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The examination of the factors affecting the feeling of loneliness of the elderly

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Abstract

This study was planned to assess the factors that affect the feeling of loneliness of the 65 age and over elderly. The sample of the study composed of 348 elderly in Ankara. Data collected for the study were analyzed through using a socio demographic information form, UCLA loneliness Scale (UCLA-LS), Katz's Activities of Daily Living Index (ADL), Lawton and Brody's Instrumental Activities of Daily Living Index (IADL), Life Satisfaction Index (LSI), WHO-Five Well-being Index (WBI). Most of the respondents were females, 64.2 % of respondents were married. About half of the respondents had lower education. In this study there was positive correlation among the WBI, ADL, IADL, LSI and UCLA-LS.

Keywords: Elderly, Loneliness, UCLA Loneliness Scale, Aging

1. Introduction

People become individual because of the changes in our age and increase number of fields of occupations and loneliness has been one of the most feared problems of the society. Loneliness can be described as a feeling of isolation from other individuals, regardless of whether one is physically isolated from others or not. Loneliness is not the same as being alone. Many people have times when they are alone through circumstances or choice. Being alone can be experienced as positive, pleasurable, and emotionally refreshing if it is under the individual's control (Berg et al., 1981; Andersson, 1998).

Loneliness is an enduring condition of emotional state that arises when a person feels estranged from, is misunderstood or rejected by others, and/or lacks appropriate social partners for desired activity, particularly activities that provide a sense of social integration and opportunities for emotional intimacy (Rook, 1984; Donaldson & Watson, 1996).

Case of loneliness may occur in all age groups, but this is more a problem peculiar to the elderly. Aging is not responsible alone for the development of loneliness in elderly individuals. However it has a direct relationship between age and loneliness (Baretta, Dantzler & Kayson, 1995).

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It is generally considered that the increasing numbers of elderly people, their changing status and changes in the nature of families and social networks in contemporary society will cause many problems. With mobility being a major characteristic of the working population, the elderly person is less likely to live within a large family and more likely to have children and other relatives who live at a distance. This problem leads to fear and sadness as a result of feeling of losing of independence of elderly (Jones, Victor & Vetter, 1985).

Individuals living alone tend to focus on their own negative thoughts than positive expectations. Lack of trust to the other people, shyness, depression, anger, and tension provides him away from society and increases the feeling of loneliness. Also reduction of financial support makes isolate him from society, sense of loneliness and alienation make clear (Ünal & Bilge, 2005).

Loneliness is a complex concept, especially affecting the psychosocial well-being of the elderly. Therefore it is important to address the feeling of loneliness in old age. This study was planned to assess the factors that affect the feeling of loneliness of the 65 age and over elderly.

2. Methods

2.1. Population Sample

This study was conducted with 65 and over age elderly individuals living at home on June-July 2008. The study sample comprised of 348 elderly has been registered in Kurtuluş Health center in Ankara, Turkey and agreed to participate the research.

2.2. Measurements

A structured questionnaire was developed for this study. The first part of the questionnaire consisted of questions that defining the socio-demographic characteristics of elderly such as age, gender, marital status, education, and living conditions. The second part of the questionnaire consisted of University of California Los Angeles Loneliness Scale (UCLA-LS) to measure feeling of loneliness, The Katz Index of Independence in Activities of Daily Living (ADL), The Lawton Instrumental Activities of Daily Living (IADL) to perform activities of daily living, The WHO-Five Well-being Index (WBI) to determine well-being, and The Life Satisfaction Index (LSI) to measure life satisfaction.

University of California Los Angeles Loneliness Scale (UCLA-LS) The 20-item UCLA-LS was used to measure loneliness. The responses ranged from 1 (often) to 4 (not at all), with a total possible aggregate score range of 20-80. The higher the score, the less loneliness the person experienced (Russell, Peplau & Ferguson, 1978). The scale was standardized for the Turkish sample by Demir (1989).

The Katz Index of Independence in Activities of Daily Living, commonly referred to as the Katz ADL, is the most appropriate instrument to assess functional status as a measurement of the client's ability to perform activities of daily living independently. The index ranks adequacy of performance in the six functions of bathing, dressing, toileting, transferring, continence, and feeding. Clients are scored yes/no for independence in each of the six functions. A score of 6 indicates full function, 4 indicates moderate impairment, and 2 or less indicates severe functional impairment (Katz et al, 1970).

The Lawton Instrumental Activities of Daily Living (IADL) Scale assesses a person's ability to perform tasks such as using a telephone, doing laundry, and handling finances. The Lawton IADL scale contains eight items, with a summary score from 0 (low function) to 8 (high function). Each ability measured by the scale relies on either cognitive or physical function, though all require some degree of both (Lawton & Brody, 1969).

