

Investigating the Correlation Between Spiritual Well-Being and Loneliness in Elderly Individuals in Turkey During the Covid 19 Pandemic*

Covid 19 Pandemisi Sürecinde Türkiye'deki Yaşlı Bireylerde Spiritüel İyi Oluş ile Yalnızlık Arasındaki İlişkinin İncelenmesi

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ABSTRACT

Aim: In the pandemi process, it is about examining the relationship between the spiritual well-being and the loneliness of the elderly in Turkey.

Methods: The population of the descriptive study consisted of elderly individuals aged 65 and over in Turkey. The research was carried out between 15.02.2021 and 15.03.2021 with 582 individuals using the snowball sampling method, which is one of the non-probability sampling methods. Data were collected with Personal Information Form, the Loneliness Scale for the Elderly, and the Spiritual Well-Being Scale.

Results: It was determined that 84.5% of the elderly people in the study were in the 65-74 age range, 58.2% were female, 80.1% were single, 76.8% were ≤ primary school graduates. The mean score of the mental well-being scale of the elderly is 125.52±7.40, and the total mean score of the Loneliness Scale for the Elderly is 16.60±3.70. A negative correlation was found between the Spiritual Well-Being Scale and the Loneliness Scale for the Elderly. It has been determined that there is a significant difference between the spiritual well-being scale mean scores of the elderly individuals according to age and marital status, and there is a significant difference between the Elderly Loneliness Scale mean scores according to their age.

Conclusion: It has been determined that the mental well-being and loneliness levels of the elderly are high, and as their spiritual well-being levels increase, the loneliness levels decrease.

Keywords: Elderly individual, Spirituality, Loneliness, Pandemi, Well-being, Turkey.

Öz

Amaç: Pandemi döneminde Türkiye'deki yaşlı bireylerin ruhsal iyi oluşları ile yalnızlıkları arasındaki ilişkiyi incelemektir.

Yöntem: Tanımlayıcı tipteki araştırmanın evrenini Türkiye'deki 65 yaş ve üstü yaşlı bireyler oluşturmuştur. Araştırma, 15.02.2021-15.03.2021 tarihleri arasında, olasılıksız örnekleme yöntemlerinden kartopu örnekleme yöntemi kullanılarak 582 birey ile gerçekleştirilmiştir. Veriler Kişisel Bilgi Formu, Yaşlılar İçin Yalnızlık Ölçeği ve Manevi İyi Oluş Ölçeği ile toplanmıştır.

Bulgular: Araştırmadaki yaşlıların %84,5'inin 65-74 yaş aralığında, %58,2'sinin kadın, %80,1'inin bekar, %76,8'inin ≤ ilkokul mezunu olduğu belirlenmiştir. Yaşlıların ruhsal iyi oluş ölçeği puan ortalamaları 125.52±7.40, Yaşlılar İçin Yalnızlık Ölçeği toplam puan ortalamaları 16.60±3.70'dir. Manevi İyi Oluş Ölçeği ile Yaşlılar İçin Yalnızlık Ölçeği arasında negatif bir ilişki bulunmuştur. Yaşlı bireylerin yaş ve medeni duruma göre Spiritüel İyi Oluş Ölçeği puan ortalamaları arasında anlamlı farklılık olduğu, yaşlarına göre Yaşlı Yalnızlık Ölçeği puan ortalamaları arasında anlamlı farklılık olduğu belirlenmiştir.

Sonuç: Yaşlıların ruhsal iyi oluş ve yalnızlık düzeylerinin yüksek olduğu, manevi iyi olma düzeyleri arttıkça yalnızlık düzeylerinin azaldığı belirlenmiştir.

Anahtar Sözcükler: Yaşlı birey, Maneviyat, Yalnızlık, Pandemi, İyi oluş, Türkiye.

