

Psychological Well-being and Psychological Loneliness among Retirees with High Blood Pressure: A Correlational Study

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Abstract

Retirees are generally suffering from various physical and psychological problems. One of which is high blood pressure which is associated with psychological problems such as feelings of loneliness and deteriorated well-being. This study aimed to identify the relationship between psychological wellbeing and the psychological loneliness among pensioners with high blood pressure. This study also aimed to study the effects of gender on the Psychological well-being dimensions among the sample as well as the effects of age on the Psychological well-being dimensions among the sample. Finally, the study identified the level of psychological loneliness among pensioners with high blood pressure. The descriptive causal comparative methodology on a sample of 112 retirees with hypertension was used. It has been found that there was a significant negative relationship between psychological well-being and loneliness. It was also found that the level of Psychological well-being within the sample was average. In addition, there were statistically significant differences on some psychological well-being dimensions (Environmental Mastery, Positive Relations and Self-acceptance) based on gender. But no statistically significant differences in psychological well-being dimensions (personal growth, autonomy and purpose in life) based on gender. Also, there were statistically significant differences on some psychological well-being dimensions (personal growth, purpose in life) based on age. But no statistically significant differences in psychological well-being dimensions (autonomy, Environmental Mastery, Positive Relations and Self-acceptance) based on age. Finally, it was found that the level of Psychological loneliness was average.

Keywords: Psychological Well-Being, Psychological Loneliness, High Blood Pressure, Retirees, Algeria

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Introduction

Well-being is part of the mental health but not synonymous with it (Henn, Hill, & Jorgensen, 2016). In his review, Hird (2003) states that there are many theoretical definitions of well-being. However, Kharnub (2016) sees that there is no general agreement on a universal definition of well-being. Psychological well-being was mentioned as the absence of negative psychological traits such as depression. However, the perspective has changed over time (Kumcagiz & Gunduz, 2016). Psychological well-being was associated with positive understanding and positive social relationships (Kumcagiz & Gunduz, 2016). Psychological well-being is defined as a positive experience and psychological functioning (Ishaq, Malik., & Asif, 2018). The theory of psychological well-being is based on concepts in developmental psychology and clinical psychology (Kumcagiz & Gunduz, 2016). The latest theory of psychological well-being focused on self-perceptions of positive functioning (Moe, 2012).

According to Ryff (1989), traditional concepts of psychological well-being ignored the aspects of positive functioning (Moe, 2012) because they focused primarily on the absence of disorder symptoms (Moe, 2012). Ryff (1989) has developed a scale of six basic dimensions, the Ryff Scale of Psychological Wellbeing, and although a large number of studies have used this scale, the results of the scale remain inconclusive (Henn et al., 2016).

As to the psychological loneliness variable, studies have shown that loneliness is associated with depression and reduced quality of life (Mellor et al, 2008; Cacioppo et al, 2006; Chou and Chi, 2004; Lim & Kua, 2011) and increased physical and mental health problems for the elderly (Cornwell, & Wait, 2009; Hicks, 2000; Lim & Kua, 2011).

According to Green et al., many health-related problems are the result of loneliness, and Momtaz et al. (2012) studied a sample of 1,880 older people in Malaysia and found that loneliness increases the risk of hypertension in later life (Petitte, et al. 2015). Hansson et al. pointed out that loneliness is associated with some psychological problems such as poor adaptation or dissatisfaction with family and social relationships (Ibrahimi, 2015).

The influence of loneliness on well-being cannot be ignored, and Golden et al. (2009) supported this idea with the view that there is already a strong relationship between loneliness and well-being (Wu & Zhang, 2011). A review of the literature on loneliness shows that this phenomenon has a negative impact on various aspects of psychological well-being (Shahidi, 2013). According to Shahidi study on the impact of loneliness on the dimensions of psychological well-being has not been studied yet, and the purpose of his study was based on the type of this association. Just as this feeling may find a way for the elderly because they have an awareness of weakness and pain due to aging and a feeling of abandonment associated with painful waiting (Macqueron, 2009). The prevalence of chronic diseases increases with age and the link between health and psychological well-being becomes more important in older ages, according to Steptoe, Deaton, and Stone (2015). And Rafanelli et al. (2012) showed that patients with hypertension had a weakness in psychological well-being,

and Salami, 2010 indicated that physical health is a predictor of psychological well-being (Salami, 2010).

The purpose of this study is to explore the relationship between psychological well-being and loneliness. And the study of differences in the psychological well-being with high and low loneliness, also the study of differences in psychological well-being according to demographic variables (age and gender) so that studies have shown that social and demographic factors affect the psychological well-being of older persons (Momtaz et al., 2012; Ibitoye et al., 2014).

Methodology

To achieve the goal of this study the descriptive approach correlative and comparative was used.

Data Collection Tools

To collect data, for this study two scales have been used. The Ryff scale (Ryff, 1989) has been used for the Psychological wellbeing variable. As for the psychological loneness variable, the loneliness scale was used.