The WHO-Five Well-being Index (WBI) was derived from a larger rating scale developed for a WHO project on quality of life in patients suffering from diabetes and adapted by Eser (1988) into Turkish. Each of the five items is rated on a 6-point Likert scale from 0 (not present) to 5 (constantly present). The theoretical raw score ranges from 0 to 25 and is transformed into a scale from 0 (worst thinkable well-being) to 100 (best thinkable well-being). Thus, higher scores mean better well-being (Brod et al., 1999; Eser, 1998).

The Life Satisfaction Index (LSI) Life satisfaction is one factor in the more general construct of subjective well being. The Life Satisfaction Index (LSI) consists of 20 questions and the attendants were scored over 20 points. This scale was first published by Neugarten, Havighurst and Tobin in 1961 and its application to the Turkish population was undertaken by Karatas in 1988. In the latter, the mean score was between 8 and 12 for the Turkish population and scores lower than 8 were considered ‘‘low’’.

2.3. Data analysis

All data were analyzed with the SPSS 15.0 statistical analysis software package. T-test was used to compare two independent samples and loneliness score. One-way ANOVA was used to compare more than two independent samples and loneliness score. The association between selected scales scores and loneliness score were explored with Pearson’s correlations.

3. Results

More than half of the respondents were females (56.0%). 23.3% of elderly were 65-66 age groups, 64.2 % of respondents were married, 31.1% of respondents were widowed. More than half of the respondents (56.6%) had lower education. 64.7% of the respondents had both daughter and son. About half of the respondents (49.4%) were only living with husband/wife, 19.3% of elderly were living alone. 79.3% of elderly had regular income. 64.1% of the elderly had met with the children or relatives 1-4 times a month. Most of the respondents (81.9%) said that they feel their health was as good and not bad.

Table 1. Socio Demographic Factors and Feeling of Loneliness

Variables		N	M	SD	T	P
Gender	Female	195	63,46	14,285	-1,791	0,074
	Male	153	66,13	13,146		
Age	65-66 age group	81	64,59	15,745	7,223	**0,000***
	67-69 age group	56	68,32	9,789		
	70-72 age group	55	64,53	13,766		
	73-75 age group	47	66,62	11,783		
	76-78 age group	47	62,70	14,159		
	79 age and over	62	61,42	15,019		
Marital status	Married	227	66,59	12,916	3,674	**0,000***
	Widowed or single	121	60,97	14,795		
Children/ childlessness	Yes	332	64,93	13,717	1,821	0,069
	No	16	58,50	15,393		
Regular Income	Yes	276	65,23	13,344	1,569	0,118
	No	72	62,36	15,487		
Frequency of visiting with children or	None	75	53,05	16,554	49,415	**0,000***
	1-4 times a month	223	66,54	11,539		

relatives	5 or more times a month	50	73,50	6,115		
Perceived Health status	Very good	35	74,14	6,691	19,355	**0,000***
	Good	145	67,12	11,638		
	Not bad	140	62,30	14,501		
	Bad	28	51,57	15,655		
Education	Primary school and less	197	61,74	15,575	7,223	**0,000***
	Secondary school	37	68,38	10,836		
	High school	63	69,37	9,162		
	University	51	67,27	10,540		
Household composition	Living with Only spouse	172	66,84	12,540	5,344	**0,000***
	Living with Only children	37	57,22	16,359		
	Living with spouse and children	53	66,62	13,083		
	Living with children and relatives/ only relatives	19	58,68	17,295		
	Living alone	67	63,18	13,348		

***p<0,05**

Table 1 illustrates the relationship between selected socio demographic variables and feelings of loneliness. In this study UCLA-LC score for the elderly was 64.4 ± 13.84. When UCLA-LS scores were examined according to gender, elderly women were found to feel more lonely than men. But this was not statistically significant (T:-1,791 P>0,05). 75 age and over elderly was more feeling of loneliness than 65-75 age groups (F: 7,223 P<0,05).

UCLA-LC score of elderly people with low level education were lower than elderly people with high level education (F: 7,223 P<0,05). In this research it was found that single or widowed elderly had felt more loneliness than married elderly (T:3,674 P<0,05). Childless elderly were feeling more alone than the elderly who have children (T:1,821 P>0,05).

The elderly living with their spouses or with children and spouse were found to feel less lonely than elderly living with their children or with their relatives, and living with alone in the study (F: 5,344 P<0,05).

The elderly people that have a regular income were higher UCLA-LS score than have not a regular income. However, this difference was not statistically significant (T:1,569 P>0,05). In this study founded that the elderly people who often visit friends or relatives were not feeling the loneliness (F: 49,415 P<0,05). Elderly people who perceived poor health were feeling more alone than who perceived good health (F: 19,355 P<0,05).

