

# Loneliness and spirituality among elderly residing at a residential care home in karakulam panchayat: A mixed method study

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## ABSTRACT

### Background

Social isolation can have a major impact on seniors' lives. Emotional distress because of loneliness, depression, and poor physical and mental health is associated with social isolation. People can become socially isolated for a variety of reasons, such as getting older or weaker, no longer being the hub of their family, leaving the workplace, the deaths of spouses and friends, or through disability or illness. Spirituality can help older people find solace and peace of mind, especially if they are feeling lonely or isolated.

### Objective

The present study was conducted to assess the loneliness and spirituality of inhabitants of a residential care home, and to determine the factors affecting loneliness in-depth interviews.

### Materials and Methods

A cross-sectional mixed-method study was conducted after taking consent from the study population. A pre-designed questionnaire was used for data collection. Data was analyzed using SPSS software, and the results were reported as percentages.

### Study Setting

Karakulam Panchayat of Thiruvananthapuram District

### Participants

Residents aged 65 and older residing at Bethel gram, residential care home Vazhayila, Thiruvananthapuram.

### Result

This study shows that 11 out of 40 residents in a residential care home experience loneliness, and 25 out of 40 residents are spiritual. More than a quarter of the residents experienced significant feelings of loneliness, and more than half of the residents are spiritual.

### Conclusion

By estimating the prevalence of loneliness and assessing spirituality among the elderly residents of a residential care home, you can gain important insight into their emotional and psychological well-being. The study provides insight into the spiritual health of the residents, highlighting their sense of meaning, purpose, and connection to spirituality. Loneliness can have a negative effect on mental and physical health, so identifying and addressing the feeling in the community may be essential for improving residents' quality of life.

**Key-words:** Loneliness, spirituality, residential care home residents.

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## INTRODUCTION

Elderly people are a valuable resource for any society. Ageing is a natural phenomenon with opportunities and challenges. People are becoming more susceptible to diseases as they get older and have more healthcare needs when they become sick or acquire diseases that require immediate treatment.<sup>1</sup> They also require personal care, which entails someone assisting them with everyday activities.<sup>2</sup> Aging parents may believe that their kids and grandkids no longer need them as they grow into adulthood, leading to feelings of isolation.<sup>3</sup> They crave a feeling of connection and the opportunity to communicate with others. Socialization may also make them feel less nervous and afraid about growing old and dying.<sup>4</sup> According to the population Census 2011, there are nearly 104 million aging population persons (aged 60 years or above) in India; 5.3 crore females and 5.1 crore males. The total number of the elderly population in Kerala is 4,193,393; of which 1,853,595 are males and 2,309,798 are females.<sup>5</sup> Older adults are also at increased risk of social isolation and loneliness because of factors such as the loss of a partner or other loved ones, decreased mobility, worsening vision and hearing, chronic illness, inability to access transportation, or cessation of favorite activities. Moving into a residential care home often involves leaving behind one's home, neighborhood, and close family. This can be emotionally difficult, as older people may feel detached from the places and people that have been part of their lives for years. In some residential care homes, caregivers may be overworked or understaffed, leading to residents feeling neglected or receiving minimal personal interaction. Many older adults in assisted living facilities experience a loss of autonomy, as they are no longer able to make decisions about their daily routines, meals, or activities. This lack of control can diminish their sense of purpose, contributing to loneliness. Making new friends in an unfamiliar environment can be challenging for many older adults. Limited mobility, cognitive decline, or language barriers can further complicate efforts to build meaningful connections with other residents.<sup>6</sup> Daily, hundreds of people across the globe report suffering from social isolation and loneliness; an overwhelming feeling of emptiness, unworthiness, and personal failure.<sup>1</sup> With increased longevity, many