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Introduction

The whole world has crossed paths with a disease which results are unprecedented in terms of physical and mental health, due to Covid-19 pandemic and a worrisome process has begun for older adults who are the most vulnerable.¹The outcomes of social isolation and loneliness, which have worsened during the pandemic, are associated with a significant increase in morbidity and mortality in elderly population.²Elderly individuals, who are dealing with health problems, have difficulty in meeting their personal needs and are concerned about tomorrow, may feel like an outcast during the pandemic due to social isolation and experience an intense sense of loneliness. In order to save from such feeling of loneliness, they can try to interpret their experiences and make sense of the pandemic. Spirituality is generally defined as a search for meaning, and is one of many valid tools that people use to find the meaning of life.³

Being a complementary treatment in health care, spirituality is a key factor in reducing anxiety as well as psychological results.⁴In general, religiosity and spirituality are frequently used interchangeably in studies.^{5,6} Spirituality is a crucial aspect of aging and older adults are groups more prone to spirituality than young age.⁷Spirituality is common among the elderly, plays an important role in their lives and is positively associated with good health.^{5,8} Moreover, it can help elderly individuals cope with all the negativities experienced during the Covid-19 pandemic and psychological problems caused by isolation at home, provide emotional support, and thus make it easier for them to hold on to the life.^{4,9}

A spiritual perspective to be used in evaluating the Covid-19 pandemic, which has negatively affected the world, can enable to prevent the psycho-social negative effects of the pandemic and to acquire positive aspects to be learned from the pandemic. The invisible and ambiguous nature of the coronavirus that causes the Covid-19 pandemic may be considered as an opportunity to capture a spiritual perspective in order to experience the sense of insecurity and uncertainty from an individual point of view.^{10,11} During the Covid-19 pandemic, various practices such as maintaining spiritual or religious prayer from where they were have been carried out in order to minimize loneliness and social isolation in the elderly population.² In the current pandemic, engaging in religious practices enables the individuals to control over the situation, helps to make the situation understandable, and most importantly, raises their hopes.¹²

In the literature, we have not encountered studies examining the correlation between spirituality and loneliness in elderly individuals during the Covid-19 pandemic. It is believed that the results of the study would contribute to the literature. Therefore, this study was conducted in order to determine the correlation between spirituality and loneliness in older adults during the Covid-19 pandemic. For this general purpose, the following questions were sought for answers.

1. What is the spiritual level of elderly individuals during the pandemic?
2. What is the loneliness level of elderly individuals during the pandemic?
3. Are there any difference between the socio-demographic characteristics of elderly individuals and their spiritual well-being and loneliness levels?
4. Is there any correlation relationship between the spiritual well-being and loneliness levels of elderly individuals?

Materials and methods

Design, Setting, and Sample

This research was planned as descriptive correlational seeking research type. The population of the study consisted of 7.953.555 elderly individuals aged 65 and over in Turkey, and the sample consisted of 385

individuals at 5% significance and 95% confidence level according to the sample calculation.¹³The study was conducted with 582 individuals who agreed to participate in the study between 15.02.2021 and 15.03.2021 using snowball sampling method, one of improbable sampling methods. A digital survey form was prepared by researchers to collect data of the study. This form was shared on social media platforms (such as Whatsapp, twitter, facebook) and the respondents of the survey were asked to share the form with others. At the beginning of the questionnaire sent to the participants, information about the purpose and content of the study was included, and participation was voluntary. The identity of the participants was not recorded in the survey. It took approximately 10 minutes to complete the data collection.

Inclusion criteria;

- To be 65 age and over,
- To be at least primary school graduate,
- To use social media.

Data Collection Tools

Personal Information Form, Loneliness Scale for Elderly and Spiritual Well-being Scale was used as data collection tools.

Personal Information Form: It consists of a total of 12 questions related to socio-demographic (age, gender, education, marital status, family type, working status, income level, presence of chronic disease) and pandemic-related characteristics of elderly individuals.

Spiritual Well-Being Scale (SWBS): It is a 5-point likert scale with 29 items developed by Ekşi and Kardaş (2017) for adults (1= Not suitable for me, 4= Completely suitable for me).¹⁴ Total score ranges between 29-145 points. The scale has 3 subscales: transcendence, harmony with nature, and anomie. If total score is calculated from the scale, items of the anomie subscale are reversely scored. The total coefficient of Cronbach's alpha internal consistency of the scale was found to be 0.88.¹⁴In this study, Cronbach's alpha internal consistency coefficient of the scale was calculated as 0.74.

