

Effect of Psychological Savoring Intervention on Resilience, Gratitude and Psychological Well-Being among Elderly

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Abstract:

Background: Savoring is being able to be thoughtful of memorable moments and to be knowledgeable of and manage feelings of happiness about those experiences. The capacity to savor pleased moments in life is related to greater psychological well-being; nevertheless, a few research studies have examined at savoring intervention in older persons. The study **aimed** to investigate the effect of psychological savoring intervention on resilience, gratitude, and psychological well-being among elderly. **Setting/sample:** A quasi-experimental design was used with a purposive sample of 52 independent elderly people who are members of the Zagazig City geriatric club, Egypt. A structured interview questionnaire, older adults' Resilience scale, Elder's Gratitude scale, and psychological well-being scale were used for data collection. **Results:** After the training program, participated elderly showed highly statistically significant improvements in the mean score of resilience, gratitude, and psychological well-being. There were highly statistically significant positive correlations between the participant elderly's gratitude and resilience scores, gratitude score and psychological well-being score, resilience score and psychological well-being score. **Conclusion:** The psychological savoring intervention program for the elderly was successful in improving their resilience, gratitude, and psychological well-being levels. Additional researches should be done to determine the effectiveness of the intervention with a large sample of participants and whether the results were maintained with a follow-up examination.

Keywords: Psychological Savoring Intervention, Resilience, Gratitude, Psychological Well-being, Elderly.

Introduction:

Older people struggle to produce and anticipate future occurrences because of decrease in memory for episodic events and a view of the future. However, elderly people might gain more from their capacity to reminisce. Reminiscence, or remembering events from past times, improves well-being in old age (Geiger et al., 2017).

Due to the distinct and dramatic changes that follow the aging process, aging is

frequently considered as a worrying and terrifying process as lifespan expectation rises. Changes in biological, intellectual, emotional, and social functioning are among the irreversible indicators of aging. Mental wellness is crucial for a person's general state of life as it influences how people believe, feel, and interact. Older persons may have lifetime mental health illnesses or develop a variety of mental disorders at a later stage of life, affecting their well-being and relationships with others (Melissa, 2020).

Psychological well-being entails having positive feelings about oneself and one's life, fulfilling relationships, a sense of purpose, and the confidence to face obstacles as they arise. It is a complex concept that includes an individual's entire sense of contentment, happiness, and fulfillment in life and extends beyond the mere absence of mental illness. It describes the state of mind in which a person has pleasant feelings, healthy psychological functioning, and a sense of purpose and meaning in life (**Dhanabhakya & Sarath, 2023**).

Additionally, resilience is a trait of personality that enables humans to cope with stressful situations and adjust to novel circumstances. Resilience is additionally the ability to tolerate destructive behavior; it is regarded as an important trait that provides individuals with a capacity for resistance. Some of these destructive behaviors are withdrawal from society, sadness, apathy and other undesirable behaviors that might play in childhood period (**Hellman et al., 2018**).

On the same line, gratitude constitutes both a state and a personality trait. "State" gratitude refers to an affective-cognitive condition based on the evaluation of the positive result and an understanding of its outside origin. "The trait of gratitude implies an overall life orientation that includes observing and being thankful for numerous enjoyable aspects of life (**Skrzelinska & Ferreira, 2020**).

Moreover, gratitude is characterized by thankful functioning, which includes evaluations of advantages and assistance. Gratitude is a characteristic of adaptation that involves understanding and reacting to the support of others in order to attain favorable outcomes. Gratitude entails being aware of and acknowledging the worth and significance of pleasant situations, actions, or objects, and also experiencing an emotional productive interactions to them (**Confino et al., 2023**).

Savoring is a novel positive psychological technique that has recently showed a positive influence on subjective well-being. It is the capacity to create, prolong, or increase pleasant feelings, as well as to raise perception and appreciation of them. As a

result, the core of savoring is "conscious awareness of continuing positive feelings" associated with the event. By savoring, people are mindful of continual positive experiences, and the strength and length of these feelings fluctuate (**Villani et al., 2023**).

Moreover, individuals were more likely to feel higher, good affect, increased life satisfaction, and decreased negative affect when they were educated for increased savoring strategies. As a result, they had greater levels of resilience as well as subjective contentment. The cumulative effect of all these elements is an improved sense of wellbeing. Similar to how different savoring techniques impact life satisfaction and general happiness, they also add to people's overall wellbeing (**Salces-Cubero et al., 2019**).