of the elderly would require some form of long-term care, the cost of which needs to be borne by their families. This might result in family members withdrawing from school or employment to care for the elderly member. Hence, older people are viewed as a burden.<sup>7</sup> Traditionally, within the familial hierarchy, elderly people have enjoyed a high status. However, recently, with the increase in age, elderly people may experience an eroding status. In addition to other factors, it contributes to the behavior of the elderly towards their families and their living arrangements.<sup>8</sup> A positive and hopeful attitude about life and illness, spirituality, and satisfaction with life are psychological factors that tend to lead to better health outcomes and a sense of meaning and purpose in life. Several studies have examined the psychosocial dimensions of aging, particularly loneliness and spirituality. Gurrupu et al. (2024) conducted a study in Andhra Pradesh assessing perceived social support, loneliness, and depression among elderly residents of residential care homes, revealing that institutionalization often exacerbates emotional distress due to weakened familial ties and limited peer interaction.<sup>9</sup> Mishra (2023), in a multi-site study across Indian residential care homes, found that gender, marital status, and education significantly mediated the impact of social isolation on psychological well-being, with spirituality emerging as a protective factor against loneliness and depression.<sup>10</sup> A study by Rajendra K (2022) in Udupi reported that 86% of aging participants experienced loneliness, largely due to poor self-esteem and lack of meaningful engagement, underscoring the need for structured psychosocial interventions.<sup>11</sup> Termorna-Cieślak (2020) offered relevant insights by showing that spirituality among long-term care residents positively influenced life satisfaction and emotional stability.<sup>12</sup> Additionally, Coleman (2005) emphasized that religious belief and practice among older adults contribute to improved health outcomes and reduced stress, a theme echoed in Indian geriatric care models that integrate spiritual routines into daily life.<sup>13</sup> This study aims to assess loneliness, spirituality, and factors affecting loneliness among the elderly living at a residential care home through a mixed-method study.

## Materials and Methods

This six-month study, conducted from May to October 2024 at Bethel Gram Residential care home in Karakulam Panchayat, Kerala, explored loneliness and spirituality among elderly residents using a mixed-method design. All mentally stable participants aged 65 and above who were willing to participate were included. Sample size was estimated using the formula  $n = \frac{Z^2 \sigma^2}{d^2}$  with a 95% confidence level,  $Z=1.96$ , standard deviation  $\sigma=0.338$ , and precision  $d=0.113$ . The estimated sample size was found to be 40. A convenient sampling method was adopted for data collection. Ethical approval was obtained from the institution's ethics committee. Data were collected using three tools: a semi-structured socio-demographic questionnaire, the UCLA Loneliness Scale Version 3 (scores over 40 indicate loneliness), and a spirituality questionnaire adapted from prior studies, administered digitally via KoboToolbox for consistency. To deepen the understanding beyond quantitative data, qualitative interviews were held with residents who scored above the loneliness threshold. These in-depth sessions lasted 20–30 minutes and explored components like personal experiences, reasons for loneliness, coping strategies, and spiritual practices. Each interview was recorded and transcribed within 24 hours. The

emotional and behavioral cues were documented. This helped reveal the subtle and personal dimensions of emotional well-being in the institutional setting. Data were coded through KoboToolbox, exported to Excel, and analysed using SPSS software version 26. Descriptive statistics summarized the profiles of study participants, while inferential tests, especially the chi-square test, explored links between loneliness, spirituality, and socio-demographic variables. For qualitative analysis, a thematic framework was applied to identify key themes such as institutional living, emotional isolation, family separation, and spiritual coping mechanisms. Verbatim quotes were included to preserve authenticity. Throughout the study, ethical standards of informed consent, confidentiality, and respect for autonomy were upheld. The mixed-method approach offered a comprehensive perspective on elderly well-being, blending statistical insights with meaningful narratives on solitude and spiritual resilience.

## Results

The study was conducted among 40 residents of a residential care home in Thiruvananthapuram district. The mean age of the participants was  $70.79 \pm 3.35$ . Most of the participants were females, 26 (65%). In terms of socio-economic status, nearly 70% were below the poverty line (BPL). (Table 1)