Loneliness Scale for Elderly (LSE): It is a scale developed by John Gierveld and Kamphuis based on cognitive behavioral approach to measure loneliness level and it was revised by Van Tilburg and John-Gierveld.^{15,16}Its Turkish validity was conducted by Akgül and Yeşilyaprak.¹⁷ This 3-point Likert scale has eleven items and two subscales. General loneliness score is calculated by summing of two subscales of the scale (0=yes, 1= may be, 2=no). Five items of the scale that measure social loneliness (items 1, 4, 7, 8, and 11) are positive (0=yes, 1= may be, 2=no) and six items (items 2, 3, 5, 6, 9, and 10) that measure emotional loneliness are negative (2=yes, 1=may be, 0=no). Minimum and maximum scores of the scale are 0 and 22. Chronbach's alpha internal consistency coefficient of the scale was found to be 0.85.¹⁷In this study, Chronbach's alpha internal consistency factor was calculated to be 0.73.

Data Analysis

The data were assessed in the SPSS 24.0 (Statistical Packet for Social Sciences for Windows) statistical software. It was determined using Kolmogorov-Smirnov and Shapiro-Wilk tests that the data were not normally distributed. Spearman correlation analysis was used to measure the correlation between Mann-Whitney U for paired groups, Kruskal-Wallis for multiple groups, and SWBS and LSE scores. In addition, descriptive statistics (percentage, frequency, mean, standard deviation, minimum, maximum) were used to evaluate the data. The Cronbach's alpha has been computed. The value of $p < 0.05$ was accepted for statistical significance.

Ethical Considerations

Osmaniye Korkut Ata University Ethics Committee (Ethics Committee Date: 11.01.2021, No: E.880) was obtained to conduct the study. In addition, the research permission was obtained from the Republic of Turkey Ministry of Health. At the top of the digitally prepared form, the aim of the study and the statement stating that the participation is based on volunteerism is included. The identity information of the participants was not recorded in the survey. This study was carried out in accordance with the Principles of the Declaration of Helsinki.

Results

It was determined that 84.5% of the elderly individuals participating in the study were in the age range of 65-74 years, 58.2% were female, 80.1% were single, 76.8% were ≤ primary school graduates, 96.7% were unemployed and 56.5% were an income equal to expense. 61.2% of the participants were a large family structure, 76.1% were 1-4 children, 14.1% lived alone, 55.5% were a chronic disease, 95%, It was determined that 2 of them were afraid of COVID-19 and 55.0% prayed while staying at home during COVID-19 (**Table 1**).

Table 1. The distribution of socio-demographic characteristics of the elderly individuals (n=582)

		n	%
Age	Age range of 65-74 years	492	84.5
	Age range of 75-84 years	844	14.4
	≥ 85 years	6	1.1
Gender	Female	339	58.2
	Male	243	41.8
	Single	466	80.1
Marital status	<i>Never been married</i>	7	1.5
	<i>My wife/husband died</i>	395	67.9
	<i>I divorced my wife/husband</i>	64	10.7
Educational level	Married	116	19.9
	≤ primary school	447	76.8
	High school	103	17.7
Employment status	University	28	4.8
	Postgraduate	4	0.7
	Yes	19	3.3
Income status	No	563	96.7
	<i>Having no job</i>	87	14.9
	<i>Retired</i>	476	81.8
Family type	Income less than expense	237	40.7
	Income equal to expense	329	56.5
	Income more than expense	16	2.8
Number of children	Nuclear family	226	38.8
	Extended family	356	61.2
	None	7	1.2
Living alone	1-4	443	76.1
	≥ 5	132	22.7
	Yes	82	14.1
Chronic disease	No	500	85.9
	<i>I live with my wife /husband</i>	80	13.7
	<i>I live with my children</i>	384	66
Fear of Covid-19	<i>I live with my wife/husband and children</i>	36	6.2
	Yes	323	55.5
	No	259	44.5
*What people did at home during Covid-19	Yes	554	95.2
	No	28	4.8
	Watching TV	300	51.5
Mean Age (Year)	Reading newspaper, book	65	11.2
	Praying	320	55.0
	Surfing the Internet	72	12.4
	$\bar{X} \pm SD$	70.23±4.27	

*Multiple options are marked.

