Prediction of Death Anxiety Based on Spiritual Intelligence Mediated by Resilience and Self-Efficacy in Elderly of Kerman Nursing Home

Navid Abedi, Pegah Dehghan*, Mahshid Tajrobehkar

Department of Psychology Sciences, Faculty of Literature and Human Sciences, Shahid Bahonar University, Kerman, Iran

A B S T R A C T

Due to worldwide increasing in the number of elderlies, studying the common disorders among them are getting more important. Death anxiety is one of those disorders which has been investigated poorly. Various studies have confirmed the relationship between spiritual intelligence and death anxiety, however, the number of studies investigating spiritual intelligence as a source of death anxiety is not that significant. The aim of this study was to find out if resilience and self-efficacy could mediate between spiritual intelligence and death anxiety. In a cross-sectional field study, using standardized questionnaires, namely Spiritual Intelligence Self-Reporting Inventory (SISIRI-24), Templar Death Anxiety Scale (DAS), Conner-Davidson Consolidation Scale (CD-RISC), and Sherer Self-Efficacy Scale (SGES), responses of 280 elderly people with an average age of 68.56 years were analyzed. The results of the study indicated that spiritual intelligence and death anxiety has a significant correlation and that resilience and self-efficacy are mediators between those variables.

Keywords: Death anxiety, Spiritual intelligence, Resilience, Self-efficacy, Mediator, Elderly.

INTRODUCTION

The number of elderly people in the world is increasing every year, due to the progress of health conditions(Kinsella & Phillips, 2005). According to the estimates made by the European Union on the population in Europe, 22 percent of the population in 2000 was older than 60 years old, and this number is estimated to be approximately 34 percent in 2050 (Riedel-Heller, Busse, & Angermeyer, 2006). The number of people over 65 in 2016 was higher than that of children under the age of five(Parmar et al., 2014).

One of the common disorders in the aging course is death anxiety. Death anxiety cannot be imagined as a distant destination on a road. It is a latent anxiety that can penetrate our innermost emotions so that we feel the smell of death everywhere and in everything. Death anxiety is natural in itself, but if its severity is overestimated, it can weaken an individual's effective adjustment(Berk, 2006). Death anxiety means emotions, fears and thoughts that a person experiences throughout his/her life about the eventual ending. In other words, death anxiety can be the prediction of death and the fear of the process of dying for ourselves and those whom we care about(Iverach, Menzies, & Menzies, 2014). These severe emotions can lead to helplessness, loss of control, physical problems, feelings of loneliness and guilt, and

adversely affect one's performance in daily life(Cooper, 2013). Death anxiety can be felt when people are faced with life threats like illness or anxiety. Remembrance of death through associations that relate to the death of others and mourning for others, as well as existential encounters with questions about the meaning of life for people, can create anxiety from dying(Hoelterhoff & Chung, 2013). There are various factors to deal with death anxiety, one of which is spiritual intelligence.

Spiritual intelligence is the capacity to ask questions and to reflect on the meaning of the world in which we are, and we live(Henningsgaard & Arnau, 2008). Those with higher intelligence have a high potential for things such as the power of coping with stress, the ability to turn threats into usable opportunities. These people also enjoy better mental health(Wigglesworth, 2006). Researchers have shown that increasing spiritual intelligence is beneficial for overcoming life's disadvantages and helps people enjoy higher levels of satisfaction(Emmons, 2000). The existence of spirituality in life and high spiritual intelligence can cancel out the effects of ontological threats including the death anxiety(King, 2008; Polemikou & Vantarakis, 2019). The relationship between spiritual health and religion coping with death anxiety also was found significant(Solaimanizadeh, Mohammadinia, & Solaimanizadeh, 2020). A number of studies also suggested an inverse relationship between religiosity and death anxiety and the positive relationship between religious suspicion and death anxiety(Henrie & Patrick, 2014) and this anxiety in women is more than men(Amjad, 2014). Another factor that affects anxiety is resilience.

Resilience is defined as a process to achieve positive adaptation and effective strategies for coping with and addressing the difficulties of life(Luthar, Cicchetti, & Becker, 2000). Wagnild and Young (1993), regard resilience as individual differences and an effective ability to deal with change and disadvantages. In their definition, a resilient person relies on him/herself and knows their limitations as well as abilities, although these people can bring balance back to their lives after change or turmoil, but this does not mean that they are back at the same level of performance they already had. Resilient people generally have good interpersonal relationships, and they can use adaptive and growth-friendly coping strategies in their communications(Wells, 2009). Garmezy and Masten (1991), believed that resiliency is the successful process of setting up messages in challenging and complex situations, which includes being inviolable in a crisis and lonely covering bitter events(Murphy & Marelich, 2008). In researches conducted on the elderly, the results indicated an inverse relationship between the resilience and the death anxiety of these individuals, so that the regression coefficient for predicting death anxiety was 0.22 (Bitarafan, Kazemi, & Yousefi Afrashte, 2018). Hoelterhoff and Chung (2013), confirmed the negative relation between death anxiety and resilience he suggested that the resilience can be used against death anxiety in people with post-traumatic stress disorder. Another issue to be addressed is the relationship between spiritual intelligence and resilience. Research on Sistan and Baluchestan University students showed that spiritual intelligence could predict resilience with regression coefficient of 0.1 (Khosravi & Nikmanesh, 2014). Also, in research on pregnant women, a significant correlation was found between their resilience and their spiritual intelligence(Khodabakhshi Koolaee, Heidari, Khoshkonesh, & Heidari, 2013). In other studies, there was a positive correlation between spiritual intelligence and resilience(Jamshidi, Moghadam, Ghorbani, & Farhoush,

2017; Khosravi & Nikmanesh, 2014; Tasharrofi, Hatami, & Asgharnejad, 2013).