Table 2. Relationship between Feeling of Loneliness of Elderly and WBI, ADL, IADL, LSI (Pearson Correlation)

		WBI	**ADL**	**IADL**	**LSI**
UCLA-LS	**Correlation**	0,477	0,153	0,297	0,573
	P	0,000*	0,004*	0,000*	0,000*
	N	348	348	348	348

*** p<0,01**

Table 2 illustrates the relationship between feeling of loneliness of elderly and WBI, ADL, IADL, LSI. According to the results of correlation analysis, a significant relationship was found between UCLA-LS and WBI, ADL, IADL, LSI (p<0,01).

4. Discussion

In this study examining the factors affecting the feeling of loneliness of the elderly, it was found that males had felt more loneliness as compared to females, but it was not statistically significant. According to some studies, males are more often lonely than females (Andersson & Stevens, 1993; Chang & Yang, 1999), but other studies have reported results to the contrary (Alkan & Sezgin, 1998; Kivett, 1979) Females might have a larger social network than males.

In the literature it was emphasized that there is a significant relation between age and feeling of loneliness. The results of this study shows parallelism with other studies. There was a trend of increasing loneliness with age (Baretta, Dantzler & Kayson, 1995; Holm'en et al., 1992; Andersson, 1998).

It was found that there is a positive correlation between education level and feeling of loneliness in this study. These results can be because of the reason that the economic, intellectual, and sociocultural level of the elderly with high education level are higher than the elderly with low education level and for this reason they have more things to do and they are more possible to participate social and cultural activities.

In this research it was found that married elderly people was feeling less lonely than single and widow elderly people. Widowhood and the loss of a close friend are clear determinants for loneliness. The results of other studies have also supported this findings (Kivett, 1979; Van Baarsen, 2002).

There are conflicting results as to whether childlessness has an impact on the experiences of loneliness. Some studies have shown that childlessness is associated with loneliness (Mullins & Dugan, 1990; Mullins, Elston & Gutkowski, 1996) and some have not (Zhang & Hayward, 2001; Koropeckyi, 1998). It has been suggested that the childless actively learned to create human relationships during their lifespan. Childless adults do not necessarily expect their friends or relatives to maintain as frequent contact as parents expect from their children (Mullins & Dugan, 1990).

According to the results of the study the elderly living with their spouses or spouses and children had felt less loneliness. Living alone increases the level of loneliness. These results have supported the other studies (Koropeckyi, 1998; Dykstra & De Jong Gierveld, 1999).

Wenz (1997) stated the relation between loneliness and health problems. The illness factor increases the fear of becoming lonely in future. Both the fear of physical and psychological illnesses causes loneliness in every developmental stage. Illness, loss, and disability causes both psychological and physiological pain. The people who suffer from illness keep themselves away from the people who are emotionally healthy. This situation causes social isolation (Page & Cole, 1991). According to the results of this study the elderly who define their state of health as good felt less loneliness.

Factors that decrease the experience of loneliness include the person frequent contacts with children and relatives (Mullins, Johnson & Andersson, 1987). Lack of a social network and having few social contacts (Mullins & Dugan, 1990) are all clearly associated with loneliness. Elderly people who have limited social networks do not receive enough support and emotional satisfaction (Bondevik & Skogstad, 1996). Losses thinning the network, a person's incapability or unwillingness to create new social contacts and poor self-awareness and insecurity may all lead to social isolation.

The impairment of physical functioning and poor health lead to dependency on the help of others in daily living, to staying at home and to an increased need for health care services, which are all associated with feelings of loneliness. Depression (Bondevik & Skogstad, 1998; Ryan, 1998), anxiety and dementia are associated with loneliness, All these factors significantly affected the individual's life satisfaction, well-being and daily living

activities. In this study it was also determined a significant relation among life satisfaction, well-being, daily living activities and feeling loneliness (Holm'en, Ericsson & Winblad, 1998).

It was suggested that individuals keep in regular contact with older family members, friends and neighbors and ensure that older people feel needed and valued. Local communities and agencies were advised to increase the availability of programs and services for seniors, establish or enhance transportation programs and low-cost leisure and education activities, and involve seniors at all levels of planning. For their part, policy makers were advised to increase barrier-free access and housing options that foster socialization.

Although it is not a problem in our country yet, in the future, the loosening of social ties, frequent divorces and migration may lead to an increase in feelings of loneliness among older people. Thus, the social and health care systems need to recognize and address these problems. It would be important to develop and test new interventions aiming at alleviating loneliness. Combining qualitative methods with rigorous intervention methodology in future studies could provide a deeper understanding of loneliness and its meaning to the elderly.

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