

Study of the Level of Solitude in the Elderly at the Yogyakarta Nursing Home

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The European Conference on Aging & Gerontology 2023
Official Conference Proceedings

Abstract

Aging and loneliness has been established widely. Loneliness has been studied from many different points of view and there is no unified definition (Muhumed, K & Cervinkova, M, 2011) Mainly, loneliness is thought as being stranged from others. (Killeen 1998, 763-764.) Feeling of loneliness most vulnerable seems to be adolescents and elderly people. Loneliness among elderly population has been examined, in quantitative studies, according to demographic factors, education, socio-economic status or health. In average, onethird of elderly population suffers from loneliness at least sometimes (Victor etal. 2005, 364; Savikko 2008, 40; Theeke 2009, 392). Illness, death of a spouse and lack of friends were the most common causes of loneliness (Savikko 2008, 42). The level of loneliness itself can be assessed in a scoring system that is often used in the form of University Carolina (UCLA) loneliness scale. This validated score consist of 20 questionnaire that can assess one's subjective feelings of loneliness as well as feeling social isolation (Fetzer.org) Participants rate each item as either O ("I often feel this way"), S ("I sometimes feel this way"), R ("I rarely feel this way"), N ("I never feel this way"). The score system devided whether it is low (20-49), medium (50-69) or high (60-80).

Keywords: Loneliness, Solitude, Nursing Home, Elderly

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Introduction

Older adults are at increased risk for loneliness and social isolation because they are more likely to face factors such as living alone, the loss of family or friends, chronic illness, and hearing loss. A report from the National Academies of Sciences, Engineering, and Medicine (NASEM) points out that more than one-third of adults aged 45 and older feel lonely, and nearly one-fourth of adults aged 65 and older are considered to be socially isolated. Loneliness is the feeling of being alone, regardless of the amount of social contact. Social isolation is a lack of social connections. Social isolation can lead to loneliness in some people, while others can feel lonely without being socially isolated. Social isolation was associated with about a 50% increased risk of dementia and other serious medical conditions. Although it's hard to measure social isolation and loneliness precisely, there is strong evidence that many adults aged 50 and older are socially isolated or lonely in ways that put their health at risk. Recent studies found that:

- Social isolation significantly increased a person's risk of premature death from all causes, a risk that may rival those of smoking, obesity, and physical inactivity.¹
- Social isolation was associated with about a 50% increased risk of dementia.¹
- Poor social relationships (characterized by social isolation or loneliness) was associated with a 29% increased risk of heart disease and a 32% increased risk of stroke.¹
- Loneliness was associated with higher rates of depression, anxiety, and suicide.
- Loneliness among heart failure patients was associated with a nearly 4 times increased risk of death, 68% increased risk of hospitalization, and 57% increased risk of emergency department visits.

In China, about one-third of older adults feel lonely (Luo and Waite, 2014). Loneliness increases the risk of dementia, depression, and mortality risk among the Chinese elderly (Luo and Waite, 2014; Zhou et al., 2018; Bao et al., 2021). Many empirical studies have shown that social isolation and loneliness are closely related (Alcaraz et al., 2019). In the past decades, aging and social transition have been taking place simultaneously in China, which makes a large number of the elderly in China face unprecedented social isolation. In 2020, China has more than 264 million people aged 65 and above, accounting for 18.70% of the total population (National Bureau of Statistics, 2020). Simultaneously, urbanization has accelerated the miniaturization of families, by 2020, the proportion of the elderly living alone and with their spouses reached 21.38 and 23.45%, respectively, (Xu et al., 2014; National Bureau of Statistics, 2020). Unlike western countries, Chinese culture is rooted in Confucian values, Chinese older adults are highly dependent on family members, especially on their children (Zheng and Chen, 2020), thus these changes may result in reduced social contact for older adults (Luo and Waite, 2014). Coupled with the fact that social networks of the elderly are intrinsically more likely to be in a reduced state due to stressful events may experience in old age, such as widowhood, retirement, and so on (Bao et al., 2021), aging people in China are at high risk of social isolation. It is worth exploring whether the increased social isolation of the elderly in China has also led to more loneliness.