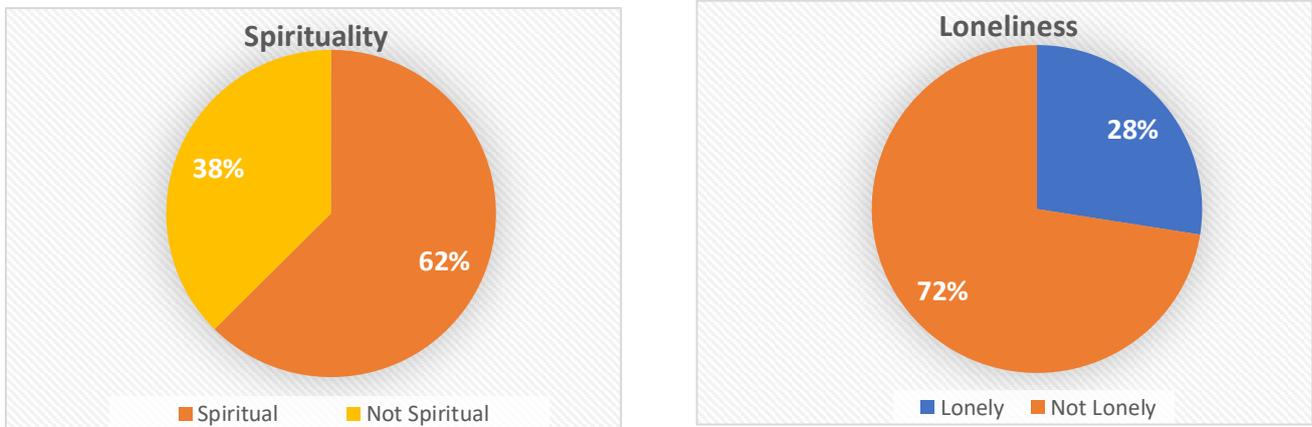
**Table 1: Socio Demographic Characteristics of Study Participants**

VARIABLES	FREQUENCY	PERCENTAGE (%)
<b>GENDER</b>		
Female	26	65.0
Male	14	35.0
<b>OCCUPATION</b>		
Skilled	22	55.0
Unskilled	18	45.0
<b>SOCIO ECONOMIC STATUS</b>		
APL	13	32.5
BPL	27	67.5

On assessing loneliness and spirituality among study participants, it was seen that only 11 (27.5%)

suffered from loneliness, and 25 (62.5%) endorsed spirituality. (Figure 1).

**Figure 1 : Distribution of study participants based on their loneliness and spirituality**



The statistical analysis reveals a significant association between age and socio-economic status with feelings of loneliness among residents in the care home (Table 2). Participants aged 66–75 years were significantly more likely to report loneliness compared to those aged 76–95 years ( $p = 0.019$ ), suggesting that younger-aged individuals may experience greater emotional distress or unmet social expectations. Socio-economic status also showed a strong association ( $p = 0.0043$ ), with

those belonging to the Below Poverty Line (BPL) category reporting higher loneliness than those Above Poverty Line (APL), likely due to financial insecurity and limited social support. However, occupation was not significantly related to loneliness. Overall, age and economic vulnerability emerge as key determinants influencing the emotional well-being of the elderly in residential care.

**Table 2: Distribution of study participants based on the effect of socio demographic variables on loneliness**

CATEGORY	FEELING LONELY	NOT FEELING LONELY	TOTAL	CHI SQUARE	P VALUE
<b>AGE</b>					
66-75	8	23	31	5.538	0.019
76-95	3	6	9		
TOTAL	11	29	40		
<b>GENDER</b>					
FEMALE	5	21	26	2.548	0.11
MALE	6	8	14		
TOTAL	11	29	40		
<b>OCCUPATION</b>					

SKILLED	8	14	22	1.926	0.165
UNSKILLED	3	15	18		
TOTAL	11	29	40		
<b>SOCIO ECONOMIC STATUS</b>					
APL	4	9	13	8.14	0.0043
BPL	7	20	27		
TOTAL	11	29	40		

The qualitative findings (Table 2) revealed that the primary reasons for aged adults choosing to reside in residential care homes stem largely from social isolation, health limitations, and family-related issues. Many participants expressed that their deteriorating physical health and the absence of caregivers compelled them to seek institutional care, as they valued the security and assistance available in such settings. The lack of close relatives, spousal loss, and abandonment by children further contributed to their decision, leaving them with limited social support. Feelings of being a burden to family members and the perception of rejection led several participants to voluntarily move into residential facilities, preferring the comfort of companionship and structured care over emotional neglect at home. In terms of loneliness, participants described it as a deep emotional experience rooted in both personal and familial disconnection. The absence of meaningful relationships and infrequent family visits intensified their sense of emptiness and isolation. Expressions of emotional distress ranged from sadness and anger to loss of purpose, with some voicing despair and a diminished will to live. These findings highlight how the combined effects of physical decline, family detachment, and emotional neglect contribute to profound loneliness among elderly residents, emphasizing the need for stronger emotional support systems and family engagement within institutional care settings.