Finally, savoring interventions could be especially effective at boosting the resilience and overall well-being of the elderly, as the abilities to regulate emotions tend to get better with age. Furthermore, as individuals grow to be mindful of the boundaries of their life span, older persons tend to give preference to psychological goals (**Klibert et al., 2022**).

Significance of the study:

Successful aging requires a combination of resilience and wellbeing. Positive emotions help people be more resilient and happy, according to theoretical and empirical studies. According to the broaden-and-build theory, when people are feeling well, they are more likely to engage in new activities, learn novel things and form relationships, all of which help them become more resilient in the face of stress. Therefore, enjoying good experiences may improve overall health and resilience by increasing good feelings (**Smith and Hanni, 2019**).

In order to build a comprehensive strategy for dealing with the psychological as well as physical state, resilience along with psychological well-being is crucial. Being psychologically well and being able to deal with new events are strongly tied to resilience (**Halstead et al., 2018**). So, the objective of the present study is to investigate the effect of

psychological savoring intervention on resilience, gratitude, and psychological well-being among the elderly.

Aim of the study:

The study aim was to investigate the effect of psychological savoring intervention on resilience, gratitude, and psychological well-being among elderly.

Objectives:

- Assessing resilience, gratitude, and psychological well-being levels among elderly.
- Design, and implement psychological savoring intervention program.
- Evaluate the effect of psychological savoring intervention on resilience, gratitude, and psychological well-being levels among elderly.

Research hypothesis:

Hypothesis 1: Psychological savoring intervention will increase resilience levels among elderly after the intervention.

Hypothesis 2: Psychological savoring intervention will improve gratitude levels among elderly after the intervention.

Hypothesis 3: Psychological savoring intervention will enhance psychological well-being levels among elderly after the intervention.

Subjects and Methods

Design:

This study was conducted utilizing a quasi-experimental design with pre-posttest.

Setting:

This study was conducted in the geriatric social club, Zagazig City, Egypt. The club comprises one floor with a large hall for members' social sitting, a small garden with a few chairs and tables, additionally two rooms: one for club administration and the other for

praying, and two bathrooms. It offers low-cost medical, recreational, and social services to the elderly.

Sample:

A purposive sample composed of 52 elderly was selected from the prior described setting. The criteria that followed for inclusion include: independent elderly, don't have communication problems (speech and hearing problems), regularly attend the geriatric club, and accepted to participate in the study. Elderly suffering from psychological disorders are excluded.

Sample size

The sample size was computed using software Epi-info package at level of confidence of 95%, a margin of error of 5%, and power of test was 80%, assuming psychological wellbeing among elderly is 53.3% (**Ibitoye et al., 2014**) from 150 elderly in geriatric club, and the lowest percentage of improvement following the intervention program will be 10% therefore the sample should include 52 elderly.

Data collection:

The following four tools were used for data collection:

Tool I: Demographic characteristics:

It was developed by the researchers after extensive literature review to obtain demographic data about the studied elderly which include; age, gender, residence, marital status, and education.

Tool II: Older Adults' Resilience Scale:

This scale was established by **Sobh et al., 2019** to reflect resilience level among the elderly and ability to recuperate from stressful experiences. The scale consisted of (24 items) divided into three sub-domains, which are emotional resilience, mental resilience, and social resilience. Items were scored used a five point likert scale (4- always, 3- often, 2- sometimes, 1- rarely, 0- never). Negatively

worded statements were reverse scored. The total score of the scale is 96 degrees divided into three levels low from 0-32, medium from 33-65, and high from 66-96.

Tool III: Elderly's Gratitude Scale (EGS)

EGS scale was developed by **Azab et al., 2019** to measure gratitude and consisted of (19) statements distributed over three domains which include; gratitude to God (7 statements), gratitude towards others (6 statements), and Non-social gratitude (6 statements). Items were scored on a five-point likert scale varying between 1 (strongly agree) to 5 (strongly disagree). Potential scores range from 5 to 95, with higher scores representing a higher level of gratitude.

Tool IV: Psychological Well-being Scale (PWS)

PWS scale was developed by **Warrad et al., 2020** to measure older adults' psychological well-being and consisted of (37) statements distributed over three domains which include; social relations (17 statements), achievement (12 statements), and love (8 statements). Items were scored on a three-point likert scale (often, sometimes, and rarely) ranging from 3 (often) to 1 (rarely). Negatively worded statements were reverse scored. The 37 items were totaled and higher scores demonstrating a high level of well-being for the elderly.

