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The relationship between spiritual health and loneliness in students of shahid sadoughi University of Medical Sciences in 2023

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Abstract

Introduction: Access to health is a need and basic human rights and spiritual health is an important aspect of health. Loneliness is an unpleasant emotional experience that causes of emptiness, sadness and without belonging to the individual and effects of social, physical and psychological health.

With regard to the specific circumstances of the students, being far from family, concerns about future education and employment and the social structure of their environment and being at risk of loneliness and considering position of spirituality in the lives of youth and that research has not been done in this field, we decided to examine the spiritual health and its relationship with loneliness too.

Methods: This descriptive correlational study was conducted with cross-sectional method. The participants were 525 students from various faculties in medical university students. Data were collected by a questionnaire consisting of three parts: demographic data, UCLA loneliness and spiritual health questionnaire Palutzian and Ellison. Data were analyzed using SPSS software.

Results: In 524 students participating in the study, the average age of 21.06 ± 2.60 years,

25.2% were male and 74.8% female, 24.8% were married and 75/2% single, 19.1% of participants student of faculty of Nursing and Midwifery, Faculty of Health 36.3%, 23.5% paramedical and 21.1% Medical School, 72.9% of students living in dorm, 23.9% with family and 3.2% in individual home, 75.6% of undergraduate, 8.2% postgraduate and 15.1% professional doctorate degree and 1.1% in PhD are educating. 0.8 %, 63% and 36.2% of those were respectively with low, moderate and high spiritual health. A total mean score of spiritual well-being of individuals were 91.48 ± 17.60.

Students that were female, married, dormitories and students in graduate and faculty of health earn the highest scores were spiritual health. The mean score of spiritual health have correlation of statistically significant

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with location, the Faculty and the gender. The results showed that the majority (60.9%) had experienced a moderate level of loneliness and although males and single, with individual home, students in the faculty of nursing-midwifery and undergraduate students have earned the highest scores loneliness but statistically significant difference was don't observed between the average score of loneliness in various groups. Finally, the results showed a significant negative correlation between spiritual health and loneliness.

Conclusion: Considering the significant relationship loneliness and spiritual health and loneliness seems prelude to depression, attention to spiritual health is strategy in the prevention of mental health problems that should be of interest to cultural authorities.

Key words: loneliness, spiritual health, students

Introduction

Achieving health is one of the basic human needs and rights, and spiritual health is one of the important aspects of health. On the other hand, the need for belonging is one of the basic human needs that leads to the creation of human relationships.

However, loneliness is an unpleasant emotional experience that creates a sense of emptiness, sadness and belonging in a person and affects their social, physical and mental health. Anxiety and depression are problems that arise from constant feelings of loneliness.

Considering the special situation of students, their distance from family, concern for their academic and career future and the social structure of the environment and the risk of feeling alone.

And draws attention to the position of spirituality in the life of young people, because so far no research has been done in this area. We decided to study students' spiritual health and examine its relationship with loneliness. Discussion about the issue and the meaning of the issue. Achieving health is one of the basic human needs and rights, for decades health has been analyzed based on certain dimensions (physical, psychological, social).

The proposal to add the dimension of mental health to the concept of health brought to health experts the important dimension of individual and group life (John-Paul Vader, 2006).

This dimension of health ensures a harmonious and integrated connection between internal forces and is characterized by the qualities of stability, peace, harmony and harmony in life, a sense of close connection with oneself, God, society and the environment (Boivin M, 1999) .

Spiritual health is a person's spiritual experience from two different perspectives:

A) A religious perspective on health that focuses on how people experience health in their spiritual lives when they are connected to a higher power.

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b) Existential health perspective, which focuses on the social and psychological concerns of people, existential health deals with the adaptation of people to themselves, society or environment (OMIDVARI S, 2010).

Religion organizes the collective spiritual experiences of a group of people into a system of beliefs and practices. Religiosity refers to the degree of participation or acceptance of the beliefs and practices of an organized religion. Spirituality has a broader meaning than religion and is primarily a dynamic, personal and experiential process.

And this includes concepts such as mental health, peace and comfort of faith and spiritual compatibility, the experiences and manifestations of the individual in a unique and dynamic process that reflects faith in God or the infinite power and integration of all human dimensions.

Religion and spirituality are among the most important cultural factors that give structure and meaning to human values, behavior and experiences (Omidvari, 2017).