The Ryff scale: The original Ryff scale includes 120 items and a short version containing 42 items (7 items per sub-scale). The scale contains positive and negative items covering six dimensions.

The Psychometric Properties of the Well-being Scale:

- **Reliability:** Cronbach alpha value (0,749) indicates that the scale has a relatively high reliability.
- **Validity:** To test the validity of the scale, the internal consistency, as well as the confirmatory factor analysis have been used.
- **Internal Consistency:** As can be seen in Table (1), the majority of the results are highly significant.

Table 1: The correlation coefficient of each dimension of the scale with the total score

Dimensions	The correlation coefficient of each dimension of the scale with the total score
Autonomy	**0,734
Environmental Mastery	**0,590
Personal Growth	**0,713
Positives Relations with Others	**0,658
Purpose in Life	**0,677
Self-Acceptance	**0,679

- Confirmatory Factor Analysis:

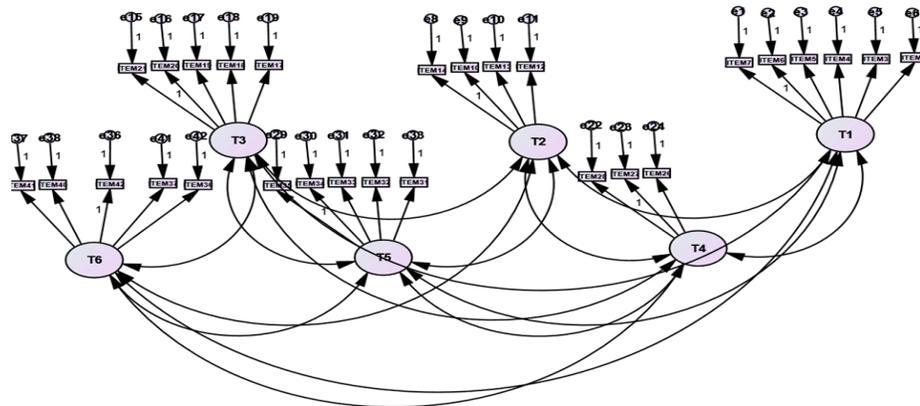


Figure 1: Path diagram analysis

The confirmatory factor analysis results as depicted in Figure (1), support the previous results. The goodness of fit values about the model are:

RMSEA = 0,064
 SRMR = 0,083
 PGFI = 0,644

The loneliness scale: As for the psychological loneliness scale, a scale of two dimensions (Emotional loneliness, Social loneliness) was used.

The Psychometric Properties of the Loneliness Scale:

- **Reliability:** Cronbach alpha value (0,749) indicates that the scale has a relatively high reliability.
- **Validity:** To test the validity of the scale, the internal consistency, as well as the confirmatory factor analysis have been used.
- **Internal consistency:** As shown in Table (2), the internal consistency is statistically significant.

Table 2: The correlation coefficient of each dimension of the scale with the total score

Dimensions	The correlation coefficient of each dimension of the scale with the total score
Emotional loneliness	**0,817
Social loneliness	**0,823

- Confirmatory factor analysis

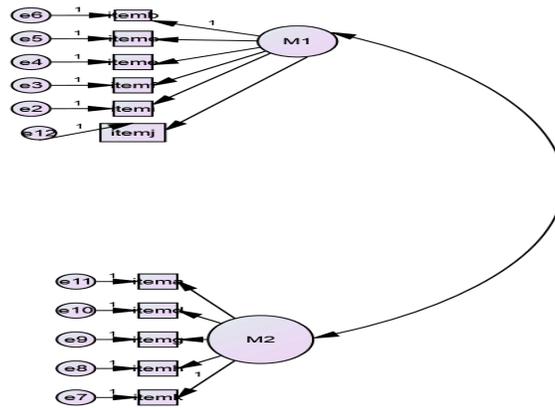


Figure 2: Path diagram for the two-factor structure

The confirmatory factor analysis results as depicted in Figure (2), support the previous results. The goodness of fit values about the model are

RMSEA = 0,501
SRMR = 0,0718
CFI = 0,921

Results

It has been found that there was a significant negative relationship between psychological well-being and loneliness among retirees with hypertension as depicted in Table (3).

Table 3: Correlation between Psychological well-being and loneliness

Variables	Psychological Wellbeing	Loneliness
Psychological Wellbeing	1	
Loneliness	0.489-**	1

**P<0.01

As for the differences in psychological well-being, there are statistically significant differences as shown in Tables (4, 5, and 6).