Content validity and reliability:

To determine whether the tools achieved the study objectives or not, the tools were revised by three experts in the field of gerontological nursing and psychiatric health nursing, faculty of nursing, zagazig university, and community medicine, faculty of medicine, zagazig university. The results showed that the resilience scale, gratitude scale, and psychological well-being scale each had a Cronbach's alpha reliability coefficient of "0.75, 0.82, and 0.78" respectively.

Field Work:

The study was completed within five months between April 2023 and Augusts 2023.

The researcher allocated two days per week, Sunday and Wednesday, from 9 am to 1 pm. This comprised the program's assessment, planning, implementation, and evaluation.

Assessment phase:

Researchers met with every elderly individually and got their verbal consent to contribute. The elderly were allowed to read and simplify the tool items before being given the form to complete. The time spent on all scales and questions ranged from 30 to 35 minutes.

Planning phase:

The booklet's objectives and content were tailored to the needs of the elderly. There were two main sections in this booklet. First, the theoretical section covered the fundamentals of savoring, such as their definition, importance, and components. It also covered benefits of relaxation and positive thinking, gratitude; definition and its importance, resilience; definition, importance, and the characteristics of flexible personality, psychological well-being, definition and its dimensions. Second, a section with practical training on savoring strategies, exercises on savoring practice, relaxation exercises, positive thinking training, exercises to improve gratitude, ten ways to build resilience, and five ways to enhance psychological well-being.

Implementation phase:

There were nine sessions, the duration of each session differed based on how well elderly retained the material and varied by their response, accessibility to time, and the subject matter of each session. 30-45 minutes were spent on each session. The lecture-plus-discussion method was used to impart knowledge and offer support. Additionally, self-designed pamphlets and leaflets were distributed after the session to promote knowledge and understanding of the value of savoring responses.

Evaluation phase:

After one month following the intervention, the evaluation (Post-test) was

conducted to evaluate the improvement degree in elderly's resilience, gratitude, and psychological well-being using the same tools as the pre-test.

Pilot study:

A pilot study was conducted with the help of six elderly (10% of the sample), who were chosen at random to ensure the clarity and understanding of the items as presented, as well as to appreciate the time required to fill out the tools. Since no modifications were necessitated, data from the piloted elderly were involved in the study.

Administrative design:

A formal letter from the dean of the nursing faculty at Zagazig University was submitted to the manager of the geriatric club in Zagazig city to request official permission for data collecting and program implementation. Moreover, the researcher visited the setting of the study, met with the manager of the geriatric club, clarified to her the study aim, importance, and its procedures, and asked for her collaboration.

Ethical consideration:

The research ethics committee of the faculty of nursing officially approved the study with the code ID/ZU.Nur.REC#:0008. Each of the elderly subjects verbally consented to participate in the study after being properly informed of its aim. Participants were given the choice of rejecting participation and informed that they could discontinue at any stage during the data collecting interviews; moreover they were guaranteed that all information would be private and applied for the study purpose only. The researcher emphasized preserving anonymity and privacy of subjects' data. The researcher's phone number and all attainable communication methods were acknowledged to the participants to call back at any time for any clarification.

Data analysis:

SPSS 23.0 statistical software was used for data entry and statistical analysis. For qualitative variables, frequencies and

percentages were used to present the data, and for quantitative variables; means, standard deviations, and medians were used. The internal consistency of the developed scales was evaluated using the Cronbach alpha coefficient to determine their reliability. For comparing quantitative continuous data, the paired t test and non-parametric Mann-Whitney or Kruskal-Wallis tests were used. The chi-square test was used to compare qualitative category variables. The p-value of <0.05 was used to determine statistical significance.

Results:

Table 1 demonstrates that the participants' ages ranged between 60 and 69 years, with a mean of 63.89 ± 2.60 years, with more males (76.9%). As well, 69.2% of the participants were residing in rural areas. Furthermore, 46.2% of the studied elderly were widowers and had high education.

Table 2 shows that there were highly **significant improvements in the post-intervention total mean score of studied elderly resilience** (72.23 ± 5.94) when compared to the pre-intervention mean score of (35.67 ± 3.63). The highest mean score of resilience domains was for emotional resilience domain which enhanced from 12.35 ± 1.63 mean score pre the intervention to 24.12 ± 2.43 mean score post the intervention.