Psychologists believe that belief in God has an extraordinary power that gives a person spiritual strength and helps them cope with life's problems, but when mental health is seriously compromised, a person can suffer from mental health disorders such as loneliness, depression and loss of meaning . (Asghari, 2008)

On the other hand, the need for belonging is one of the basic human needs that leads to the creation of human relationships. Maintaining at least a few positive and stable relationships is a universal desire. Satisfying this need in a positive way and in a sustainable situation will lead to happiness and prosperity for both parties. Therefore, people who are unable to form this relationship are likely to experience a sense of deprivation that manifests as loneliness (Russell D, 1980).

Loneliness is a distressing condition that results from the perception that social connections do not meet some of one's expectations. This definition shows the emotional quality of loneliness, but loneliness emphasizes a cognitive element in addition to an unpleasant emotional experience (Serin NB, 2010).

Loneliness confronts participants with emptiness, sadness and a sense of belonging and affects social interaction with others, lifestyle, and a person's social, physical and mental health in different ways (Routasalo PE, 2006 and Gökhan B, 2010).

Loneliness as a causal factor affects the health and well-being of society and mental health.

Studies have shown that loneliness is significantly related to depression, poor general health and dysfunction, and anxiety and depression are problems caused by constant feelings of loneliness (Hemti Alamdarlu, 2017). Loneliness also affects the immune system and causes deterioration of health status and prevents the continuation of life (Russell DW, 1997).

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Nelson et al showed that high levels of spiritual health are associated with low levels of variables related to mental disorders such as depression, hopelessness and suicidal thoughts among cancer patients (Nelson CJ, 2002).

During their research, Chen and his colleagues discovered that giving up religion and cutting off relationships with God and wrong thoughts can cause and worsen mental health disorders in a person (Chen YY, 2006).

Another study also showed that spending more years in religious education can lead to higher levels of mental health and lower feelings of depression and loneliness (Ahmari, Tehran, 2017).
In addition, there is much research on the use of religious approaches in the treatment of mental health disorders such as depression, showing that religious approaches, such as prayer, can be used to improve mental health and reduce depression and anxiety, so through a positive attitude, religion reduces depression (Ahmari, Tehran, 2007 and Seyed Fatemi, 2005).

Today's students are a large group of young people who are initiating social, economic and political activities in society and changing society.And they can lead to the height of pride and success, or they can lead to decline and destruction (Sharifi 2018).

Therefore, it is clear that it is very important to pay attention to the physical and mental health of this segment of society and try to solve their problems. And depression is considered the main cause of disability worldwide, and it is estimated that the majority of students is 10-64% (Ahmari, Tehran, 2007).

We also focus on the unique characteristics of students, their distance from their families, concerns about their education and professionalism, and the social structure of their environment.
Loneliness and focus on the role of spirituality in young people's lives, as research in this area has not yet been conducted.

We decided to investigate the spiritual health of students and determine its relationship with loneliness.
An overview of similar studies:

In 2017, Ahmari Tehran and colleagues conducted a study to determine the relationship between attitudes toward religious issues and depression among students at Qom University of Medical Sciences.
In this descriptive study, 250 students at Qom University of Medical Sciences were surveyed using three questions about demographic characteristics, depression, and attitudes toward religious issues.
Data were analyzed using Chi-square, Mann-Whitney, Kruskal-

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Wallis, and the Spearman test at the level of significance ($P < 0.05$).

The researchers found that in this study, 44.8% of the studied samples had no depression, 37.2% had mild depression, 14.8% had moderate depression, 0.8% had severe depression, and 2.4% had very severe depression. Also, based on the religious scale, 82% of the studied samples had a positive attitude and 18% had a negative attitude.

There was a significant inverse relationship between depression and attitude type, and as positive attitude increased, depression also decreased ($P < 0.05$).
Based on the effect of religious beliefs and practices on mental health, the researchers of this study suggested using these skills when planning mental health activities, especially for young people.

Reza Shujayan and Afshin Zamani Monfared conducted another study with the purpose of investigating the relationship between the application of prayer in daily life and the mental health and work performance of technical workers in Tehran Ammunition Industries Group.
The study subjects were 304 randomly selected men. Their average age was 38.9 years (standard deviation 8) and their longest working life was 18 years (standard deviation 8.04).

The largest proportion of subjects (42.1%) was in primary school. Survey data were collected using the General Health Questionnaire (GHQ-28), the Prayer Questionnaire, and the Occupational Functioning Questionnaire. It is analyzed using methods of descriptive statistics, Pearson correlation coefficient, t-test and one-way analysis of variance.

As a result of the research, it was found that the use of religion has a significant relationship with the mental health of the subjects, and as the religion increases, the mental health improves.
The use of prayer also showed a significant relationship with the anxiety and depression subscales of the General Health Questionnaire.