Another factor associated with the death anxiety is self-efficacy. From the sociological point of view of Bandura (1986, 1993), there is a relatively clear definition of self-efficacy believing that self-efficacy of individuals like a trench helps them protect the feeling that they have control over the limitations and concerns surrounding unknown future issues. Bandura (1993, 2000), emphasizes first-hand guidance. He suggests that humans are different in terms of being able to assume a strong or weak self-efficacy and that the degree of self-control in individuals determines whether a person is empowered and appropriately or optimistically respond to things like worries and anxieties and uncertain points in the future. A high self-efficacy person believes that he can tolerate strange thoughts and issues for longer, while those with low self-efficacy end up feeling more weakened by anxiety and fear. In research on the elderly living in a nursing home, there was a significant negative correlation between death anxiety and self-efficacy of these people(Shokri & Akbari, 2016). In the research on people with post-traumatic anxiety disorder, a meaningful relationship was observed between the anxiety of death and self-efficacy(Hoelterhoff & Chung, 2013). In research conducted in China, by reducing self-efficacy, death anxiety has led to a decline in people's willingness to participate in organ donation(Wu, Tang, & Yogo, 2013). On the other hand, self-efficacy can be linked to spiritual intelligence. Previous research suggests a positive relationship between spiritual intelligence and self-efficacy(Abadi, Jadidi, Nejad, & Pourandish, 2016; Dev, Kamalden, Geok, Ayub, & Ismail, 2018). By educating and enhancing spiritual intelligence, one can positively influence the self-efficacy of students(Safa Chaleshtari, Sharifi, & Ghasemi Pirbalooti, 2017). The positive relationship of spiritual capability and spirituality with perceived self-efficacy was found(Rakhshanderou, Safari-Moradabadi, & Ghaffari, 2020). Therefore, according to the evidence in the previous research, it can be seen that, in addition to the fact that spiritual intelligence and self-efficacy are individually related to death anxiety, these two concepts themselves are also positively correlated. On the other hand, resilience also has a correlation with spiritual intelligence and anxiety; the correlation is positive and negative respectively.

In this research, we measured the named structures on the elderly, whom we knew to be people who are more likely to be more closely related to the thoughts of death and examined the extent and the way in which these structures were interconnected. In this article, we examined whether the relationship between spiritual intelligence and death anxiety could be explained by mediation of self-efficacy or resilient or both.

METHODOLOGY

Of the 280 respondents (131 females and 149 males), with an average age of 68.56 years, all of them were married. Respondents were selected randomly from nursing homes in Kerman. All respondents were Muslim and tested by cluster sampling. People were informed about participation in the research and responded to questions from the questionnaire without mentioning the name and the other clinical details. This study did not provide any financial support to the participants; Except for participants who were illiterate or had elementary education, others completed the questionnaire personally.

The Spiritual Intelligence Self-Reporting Inventory (SISIRI 24) (King, 2008), consists of 24 questions or 3 subscales including thinking (7 items), discovery of personal meaning (7 items), spiritual alertness (7 items), and maturity alertness (5 items). Participants answer questions using the Likert Scale from grade 1 (totally incorrect) to 5 (totally correct) (Zulkifli, Ishak, & Saad, 2017).

Templer (1970)'s Temporary Anxiety Death Scale (DAS) consists of 15 statements with correct / incorrect options, 6 of which are scored in reverse order to avoid bias.

The Connor-Davidson Resonance Scale (CS-RISC) consists of 25 items, all of which are five-point responses that change in the range: never (0), rarely (1), sometimes (2), often (3), always (4). The scale is completed based on the emotions that people have had in the last month. Higher scores represent greater resilience (Connor and Davidson, 2003).

The general self-efficacy scale (GSES) was developed by Sherer et al. (1982). This scale consists of 2 sub-scales: the general self-efficacy scale (17 items), the social self-efficacy (6 items). Responses include 5 scores from 0 to 4, and higher scores show more self-efficacy.

Table 1. Descriptive Statistics of 280 Participants

Characteristic	Mean
Age	68.56
Sex	-
Female	46.8
Male	53.2
Education	-
Illiterate	2.9
Elementary	12.1
Middle school	18
Associate	8.2
Bachelor	12.1
Master	2.1
Doctorate	2.1
Denomination	-
Muslim	100

RESULTS

In order to test the study hypotheses that examine the mediating role of two variables of self-efficacy and resilience in the relationship between the spiritual intelligence and the death anxiety, Bootstrap technique was used in AMOS23 software. According to the results, the mean age of the elderly of Kerman nursing home was 56/68. Of 280 elderly people participating in this study, 149 (53.2%) were male and 131 (46.8%) were female. The reason for choosing this number of samples was that the population of the elderly nursing homes of Kerman was between 1000 and 1100, and according to the Morgan table(Krejcie & Morgan, 1970) 280 people were selected as sample size.

