Role of Quran recitation in mental health of the elderly

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Abstract

Aims: The elderly residence in nursing homes in Iran has a growing trend and maintaining and promoting the mental health of this vulnerable group is of great importance. The present study was conducted in order to identify the prognostic factors of mental health in Elderly resided in geriatric centers.

Methods: This cross-sectional study was conducted during summer 2007 on 56 elderly resided in the Golabchi nursing home in Kashan. The participants were selected using purposive sampling method. They had normal IQ, were able to understand the questions, and had no psychosis, no known psychological disorder and Alzheimer. The study was undertaken using a 28-article form of the standard general mental health questionnaire (GHQ-28) and a researcher-made questionnaire including the demographic and personal questions. After data extraction, the data was progressively analyzed using SPSS 16 software, and using statistical tests including Chi-square and multivariate linear regression analysis.

Results: 41.1% of the samples lacked mental health. The mental health status showed a significant correlation with the previous agreement to stay in the nursing home and Quran recitation while staying, but didn't have any significant correlation with age, sex, marital status, the reason of residence in the nursing home, educational level, previous residence of the relatives in the nursing home, and satisfaction with staying there. 55.4% of the score variance of elderly mental health ($p<0.001$; $F=11.16$) was explained by three variables of "religious activities while staying in nursing homes", "education" and "previous agreement with staying in nursing home".

Conclusion: providing the necessary facilities for religious activities and drawing the agreements of the elderly in order to stay in the nursing home help the promotion of mental health of the elderly who reside in nursing homes.

Keywords: Nursing home, Mental Health, Religious Activities, The Elderly

Introduction

Elderly population has progressively increased in many developed countries [1, 2]. In 2000, nearly 13% of the world population was over 65 years old that 18% of them were above84 years old. It is expected that by 2040 this proportion will reach to 20% [3]. Increase in life expectancy is the most important human achievements. Life expectancy was less than 50 years in 19th century and reached to 66 years in 21st century [4]. Iran has been one of the youngest countries in 1970's, but statistical indicators and the population show that the trend of aging in Iran has started and developed. Continuing this trend, around 2030, a burst will occur in the elderly population in Iran and 25 to 30% of the population will be over 50 years old [5].

About two millions of U.S citizens live in nursing homes and it is estimated that by 2030 this figure will reach to 5 million [6]. Four to 5% of old people live more than 65 years in the United States in nursing homes all the time [7]. In Iran, the trend of passing the elderly people to nursing home has been soaring.

Adopting appropriate policies to promote physical, mental and social possessing of the elderly is essential. Although, culturally, Iranians like to live with old

people and take care of them, some reasons such as transformation of the form of family from the extensive family to the core family and changing of attitudes in support of families bring about an increase in transfer of the old people to nursing homes. Old people who experience this movement show different emotional, psychological, behavioral and physical symptoms. Most of these people have signs such as disability, insecurity and dissatisfaction of living in new place. Most people feel symptoms such as fear, sadness, anger, anxiety, loneliness, confusion and depression [8, 9]. Stephen et al. state that 40% of the elderly residing in nursing homes needs psychological services [10]. While in Tohi's study, the amount of hope has been reported at a high level [11]. In several studies, the effect of various factors including the cause and motivation to stay in the nursing homes and physical problems of residents [12], social support [13], having to stay in the nursing home [14], lack of economic support [15], age [16], presenting spiritual rehabilitation care[17] conceived religious believes [18] and practicing religious beliefs [19] on the health of elderly who reside in nursing homes and especially their mental health has been investigated. Considering the variety of listed factors, the purpose of this study was to examine the role of

the holy Quran as a predictive factor of mental health in old people who reside in nursing homes.