In other words, an increase in the use of prayer was accompanied by a decrease in anxiety and depression. The researchers concluded that although prayer was related to mental health, prayer was not associated with job performance, and job performance was not associated with mental health.
A research was conducted by Mr. Firoz Amani and his colleagues under the title of investigating the prevalence of depression in students of Ardabil University of Medical Sciences in 2012.

This study is a descriptive study conducted on 324 students of Ardabil Medical School to measure the level of depression among students of

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Ardabil Medical School. The data collection procedure consisted of two parts: the first part asked about the demographic information of the study subjects, and the second part asked questions about the measurement of depression levels on the Beck Depression Inventory. Data were analyzed using spss software.

Descriptive statistics in the form of frequency tables and analytical statistics were used to investigate the relationship between variables. According to the research results, 186 (57.4%) of the 324 students who participated in the study suffered from different symptoms of depression, and 126 (64%) of them were clinically ill.21.4% of clinical depression was found in obstetrics students, and the highest prevalence was in operating room technicians, but no significant relationship was found between the academic environment and depression.

In the chi-square statistical test, the student's level of depression in each part of the week, the number of siblings, serious physical illness, indicated the presence of serious psychological problems in family members and the occurrence of major events in the year prior to the study.
A study on depression among students at Ardabil Medical College found that depression is very common and that a plan is needed to prevent this serious problem.

To find out the prevalence and influencing factors of depression in medical students, Ali Karimi Zarchi and his colleagues (19) planned and conducted another study "Depression and its influencing factors in medical students in 2013."
In the classification of epidemiological studies, this study was descriptive and cross-sectional. The research group included medical students.

One hundred and ninety-seven people were selected and the prevalence of depression was investigated using the Beck questionnaire (long form) along with the personal characteristics questionnaire.
Data were entered into the computer and analyzed with SPSS software (Version 10.0) using descriptive statistics and chi-square tests, t-test and Fisher's exact test. The average age of the studied students was 22.4 years (±10.7 years).Male students, married and living in the dormitory constituted 73.1%, 27.9%, and 74.6% of the studied sample, respectively.

The prevalence rate of depression was estimated to be 28.9% among students who had some degrees of depression, including 80.7% mild, 15.8% moderate, and 3.5% severe.
This study showed that the associations of age, gender, marital status, and residential life with the prevalence of depression were not statistically significant ($P > 0.05$).

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The prevalence of moderate and severe depression (6%) is low, considering that students in any society constitute the mental and human resources of that society.
And they are the ones who build the future of their country, on the other hand, 28.
9% of them suffer from depression to some degree, special attention needs to be paid to them.

Because the relationship between age groups, gender, marital status and place of residence with depression rates is not statistically significant, all students with severe and moderate depression go to counseling centers, regardless of the factors mentioned. And the treatment offered.
Additionally, by conducting cohort studies, examining disease risk factors and providing appropriate prevention solutions.

A study conducted by Ms. Seide Mariam Mousavi Lotfi and her colleagues in 2009 titled the role of spiritual health in human mental health aimed to study the effects of prayer on human mental health.
This study was carried out by reviewing many articles and considered that prayer to God is one of the most important and constructive truths about the positive aspects of humanity and one of the most important , and the most fundamental factor for human development and excellence.
Imam Sadiq said in this context: "What prevents one of you from ablution and then praying two rakat and supplicating after the prayers?"

In the field of religious psychology, a study by Witter et al Showed that between 20 and 60 percent of adult mental health variables are explained by religious beliefs.
In another study, Wiltis and Kreider showed that religious attitudes were positively associated with mental health in a sample of 1,650 people with an average age of 50 years.
He said that in the course of his research, Jung (1935) discovered that turning away from religion, severing the relationship with God, and wrong thinking can cause and worsen mental disorders in humans.

The findings of Krall and Sheehan (1989) also show that the belief that there is a God who controls situations and is responsible for people's lives can also alleviate the fear and terror caused by poverty through prayer.
The results of this study show that there is a positive association between religious beliefs, prayer, and mental health.

Another study conducted by Bahrami et al. Titled Effectiveness of spirituality in group method in reducing depression in students aims to determine the effectiveness of teaching spirituality in group method in reducing depression in students. This research was one of the semi-experimental researches with a pre-test-post-test design with a control group.

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Its sampling was done by cluster random method. For this purpose, 20 people were randomly selected and placed in two experimental and control groups. The members of the experimental group participated in 10 1.5-hour group counseling sessions, and a week after the last session, both groups received a post-test.