Prior to conducting other analyses, the normalization of the assumption was studied in the AMOS23 software, and inclination and elongation of the scales were investigated in order to make necessary conversions if necessary(Arbuckle, 1994). According to Tabachnick and

Fidel, if the inclination and elongation of the scales are less than 2, there is no need for conversion, and the continuation of statistical analysis with these scales does not impair the results(Tabachnick, Fidell, & Ullman, 2007).

Table 2 represents the distribution of the subjects' scores in their variables and components. These scores are described, as appropriate, using appropriate descriptive statistics such as average, standard deviation and distribution indices such as inclination and elongation. Since slip and elongation of the main variable and all components are between ± 2, the distribution of the data is normal and indicates the desirability of the status of the variables for performing parametric analyses and the use of structural equations.

Table 2. Descriptive Index of Variables and Their Components

Variable	Components	Mean	Std. Deviation	Inclination	Elongation
SI	SI1	16.63	5.46	-0.10	-0.18
	SI2	12.17	4.27	-0.41	0.14
	SI3	13.45	5.05	1.14	1.27
	SI4	8.90	4.44	0.20	-0.22
SI		51.15	15.83	0.20	-0.22
DA	DA1	0.59	0.35	-0.32	-1.15
	DA2	0.45	0.33	0.09	-1.03
	DA3	0.53	0.28	0.06	-0.60
	DA4	0.59	0.33	-0.21	-1.04
	DA5	0.52	0.34	0.20	-1.12
DA		0.52	0.24	-0.03	-0.90
S-E	S-E1	12.33	2.29	-0.24	-.034
	S-E2	17.99	3.51	-0.19	-0.09
	S-E3	17.91	3.77	-0.29	-0.10
S-E		48.23	7.56	-0.09	0.16
R	R1	20.38	5.87	-0.34	-0.38
	R2	14.66	4.80	-0.29	-0.54
	R3	13.71	4.11	-0.73	-0.02
	R4	7.58	2.70	-0.38	-0.28
	R5	8.00	2.67	-0.52	-0.25
R		64.32	16.65	-0.32	0.31

Another predictor of using structural equations is to examine the multivariate distraction data by Mahalanobis test by identifying meaningful items (at P <0.001) which, if observed, should be eliminated(Harrington, 2009). In the present study, the critical value of K2 is 13.82 with a degree of freedom 2. According to the Mahalanobis test, because 3 of the values were larger than the K2 criterion (significance level of 0.001), they were eliminated from the series as multivariate distracting values.

Since another assumption of using regression analysis is the lack of a common linear relationship between variables(Tabachnick et al., 2007), the correlation coefficients between the variables used in the research was calculated between variables before performing exploratory analyzes to investigate the absence of linear relationships between multiple

subscales. The results of Table (3) show that the correlation between variables was less than 0.8. Therefore, the existence of a multiple linear relationship between variables was rejected.

Table 3. Correlation Matrix between Research Variables

Variable	SI	DA	S-E	R
SI	1			
DA	0.06	1		
S-E	0.28**	0.47**	1	
R	0.13*	0.54**	0.56**	1

P<0/05*   p<0/01**

Considering that in this research, predictive variable (spiritual intelligence), criterion variable (death anxiety), and two intermediary variables (self-efficacy and resiliency) each had components, a separate factor analysis was required for each of these variables. To factor of these variables, based on the data extracted from 280 questionnaires, factor analysis was performed, the outputs of which are presented in Table 4, respectively. The results indicated that: the relationship between these components with the desired indicators is very favorable and acceptable. In the second step, to determine the relationship between the components of these four variables with the desired variables a confirmatory factor analysis was performed with AMOS23 software. The results of this analysis also indicated that the relationship between these three variables with the desired components was very favorable.

Table 4. The Results of Exploratory Factor Analysis of the Research Variables

Variable	No. of Indices	No. of Components	KMO Test	Bartlett test	Total Variance
Spiritual Intelligence	24	5	0.86	1928.81	50.63
Death Anxiety	15	4	0.80	767.03	58.11
Self-efficacy	17	3	0.84	1135.26	46.91
Resilience	25	3	0.89	2230.45	54.70