#### Reasons for Admission to the Residential Care Home

*"My children don't have time or space for me anymore. They said it's too hard with their jobs and*

*small apartments."* The predominant reason for residing in the residential care home was that their children have no time to look after them, reflecting a disturbing trend in the difference in traditional family support systems. This abandonment is often due to intergenerational conflicts, the pressures of modern urban life, or financial and logistical constraints in nuclear families. One reported moving to the residential care home voluntarily to avoid being a burden on their families, which throws light on the lack of viable alternatives for elder care in the community. One resident moved to the residential care home due to physical weakness and the absence of a caregiver at home. This case highlights the critical gap in community-based care and the increasing reliance on institutionalized care for the elderly, particularly for those with health challenges and limited family support.

#### Loneliness and Emotional Challenges

Loneliness emerged as a prevalent issue, highlighting the psychosocial challenges of living in an institutionalized setting. Many miss the familial connections and the warmth of their homes. These sentiments underline the deep emotional dependence on family as a source of companionship and meaning in life.

The lack of social interaction within the residential care home further added to their loneliness.

#### Coping Mechanisms: Spirituality and Solitude

In response to their emotional challenges, many elderly individuals relied on spirituality as a coping mechanism.

*"Whenever I felt emotionally overwhelmed, I turned to prayer; it gave me peace and strength."*

*"Meditation helped me calm my mind and feel connected to something greater than myself."*

Spiritual practices such as prayer, meditation, and participation in religious activities provided solace and a sense of purpose, helping them navigate the

psychological void created by separation from their families.

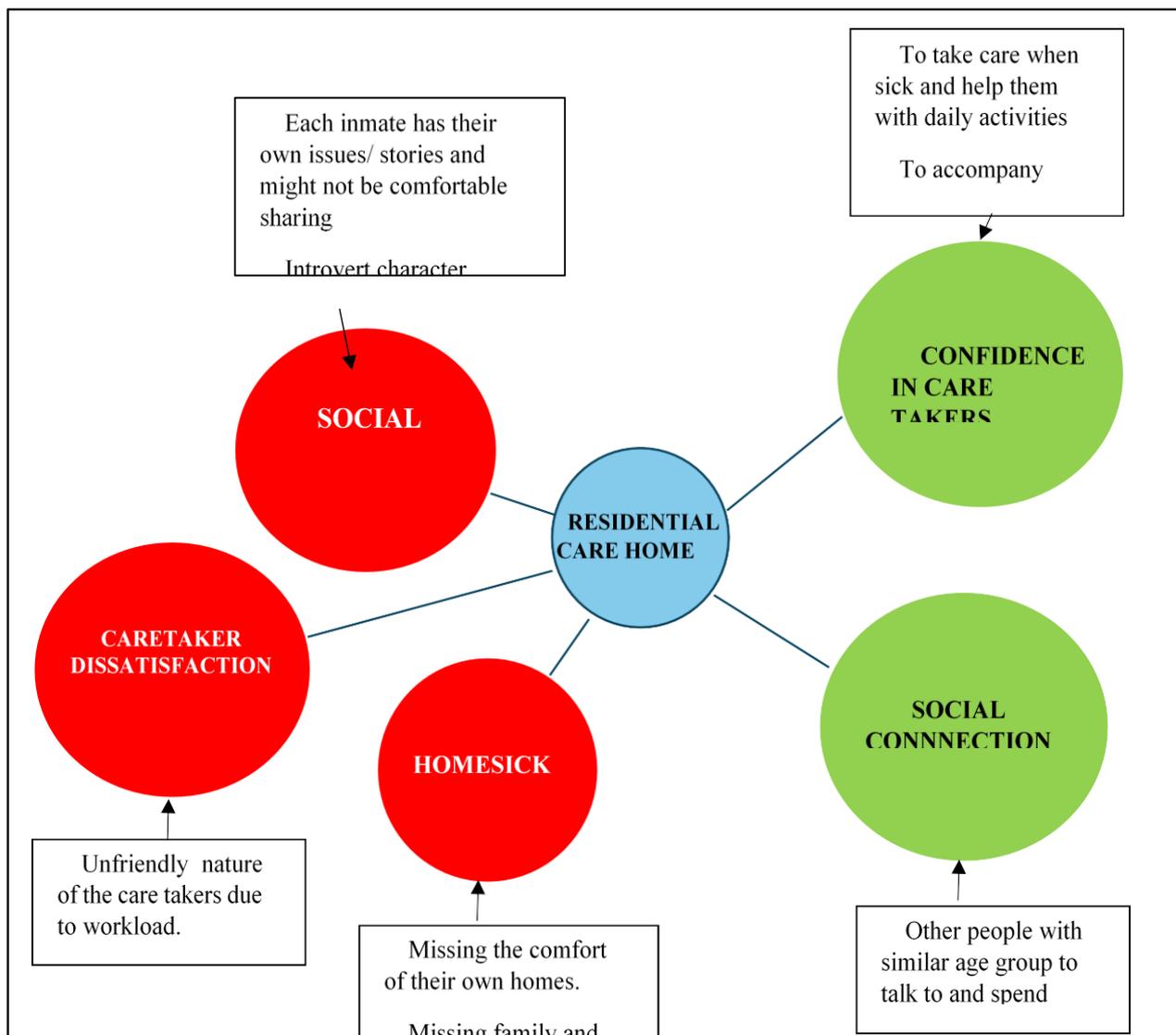
**Table 3: shows the effect of socio demographic details on spirituality.**