In Malaysia nearly onethird of older adults reported a lot of loneliness (Momtaz, et al. 2012). "However, rapid social change, including changes in employment, and the time pressures and travel distances have changed the pattern of many people's daily life" (Adriani, et al.2018). "As a result, loneliness is an increasing problem for all age groups, and it is a source of stress that a majority of Indonesians are unequipped to deal with" (Momtaz, et al. 2012, Adriani, et al.2018). The prevalence of loneliness was highest in the age groups 15–24 years, followed

by the oldest old (80 years or more) and the 70–74 years age group, while the lowest feelings of loneliness were reported among the 75–70 year-olds and the 55–59 year-olds.

Methods

Participants and Procedure

We conducted mini research based on elderly population in two nursing home Yogyakarta on January 2023. Those are our inclusion criteria like > 60 years old woman and man, independent Activity Daily Living (ADL) until mild dependency, and mild cognitive impairment. Elderly whom moderate until severe cognitive impairment, visual and hearing disturbances, patients at ward, and mentally disorder are our exclusion criteria. We also conduct informed consent to all participants before we took our data and some interviews, that informed consent consist of research aim and objectives. After we took some interviews, we readback the results in front of respondents.

Measures

The older adults responded to structured questionnaire items to bring out personal information on selected demographic characteristics of chronological age, gender, marital status, academic level, and their job before. Single scores on the selected demographic characteristic for each participant were processed and computed into groups of descriptive statistical data. The group data was used to find out how each of selected demographic characteristic effect loneliness among older adults.

Level of loneliness was measured as UCLA Loneliness Scale developed by psychologist Daniel Russell (1966), the UCLA Loneliness Scale (Version 3) is a 20 item measure that assesses how often a person feels disconnected from others. Using a 4 point rating scale (1=never; 4 = always), participants answer 20 questions, such as “How often do you feel left out?” and “How often do you feel part of group of friends?” Researchers later reverse-code the positively worded items so that high values mean more loneliness, and then calculate a score for each respondent by averaging their ratings. Study show that people who have high scores on the UCLA Loneliness Scale tend to have trouble in other areas related to social mobility. For instance, people with higher loneliness scores have worse friendships and romantic relationships than do people with lower scores (Russell et al, 1994). Other studies suggest that poor relationship can be both a cause and effect of poverty (Conger, Conger & Martin, 2010).

Results

Descriptive Analyses : We got 38 respondents , the majority of older adults were in the young old (65-74 years old) (53%; n= 19), middle old (75-84 years old) (33%; n =12) and older old (> 85 years old) (14%; n =7) , female (61%; n = 22) and male (39% ; n = 16). About 33%; n= 12 elementary school ; and none of the participants had attained university level of education. On employment status 30% ; n = 11 was private sector employee and half 30% n = 11 respondents were not employed. Based on UCLA Loneliness scale, 92%; n= 35 was low, and only 3% ;n = 1 was high.

Discussion

The present study examined the effect of selected demographic characteristics on loneliness level among older adults. The demographic characteristics of age, sex, status employment, level of education show significant influence of level loneliness among older adults. Previous study showed that aging itself increased risk for loneliness and social isolation because they are more likely to face factors such as living alone, the loss of family or friends, chronic illness, and hearing loss. Facilities for older people in nursing home is adequate; the older people get clean clothes, beds, and health food. Nursing homes are facilities for older people who need care, the primary goal of an institution for older people should be to maintain interest in life, not just maintaining life (Kimondo, 2012). Several residents expected that living in the nursing home would be the last journey of reviews their life, so they were willing to discuss reviews their deaths, such as symptom management, emotional, psychological, and spiritual support, and counseling services, especially with reviews their significant others (Ch-uang et al, 2015). On the other hand, many residents told that they felt they were cared for, but that at the same time the standard of reviews their care would have been even better if there had been more nursing personnel (Slettebø, 2008). Kimondo (2012) research shows that residents in nursing homes can establish a feeling of being at home with support from staff and relatives. Another research said that some residents wanted more support and opportunity for religion to be part of reviews their lives and need to engage in meaningful interpersonal reviews their social interactions with families and friends or with other residents in nursing home (Chuang et al, 2015).

Conclusions

Loneliness is one of social problem in elderly, that have to evaluate and the level of solitude at Yogyakarta nursing home was low.

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