

Research Paper

The Role of Health-promoting Lifestyle in Predicting Cognitive Status of Older Clergymen



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Citation: Papi Sh, Zanjari N, Karimi Z, Motamedi SV, Fadayevatan R. [The Role of Health-promoting Lifestyle in Predicting Cognitive Status of Older Clergymen (Persian)]. Iranian Journal of Ageing. 2021; 15(4):472-483. <https://doi.org/10.32598/sija.15.4.1393.3>

doi <https://doi.org/10.32598/sija.15.4.1393.3>



Received: 22 Dec 2019

Accepted: 22 Feb 2020

Available Online: 01 Jan 2021

Keywords:

Health-promoting lifestyle, Cognitive status, Elderly, Clergy

ABSTRACT

Objectives Healthy lifestyle along with spirituality affect the physical and mental health of older adults. Regarding the older clergymen's experience of spiritual life, this study aims to evaluate the role of health-promoting lifestyle in predicting cognitive status of older clergymen.

Methods & Materials This cross-sectional study was conducted on 190 older clergymen living in Qom, Iran who were selected using a convenience sampling method and based on the inclusion/exclusion criteria. Health Promoting Lifestyle Profile II and Mini-Mental State Exam were used to collect data. The collected data were analyzed in SPSS V. 22 software using descriptive and inferential statistics (Correlation test, linear regression analysis, independent t-test, and ANOVA). The significance level was set at 0.05.

Results The mean age of participants was 70.55±6.86. There was a significant positive relationship between health-promoting lifestyle and cognitive status ($r=0.295$, $P=0.001$). The results of multiple regression analysis showed that the dimensions of health responsibility and nutrition along with employment status explained almost 14% of the variance in cognitive status.

Conclusion It is necessary to pay more attention to nutrition and health responsibility in health-promoting interventions of older clergymen. Further studies with a qualitative approach are recommended to understand the mechanism of the effect of spirituality on health of older clergymen.

Extended Abstract

1. Introduction

With aging, the incidence of chronic diseases and their burden increase [1]. Cognitive disorders as a chronic disease is one of the most common psychological problems in the elderly [2]. Healthy lifestyles and health-promoting behaviors can help maintain cognitive function, independence and psychological well-being, and reduce the

incidence of chronic diseases in old age [3]. Spirituality is a powerful resource in late life providing the ability to adapt to individual needs and changes in old age [4]. Spirituality is an important factor in adapting to the consequences of aging and providing mental health to the elderly and is one of the dimensions of successful aging [5]. Given the importance of the role of religion in health, the question arises as whether older people who are more religious, have a better lifestyle and therefore better cognitive health? Identifying a health-promoting lifestyle influenced by religious teachings in this group can be effective and useful in improving the

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health behaviors of other elderly groups in religious communities. Therefore, considering the importance of health-promoting lifestyle in the prevention or control of mental disorders in old age and due to the lack of studies in the field of health-promoting lifestyle of the religious elderly, this study aims to determine the effect of health-promoting lifestyle on the cognitive status of older clergymen in Iran.

2. Methods

This is a cross-sectional study conducted on older clergymen in Qom, Iran in 2018. The sample size was obtained 176 using the formula based on correlation coefficient of $r = 0.23$ in Lee et al.'s study [6], 95% test power, and 5% error. Assuming a 15% drop in individuals, final sample size was set as 190. Participants were selected using a convenience sampling method. Age ≥ 60 years, ability to communicate and willingness to participate in the study were the inclusion criteria. Those who had no willingness to continue participation were excluded from the study. In order to collect information, Health-Promoting Lifestyle Profile II (HPLP-II), Mini-Mental Status Examination (MMSE) and a checklist of demographic and disease information were used. Data were collected in SPSS V. 22 software using descriptive statistics (mean, standard deviation, and frequency) and inferential statistics (independent t-test, ANOVA, correlation test, and multiple linear regression analysis). The significance level in the tests was considered 0.05.