Results of the boosttrap technique show that the model is fit in the community (RMSEA = 0.07, CMIN/DF = 2.40, P = 0.001, CMIN =25/15). Also, to determine the suitability of the fitness model with data, fitness indicators were used. As shown in Table 5, these data are achieved: goodness of fit index (GFI = 0.90), adjusted goodness of fit index (AGFI= 0.86), incremental fit index (IFI = 0.93), Tucker-Lewis fit index (TLI=0.91), comparative fit index (CFI = 0.93), and normed fit index (NFI = 0.88), indicate the appropriate fitness of the model with the data, especially the CFI value, which according to Müller (1996) should be above 90% (Miller and Brickman, 2004) and according to Weston & Gurger (2006), should be above 0.95 to have a good fit model with data, as it is not affected by the sample size. Also, the estimate of the variance of the approximation error should be smaller-equal to 0.08 (Kalantari, 1388) which in this study was less than 0.08 (RMSEA = 0.07).
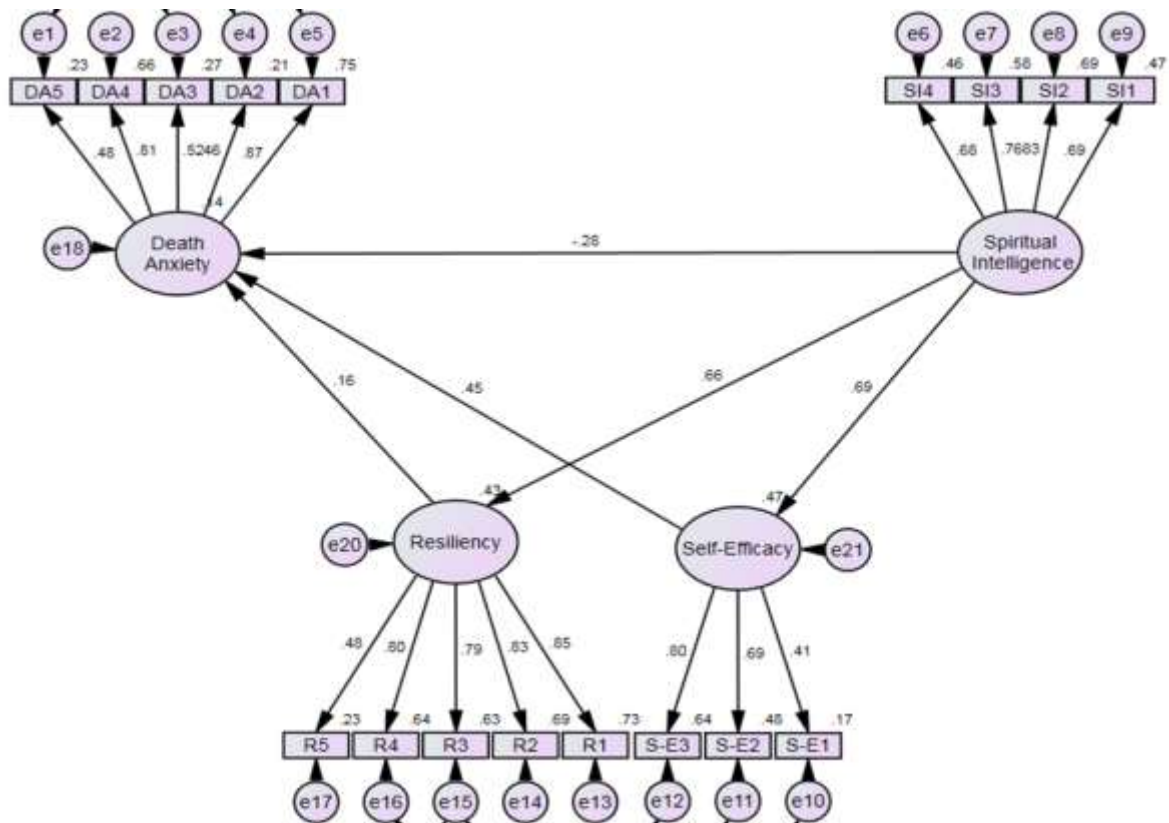
Figure 1. Fitted Model for Detection of Death Anxiety Based on Spiritual Intelligence by Mediating Self-Efficacy and Resilience in Elderly Nursing House of Kerman

Chi-Square =254,15 df = 106, P-Value = 0.001, RMSEA= 0.07

Table 5. Fitness Indices for Fitted Model

Fitness Indices of Model	CMIN	DF	CMIN/DF	NPAR	P	GFI	AGFI	IFI	TLI	CFI	NFI	RMSEA
Fitted Pattern	254.1	106	2.40	47	0.001	0.90	0.86	0.93	0.91	0.93	0.88	0.07
Desired Amounts	-df	`	3<	0.05>	0.90>	0.90>	0.90>	0.90>	0.90>	0.90>	0.90>	0.08<

The results of this model shown in Table 6 indicate that the direct effect of the spiritual intelligence variable on death anxiety in elderly (P <0.05, t = 2.08, β = -0.28) is negative and significant; the direct effect of spiritual intelligence variable on self-efficacy of elderly nursing home (P <0.05, t = 5.37, β =0.69) is positive and significant. The direct effect of spiritual intelligence on the elderly nursing home (P <0.05, t = 8.52, β =0.66) is positive and significant; the direct effect of the self-efficacy variable on the death anxiety in elderly (P <0.05, t = 3.02, β = 0.45) is positive and significant; the direct effect of the resiliency variable on the death anxiety of the elderly (P <0.05, t = 1.68, β = 0.16) is not significant.