Methods

In this cross sectional study, during the summer of 2007, 56 old people were chosen from 100 old people resided in Golabchi nursing home of Kashan who had the inclusion criteria (normal IQ, ability to understand the questions, not having Alzheimer's disease and psychological disorders) based on purposive sampling method and were evaluated. In order to collect data, a questionnaire including demographic indexes and personal condition (life satisfaction in that place, existence of relatives in home, prior knowledge about residence in place, previous agreement with residence in place, reciting the Holy Quran, the reason of staying in nursing home, etc.) and a standard questionnaire containing 28 articles on general psychological health (GHQ-28). In the mentioned questionnaire, each question had four options. The scoring was performed based on Likert four-option scale: "no" (zero), "little" (1), "high" (2) and "very high" (3). Scores could range from 0 to 84 for each individual. Several studies indicate that the Likert method cause the increase of screening test indexes [20]. It should be noted that this questionnaire involves four sub-scales of physical symptoms, anxiety and insomnia, disorder in social functioning and depression. By definition, people with scores below 23 are considered mentally healthy [21]. In the research of Abraham et al., the validity of GHQ-28 is 0.78 and its reliability is 0.9, and its Cronbach's alpha is 0.97, the sensitivity is 0.8 and the specificity is 0.99 [22].

Table 1- The frequency distribution of the studied subjects based on the situation of psychological health based on probable related factors

Index		Psychological health		Total	Level of significance
		Healthy	Unhealthy		
Age (year)	52-61	8(24.2)	7(30.4)	15(26.8)	p>0.05
	62-74	14(42.4)	4(17.4)	18(32.1)	
	75-110	11(33.3)	12(52.2)	23(41.1)	
Gender	Female	20(60.6)	16(69.6)	36(64.3)	p>0.05
	Male	13(39.4)	7(30.4)	20(35.7)	
Marital status	Dead or divorced	17(51.5)	13(56.5)	30(53.6)	p>0.05
	Alive spouse	1(4.3)	1(3)	2(3.6)	
	Never married	15(45.5)	9(39.1)	24(42.9)	
Source of income before residence in nursing home	Charitable institution	27(81.7)	19(82.6)	46(82.1)	p>0.05
	Personal	6(18.2)	4(17.4)	10(17.9)	
The reason of residence in nursing home	Without the racism	18(54.5)	10(43.5)	28(50)	p>0.05
	Physical problems	11(33.3)	9(39.1)	20(35.7)	
	Mental psychological problems	4(12.1)	4(14.3)	8(14.3)	
Previous residence of relatives in nursing home	No	32(97)	21(91.3)	53(94.6)	p>0.05
	Yes	1(3)	2(8.7)	3(5.4)	
Satisfaction with residence in nursing home	Low	4(12.1)	4(17.4)	8(14.3)	p>0.05
	To some extent	15(45.5)	10(43.5)	25(44.6)	
	High	14(42.4)	9(39.1)	23(41.1)	
The chief will	Returning home	28(84.8)	17(73.9)	45(80.4)	p>0.05
	Death	0(0)	2(8.7)	2(3.6)	
	Pilgrimage	0(0)	2(8.7)	2(3.6)	
	Health	3(9.1)	2(8.7)	5(8.9)	
	Visiting children and relatives	2(6.1)	0(0)	2(3.6)	
Previous agreement with residence in nursing home	Never	42.4(14)	19(82.6)	33(58.9)	χ^2=9 p=0.011
	Low	11(33.3)	2(8.7)	13(23.2)	
	High	8(42.4)	2(8.7)	10(17.9)	
Reciting Quran before residence	Didn't have	7(30.4)	32(69.7)	30(53.6)	χ^2=12.65 p=0.002
	Occasionally	8(34.8)	9(27.3)	17(30.4)	
	Always	8(34.8)	1(3)	9(16.1)	
Reciting Quran during residence	Didn't have	12(52.2)	31(93.9)	43(76.8)	χ^2=14.43 p=0.001
	Occasionally	10(43.5)	1(3)	11(19.6)	
	Always	1(4.3)	1(3)	2(3.6)	

After attracting people's cooperation and ensuring them that the information will remain confidential, the way for completing questionnaire was taught by two psychological experts and then it was given to them.

The questionnaire was completed in form of self-reporting and without inserting the name and family name. In cases that the individual was unable to fill the questionnaire, it was filled by the experts. After determining the score of psychological health, the frequency of research unit was determined based on psychological health. In order to investigate the relation between evaluating indexes and psychological health the statistical Chi-square test was used. In order to investigate the relation between independent variables and the index of mental health and determining the share of each in determining the level of health, multivariate stepwise regression analysis (variables of reciting Quran, level of education and previous agreement with residence was inserted into the model in form of zero, one and two). Data was analyzed by SPSS 16 software.