3. Results

The mean age of participants was 70.55 ± 6.86 years. They had an income >1 million Tomans per month. Results showed their higher mean HPLP-II scores ($t = 5.07$; $P = 0.001$). The results of t-test showed that the mean score of MMSE was significantly different among the job groups

where the subjects who had a full-time job had a higher score than those with part-time job ($t = 2.4$; $P = 0.01$). There HPLP-II dimensions of health responsibility, physical activity, nutrition, stress management and overall HPLP-II score had a positive and significant correlation with cognitive status in the elderly ($P = 0.001$; $r = 0.295$) (Table 1). In multiple regression analysis, the dimensions of health responsibility and nutrition along with employment status explained about 14% of the variance in cognitive status (Table 2).

4. Conclusion

Health responsibility and nutrition were the predictors of cognitive status in older clergymen. Studies have shown that health and quality of life are important indicators of psychological well-being [7]; as a result, by improving the quality of life and promoting healthy behaviors, the psychological well-being of the elderly increases. On the other hand, Baruth et al. showed high healthy behaviors of African-American pastors [8]. This finding can be a reason for the impact of religious teachings and spirituality on health responsibility and attention to have a health-promoting lifestyle in the elderly. Mahmoudi et al. showed the effect of spiritual health on the adoption of self-care behaviors in the elderly [9]. Some studies have examined the relationship between religion and the dietary regime of the elderly and have reported religion as one of the influential factors in the nutrition of the elderly [10].

The elderly clergymen in our study had no cognitive impairment. Due to the fact that the clergymen are educated groups due to their jobs and constantly involving in topics such as philosophy and jurisprudence and have higher skills in recording and remembering events and in other cognitive cases by maintaining mental functional abilities, they are not exposed to risk factors that can cause cogni-

Table 1. Test results of examining the correlation between health-promoting lifestyle and cognitive status in the elderly

Variables	Mean \pm SD	Standardized Mean \pm SD	r	P
Health responsibility	20.58 \pm 2.65	49.11 \pm 16.56	0.260**	0.001
Physical activity	19.61 \pm 2.88	47.84 \pm 16.03	0.163*	0.025
Nutrition	22.9 \pm 2.79	46.69 \pm 16.44	0.225**	0.002
Spiritual growth	28.51 \pm 2.81	50.09 \pm 16.57	0.067	0.362
Interpersonal relations	26.24 \pm 3.16	51.21 \pm 16.79	0.120	0.100
Stress management	22.19 \pm 2.57	51.22 \pm 16.08	0.150*	0.039
Total	140.37 \pm 9.29	48.76 \pm 17.86	0.295**	0.001

* <0.05 ; ** <0.01 .

Table 2. Multiple linear regression coefficients of the relationship between HPLP-II dimensions and cognitive status

Predictor	Model 1		Model 2	
	Beta	P	Beta	P
Health responsibility	0.215	0.003	0.194	0.008
Physical activity	0.128	0.084	0.120	0.101
Nutrition	0.170	0.026	0.170	0.025
Spiritual growth	-0.015	0.832	-0.031	0.673
Interpersonal relations	0.075	0.300	0.085	0.236
Stress management	-0.016	0.847	-0.011	0.892
Employment status (full-time)			-0.143	0.043
F (sig.)	4.190 (0.001)		4.247 (0.001)	
R (R ²)	0.348 (12%)		0.37 (14%)	

tive impairment [11]. According to the results of this study, more attention should be paid to the dimensions of nutrition and health responsibility in interventions for promoting the healthy behaviors of the elderly.

Ethical Considerations

Compliance with ethical guidelines

This study was approved by Ethical Committee of University of Social Welfare and Rehabilitation Sciences (Code: IR.USWR.REC.1397.49). All ethical principles are considered in this article. The participants were informed about the purpose of the research and its implementation stages. They were also assured about the confidentiality of their information and were free to leave the study whenever they wished, and if desired, the research results would be available to them.

Funding

This study was supported by the Deputy for Research of the University of Social Welfare and Rehabilitation Sciences (Grant No.: 2004)

Authors' contributions

Conceptualization: Shahab Papi, Reza Fadayeveatan; Investigation: Shahab Papi, Nasibeh Zanjari, Zeinab karimi; Editing & review: Nasibeh Zanjari, Zeinab karimi; Project administration: Reza Fadayeveatan.

Conflicts of interest

The authors declare no conflict of interest.

Acknowledgements

The authors would like to thank the Vice-Chancellor for Research of the University of Social Welfare and Rehabilitation Sciences and all participants for their cooperation.