It was found that there was a significant difference between SWBS mean scores of the participants in terms of their age and marital status ($p < 0.05$). A significant difference was found between the anomie subscale mean scores of the elderly individuals in terms of their gender and family type ($p < 0.05$). According to the family type, a significant difference was determined between the mean scores of the Transcendence subscale ($p < 0.05$) (**Table 2**).

Table 2. The distribution of socio-demographic characteristics and SWBS total and subscale mean scores of the elderly individuals

		Transcendence $\bar{X} \pm SD$	Harmony with nature $\bar{X} \pm SD$	Anomie $\bar{X} \pm SD$	SWBS Total $\bar{X} \pm SD$
Age	Age range of 65-74 years	67.96 \pm 4.67	32.64 \pm 2.27	25.20 \pm 3.21	125.81 \pm 7.26
	Age range of 75-84 years	66.52 \pm 4.68	32.05 \pm 2.40	25.21 \pm 3.34	123.79 \pm 7.68
	\geq 85 years	66.83 \pm 6.91	33.00 \pm 4.00	26.33 \pm 4.22	126.16 \pm 2.4
	Significance*	$p=0.735$	$p=0.654$	$p=0.542$	$p=0.046$
Gender	Female	67.87 \pm 4.89	32.53 \pm 2.39	24.98 \pm 3.44	125.39 \pm 7.90
	Male	67.57 \pm 4.46	32.59 \pm 2.22	25.53 \pm 2.91	125.70 \pm 6.66
	Significance**	$p=0.520$	$p=0.617$	$p=0.028$	$p=0.520$
Marital status	Married	67.63 \pm 4.80	32.55 \pm 2.32	25.30 \pm 3.23	125.50 \pm 7.45
	Single ⁺	68.18 \pm 4.34	32.58 \pm 2.32	24.85 \pm 3.23	125.62 \pm 7.27
	Significance**	$p=0.373$	$p=0.878$	$p=0.242$	$p=0.013$
Educational level	\leq Primary school	67.70 \pm 4.70	32.55 \pm 2.35	25.30 \pm 3.20	125.56 \pm 7.43
	High school	68.33 \pm 4.66	32.74 \pm 2.20	24.72 \pm 3.37	125.81 \pm 7.24
	\geq University ⁺⁺	66.37 \pm 4.89	32.12 \pm 2.19	25.50 \pm 3.20	124.80 \pm 7.65
	Significance*	$p=0.119$	$p=0.878$	$p=0.242$	$p=0.986$
Employment status	Yes	68.47 \pm 4.95	33.21 \pm 2.37	26.21 \pm 3.24	127.89 \pm 8.91
	No ⁺⁺⁺	67.72 \pm 4.71	32.54 \pm 2.32	25.18 \pm 3.23	125.44 \pm 7.34
	Significance**	$p=0.628$	$p=0.237$	$p=0.253$	$p=0.362$
Income status	Income less than expense	68.47 \pm 4.95	33.21 \pm 2.37	26.21 \pm 3.24	127.89 \pm 8.91
	Income equal to expense	67.72 \pm 4.71	32.54 \pm 2.32	25.18 \pm 3.23	125.44 \pm 7.34
	Income more than expense	67.74 \pm 4.72	32.56 \pm 2.32	25.21 \pm 3.24	112552 \pm 7.40
	Significance*	$p=0.628$	$p=0.237$	$p=0.253$	$p=0.362$
Family type	Nuclear family	68.30 \pm 4.57	32.65 \pm 2.38	24.87 \pm 3.54	125.83 \pm 7.44
	Extended family	67.39 \pm 7.39	32.50 \pm 2.28	25.42 \pm 3.01	125.32 \pm 7.39
	Significance**	$p=0.029$	$p=0.521$	$p=0.019$	$p=0.441$
Number of children	None	70.0 \pm 5.35	32.14 \pm 1.67	22.42 \pm 4.03	124.57 \pm 6.39
	1-4	67.64 \pm 4.60	32.50 \pm 2.30	25.30 \pm 3.09	125.45 \pm 7.11
	\geq 5	67.96 \pm 5.04	32.79 \pm 2.39	25.05 \pm 3.60	125.81 \pm 8.40
	Significance*	$p=0.316$	$p=0.386$	$p=0.078$	$p=0.886$
Living alone	Yes	67.67 \pm 4.54	32.37 \pm 2.38	25.24 \pm 3.55	125.29 \pm 7.86
	No ^{****}	67.76 \pm 4.75	32.59 \pm 2.31	25.21 \pm 3.19	125.56 \pm 7.33
	Significance**	$p=0.649$	$p=0.349$	$p=0.935$	$p=0.489$
Chronic disease	Yes	67.84 \pm 4.92	32.60 \pm 2.38	25.15 \pm 3.27	125.60 \pm 7.67
	No	67.61 \pm 4.42	32.50 \pm 2.22	25.20 \pm 3.36	112531 \pm 7.27
	Significance**	$p=0.401$	$p=0.668$	$p=0.977$	$p=0.411$
Fear of Covid-19	Yes	67.79 \pm 4.74	32.56 \pm 2.32	25.21 \pm 3.25	125.57 \pm 7.40
	No	66.75 \pm 4.13	32.57 \pm 2.25	25.17 \pm 2.96	124.50 \pm 7.59
	Significance**	$p=0.175$	$p=0.985$	$p=0.631$	$p=0.535$