This study used two Beck depression questionnaires (short form) and the mental questionnaire of Ghobari et al. (2014) were used as gauges. The results showed that the difference between the experimental and control groups was significant. In other words, spiritual interventions, including prayer, forgiveness, transcendental meditation, and finding meaning, reduce depression.

Serin et al. (2010) investigated predictors of loneliness in Turkish university students.
Using a UCLA study, they assessed the level of loneliness and controlled it by several factors. And they found that loneliness had a significant relationship with students' gender, education level, socioeconomic status, stress management strategies and attachment style.

Objectives, hypotheses and research questions

A- The main goal of the plan:

- Determining the relationship between spiritual health and loneliness in students of Yazd University of Medical Sciences

B- Special objectives of the plan:

- Determining the frequency distribution of spiritual health levels in students of Shahid Sadoughi University of Medical Sciences, Yazd
- Determining the average score of spiritual health according to demographic characteristics in students of Yazd University of Medical Sciences
- Determining the frequency distribution of loneliness levels in students of Shahid Sadoughi University of Medical Sciences, Yazd
- Determining the average score of loneliness according to the demographic characteristics of the students of Yazd University of Medical Sciences
- Determining the relationship between spiritual health and loneliness in students of Yazd University of Medical Sciences

C – Application purpose:

If there is a connection between loneliness and spiritual health, using spiritual and religious teachings to reduce the loneliness of students and thus prevent depression and other mental disorders.

D - Questions and assumptions:

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• Spiritual health is related to a person's demographic characteristics.

• The feeling of loneliness is related to a person's demographic characteristics.

• Spiritual health is related to loneliness.

Definition of words:

Spiritual health (theoretical definition): peace and comfort caused by faith and reflecting faith in God or infinite power.

Practical definition:

The meaning of spiritual health in this research is to obtain a score from the 20-question spiritual health questionnaire of Polotzin and Ellison (1982), which contains 10 questions about religious health and 10 other questions about the individual's existential health.
The score of spiritual health is the sum of these two subgroups, the range of which is considered between 20-120. The answers to these questions are classified as a 6-item Likert scale from completely disagree to completely agree.

In questions 20, 19, 17, 15, 14, 11, 10, 8, 7, 4, 3, "totally disagree" score 1 and questions 18, 16, 13, 12, 9, 6, 5, 2, 1 "totally disagree" "I disagree" gets a score of 6.
Finally, the spiritual health of people is divided into three categories: low (20-40), medium (41-99) and high (100-120).

The validity and reliability of the Persian version of this questionnaire in the research of Seyed Fatemi et al. (2015) was determined through the content validity and reliability of this tool through Cronbach's alpha of 0.82.

Loneliness (theoretical definition): an unpleasant emotional experience that indicates the weakness of interpersonal relationships and the failure to meet expectations in interpersonal relationships.
Practical definition: The sense of loneliness in this research is to get a score from the loneliness questionnaire, the revised version of the UCLA loneliness scale, which was designed by Russell and revised several times and contains 20 questions.

The purpose of this test is to measure subjective experiences and behaviors related to loneliness, including perceived loneliness, social isolation, and broken relationships.
In this version, 10 negative expressions (expressing the feeling of loneliness) and 10 positive expressions (without the feeling of loneliness) are considered, and the positive expressions have a reverse scoring method.
Each statement is scored with the options "never" with a score of 1, "rarely" with a score of 2, "often" with a score of 3, and "always" with

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a score of 4. Khoshbin has reported 0.96 to determine the reliability of the alpha coefficient of the Iranian version of this scale.

Research method

The studied society and the characteristics of the studied people:

The research community consisted of all the students of different faculties of Yazd University of Medical Sciences.

Entry criteria: All students of Shahid Sadoughi University of Medical Sciences, Yazd

Exclusion criteria: suffering from depression or other known mental illnesses with a history of drug use

Type and method of research:

This research is of descriptive-analytical type and was carried out in a cross-sectional way.

Sampling method and determination of sample size

In this research, sampling was done in an accessible or easy way, and the research population consisted of all the students of different faculties of Yazd University of Medical Sciences.

The sample size according to the following relationship

$$N = \frac{2(Z_{1-\alpha/2} + Z_{1-\beta})\,\delta^2}{d^2}$$

$$\delta = \frac{R}{6} = \frac{80}{6} = 13/3$$

For $\alpha = 0.05$ and $\beta = 0.2$ and considering the minimum difference $d = 4$ between two levels of spiritual health, 175 samples from each level and a total of 525 samples were examined.