CATEGORY	SPIRITUAL	NOT SPIRITUAL	TOTAL	CHI SQUARE	P VALUE
<b>AGE</b>					
66-75	20	11	31	6.0694	0.0137
76-95	5	4	9		
TOTAL	25	15	40		
<b>GENDER</b>					
FEMALE	9	5	14	2.6839	0.102
MALE	16	10	26		
TOTAL	25	15	40		
<b>OCCUPATION</b>					
SKILLED	12	10	22	2.79	0.095
UNSKILLED	13	5	18		
TOTAL	25	15	40		
<b>SOCIO ECONOMIC STATUS</b>					
APL	8	5	13	10.14	0.0015
BPL	17	10	27		
TOTAL	25	15	40		

## DISCUSSION

Residential care homes provide shelter and care for elderly individuals, but often, residents experience loneliness, affecting their mental and physical well-being. Spirituality plays a crucial role in mitigating loneliness. The study assesses and explores the complex relationship between spirituality and loneliness in residential care home residents at a residential care home of Karakulam

panchayat. A similar cross-sectional study conducted by Dr. Rajendra K in Ajjarkadu, Udupi, India, revealed that out of 50 samples, 86% of the senior citizens were experiencing loneliness. When compared to our study (27.5% endorsed loneliness), the increased prevalence may be since the quality of life and self-esteem of the residents were not satisfactory.<sup>12</sup>



**Figure 2: Representing the 2 aspects of an residential care home**

In our study, the majority (25%) of the residents were spiritual (to seek deeper meaning and purpose of life), and it was found that spirituality helped to reduce loneliness, enhance mental health, and improve their quality of life. This is consistent with the findings of a study conducted by P.G. Coleman, published by Oxford University Press on behalf of The British Geriatrics Society, which showed that religious beliefs and practice help in improving the health of the aged persons by minimizing stress and improving the overall well-being of the elderly.<sup>14</sup> The association between

age and loneliness could be due to age-related factors like cognitive decline or increased incidence of chronic health conditions leading to feelings of loneliness, as individuals may struggle to engage in social interactions or maintain relationships. A study by Donovan et al. highlighted that mild cognitive impairment (MCI) was independently associated with increased loneliness, even after adjusting for depressive symptoms and social network size. This suggests that cognitive decline itself, not just its social consequences, may directly influence subjective

feelings of loneliness.<sup>15</sup> Additionally physical limitations which increase with age can restrict mobility, leading to reduced opportunities for social interaction. The relationship between socio-economic status and loneliness in older adults may be influenced by financial limitations commonly faced by those from lower-income backgrounds. Restricted access to basic needs, leisure activities, transportation, and community programs can reduce opportunities for social engagement, thereby intensifying feelings of loneliness. Moreover, the perceived stigma or embarrassment associated with financial hardship may lead to social withdrawal, further deepening their sense of isolation. The association between age and spirituality may be attributed to increased introspection and life review that often accompany later stages of life. As individuals grow older, they may seek deeper meaning and purpose, which spirituality can help fulfil. Moreover, spirituality