SWBS= Spiritual Well-being Scale, LSE=Loneliness Scale for Elderly. ⁺ Single= Never been married, My wife/husband died, I divorced my wife/husband. ⁺⁺ \geq University=Postgraduate and License. ⁺⁺⁺ No= Unemployed and Retired. ^{****} No= I live with my wife /husband, I live with my children, I live with my wife/husband and children. *Kruskal Wallis test. **Mann-Whitney U test. $p < 0.05$.

There was a significant difference between Loneliness Scale for Elderly and Social Loneliness subscale mean scores based on age of the participants ($p < 0.05$) (**Table 3**).

Table 3. The distribution of socio-demographic characteristics and LSE total and subscale mean scores of the elderly individuals

		Social loneliness $\bar{X} \pm SD$	Emotional loneliness $\bar{X} \pm SD$	LSE Total $\bar{X} \pm SD$
Age	Age range of 65-74 years	7.64±2.13	8.86±2.34	16.51±3.72
	Age range of 75-84 years	7.09±0.22	9.10±2.29	16.90±3.54
	≥ 85 years	7.44±1.00	11.00±1.09	20.00±3.40
	Significance*	p=0.037	p=0.256	p=0.047
Gender	Female	7.64±2.13	8.79±2.35	16.43±3.73
	Male	7.74±2.14	9.10±2.31	16.84±3.66
	Significance**	p=0.571	p=0.102	p=0.186
Marital status	Married	7.61±2.11	8.88±2.34	16.50±3.64
	Single ⁺	7.94±2.20	9.09±2.29	17.04±3.91
	Significance**	p=0.148	p=0.354	p=0.195
Educational level	≤ Primary school	7.66±2.10	8.88±2.33	16.54±3.65
	High school	7.78±2.30	9.08±2.42	16.87±4.01
	≥ University ⁺⁺	7.62±1.93	8.96±2.20	16.59±3.46
	Significance*	p=0.942	p=0.715	p=0.738
Employment status	Yes	8.00±2.44	8.89±2.28	16.89±4.38
	No ⁺⁺⁺	7.67±2.12	8.92±2.34	16.59±3.68
	Significance**	p=0.642	p=0.833	p=0.961
Income status	Income less than expense	8.00±2.44	8.89±2.28	16.89±4.38
	Income equal to expense	7.67±2.12	8.92±2.34	16.59±3.68
	Income more than expense	7.68±2.13	8.92±2.33	16.60±3.70
	Significance*	p=0.642	p=0.833	p=0.961
Family type	Nuclear family	7.69±2.22	8.87±2.39	16.57±3.86
	Extended family	7.67±2.07	8.95±2.30	16.63±3.60
	Significance**	p=0.887	p=0.630	p=0.728
Number of children	None	7.00±2.00	8.85±1.77	15.85±3.18
	1-4	7.68±2.17	8.94±2.34	16.62±3.79
	≥ 5	7.71±2.01	8.86±2.35	16.57±3.43
	Significance*	p=0.672	p=0.884	p=0.818
Living alone	Yes	7.07±4.00	7.95±2.29	14.12±2.58
	No ^{****}	7.53±3.65	7.63±2.10	13.89±2.29
	Significance**	p=0.246	p=0.246	p=0.484
Chronic disease	Yes	9.03±2.32	7.75±2.12	16.79±3.73
	No	8.96±2.38	7.62±2.19	16.59±3.71
	Significance**	p=0.432	p=0.771	p=0.698
Fear of Covid-19	Yes	7.79±3.73	7.75±2.12	14.03±2.32
	No	7.59±3.71	7.62±2.19	13.96±2.38
	Significance**	p=0.145	p=0.148	p=0.358