(Variables)

Scale	Scientific definition	Qualitative		Quantitative		Main		Specifications	Row
		Ratings	nominal	discrete	Continuous				
	Peace and comfort caused by			*			*	Spiritual health	1

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	faith and reflecting faith in God or infinite power								
	An unpleasant emotional experience that indicates the weakness of interpersonal relationships and the failure to meet expectations in interpersonal relationships			*		*		**Loneliness**	**2**
	According to the age			*				**Age**	**3**
	According to male and female students		*					**Gender**	**4**
	Medicine, health, Paramedical, midwifery nursing		*					**University**	**5**
	Bachelor's, Master's, Professional Doctorate, Ph.D.	*						**Educational level**	**6**

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	Married, single		*					**Marital status**	**7**
	Private house with family, dormitory, independent private house		*					**Residence Or Living status**	**8**

How to do the work :

Finally, the spiritual health of people is divided into three categories: low (20-40), medium (41-99) and high (100-120).
The validity and reliability of the Persian version of this questionnaire by Seyed Fatem et al. (2015) determined the content validity and reliability of this tool with a Cronbach's alpha of 0.82.

The Loneliness Questionnaire is a modified version of the UCLA Loneliness Scale, which was designed and modified several times by Russell and contains 20 questions. This test aims to measure subjective experiences and behaviors related to loneliness, including perceived loneliness, social isolation and broken relationships.
In this version, 10 negative expressions (expressing the feeling of loneliness) and 10 positive expressions (without the feeling of loneliness) are considered, and the positive expressions have a reverse scoring method. Each statement is scored with the options "never" with a score of 1, "rarely" with a score of 2, "often" with a score of 3, and "always" with a score of 4. Khoshbin has reported 0.96 to determine the reliability of the alpha coefficient of the Iranian version of this scale.

Findings

The desired questionnaire, which contained three parts: 1- demographic information, 2- loneliness questionnaire, and 3- spiritual health questionnaire, was given to the students and completed.
The sampling stage lasted about 6 months, then the questionnaires were collected and analyzed using SPSS software.
Data were collected by the UCLA questionnaire for loneliness and Polotzin and Ellison questionnaire for spiritual health and demographic information of the participants.
This study uses the 20-item Mental Health Questionnaire by Polotzin and Ellison (1982), which includes 10 questions about religious health and another 10 questions about personal existential health, to assess mental health.

The mental health score is the sum of these two subscales, considered to be between 20 and 120. Answers to these questions are graded on a 6-point Likert scale from strongly disagree to strongly agree.

In questions 20, 19, 17, 15, 14, 11, 10, 8, 7, 4, 3, "totally disagree" score 1 and questions 18, 16, 13, 12, 9, 6, 5, 2, 1 "totally disagree" "I disagree" gets a score of 6.

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36.3% of the Faculty of Health, 23.5% of the Faculty of Paramedical and 21.1% of the Faculty of Medicine.72.9% of students lived in dormitories, 23.9% lived with families, and 2.3% lived in private homes.75.6%of

People were studying in bachelor's degree, 2.8% in master's degree, 15.1% in professional doctorate degree and 1.1% in Ph.D. degree (Tables 1-6).

525Questionnaires were distributed among the students, and a total of 524 students completed the main parts of the questionnaire, the average age of the participants in the research was 21.60 ± 2.60 years, and 25.2% were male and 74.8% were female. 24.8% were married and 75.2% were single.

19.1% of the participants were students of the Faculty of Nursing and Midwifery,

Table No. 1- Central indicators and age dispersion of the research units

Standard deviation	Mean	Maximum	Minimum	Number	Age
2/60	21/60	35	18	496	

Table No. 2- Frequency distribution of research subjects according to gender

The cumulative percentage	Percent	Number	Gender
25/2	25/2	132	Male
100	74/8	392	Female
	100	524	Total

Table No. 3- Frequency distribution of research subjects according to educational level

The cumulative percentage	Percent	Number	Educational level
75/6	75/6	396	Bachelor's degree
38/8	8/2	43	Master's degree
98/9	15/1	79	Professional degree
100	1/1	6	Ph.D.
	100	524	Total

Table No. 4- Frequency distribution of research subjects according to marital status

The cumulative percentage	Percent	Number	Marital status
24/8	24/8	130	Married
100	75/2	394	Single
	100	524	Total

Table No. 5- Frequency distribution of research subjects according to place of residence

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The cumulative percentage	Percent	Number	Residence
23/9	23/9	125	With family
96/8	72/9	382	Dormitory
100	3/2	17	Independent house
	100	524	Total

Table No. 6- Distribution of the frequency of research subjects according to the Faculty of study, university

The cumulative percentage	Percent	Number	University
19/1	19/1	100	Nursing and Midwifery
55/4	36/3	190	Health
78/9	23/5	123	Paramedical
100	21/1	111	Medical
	100	524	Total

that 0.8% of people had poor mental health, 63% had average mental health. . and 36.2% had good mental health. And overall, the average mental health score of people was 91.48 ± 17.60 (Table No. 7).