Table 6. Direct Effect of Variables on Each Other

Paths	Path Coefficients			Sig.
	Standardized Parameter	Non-standardized Parameter	t	
Spiritual Intelligence → Death Anxiety	-0.28	-0.02	-2.08	0.037
Spiritual Intelligence → Self-efficacy	0.69	0.21	5.37	0.001
Spiritual Intelligence → Resilience	0.66	1.09	8.52	0.001
Self-efficacy → Death Anxiety	0.45	0.08	3.02	0.002
Resilience→ Death Anxiety	0.16	0.01	1.68	0.09

The results of this model in Table 7 show that the indirect effect of the spiritual intelligence variable on the death anxiety in elderly with the mediating role of self-efficacy and resiliency (P ‹0.05, β = 0.42) is positive and significant; the indirect effect of the spiritual intelligence variable on death anxiety in elderly with the mediating role of self-efficacy (P ‹0.05, β = 0.29) is positive and significant. The indirect effect of spiritual intelligence variable on the death anxiety in elderly with the mediating role of resiliency (P ‹0.05, β = 0.16) is positive and significant.

Table 7. Indirect Effect of Variables on each Other

Paths	Path Coefficients		Sig.
	Standardized Parameter	Non-standardized Parameter	
Spiritual Intelligence → Death Anxiety with mediating role of self-efficacy and resilience	0.42	0.02	0.005
Spiritual Intelligence → Death Anxiety with mediating role of self-efficacy	0.29	0.02	0.002
Spiritual Intelligence → Death Anxiety with mediating role of resilience	0.16	0.01	0.008

According to Table 8 the results of this model show that the general effect of the spiritual intelligence variable on the death anxiety in elderly with the mediating role of the self-efficacy and the resiliency (P ‹0.05, β = 0.14) is positive and significant; the general effect of the spiritual intelligence variable on the death anxiety in elderly with the mediating role of the self-efficacy (P ‹0.05, β =0.11) is positive and significant. The general effect of the spiritual intelligence variable on the death anxiety in elders with the mediating role of the resiliency (P ‹0.05, β=0.11) is positive and significant.

Table 8. General Effect of Variables on Each Other

Paths	Path Coefficients		Sig.
	Standardized Parameter	Non-standardized Parameter	
Spiritual Intelligence → Death Anxiety with mediating role of self-efficacy and resilience	0.14	0.01	0.02
Spiritual Intelligence → Death Anxiety with mediating role of self-efficacy	0.11	0.01	0.04
Spiritual Intelligence → Death Anxiety with mediating role of resilience	0.11	0.01	0.05

The main hypothesis of research the spiritual intelligence by mediating role of the self-efficacy and the resilience is a good predictor of the death anxiety in elderly of Kerman elderly nursing home. According to Table (7) and (8) and Fig. 1, the effect of spiritual intelligence on death anxiety in elders by mediating role of self-efficacy and resiliency has a positive and significant effect with standard coefficients (0.42 and 0.14) and significance level (P <0.05). So, according to the results the hypothesis was confirmed with 99% confidence. In other words, the spiritual intelligence by mediating role of the self-efficacy and the resilience is a good predictor of the death anxiety in elderly.

Secondary Hypotheses of Research IS the Spiritual intelligence by mediating role of the self-efficacy is a good predictor of the death anxiety in elderly. According to Table (7) and (8) and Fig. 1, the effect of spiritual intelligence on the death anxiety in elderly by mediating role of the self-efficacy has a positive and significant effect with standard coefficients (0.29 and 0.11) and significance level (P <0.05). So, according to the results the hypothesis was confirmed with 99% confidence. In other words, the spiritual intelligence by mediating role of the self-efficacy is a good predictor of the death anxiety in elders.

The spiritual intelligence by mediating role of the resilience is a good predictor of the death anxiety in elderly. According to Table (7) and (8) and Fig. 1, the effect of spiritual intelligence on the death anxiety in elders by mediating role of the resilience has a positive and significant effect with standard coefficients (0.16 and 0.11) and significance level (P <0.05). So, according to the results the hypothesis was confirmed with 99% confidence. In other words, the spiritual intelligence by mediating role of the resilience is a good predictor of the death anxiety in elders.

Spiritual intelligence without the mediating role of self-efficacy and resilience is a good predictor of death anxiety in elderly.

According to Table (6) and Fig. 1, the effect of spiritual intelligence on death anxiety in elderly of Kerman elderly nursing home without the mediating role of self-efficacy and resilience has a negative and significant effect with standard coefficients of -0.28 and significance level of 0.037. So, according to the results the hypothesis was confirmed with 99% confidence. In other words, spiritual intelligence without the mediating role of self-efficacy and resilience is a good predictor of death anxiety in elderly.

CONCLUSION

The purpose of present study was to examine the possibility of Prediction of Death Anxiety Based on Spiritual Intelligence Mediated by Resilience and Self-Efficacy in Elderly. To our knowledge it is the first time the equation modelling is applied to investigate the relationship among these variables studied in this research.