Results

89.3% of samples were illiterate, 7.1% could read and write, 1.8% had guidance school degree and 1.8% had diploma. Most elderly women (58.3%) were housewives, 2.8% had free job and others had household jobs before residence in the nursing home. 29% of men were laborers, 29% were workers, 15% had free jobs, 35% were farmers and others were unemployed. The economic situation of 60.8% of individuals before residence was inappropriate, 30.4% had average economic situation and 8.8% had appropriate economic situation.

Table 2- Multivariate regression analysis of effective factors in mental health of the elderly people who reside in nursing homes

Model	R^2	B	T	Level of significance
Fix	-	8.495	2.065	0.049
Reciting Quran during residence	0.296	6.171	2.503	0.019
Level of education	0.131	8.694	3.525	0.002
Previous agreement with residence	0.127	-3.079	-2.768	0.010

Totally, 23 elderly people (%41.1) of investigated samples were identified as lacking the indexes of psychological health indexes. The effect of "previous agreement with residence in the nursing home", "reciting Quran before residence in the nursing home" and "reciting Quran during residence in the nursing home" on the psychological health was significant based on the univariate analysis (Table1).
The results of multivariate regression analysis in simultaneous presence of three effective variables on mental health (reciting Quran during residence in the

nursing home, level of education and previous agreement with residence in the nursing home) has been brought in Table 2 (p=0.0001; f=11.16). 55.4% of the observed variance in elderly mental health was determined with this variable. Reciting Quran during residence in the nursing home can be justified as the most effective factor of 29.6% of variance.

Discussion & Conclusion

Multivariate regression method introduced the factor of "reciting Quran during staying in nursing home" as the most effective predictive factor on mental health of elderly people in Golabchi nursing home of Kashan. 41.1% of the studied elderly people lacked the index of mental health. Nejati [23], reports the amount of depression, anxiety, social dysfunction and physical symptoms in elderly people are 48.3%, 86.7%, 86.7% and 86.7%, respectively. According to the results Joghtayee and Nejati's study in Kashan, 34.2% of elderly people have severe depression. Malekafzali et al. [25], report the amount of depression in elderly is 30% in women and 14.8% in men. Some studies state that the depression and anxiety in elderly people is more due to losing husband, children or losing physical health, social and family supports and economic security [16]. In the study of Sadeghi [15], 42% severe depression and in the study of Sohrabi [26], 43.7% severe depression and 27% severe cognition disorders were observed among elderly people resided in nursing homes.
In the qualitative research of Salarvand et al. [27], some elderly people assert that they have good feelings about living in the nursing home due to being far from family problems, having independence and being free from unpleasant family issues. However, some of the elderly people assert their negative feeling about staying in this place due to feeling worthless, lack of self-confidence, grief and banishment [27].
Likewise, in a study, Kerber et al. [28] report depression in half of elderly people who reside in nursing homes and introduce the loss of activities, interests, lack of energy, feeling of worthlessness and helplessness as examples of depressive behaviors. Teresi, believes that 6.5% of people who reside in nursing homes have major emotional disorders [29]. Elderly people can experience anxiety, stress, confusion and depression at the time of moving from one place to another [30]. The study of Salarvand et al. also confirms this issue that elderly people experience stress and depression after moving to the nursing home or moving from another home to a new one or

even moving from one room to another one in the same home [27].

The current study did not show a significant statistical difference between the mental health of married groups, the elderly people who have lost their spouse or the ones who have never married, but the research of Mohaqeqi a significant relationship between the variable of life quality and the marital state of retired people (non-resident in nursing homes) is shown in a way that the average of life quality score in widowed elderly was lower and was indicative of the effect of elderly family support in their life quality [16]. It seems that this difference is important in the elderly who reside out of nursing homes.

The income source of 82% of the studied elderly, had been charity centers before their residence in the nursing home; However, no significant differences was observed in the source of income before staying in the nursing home in two groups of with and without mental health as well as the economical level of the two groups.