Table 3 denotes that there were highly **significant improvements in the post-intervention total mean score of studied elderly gratitude** (45.92 ± 2.11) when compared to the pre-intervention mean score of (28.19 ± 2.34). The highest mean score of gratitude domains was for the Gratitude to Allah domain which enhanced from 10.37 ± 1.27 mean score pre the intervention to 17.04 ± 1.24 mean score post the intervention.

Table 4 illustrates that there were highly **significant improvements in the post-intervention total mean score of studied elderly psychological well-being** (89.73 ± 3.48) when compared to the pre-intervention mean score of (54.38 ± 4.27). The highest mean score of psychological well-being domains was for the social relation domain which improved

from 24.98 ± 2.36 mean score pre the intervention to 40.77 ± 1.99 mean score post the intervention.

Figure 1 clarifies that pre- intervention 61.5% of the studied elderly had high gratitude, and 38.5% of them had low gratitude. Post-intervention, significant improvements were demonstrated in reporting high and low gratitude (92.3% & 7.7% respectively). Regarding resilience, the pre-intervention levels of high, medium, and low resilience were 5.1%, 10.2%, and 84.7% of the participants respectively. Post- intervention, 80.8% of the elderly had a high level of resilience compared to 13.1% and 6.1% of them who had medium and low levels of resilience respectively. Furthermore, this figure reveals that 57.7% of the studied elderly had high psychological well-

being pre-intervention while 42.3% of them had low psychological well-being. Whereas post-intervention; 85.4% of the participants had a high level of psychological well-being while 14.6% of them had low psychological well-being.

Table 5 indicates a statistically significant positive correlation between gratitude and resilience {the higher gratitude score, the higher resilience score} ($r = .436$), gratitude and wellbeing {the higher gratitude score, the higher wellbeing score} ($r = .624$). In addition, a statistically significant positive correlation between resilience and wellbeing {the higher resilience score, the higher wellbeing score} ($r = .704$).

Table 1: Demographic characteristics of the study sample participants (n=52).

Demographic characteristics	Frequency	Percent
Age:		
60-64	34	65.4
65-69	18	34.6
Mean±SD	63.89 ± 2.60	
Rang	(60 – 69)	
Gender:		
Male	40	76.9
Female	12	23.1
Residence :		
Rural	36	69.2
Urban	16	30.8
Marital status:		
Widower	24	46.2
Married	22	42.3
Divorced	6	11.5
Education:		
High education	24	46.2
Moderate education	14	26.9
Illiterate	14	26.9

Table 2: Pre and post intervention mean scores of resilience among the studied elderly (n=52).

Items	Pre (n=52)		Post (n=52)		T-test	(P-value)
	M	SD	M	SD		
Emotional resilience	12.35	1.63	24.12	2.43	32.91	<0.001**
Mental resilience	11.29	1.55	24.15	2.58	28.40	<0.001**
Social resilience	12.04	1.47	23.96	2.48	28.89	<0.001**
Total mean score	35.67 ± 3.63		72.23 ± 5.94		37.75	<0.001**
Mean ± SD						

*: Significant

**: Highly significant

Table 3: Pre and post intervention mean scores of gratitude among the studied elderly (n=52).

Items	Pre (n=52)		Post (n=52)		T-test	(P-value)
	M	SD	M	SD		
Gratitude to Allah	10.37	1.27	17.04	1.24	28.11	<0.001**
Gratitude to others	9.19	1.19	14.54	1.13	23.29	<0.001**
Non-social gratitude	8.63	.95	14.35	1.00	31.96	<0.001**
Total mean score	28.19 ± 2.34		45.92 ± 2.11		41.58	<0.001**
Mean ± SD						

*: Significant

**: Highly significant

Table 4: Pre and post intervention mean scores of psychological well-being among the studied elderly (n=52).

Items	Pre (n=52)		Post (n=52)		T-test	(P-value)
	M	SD	M	SD		
Social relation	24.98	2.36	40.77	1.99	35.09	<0.001**
Achievement	17.90	2.11	29.58	2.02	31.71	<0.001**
Love	11.50	1.48	19.38	1.19	30.49	<0.001**
Total mean score	54.38 ± 4.27		89.73 ± 3.48		50.33	<0.001**
Mean ± SD						

*: Significant

**: Highly significant

Figure 1: Pre and post the intervention total percentage scores of gratitude, resilience, and psychological well-being levels among the studied elderly (N=52).