Previous studies such as Elkins and Cavendish (2004), suggested that higher spiritual intelligence leads to more compassion and human kindness that makes people bear hardships

adaptively and give their lives dynamics and motivation to look their problem better. Additionally, spiritual intelligence gives deep insight of life events and problem and the problems of fear(Vaughan, 2002). The direct effect of spiritual intelligence on the self-efficacy of the elderly of Kerman elderly nursing home is predictable by the standard coefficient of 0.69, and this agrees with the findings of Abadi et al. (2016), that studied the positive relationship between spiritual intelligence and self-efficacy in the elderly; Dev et al. (2018), investigated the effective role of self-efficacy as the mediator of spiritual intelligence and healthy behaviours among students. Safa Chaleshtari et al. (2017), who assessed the effectiveness of group spiritual intelligence training on social self-efficacy and social integrity and the González-Rivera and Rosario-Rodríguez (2018), which searched on spirituality and self-efficacy in caregivers of patients with neurodegenerative disorders.

Also, King (2008), illustrated that by increasing the capacity of spiritual intelligence, the resilience would be also increased. And claimed that by relying on internal strength, the higher spiritual intelligence enables people to adapt and cope with hardships. The effect of the spiritual intelligence of the elderly on their resilience can also be predicted by the standard coefficient of 0.66, and this finding is consistent with the results of Khosravi and Nikmanesh (2014), that examined the relationship between spiritual intelligence and perceived stress. Also, Khodabakhshi Koolaee et al. (2013), who investigated the relationship between the spiritual intelligence and self-efficacy of pregnant women with their delivery stress, as well as Partovi and Boland (2016).

Furthermore, knowing about someone beliefs on self-efficacy indicates that how much efforts in his activities would be spent and how long would these efforts to be continued by himself and shows how he will resist in confronting the hardships in life(Pajares & Miller, 1994). The direct effect of self-efficacy on death anxiety in the elderly is predictable and the standard coefficient is 0.45.

According to the results, the resilience of nursing home elderly does not directly affect their death anxiety, and this is in contradiction with the study of Bitarafan et al. (2018), in which resilience was able to predict death anxiety with the standard coefficient of 0.22. Previous literature regarding the relationship between the resilience and the death anxiety is limited and there is need of further research.

The spiritual intelligence variables, while simultaneously considering two variables of self-efficacy and resiliency, was also significantly able to predict the death anxiety with a score of 0.42, and this indirect effect of spiritual intelligence while considering only self-efficacy of individuals had a standard coefficient of 0.29 and while considering only their resilience had a standard coefficient of 0.16 to predict the death anxiety of the elderly.

The general effect of spiritual intelligence on death anxiety with the mediating role of self-efficacy and resilience had a standard coefficient of 0.14. But this effect has a coefficient of 0.11 while considering just the mediating role of self-efficacy.

The general effect of spiritual intelligence with the mediating role of resilience cannot be considered meaningful. Generally, the relationship between resilience and death anxiety requires a wider range of research. In this paper, the research background on the relationship

between resilience and death anxiety is poor.

The study hypotheses were analyzed, and the results indicated that spiritual intelligence with the mediating role of self –efficacy is a good predictor of death anxiety in elderly of Kerman elderly nursing home, which means that the effect of spiritual intelligence on the death anxiety in the elderly is predictable with a standard coefficient of 0.29 and their self-efficacy mediation is predictable with the standard coefficient of 0.11. Several studies have been conducted on the relationship between spiritual intelligence and self-efficacy, and only existence of a correlation between them has been proved.

The spiritual intelligence with the mediating role of resiliencies a god predictor of death anxiety in elderly of Kerman elderly nursing home, which means that the effect of spiritual intelligence on death anxiety of the elderly is predictable with the standard coefficient of 0.16 with mediation of resilience with standard coefficient of 0.11.

Death anxiety is one of the important concerns in a history of human life that can be influenced by different variables including spiritual intelligence. Therefore, in order to decrease the experience of death anxiety, spiritual intelligence must be enhanced(Taghipour et al., 2017). The spiritual intelligence without the mediating role of self-efficacy and resilience is a good predictor of death anxiety in the elderly and the effect of spiritual intelligence on the death anxiety of the elderly without the mediating role of self-efficacy and resilience variables is predictable with the standard coefficient of -0.28 and significance level of 0.037.

The main hypothesis of the present study was confirmed: spiritual intelligence by the mediating role of self-efficacy and resilience is a good predictor of death anxiety in the elderly of Kerman elderly nursing home. One can predict the death anxiety through the spiritual intelligence of the elderly and with the meditation role of self-efficacy with a standard coefficient of 0.12 and with the meditating role of resilience with a standard coefficient of 0.14.

To conclude, spiritual intelligence has a direct effect on death anxiety through self-efficacy and resilience, and also an independent and meaningful effectiveness beyond the mediation of the two variables on death anxiety. Therefore, it is possible to investigate the effects of other variables that were not studied in this study and through their addition to the model, gets to a more appropriate and more precise fitted model. On the other hand, more extensive research is needed to examine the relationship between the components of each of the model variables. Also, the sex and education are two variables that the effectiveness of them must be taken into account.