SWBS= Spiritual Well-being Scale, LSE=Loneliness Scale for Elderly. ⁺ Single= Never been married, My wife/husband died, I divorced my wife/husband. ⁺⁺ ≥ University=Postgraduate and License. ⁺⁺⁺ No= Unemployed and Retired. *Kruskal Wallis test. **Mann-Whitney U test. p < 0.05. ^{****} No= I live with my wife /husband, I live with my children, I live with my wife/husband and children.

SWBS total mean score of the participants was 125.52±7.40, mean scores of the subscales were 67.74±4.72 in the transcendence subscale, 32.56±2.32 in the harmony with nature subscale, 25.21±3.24 in the anomie subscale. LSE total mean score of the participants was 16.60±3.70, and mean scores of the subscales were 7.68±2.13 in the social loneliness subscale and 8.92±2.33 in the emotional loneliness subscale (**Table 4**).

Table 4. The distribution of SWBS and LSE total and subscale mean scores and minimum-maximum values

	\bar{X}	SD	Minimum-Maximum values obtained
SWBS total	125.52	7.40	29-145
Transcendence	67.74	4.72	15-75
Harmony with nature	32.56	2.32	7-35
Anomie	25.21	3.24	7-35
LSE total	16.60	3.70	0-22
Social loneliness	7.68	2.13	0-10
Emotional loneliness	8.92	2.33	0-12

SWBS= Spiritual Well-being Scale, LSE=Loneliness Scale for Elderly.

A negative weak correlation was determined between Spiritual Well-Being Scale and Loneliness Scale for Elderly ($r=-0.341$, $p=0.000$) (**Table 5**).

Table 5. Correlation distribution of SWBS and LSE total and subscale scores

		1	2	3	4	5	6
1 SWBS total	r^*						
	p						
2 Transcendence	r	0.867					
	p	0.000					
3 Harmony with nature	r	0.811	0.705				
	p	0.000	0.000				
4 Anomie	r	0.382	-0.033	0.065			
	p	0.000	0.424	0.119			
5 LSE	r	-0.341	-0.253	-0.266	0.254		
	p	0.000	0.000	0.000	0.000		
6 Social loneliness	r	-0.299	-0.169	-0.261	0.328	0.806	
	p	0.000	0.000	0.000	0.000	0.000	
7 Emotional loneliness	r	-0.237	-0.245	-0.370	-0.264	0.848	0.387
	p	0.000	0.000	0.000	0.000	0.000	0.424

SWBS= Spiritual Well-being Scale, LSE=Loneliness Scale for Elderly. *Spearman’s Correlation test, $p < 0.01$.

Discussion

At the end of the findings obtained from study, it was determined that spiritual well-being reduced the feeling of loneliness among elderly people in Turkey during the COVID-19 pandemic.