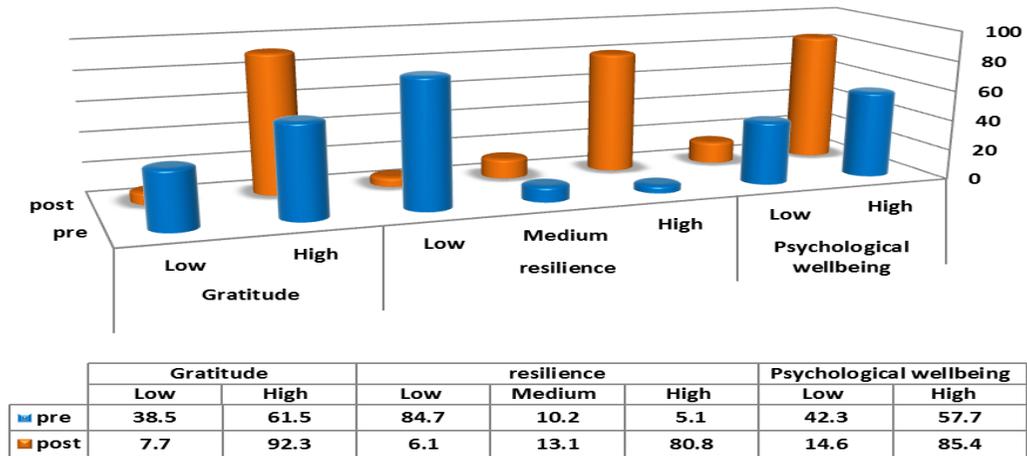


Table 5: Correlation matrix of elderly' gratitude score, resilience score, and wellbeing score (n=52).

Variables	Gratitude	Resilience	Wellbeing
Gratitude			
Resilience	.436**		
Wellbeing	.624**	.704**	

(*) Statistically significant at $p < 0.05$

(**) statistically significant at $p < 0.01$

Discussion:

For elderly people, savoring is crucial because it can help them cope better with stress, develop their social networks, and raise their feelings of well-being. Savoring is related to improved psychological well-being, as well as happiness, satisfaction with life, and feelings of control. Also, savoring is an excellent approach to prevent negative effects as depression and solitude, which are noted in nowadays aging studies (Delposen, 2020). Mindful people were better able to savor positive events, which cultivated the feelings of gratitude, by deliberately orienting to the present time through expanded mindfulness and nonjudgmental acceptance (Cheung and Lau, 2021).

Concerning demographic characteristics of studied participants; the studied elders' age ranged between 60 and 69 years, with a mean age of 63.89 ± 2.60 years, and the majority of them were males. In addition, about half of the

older people studied were widowers and graduated from university degrees. However, the study conducted by Smith and Hanni (2019) contradicted this study, which revealed that the mean age of participants was 70.7 ± 7.2 , the majority of them were females, and two-fifths of elders had completed a graduate degree.

Regarding psychological resilience score, the current study observed that the post-intervention mean score of psychological resilience improved significantly when compared to before the intervention, as the majority of elderly had high psychological resilience in post-intervention compared with five percent only of them who had high psychological resilience before the intervention. This could be a result of the practice of savoring can help one become more adept at seeing and appreciating the good things that happen even when things are tough. This can help one become more resilient by reducing the adverse effects of unpleasant emotions. Savoring can

help people build resources, like solid relationships and abilities that allow them to show resilience when faced with obstacles, by lengthening, occurring more frequently, and intensifying their positive emotions.

The present study results were in accordance with that of the study of **Smith and Bryant (2016)** who provided that the older adults' higher levels of savoring help to increase their psychological resilience. As well, the study of **Smith and Hanni (2019)**, who revealed that after completing the savoring intervention, the studied older persons reported gains in resilience, depressive symptoms, and happiness.

The current study findings demonstrated that there was an improvement in the gratitude scores post-intervention, as most of the studied elderly had high gratitude scores post the implementation of the savoring intervention compared to it pre the intervention as it was more than half of them had high gratitude scores. This may be understood by the fact that the savoring intervention includes activities that help the elderly increase their feelings of gratitude since it contains a strategy for counting blessings that improves the gratitude state. Additionally, the intervention links positive events to happy emotions by regulating various positive states.

Nearly similar to this results the study done by **Bryant et al., (2021)**, who revealed that elderly participants who finished the lectures showed higher levels of savoring, which led to higher levels of gratefulness, which in turn predicted more favorable attitudes toward aging. Also, the study done by **Borelli et al., (2023)**, who found that the savoring intervention was met with a more immediate response from the participants, as well as greater rises in positive emotions (gratitude, pride).