The first purpose of this study was to determine the common distribution of the mental health level among the students of Yazd Shahid sadoughi University of Medical Sciences, and the results showed

Table No. 7- Distribution of frequency and central indicators and dispersion of research subjects according to levels of spiritual health

Standard deviation	Mean	Percent	Number	Levels of spiritual health
3/37	27	0/8	4	low (20-40)
13/07	82/41	63	330	(41-99)moderate
5/55	108/59	36/2	190	(100-120)high
17/60	91/48	100	524	Total

The results showed that female and married students, dormitory residents, graduate students and health students received the highest spiritual health scores. (tables 8-12)

The second objective of this study was to determine the mean spiritual health score of Yazd Medical University students according to demographic characteristics.

Table No. 8- Average and standard deviation of spiritual health score of people according to place of residence

standard deviation	Mean	Number	Average score of loneliness / Living status
17/99	91/45	125	With family
17/43	91/81	382	Dormitory
17/02	84/18	17	Independent

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17/60	**91/48**	**524**	**Total**

statistically significant difference in the average spiritual health score of these people with other groups (p<0.006 and F=1.540)

The results showed that in the group of people living independently, the lowest average spiritual health score was observed, and the POST HOC statistical test showed a

Table No. 9- Average and standard deviation of spiritual health score of people according to educational level

Standard deviation	Mean	Number	Average score of loneliness Educational level
16/72	**90/74**	**395**	**Bachelor's degree**
16/49	**98/74**	**43**	**Master's degree**
21/15	**90/75**	**79**	**Medicine**
20/35	**94/83**	**6**	**Ph.D.**
17/60	**91/48**	**524**	**Total**

highest average score of spiritual health, but no statistically significant difference was observed between the groups.

The results showed that in different groups In terms of educational level, although people studying at the master's level had the

Table No. 10- Mean and standard deviation of the spiritual health score of people according to the Faculty of study

standard deviation	Mean	Number	Average score of loneliness Faculty
17/67	**88/96**	**100**	**Nursing and Midwifery**
14/40	**92/83**	**190**	**Health**
19/26	**90/78**	**123**	**Paramedical**
20/23	**92/20**	**111**	**Medicine**
17/60	**91/48**	**524**	**Total**

statistically significant difference in the average score of spiritual health of these people and other groups. (p<0.006 and F=1.091).

The results showed that according to the university of study, the lowest average score of spiritual health was observed in students of nursing and midwifery , and the POST HOC statistical test showed a

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Table No. 11- Average and standard deviation of spiritual health score of people according to gender

Standard deviation	Mean	Number	Average score of loneliness / Gender
20/78	87/49	132	Men
16/16	92/82	392	Women
17/60	91/48	524	Total

spiritual health of women and men ($p < 0.001$).

The statistical t test has shown a significant difference between the average score of

Table No. 12- Average and standard deviation of spiritual health score of people according to marital status

Standard deviation	Mean	Number	Average score of loneliness / Marital status
16/85	92/45	130	Married
17/81	91/15	394	Single
17/60	91/48	524	Total

difference between the average score of spiritual health of married and single people.

Although the average score of spiritual health of married people was higher, the statistical t-test did not show a significant

Yazd. The results showed that the majority of people (60.9%) had experienced a moderate level of loneliness (Table No. 13)

The third aim of this research was to determine the frequency distribution of loneliness levels in students of Shahid Sadoughi University of Medical Sciences in

Table No. 13- Frequency distribution and central indicators and dispersion of research subjects according to loneliness levels

Standard deviation	Mean	Percent	Number	Loneliness levels
3/42	30/08	13/9	73	Low(20-34)
3/99	42/21	60/9	319	Moderate(35-49)
3/53	54/46	23/5	123	High(50-64)
4/90	71	1/7	8	Very high(65-80)
9/04	43/89	100	524	Total

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independent residence, undergraduate students, and students of the Faculty of Nursing and Midwifery obtained the highest scores of loneliness (Tables 12-11-14-15-16-17-18)

The fourth aim of this research was to determine the average score of loneliness according to demographic characteristics among students of Yazd University of Medical Sciences. The results showed that male and unmarried students with

Table No. 14- The mean and standard deviation of the loneliness score of people according to the Faculty of study

Standard deviation	Mean	Number	Average score of loneliness / Faculty
9/72	44/85	100	Nursing and Midwifery
8/15	43/53	190	Health
8/60	44/52	123	Paramedical
10/25	42/94	111	Medicine
9/04	43/89	524	Total

The t-test did not show a significant difference between the average loneliness score of women and men.