Some elderly people are settled in nursing homes due to the lack of financial support for an independent life [12]. 37% of elderly people receive financial support from others [20]. There is no statistically significant correlation between their quality of life (in terms of anxiety and depression indices) and retirees' income [16]. There is a significant relationship between the quality of life and economical status, so that the mean of life quality scores reduces by improvement of the economical status [31]. According to Hesamzadeh, there is a significant relationship between the life quality scores and the elderly income [32]. Among the factors that are influential in bringing about problems is the reduction or loss of income sources. This makes the elderly to reduce their living costs and in some cases not being able to cope with their expenditures, even for those who receive salary and pension. Concerning those who are alone and are not financially supported by their relatives and government, this issue makes them be involved in some unfavorable conditions in their life. According to the results of this study, the main reason for staying in nursery homes were being unsupervised and having physical and mental-emotional problems that showed no significant statistical difference between two healthy and patient groups. Moreover, there was no significant correlation between satisfactions with staying in the nursery home in the two groups. In a qualitative research by Salarvand and Abedi [12], participants state that physical problem and residing for receiving care are the main reasons for their optional entrance.

In case of any chronic disease or disability for the elderly, independent living is not possible for them; therefore, nursery home is one of the alternatives for their independent life [33].

In the present study, the greatest wish of the elderly was returning to home (80.4%), although there was no significant statistical difference in the two groups. Social support protects older people against the harmful effects of stress and promotes their emotional and physical wellbeing. In Salarvand and Abedi's research, the common theme in the findings was "the social life importance". Most people believe that frequent visits, especially on the side of family members, are necessary to maintain happiness in older adults [13]. The impression is so strong that many of the staffs become worried about those elders who have no permanent visit from their family members [34]. Lee, in his study states that a house with its associated memories, creates a sense of security, control and personal identity; therefore, the lack of home and personal belongings leads to lack of accompanying memories that results in negative feelings in the elderly [9].

The rate of previous agreement for staying in the nursery home showed significant differences in both groups and the rate of prior disagreement was observed more among the patient group. Moreover in the multivariate analysis, "previous agreement" was known to be a predictive factor for mental health and explained 12.7% of the variance. In Salarvand and Abedi's research, some participants mention the surprising and forceful entrance to the nursery home, staying without prior notice, forced and decisive stay and staying in the unconscious state etc. [12].

The illiteracy rate of participants was 89.3%. However, there was no significant difference in the two groups' education level, but in multivariate analysis, it was determined to be a factor in mental health and predicted 13.1% of the mental health variance. In the studies by Raf'ati et al [35], Habib et al [36] and Mohaqeqi et al [16], a statistically significant correlation is observed between the elder's quality of life and education level.

Multivariate analysis showed that reciting Quran during residence in nursing home as a strong predictive factor in mental health, Quran recitation was few among the group lacking mental health and it showed reduction compared to their situation before residence in nursing home. In other words, there is multivariate correlation between performing religious beliefs and mental wellbeing and people who act based on religious beliefs, have better mental health [19].

The findings of this research are in consistency with the information obtained from the findings of different background studies on types of support, which show active religious people have rather higher level of happiness [37].

Based on the study results of Oman and Reed [38], people who participate in religious ceremonies have less mortality and better health compared to people who do not participate in such ceremonies. The study results of Morovati et al in Yazd also show that the perceived religious support is a strong predictive of improving behaviors in health of elderly people. In the research of Malekafzali et al. [25], 18% of people mentioned Quran recitation, 10% mentioned attending religious places and 50% mentioned charity affairs. Religious beliefs are also correlated with the elderly age [39]. Bahrami and Ramezani [40] show a significant correlation between religious orientation and mental health and depression of elderly people.

Although, this research presents suitable findings about the effect of obeying religious beliefs, it is accompanied by limitations such as being limited to a group of elderly people who reside in nursing homes of Kashan. This limitation should be eliminated by regular repeated studies in different cities and investigating other group ages with other measuring tools. Paying attention to providing the requirements of conducting religious activities of people who reside in nursing homes and obtaining their previous agreement with residence nursing homes will help the improvement of mental health in elderly people who reside in nursing homes.

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