The current study result clarified that there was a significant enhancement in post-intervention mean score of psychological well-being when compared to that pre-intervention, as the majority of studied elderly had high psychological well-being scores post the implementation of the savoring intervention compared to that of it pre- intervention as it was

more than half of them were high psychological well-being score.

This could be because emotion management skills tend to get better with age, and savoring strategies may be especially well adapted for enhancing the resilience and mental wellness of elderly. In addition, as older persons become more aware of the constraints of their lifespan, they prefer to put emotional needs first. Optimizing people's capacity to savor happy experiences builds on the strengths of this "positivity effect" in older persons, and savoring may enhance higher quality of life and psychological well-being by enhancing positive feelings. When people savor, they frequently widen their variety of emotions and the settings in which these feelings can arise.

These results are in line with those of **Smith & Hollinger-Smith (2015)** who reported that greater resilience and the capacity to savor happy experiences in older persons both predicted higher levels of happiness. Also, the study performed by **Smith and Hanni (2019)** revealed that resilience, depressive symptoms, and happiness were all reported to have improved in older persons who finished the savoring intervention.

The recent study's findings indicated that a highly positive statistically significant correlation exists between participant elders' gratitude score and resilience score. This could be explained by gratitude is a crucial skill covered in resilience training for older individuals and is necessary for fostering resilience. The ideal moment to be grateful is when situations are challenging. Also, understanding the positive aspects of their daily lives means that they do not focus solely on the negative aspects. Gratitude promotes adaptive coping skills. Gratitude improves emotional resilience and inner strength through controlling good feelings such as satisfaction, happiness, and pleasure.

The results above are in line with those of **Salces-Cubero et al., (2019)**, who discovered that the training in gratitude and savoring raised resilience ratings. Additionally, these findings concurred with those of a study conducted by **Lasota et al., (2022)**, who indicated that the higher degrees of gratitude

were associated with higher levels of resilience ($p < .0001$).

As well, the present study result demonstrated that there was a highly statistically significantly positive correlation between gratitude and well-being score. This may be attributed to that gratitude is the foundation of positive traits, acknowledging the good in life, taking a more positive view of their surroundings, and creating useful coping techniques. Also, when opposed to those who are less appreciative, those with a grateful attitude tend to express more gratitude in terms of regularity, duration, intensity, and density, which may lead to an improvement in well-being.

This finding was matched with **Salces-Cubero et al., (2019)**, who proved that the training of gratitude and savoring resulted in higher subjective well-being. As well, the study done by **Loi and Ng (2021)**, who reported that gratitude was significantly positively associated with subjective well-being. Similarly, **Condon (2022)**, who demonstrated that physical and mental health were strongly correlated with gratitude. Also, **Kirca (2023)**, who showed that psychological well-being, was significantly impacted by gratitude interventions.

The recent study's findings showed that a highly positive statistically significant correlation exists between elders' resilience score and their well-being scores. This could be because the resilient people could often maintain their physical and mental health and were better able to bounce back from stressful situations. In addition, psychological health tends to improve the possibility of experiencing pleasant feelings in the moment, which may aid elderly people in interpreting and managing challenges related to aging.

This result was consistent with that of **Aboalshamat, (2018)** who stated that there was a significant correlation between the resilience and subjective well-being ($P < 0.001$) among the participants. Also, **Sharaf et al., (2019)** who discovered that there was a positive and significant connection between mental well-being and resilience in the studied elderly.

Conclusion:

Considering the results of the current investigation, it can be said that the resilience, gratitude, and psychological well-being of the elderly were all improved by the psychological savoring intervention.

Recommendation:

- 1- Dedicating guidance seminars to promote gratitude and resilience in order to achieve psychological well-being among the elderly.
- 2- Further studies should be established on savoring intervention to assess the efficacy of the program and determine the characteristics of older persons who would get the greatest benefit from it.
- 3- Additional researches should be done to determine the effectiveness of savoring intervention with a large sample of participants and whether the results were maintained with a follow-up examination.

Limitation of the study

One limitation was the lack of periodic follow-up after savoring intervention. Accordingly, the long term effects of savoring intervention should be investigated in further studies.

List of Abbreviations: (PWS): Psychological Well-being Scale; (EGS): Elderly's *Gratitude Scale*.

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