Table No. 15- Average and standard deviation of loneliness score of people according to educational level

Standard deviation	Mean	Number	Average score of loneliness / Educational level
8/50	44/44	395	Bachelor's degree
11/61	41/98	43	Master's degree
9/98	42/56	79	Doctorate
8/83	40	6	Ph.D.
9/04	43/89	524	Total

Table No. 16- Mean and standard deviation of people's loneliness according to their place of residence

Standard deviation	Mean	Number	Average score of loneliness / Living status, residence
8/90	44/07	125	With family
9/20	43/76	382	Dormitory
6/31	45/53	17	Independent house
9/04	43/89	524	Total

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Table No. 17- Average and standard deviation of loneliness score of people according to gender

Standard deviation	Mean	Number	Average score of loneliness / Gender
9/20	43/98	132	Male
9/00	43/86	392	Female
9/04	43/89	524	Total

Table No. 18- Average and standard deviation of loneliness score of people according to marital status

Standard deviation	Mean	Number	Average score of loneliness / Marital status
8/31	43/68	130	Married
9/28	43/96	394	Single
9/04	43/89	524	Total

The fifth goal of this research was to determine the relationship between spiritual health and loneliness in students of Yazd University of Medical Sciences. The results showed that people with the highest level of spiritual health experienced the least feeling of loneliness.

Although the average score of loneliness of single people was slightly higher, but the statistical test of t.
It has not shown a significant difference between the average score of loneliness of single and married people.

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Table No. 17- Distribution of the frequency of loneliness levels of research subjects according to spiritual health level

Total (number) percent	High (number) percent	Moderate (number) percent	Low (number, percent)	Spiritual health Loneliness
100 (73)	76/7 (56)	23/3 (17)	(0) 0	low (number, percent)
100 (319)	38/6 (123)	61/4 (196)	(0) 0	Moderate
100 (123)	8/9 (11)	88/6 (109)	2/4 (3)	High
100 (9)	0 (0)	88/9 (8)	11/1 (1)	Very much
100 (524)	36/3 (190)	63 (330)	8 (4)	Total

Pearson's statistical test showed a statistically significant negative relationship with $p < 0.0001$ and $r = 0.549$ between spiritual health and feeling of loneliness in the studied students.

on spirituality and pastoral care. 98.8 percent of people were at the average level of spiritual health, and spiritual health did not have a statistically significant relationship with the year of arrival, age, marital status, and place of residence.
Also, Mustafazadeh and Asadzadeh (2013) investigated the spiritual health of students in a study.

These researchers also reported that 94.73 percent of the studied students had an average level of spiritual health.
And there was no statistically significant relationship between their mental health or year of admission and other demographic characteristics, which of course, considering the study that nursing and midwifery students had the lowest mental health, maybe that difference is justified.

Also Askari et al. (2009), who conducted a study on the relationship between religious beliefs and optimism and spiritual health among Ahvaz Azad University students, reported a mean spiritual health score of 80.07 ± 17.29.
In this study, the average spiritual health score of the students was 91.48 ± 17.57, and these results can indicate the dominant

Discussion

The present study has determined the level of spiritual health and feelings of loneliness and investigated the relationship between spiritual health and feelings of loneliness in students of Shahid Sadoughi University of Medical Sciences, Yazd, as well as demographic factors related to spiritual health and feelings of loneliness in these students.
In this study, 36.2% of students had high levels of spiritual health and only 0.8% of students had low levels of spiritual health.

And spiritual health has shown a statistically significant relationship with gender, educational level, and place of residence, so that men, students of nursing and midwifery schools, and people living independently have shown the lowest average score of spiritual health compared to other groups.

However, spiritual health has not shown a significant relationship with marital status and educational level.
In a study by Farahani Nia et al. in 2004, whose aim was to find out the spiritual health of nursing students and their opinion

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students. They found that the average loneliness score of these students was 37.2 ± 9.7, and that feelings of loneliness had a statistically significant relationship with increasing hours of cell phone use.

