The Relationship between Spiritual Health and Loneliness among the Elderly in Karaj- 2016

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Abstract

Background and Objective: Loneliness, which is a common problem among the elderly, severely affects their health. Spiritual health plays an important role in the degree and quality of loneliness among the seniors. This study was conducted to explore the relationship between spiritual health and loneliness among the elderly people in Karaj in 2016.

Method: This cross-sectional study adopted a descriptive-analytical design. Through simple sampling method, 275 people who attended seniors' care center in Karaj took part in the study. Standard questionnaires were used to assess the participants' spiritual health and loneliness. All the collected data were codified. Measures of central tendency and dispersion and Pearson correlation were used for data analysis. All ethical issues were observed and the researchers declared no conflict of interests.

Results: In total, 71% (n=196) of respondents were male, most of them (93%=256 participants) were married, 56% (n=154) were retired and 82% (226 respondents) had educational levels lower than Diploma. The mean and standard deviation of the participants' spiritual health and loneliness respectively were 99.39 \pm 9.56 and 3.47 \pm 11.29. Furthermore, a significant, reverse relationship was detected between spiritual health and loneliness. That is, the elderly who enjoyed higher levels of spiritual health experienced lower degrees of loneliness (r=0.33, R²=10.89, p=0.001).

Conclusion: The obtained results indicate that designing plans to promote spiritual health among the elderly can play a crucial role in reducing their loneliness. It is recommended that researchers conduct further studies on the elderly's spiritual health.

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Summary

Background and Objective: According to the definition of the World Health Organization (WHO), old people are over 60 years of age (1). Indeed, aging is a natural process in humans' lives. The passage of time, physical diseases, mental problems, and environmental conditions affect this process (1, 2). Nowadays, higher life expectancy and reduced fertility have led to a rise in the population of the elderly in comparison with the whole population. This increasing trend is still in place. According to experts' estimates,

in near future, one out of every five people will be a senior. Based on statistics, the population of Iran is moving from young age toward old age. It is estimated that, by 2020, around 10 million and, by 2050, around 26 million people will have reached 60 years of age (3, 4).

One of the major elements of health is spiritual health. WHO believes that spiritual health is the fourth principle of health. Although the concept of spiritual health has been proposed five decades ago, the dimensions of this important construct are still unidentified (1, 2). Spirituality is a powerful source in individuals' life and makes it possible for them to cope

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with the demands and changes of old age. The dominance of spirituality in the physical dimension of humans' lives plays a significant role in their family relations, health and disease, health improvement, and reduction of sadness. Spirituality decreases the stress that is caused by loneliness and incapability and enhances life quality, longevity, reduced anxiety and depression, and lower rates of suicide (5-7). Numerous studies have demonstrated the significant role of religion in promoting all dimensions of health, especially spiritual health (5-8).

Method: This cross-sectional study adopted a descriptive-analytical design. Through simple sampling method, 275 people who attended seniors' care center in Karaj took part in the study. Standard questionnaires were used to assess the participants' spiritual health and loneliness. All the collected data were codified. Measures of central tendency and dispersion and Pearson correlation were used for data analysis. All ethical issues were observed and the researchers declared no conflict of interests.

Results: In total, 71% (n=196) of respondents were male, most of them (93%=256 participants) were married, 56% (n=154) were retired and 82% (226 respondents) had educational levels lower than Diploma. The mean and standard deviation of the participants' spiritual health and loneliness respectively were 99.39 \pm 9.56 and 3.47 \pm 11.29. Furthermore, a significant, reverse relationship was detected between spiritual health and loneliness. That is, the elderly who enjoyed higher levels of spiritual health experienced lower degrees of loneliness (r=0.33, R²=10.89, p=0.001).

Conclusion: The results of this study indicate that the research sample enjoyed a moderate level of spiritual health. Furthermore, some demographic features like gender, marital status, academic degree, and employment status could affect the elderly's spiritual health and loneliness. In addition, a lower degree of loneliness was felt by seniors who self-reported higher amount of spiritual health.

Overall, according to the obtained results, spiritual health is crucial for reducing isolation and loneliness among the elderly. Designing plans to maintain and promote spiritual health among seniors can play a crucial role in reducing their loneliness.

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