LIMITATIONS

It is important to address a potential limitation of this study; there is limited studies regarding the relationship between the resilience and the death anxiety. Also, our result about these two variables is in contrast with previous studies and this discrepancy shows the requirement for more research. Another limitation is the lack of certain characteristics about participants. These include staff levels, staff turnover, chain membership, market competition, occupancy, and dementia special care.

REFERENCES

Abadi, M Safar, Jadidi, A, Nejad, B Iran, & Pourandish, Y. (2016). Is there a relationship between spiritual intelligence and self-efficacy of the elderly. *Journal of Fundamental and Applied Sciences, 8*, 1831-1839.

Amjad, Affaf. (2014). Death anxiety as a function of age and religiosity. *Journal of Applied Environmental and Biological Sciences, 4*(9), 333-341.

Arbuckle, James L. (1994). *Advantages of model-based analysis of missing data over pairwise deletion.* Paper presented at the RMD Conference on Causal Modeling, West Lafayette, IN.

Bandura, Albert. (1986). Social foundations of thought and action. *Englewood Cliffs, NJ, 1986*(23-28).

Bandura, Albert. (1993). Perceived self-efficacy in cognitive development and functioning. *Educational psychologist, 28*(2), 117-148.

Bandura, Albert. (2000). Exercise of human agency through collective efficacy. *Current directions in psychological science, 9*(3), 75-78.

Berk, Laura E. (2006). Child Development Seventh Edition: Pearson Education.

Bitarafan, Leila, Kazemi, Mahmoud, & Yousefi Afrashte, Majid. (2018). Relationship between styles of attachment to god and death anxiety resilience in the elderly. *Iranian Journal of Ageing, 12*(4), 446-457.

Cooper, David. (2013). *Psychiatry and anti-psychiatry*: Routledge.

Dev, Roxana Dev Omar, Kamalden, Tengku Fadilah Tengku, Geok, Soh Kim, Ayub, Ahmad Fauzi Mohd, & Ismail, Ismi Arif. (2018). Spiritual intelligence on health behaviours among Malaysian university students in a Malaysian public university: The mediating role of self efficacy. *Malaysian Journal of Movement, Health & Exercise, 7*(2), 53-64.

Elkins, Maureen, & Cavendish, Roberta. (2004). Developing a plan for pediatric spiritual care. *Holistic Nursing Practice, 18*(4), 179-184.

Emmons, Robert A. (2000). Is spirituality an intelligence? Motivation, cognition, and the psychology of ultimate concern. *The International Journal for the psychology of Religion, 10*(1), 3-26.

Garmezy, Norman, & Masten, Ann S. (Eds.). (1991) Life-span developmental psychology: Perspectives on stress and coping. Hillsdale, NJ, US: Lawrence Erlbaum Associates, Inc.

González-Rivera, Juan Aníbal, & Rosario-Rodríguez, Adam. (2018). Spirituality and self-efficacy in caregivers of patients with neurodegenerative disorders: An overview of spiritual coping styles. *Religions, 9*(9), 276.

Harrington, Donna. (2009). *Confirmatory factor analysis*: Oxford university press.

Henningsgaard, Jude M, & Arnau, Randolph C. (2008). Relationships between religiosity, spirituality, and personality: A multivariate analysis. *Personality and individual Differences, 45*(8), 703-708.

Henrie, James, & Patrick, Julie Hicks. (2014). Religiousness, religious doubt, and death anxiety. *The International Journal of Aging and Human Development, 78*(3), 203-227.

Hoelterhoff, Mark, & Chung, Man Cheung. (2013). Death anxiety and well-being; coping with life-threatening events. *Traumatology, 19*(4), 280-291.

Iverach, Lisa, Menzies, Ross G, & Menzies, Rachel E. (2014). Death anxiety and its role in psychopathology: Reviewing the status of a transdiagnostic construct. *Clinical psychology review, 34*(7), 580-593.

Jamshidi, Mohammad Ali, Moghadam, Malihe Fadaei, Ghorbani, Sakineh, & Farhoush, Mohammad. (2017). Self-efficacy and resilience as mediators in the relationship between test anxiety and spiritual intelligence among high school students in Qom. *Journal of Research on Religion & Health, 4*(1), 7-21.

Khodabakhshi Koolaee, Anahita, Heidari, Sadigheh, Khoshkonesh, Abolghasem, & Heidari, Mahmood. (2013). Relationship between spiritual intelligence and resilience to stress in preference of delivery method in pregnant women. *The Iranian Journal of Obstetrics, Gynecology and Infertility, 16*(58), 8-15.

Khosravi, Masoumeh, & Nikmanesh, Zahra. (2014). Relationship of spiritual intelligence with resilience and perceived stress. *Iranian journal of psychiatry and behavioral sciences, 8*(4), 52.

King, David Brian. (2008). *Rethinking claims of spiritual intelligence: A definition, model, and measure*: ProQuest.

Kinsella, Kevin G, & Phillips, David R. (2005). Global aging: The challenge of success. *Population Bulletin, 60*(1), 3-40.

Krejcie, Robert V, & Morgan, Daryle W. (1970). Determining sample size for research activities. *Educational and psychological measurement, 30*(3), 607-610.