It was determined that the spiritual well-being levels of ≥ 85 -year-olds among the elderly who participated in the study were higher than in the other age groups. In their study, Ali et al., found that spiritual well-being levels were positively associated with age.⁵ Differently from the finding of the present study, in their study Gürsu and Ay stated that there was no significant difference between age groups in spiritual well-being in elderly individuals. This result can be associated with high mortality rate in elderly individuals and those with chronic diseases during the pandemic process. Those aged ≥ 85 years in Turkey, thinking that death is approaching with age, have increased their worship by turning to spirituality and may have started praying to get rid of the negative psychology caused by Covid-19. Religiosity appears an important factor related to spiritual well-being. In one study, there was a positive correlation between religiosity and spiritual well-being in individuals over 60 years of age.⁹ Fundamental approaches related to the role of religion in the aging process can be expressed as "religiosity increases with increasing age".¹⁸ In the İnce's study, it is stated that it is an acceptable approach to assess the judgment of "human beings become religious as they get older" as the potential to turning to religion.¹⁹ In general, the development of faith is observed in the elderly due to the awareness about the inevitability of death and fear of death.²⁰

It was determined that the anomie subscale mean score of male participants was significantly higher compared to female counterparts. Likewise, in Paksoy's study, it was reported that the fear experienced by men due to Covid-19 was greater compared to women, and faith had a significant impact on the emerging fear and behaviors.²¹ In their study, Hirawaka et al., also stated that older men who were living alone increased their spirituality compared to older individuals from the same age group who were not alone.²² In their study, Kowalczyk et al., stated that women's beliefs and spirituality strengthened in the face of the Covid-19 pandemic, which is not compatible with the present study.¹² This difference may be caused by anxiety and loneliness caused by the Covid-19 pandemic. It was found in the studies that spirituality was associated with anxiety.²³

It was determined that spiritual well-being mean score of single participants was higher. The result may be associated with the fact that single elderly individuals (who lost their spouses, were divorced or never married) were feeling lonely in the process of staying at home and directed to spirituality to cope with this loneliness. In the study by Rezaei et al., the spiritual well-being scale scores of single older individuals were higher than the married counterparts, which is compatible with the result of the present study.²⁴ In their study, Gürsu and Ay stated that there was no significant difference between marital status and spiritual well-being levels, which is not compatible with the present study.⁹ This difference was thought to be the fact that the study was conducted during the pandemic.

In the study it was determined that the LSE total mean score of those aged 65-74 and those aged ≥ 85 was significantly higher. The retirement age is around 65 years of age and individuals in this age range move away from the work environment upon retirement and so environmental change can cause the feeling of loneliness. In a study conducted at a nursing home, it was reported that the decreased social relations increased loneliness and 46.6% of the elderly came to the nursing home to avoid being alone.²⁵ In addition, inadequate social and emotional bonding causes to feel sense of loneliness more in the elderly.²⁶ In their study, Polat and Karasu reported no significant correlation between age and LSE total mean scores.²⁷ An elderly individual, who passes from an active position to a passive position and cannot fulfill his/her previous roles, has to lead a lonely and isolated life by distancing away from his professional life and social and cultural surroundings. Today, the elderly has increasingly loneliness and social isolation problems due to individual, physiological and environmental reasons. These reasons and rapid changes in the social structure make it difficult for them to adapt to this situation and lead them to experience a more intense social isolation and loneliness in the elderly. In addition, it is clear that minimizing face-to-face interaction during the pandemic, isolating individuals with chronic diseases over the age of 65 at home, and inability to see children, grandchildren, neighbors or loved ones/relatives in this process increase the level of loneliness.

Spiritual well-being levels of the elderly individuals (125.52 ± 7.40) were found to be high. SWBS total mean score was 96.26 ± 17.93 in the study by Ali et al., and 108.06 ± 12.97 in the study by Gürsu and Ay.^{5,9} In the present study, it was found that the spiritual well-being mean score of the elderly individuals was higher than the scores determined in the previous studies. The fact that the present study was conducted during the pandemic (a life-threatening situation) was thought to be effective in the high levels of spiritual well-being of the elderly individuals. During the COVID-19 pandemic, most people turn to faith and prayer.¹² Chirico and Nucera stated that they witnessed various religious transformations among their medical colleagues during the Covid-19, which is probably scientific proof that the closer one approaches to death, the more one turns to spirituality.²⁸ Since spirituality is related to an individual's basic values, orientation, deep connections, mental and physical health, beliefs, it is useful in dealing with major stressors as well as positive psychological concepts.⁵ Spirituality is a highly effective issue in all areas of life. Each individual has a spiritual approach shaped by other social and individual characteristics and values. Spiritual life in Turkey maintains strongly its

effectiveness. Spiritual values are a protective factor in terms of both community health and individual health.²⁹