Table 4: Differences in psychological well-being with high and low loneliness

		N	Mean	Standard Deviation	T	Level of significance
Autonomy	High loneliness	30	5,0389	0,70938	5,844	Statistically Significant at the level 0,01
	Low loneliness	30	3,8500	0,85920		
Environmental Mastery	High loneliness	30	4,8083	0,93699	7,578	Statistically Significant at the level 0,01
	Low loneliness	30	2,9250	0,98731		
Personal Growth	High loneliness	30	4,8600	0,95587	6,944	Statistically Significant at the level 0,01
	Low loneliness	30	3,000	1,11293		
Positive Relationship	High loneliness	30	4,7516	1,21236	7,605	Statistically Significant at the level 0,01
	Low loneliness	30	2,1889	1,39150		
Purpose in Life	High loneliness	30	5,0200	0,9011	9,867	Statistically Significant at the level 0,01
	Low loneliness	30	2,5467	1,03582		
Self-acceptance	High loneliness	30	4,7600	0,69758	8,872	Statistically Significant at the level 0,01
	Low loneliness	30	2,9800	0,84910		
Psychological Wellbeing	High loneliness	30	4,87312	0,31976	16,701	Statistically Significant at the level 0,01
	Low loneliness	30	2,9151	0,55687		

Table 5: difference in psychological well-being according gender variable

	N	Gender	Standard Deviation	mean	T	Sig. (2-tailed)
Autonomy	35	Women	0,92967	4,3905	0,783	0,435
	77	Men	0,85015	4,5303		
Environmental Mastery	35	Women	1,03778	3,4857	2,055	0,042
Personal Growth	77	Men	1,27181	3,9903	0,452	0,652
	35	Women	1,30635	3,6857		
Positive Relationship	77	Men	1,29370	3,8052	2,571	0,011
	35	Women	1,61442	3,0381		
Purpose in Life	77	Men	1,77244	3,9422	0,875-	0,384
	35	Women	1,13116	4,0400		
Self-acceptance	77	Men	1,41012	3,8028	2,819	0,006
	35	Women	1,05496	3,6000		
Psychological Wellbeing	77	Men	1,08491	4,2182	1,995	0,049
	35	Women	0,78524	3,7067		

Table 6: differences in psychological well-being according to age variable

Environmental Mastery	Between groups	1,019	0,510	2	0,337	0,714
	Within groups	164,654	1,511	109		
	Total	165,674		111		
Personal Growth	Between groups	14,378	7,189	2	4,577	0,012
	Within groups	171,186	1,571	109		
	Total	185,564		111		
Positive Relationship	Between groups	6,880	3,440	2	1,102	0,336
	Within groups	340,160	3,121	109		
	Total	347,040		111		
Purpose in Life	Between groups	11,951	5,976	2	3,539	0,032
	Between groups	184,028	1,688	109		
	Total	195,979		111		
Self-acceptance	Between groups	0,788	0,394	2	0,317	0,729
	Within groups	135,702	1,245	109		
	Total	136,490		111		

It is seen that:

- There are statistically significant differences in psychological well-being and its dimensions (environmental mastery, positive relationships, and self-acceptance) according to the gender variable among retirees with hypertension.
- There are no statistically significant differences in the dimensions of psychological well-being (Autonomy, personal growth, purpose in life) according to the gender variable among retirees with hypertension.
- There are no statistically significant differences in psychological well-being and its dimensions except personal growth and purpose in life according to the age variable among retirees with hypertension.

Discussion

This study showed the negative relationship between loneliness and psychological well-being of retirees with hypertension, and it showed there are differences in psychological wellbeing and the dimensions with high and low loneliness of retirees with hypertension for the higher loneliness.

This feeling is the main factor in mental health problems (Van Roekel et al, 2010), and loneliness was associated with weakness, such as low psychological well-being (Doman & Roux, 2012). As such, Creswell et al., 2012 put real possibilities for overcoming the sense of loneliness among older people and other age groups. As well, there are studies indicating that the well-being of older persons is a paradox, despite age-related challenges or losses do not decline psychological wellbeing, and thus psychological well-being may not decrease with this feeling or even with the illness as the results showed. Further, Ryff (1989) concluded that psychological wellbeing is a protective factor for older person Patients (González-Celis, 2016: 718-719).

In addition, the results of this study showed differences in psychological well-being and its dimensions (environmental mastery, positive relationships, and self-acceptance) according to the gender of retirees with hypertension, Studies show that there is a contradiction in the results of differences in psychological well-being according to the gender variable, so further research is required.

The results of the study showed differences in (personal growth and purpose in life) according to the age variable of retirees with hypertension. Although having a goal in life and personal growth of older people is important, for positive functioning (González-Celis, et al. 2016:718-719) Studies indicate that there is a decline in the dimensions of psychological well-being (purpose in life and personal growth) among the elderly.

Conclusion

In conclusion, this study identified the level of psychological well-being among pensioners with high blood pressure, including the effects of gender on the Psychological well-being dimensions among the sample. The study has also studied the effects of age on the Psychological well-being dimensions among the sample and

identified the level of psychological loneliness among pensioners with high blood pressure.

The major result of the study has been a negative correlation between loneliness and psychological well-being. Based on this result, it was recommended that there exists a need to focus on the program to promote the psychological well-being and its dimensions especially (personal growth and purpose in life) that of elderly patients.

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