact on hope. Erci et al. observed that marital status had no effect on hope levels, while education level and perceived health status had effects on hope levels; the difference between them was statistically significant (Erci, Yılmaz, et al., 2017). The results of the current study are different from those found in the literature. It can be asserted that this difference was caused by the sociodemographic characteristics of the elderly individuals who participated in the current study (Table 3).

We found in the current study that the correlation between the spiritual well-being and the level of life satisfaction of elderly individuals was statistically positive and moderately significant. The higher the spiritual well-being of the elderly was, the higher their level of life satisfaction was. As spiritual well-being increases, individual control increases, and individuals thus become more aware of the meaning and purpose of life (So Nam & Sang Bok, 2013). Cowlshaw et al. observed that there was a strong correlation between spirituality and life satisfaction, that elderly people with high spiritual levels give more meaning to life, and that the life satisfaction levels of these individuals are increased. Spiritual well-being allows older individuals to interpret and evaluate stressful life changes in a meaningful way, including losses associated with physical regression (Cowlshaw et al., 2013). Lee et al. found a positive correlation between spiritual well-being and life satisfaction in elderly individuals (Lee & Salman, 2018). In their study, Jafari et al. determined that there was a statistically positive and significant correlation between spiritual well-being and life satisfaction in cancer patients (Jafari et al., 2010). In the literature, the correlation between life satisfaction and spiritual well-being has been questioned in populations other than elderly individuals, and a positive and significant correlation has been found (Doolittle et al., 2015; Kasapoğlu & Yabancıgül, 2018). Even though the present study was conducted using different groups, its results are similar to those found in the literature in general. It can be asserted that spiritual well-being increases life satisfaction and that the two important factors are related to each other. Spiritual well-being includes both religious and existential well-being. In Turkish culture, it can be said that as individuals get older, their religious orientation increases, they give more meaning to life, and their positive relationships with their immediate surroundings increase their spiritual well-being. As a result, it can be said that such individuals are more functional in their lives religiously, spiritually, physically, and socially and that these factors increase their life satisfaction (Table 4).

We determined in the current study that the correlation between spiritual well-being and the hope levels of elderly individuals was statistically positive and highly significant. In the literature review, no study was found that investigated the spiritual well-being and hope level of elderly individuals. Since spiritual well-being is an important psychological factor related to health status, a high level of spiritual well-being is thought to increase one's level of hope. As a result of the current study, it is therefore believed that a high correlation exists between the two components. In Turkish culture, it can be said that as the spiritual well-being of elderly people increases, their belief towards life and others and their power to cope with the

negative events they experience also increase. It is thought that this situation may increase their hopes for their own life as well.

## The Limitation of the Study

The limitation of this study is that it was conducted in only one city center and in only five FHCs. The descriptive characteristics questionnaire and the responses to the measurement tools were self-reported by the participants. For this reason, obtaining data based solely on verbal declarations is considered among the limitations of the current study. In addition, the spiritual well-being scale used in the research has three subdimensions: meaning, peace, and belief. The spiritual well-being scale used in this research included indicators of meaning and peace that could explain the relationship between spiritual well-being and hope. The fact that these sub-dimensions were not taken into consideration is another limitation of the study.

## Conclusion

In the study, we found that individuals aged 65 and older had high spiritual well-being, life satisfaction, and hope levels. Also, we found a positive correlation between spiritual well-being, life satisfaction, and hope in elderly individuals. Accordingly, spiritual well-being of elderly individuals affected their life satisfaction and hope levels. It can be asserted that supporting elderly people who need spiritual support will lead them to be more satisfied with the aging process and increase their hope level. The results of this study emphasize the importance of spiritual well-being and provide guidance for future studies. In line with these results, it may be recommended to plan nursing care to strengthen these factors and for health institutions to consider these factors while serving elderly individuals. Nurses should provide training on the importance of spiritual well-being and their benefits in protecting and improving health by evaluating the spiritual well-being levels of the elderly.

Nurses can teach different initiatives to increase spiritual well-being, life satisfaction, and hope for individuals aged 65 and over. In addition, the results of this research will be useful for future interventional studies.

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## Declarations

**Conflict of interest** We declare that there is no conflict of interest.

**Consent for Publication** All authors approved the final version for submissions.

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