It was found that the loneliness levels of the elderly individuals were high (16.60 ± 3.70) and their emotional loneliness mean score was higher than the social loneliness mean score. In their study, Polat and Karasu found LSE mean score of elderly individuals as 10.84 ± 5.58 and Göker, Tekedere and Arpaç determined the LSE mean score as 14.79 ± 5.50 . In their study, Kalinkara and Sarı found that the loneliness levels of the elderly were above the moderate level (11.55).^{27,30,31} While emotional loneliness is conceptualized as the absence of love or close relationships in an individual's life, social loneliness is conceptualized as one's having no acceptable place in society or lack of social networks. Loneliness is more common when there are no emotional or social bonds due to the fact that social relationships are important for the elderly. There are many factors that can cause individuals to feel lonely.³⁰ The reasons behind why people experience such intense isolation and feeling of loneliness during old age are that older individuals have to live alone, their children are away or they live a very stressful life with their adult children. The fact that these factors are more in the pandemic process may have increased the loneliness levels of elderly individuals.

In the study, it was found that there was a negative correlation between spiritual well-being and loneliness and loneliness decreased as the level of spiritual well-being increased. The result we obtained may be associated with the fact that elderly individuals are closer to God and turn to spirituality in order to cope with the loneliness created by staying at home during the pandemic.³ Spirituality in elderly individuals makes a great contribution in overcoming loneliness, loss of roles, physical inadequacy, stress, depression and similar problems or dealing with difficulties.³² Elderly individuals more frequently use religion and praying God to cope with loneliness and depression.³³ Long-term care services of older people in Turkey are traditionally provided by their families and children. In recent years, some changes such as economic and cultural changes and transition from extended family to nuclear family in Turkey have led to the elderly to become lonely, in other words they are forced to be alone. Individuals are drawing their own way to cope with the normal lifestyle lost in the Covid-19 epidemic and the problems that arise as a result of the disease. One of these ways for older individuals is to turn to spirituality.

Conclusion

It was found that the elderly individuals who were aged ≥ 85 years and singles had higher levels of spiritual well-being. The participants aged ≥ 85 years had higher levels of loneliness. Spiritual well-being and loneliness levels were high for all of the participants. Spiritual well-being of the elderly was correlated with loneliness.

Health promotion and protection of the elderly individuals includes structural reforms concerning the cultural structure of the whole society and interventions for society, families and individuals as a whole. In addition to the support to be given to the individual during old age, the feeling of spirituality experienced by the individuals has an important place in making their life easier, not feeling lonely and namely enhancing their quality of life.

First of all, nurses should be aware of their own values, beliefs, practices and philosophy of life, and should be able to evaluate the situation of elderly individuals and their families from their perspective, that is, by empathizing. While working with elderly individuals, nurses should carefully evaluate the spiritual dimension that increases their quality of life and helps to improve their loneliness with a holistic approach.

Study Limitations

The collection of the data of the study in the digital environment due to the pandemic is an important limitation. Because the rate of use of social media platforms by elderly individuals is lower than that of young people.

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Conflict of interest

There is no conflict of interest.

Ethical Approval

Osmaniye Korkut Ata University Ethics Committee (Ethics Committee Date: 11.01.2021, No: E.880) was obtained to conduct the study. In addition, the research permission was obtained from the Republic of Turkey Ministry of Health.

Author Contributions

Filiz Polat: Study conception and design, data collection, data analysis and interpretation, drafting of the article, critical revision of the article.

Fatma Karasu: Study conception and design, data collection, data analysis and interpretation, drafting of the article, critical revision of the article.

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