often serves as a vital coping mechanism in the face of age-related challenges such as physical decline, bereavement, and major life transitions. The proximity to end-of-life may further encourage older adults to engage with spiritual beliefs and practices, offering comfort, reassurance, and a sense of transcendence. The findings from the in-depth interviews conducted among the elderly in the residential care home shed light on the multifaceted issues faced by the aging population, particularly in the context of abandonment, loneliness, and coping mechanisms. However, there were some limitations in this study. Only one residential care home could be taken, so it cannot be generalized. Also, the study covered mostly female subjects, as there were more female residents than male residents in the institution, so there might have been a possibility of bias.

**Table 4. Qualitative exploration of factors affecting loneliness**

<u>Theme 1: Reasons why the study participants are residing at the residential care home</u>		
SUB THEMES	CATEGORIES	QUOTES
Health Seeking	Good	<i>Only son is there, who's working, so nobody to take care of me when alone at home as I am not physically good and here there will be people to care for me.</i>
No relatives	Good	<i>I am alone, I have no contact with any of my relatives.</i>
Spouses separated/ widowed	Good	<i>Husband died when son was 4 years old. My husband left me</i>
Abandoned by Children	Poor	<i>My children got married and they relocated leaving me alone here.</i>
Feeling as a burden	Poor	<i>If My family doesn't like my presence, its better I don't be a botheration for them and move out.</i>
<u>Theme 2: Reasons for loneliness and its attributing factors</u>		

SUB THEMES	CATEGORIES	QUOTES
Personal Emotions	Nobody to share worries	<i>No one's there to talk, they have their own problems</i>
	Uncontrollable emotion	<i>I sometimes have burst of anger and control it.</i>
	No will to live	<i>I feel like dying, why should I live this kind of life.</i>
Family Related	No visit from family	<i>My children never call me. My eldest daughter used to visit but not she has some financial issues, so she hardly visits me.</i>
	Miss family/ wants to go home	<i>I miss staying in my house with my son, but both of us know this is the only option for us.</i>
Institution and its workers related	Not happy in residential care home	<i>I Don't like it here; People here are not good. They don't take me anywhere nor temple</i>
	Not comfortable with inmates	<i>I feel isolated most of the times as no one here shows a real interest to talk to me.</i>
	Not comfortable with caretakers	<i>They scold me whenever I ask for anything.</i>
<b>Theme 3: Coping Mechanisms</b>		
SUB THEMES	CATEGORIES	QUOTES
Sleeps most of the time	Poor	<i>I mostly spend time sleeping</i>
Avoids socialization	Poor	<i>Simply sit on my bed alone. I like to sit alone</i>
Spirituality	Good	<i>I read Bible most of the time and makes me feel better.</i>
Blame on destiny	Poor	<i>I am myself now, this might be God's Decision.</i>
Willingness to change	Good	<i>I will try to take an initiative to talk to others.</i>
Talks to other inmates	Good	<i>Talks to anyone I meet when I feel like</i>

## CONCLUSION



## Original Articles

This study shows that 11 out of 40 residents in residential care home experience loneliness, and 25 out of 40 residents are spiritual, which indicates that more than a quarter of the residents experience a significant feeling of loneliness, and more than half of the residents are spiritual.

By estimating the prevalence of loneliness and assessing spirituality among the elderly residents of a residential care home, one can gain important insight into their emotional and psychological well-being. This study provides insight into the spiritual health of the residents, highlighting their sense of meaning, purpose, and connection to spirituality. Loneliness causes a negative effect on mental health, hence identifying and addressing the feeling in the community may be essential for improving residents' quality of life.<sup>15</sup>

The in-depth interviews underscore the urgent need to address the social and emotional needs of the elderly residing in residential care homes. While spirituality and solitude provide temporary relief, a more comprehensive approach involving families, institutions, and society is essential to ensure that the elderly age with dignity, love, and care.

### **LIMITATIONS**

In the study, only one residential care home could be taken, so we cannot generalize the data. The study covered 65 % female subjects, as there were more female residents than male residents at the institution. Those who were not cooperative and had psychological abnormalities were excluded.

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