Luthar, Suniya S, Cicchetti, Dante, & Becker, Bronwyn. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child development, 71*(3), 543-562.

Murphy, Debra A, & Marelich, William D. (2008). Resiliency in young children whose mothers are living with HIV/AIDS. *AIDS care, 20*(3), 284-291.

Pajares, Frank, & Miller, M David. (1994). Role of self-efficacy and self-concept beliefs in mathematical problem solving: A path analysis. *Journal of educational psychology, 86*(2), 193.

Parmar, Divya, Williams, Gemma, Dkhimi, Fahdi, Ndiaye, Alfred, Asante, Felix Ankomah, Arhinful, Daniel Kojo, & Mladovsky, Philipa. (2014). Enrolment of older people in social health protection programs in West Africa–does social exclusion play a part? *Social science & medicine, 119*, 36-44.

Partovi, A, & Boland, H. (2016). Relationship between Spiritual Intelligence and Resilience to the Mothers' Stress and Neonatal Anthropometric Indices. *Int J Humanit Cult Stud IJHCS ISSN, 2356*, 5926.

Polemikou, Anna, & Vantarakis, Spyridon. (2019). Death anxiety and spiritual intelligence as predictors of dissociative posttraumatic stress disorder in Greek first responders: A moderation model. *Spirituality in Clinical Practice, 6*(3), 182.

Rakhshanderou, Sakineh, Safari-Moradabadi, Ali, & Ghaffari, Mohtasham. (2020). Structural Equation Modeling of the Spirituality and Self-efficacy Among College Students. *Journal of religion and health*(60), 1-12.

Riedel-Heller, SG, Busse, A, & Angermeyer, MC. (2006). The state of mental health in old-age across the 'old'European Union–a systematic review. *Acta Psychiatrica Scandinavica, 113*(5), 388-401.

Safa Chaleshtari, Katayoun, Sharifi, Tayebe, & Ghasemi Pirbalooti, Mohammad. (2017). A study of the effectiveness of group spiritual intelligence training on self-efficacy and social responsibility of secondary school girls in Shahrekord. *Social Behavior Research & Health, 1*(2), 81-90.

Sherer, Mark, Maddux, James E, Mercandante, Blaise, Prentice-Dunn, Steven, Jacobs, Beth, & Rogers, Ronald W. (1982). The self-efficacy scale: Construction and validation. *Psychological reports, 51*(2), 663-671.

Shokri, S. , & Akbari, B. (2016). *The Relationship of Self-efficacy with Life Expectancy and Death Anxiety in Elders over 60 years old of Resident in Nursing Home of Rasht City*. Paper presented at the International Conference on Psychology, Educational Sciences and Lifestyle, Mash'had. https://civilica.com/doc/497670 [In Persian]

Solaimanizadeh, Farzaneh, Mohammadinia, Neda, & Solaimanizadeh, Laleh. (2020). The relationship between spiritual health and religious coping with death anxiety in the elderly. *Journal of religion and health, 59*(4), 1925-1932.

Tabachnick, Barbara G, Fidell, Linda S, & Ullman, Jodie B. (2007). *Using multivariate statistics* (Vol. 5): Pearson Boston, MA.

Taghipour, Behzad, Mehravar, Fatemeh, Sharif Nia, Hamid, Shahidifar, Samaneh, Hasani, Abdolmotalleb, & Alahyari, Zahra. (2017). Association between death anxiety and spiritual intelligence with the spiritual health and quality of life in hemodialysis patients. *Journal of Nursing and Midwifery Sciences, 4*(2), 26-32.

Tasharrofi, Zeinab, Hatami, Hamid Reza, & Asgharnejad, Ali Asghar. (2013). The study of relationship between spiritual intelligence, resilience and spiritual well-being with occupational burnout in nurses. *European Journal of Experimental Biology, 3*(6), 410-414.

Templer, Donald I. (1970). The construction and validation of a death anxiety scale. *The Journal of general psychology, 82*(2), 165-177.

Vaughan, Frances. (2002). What is spiritual intelligence? *Journal of humanistic psychology, 42*(2), 16-33.

Wagnild, Gail M, & Young, Heather M. (1993). Development and psychometric. *Journal of nursing measurement, 1*(2), 165-17847.

Wells, Margaret. (2009). Resilience in rural community-dwelling older adults. *The Journal of Rural Health, 25*(4), 415-419.

Wigglesworth, Cindy. (2006). Why spiritual intelligence is essential to mature leadership. *Integral Leadership Review, 6*(3), 1-17.

Wu, Anise MS, Tang, Catherine S, & Yogo, Masao. (2013). Death anxiety, altruism, self-efficacy, and organ donation intention among Japanese college students: A moderated mediation analysis. *Australian Journal of Psychology, 65*(2), 115-123.

Zulkifli, Wan Nurayunee Bt Wan, Ishak, Noor Azniza Bt, & Saad, Zarina Bt Mat. (2017). The spiritual intelligence self report inventory (Sisri 24) instrument reliability among delinquent teenagers. *IOSR Journal Of Humanities And Social Science (IOSR-JHSS), 7*(2017), 44-47.