Sarikam[3] and colleagues (2012) investigated the relationship between loneliness and self-esteem among 369 students of the Faculty of Education in Turkey. And they showed that the average loneliness score of these students was 39.60 ± 11.20 and loneliness has a statistically significant relationship with low self-esteem in both male and female students.
Astudy by Dr. Batul Ahadi (2008), investigated the relationship between feelings of loneliness and self-esteem with attachment styles in 323 students of Mohaghegh Ardabil University. They reported a mean loneliness score of 41.93 ± 9.54 and indicated a significant relationship between self-esteem and loneliness.

Serin et al. (2010) investigated predictors of loneliness in Turkish university students. Using the UCLA questionnaire, they assessed the level of loneliness and examined it with several factors and found that loneliness was significantly related to the gender of students, education level, socioeconomic status, stress coping strategies, and attachment style of students.
A research was conducted by Mr. Firouz Amani and his colleagues under the title of investigating the prevalence of depression in students of Ardabil University of Medical Sciences in 2012.

186 people (57.4%) were depressed with different degrees and among them 126 people (64%) were clinically depressed.
The prevalence of clinical depression was 21.4% of midwifery students and the highest prevalence of depression among operating technicians, but no significant association was observed between spiritual culture in the city of Yazd, considering that most of the students are natives.

Regarding the level of loneliness of students and its relationship with demographic characteristics, 13.9% of students indicated that loneliness was low, 60.9% average, 23.5% high and 1.7% very high, and overall their loneliness was 43.89 ± 9.04. , and while for loneliness, male students, single, living independently, undergraduate students and nursing and midwifery students received the highest scores. However, the feeling of loneliness did not show a statistically significant relationship with gender, marital status, place of residence, education level and university.

In the study of Deniz [1] et al. (2005) which was conducted on 383 students from five faculties with an average age of 20 years in Turkey. The average score of loneliness was 32.12 ± 8.54 for women and 33.94 ± 9.14 for men.
Kermani Mamazandi and Shahidi (2014) investigated the relationship between religious attitudes and attachment styles with feelings of loneliness in 120 students of Payam Noor University, Pakdasht branch.

They found that the average loneliness score of these students was 44.119 ± 11.19, and the results of their study showed a significant relationship between religious attitudes and loneliness of students. Although there was no correlation between attachment styles and religious attitudes, attachment styles and religious attitudes were found to be strong predictors of loneliness.

Tan [2] et al. (2013) investigated the relationship between loneliness and cell phone use among 527 male and female

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depression and semester of students, number of siblings, presence of a severe physical illness,

depression, 0.8% had severe depression, and 2.4% had very severe depression.
Also, based on the religious scale, 82% of the studied samples had a positive attitude and 18% had a negative attitude.
An inverse and significant correlation was observed between depression and attitude type, so when positive attitude increased, depression also decreased ($P < 0.05$).

Considering the positive impact of religious beliefs and practices on mental health, the researchers of this study recommended that these skills be used especially when designing mental health interventions for young people.
Sadri and Jafari studied the relationship between religious beliefs and mental health among 400 students, concluding that there is a significant relationship between religious beliefs and the spiritual health of students.

And in general, several studies have shown that religion has a positive effect on mental health and can be a contributing factor in the mental health of young people. Some studies have shown that positive beliefs, the power of religion and prayer can promote health and well-being. Promoting mental health can help a person feel better, avoid certain health problems such as depression, or cope with illness or death.

Conclusion

Considering the significant relationship between spiritual health and loneliness, and loneliness as a precursor of depression, attention to student mental health seems to be a way to prevent student spiritual health problems that should be considered by university cultural institutions.

academic field and prevalence of depression.
The chi-square statistical test showed a significant relationship between the level of presence of a serious mental problem in family members, and also presence of depression. Important events during the year before the survey.

According to the results of a depression study conducted among students of Ardabili University of Medical Sciences, the prevalence of depression is high and should be planned to prevent this serious problem.
In order to determine the prevalence of depression and factors affecting it in medical students, another study by Mr. Ali Karimi Zarchi and colleagues estimated the prevalence of depression to be 28.9%.

Students who had some degree of depression included 80.7% mild, 15.8% moderate, and 3.5% severe. This study showed that the relationship between age, gender, marital status and living in a dormitory with the prevalence of depression is not statistically significant ($P>0.05$).

Since feelings of loneliness are considered a precursor to depression, these results are consistent with the level of loneliness among the students in this study.
The study results also showed that loneliness had a statistically significant inverse relationship with spiritual health .
This means that as mental health deteriorates, loneliness increases and vice versa. In a study by Ahmari Teheran et al. in 2017, with the aim of investigating the relationship between religious attitudes and depression among medical students at the University of Qom.

They found that 44.8% of the studied samples had no depression, 37.2% had mild depression, 14.8% had moderate

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