

Original Research Article

Loneliness, sociability and depression in old age home elderly

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Received: 13 July 2019

Accepted: 30 August 2019

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ABSTRACT

Background: Increasing elderly population became a big concern to health professionals. Loneliness, lack of socialization and depression is quite frequently reported in elderly population. Lack of evidence on impact of socialization and loneliness on depression necessitate this survey. The current work focused on level of socialization, loneliness and depression among elderly residing in old age homes.

Methods: The cross-sectional survey includes 100 purposively selected elderly from selected old age homes, Uttarakhand. Elderly were interviewed by using University of California, Los Angeles (UCLA) Loneliness scale, Geriatric depression scale (GDS) and Eysenck personality inventory (EPI) sociability subscale of extroversion. Appropriate statistics was applied to generate results.

Results: Findings revealed a significant relationship of loneliness with depression ($r=-0.740$, $p<0.01$) and sociability ($r=0.195$, $p<0.01$). Similarly, sociability and depression were found dependent on each other ($r=-0.354$, $p<0.01$) in elderly.

Conclusions: Elderly residing in old age homes need due attention and care to get rid of these silent psychological problems. Timely medical care and measures to improve socialization may help to anticipate mortality and morbidity and protect the vulnerable population.

Keywords: Loneliness, Depression, Sociability, Elderly, Old age home

INTRODUCTION

Aging is a physiological process begins at conception and continue throughout life and till death.¹ It is a continuous and universal process represented by accumulation of physical, psychological and social changes in a human beings over time.^{1,2} In India, individuals age 65 years and above are considered as elderly or older adults. This is a period an individual finish off his life span and looks back on his accomplishments and prepare himself to say good bye to his life. However, ageing people has to adjust with different physical, psychological and social changes and have to use old as well as develop new coping skills to adapt to these changes.

UN declared India as 'graying nation' where 7 % of total population is more than 60 years of age. The proportion

above 60 years is expected to reach around 12.6% in 2025 and it is expected to be 179 million by 2031 and 301 million by 2051.³

Health of elderly is becoming a major concern to health professionals. Medical assessment should be complemented with symptoms and discomfort (i.e., pain, functional dependency, psychological disturbances, and subjective health satisfaction etc.) in elderly. Hence, health is considered to be multi-dimensional. Ageing research demonstrated that sociological and psychological factors determine how well individuals age. A growing body of evidence confirmed a significant impact of quality of social relationship, family structure, subjective health perception, financial adequacy and types of coping skills used on individual's sociability.⁴

Depression is suggested to be one of the most reported psychological problems among elderly, with significant negative consequences on subjective well-being and quality of life.⁵ There is a plenty of research that demonstrated the prevalence of depression in elderly population. Increasing age invite many psychological problems by diminishing brain growth, declining physical reserve, and other senile brain problems.^{5,6} Similarly, literature demonstrated that elderly people with chronic depression have higher morbidity and mortality by indulging in suicide and other self-harm activities.^{7,8} Studies at various settings such as old age homes, geriatric clinics, out-patient departments and community psychiatric clinics reflected a varied degree of depression in elderly in India.⁹ Social interaction is the key of psychological well-being among all age group individuals. Person with good social interactions and relations found to have higher self-esteem and independence.¹⁰ It has been demonstrated that apart from increasing age, socio-economic status and lack of social relationship are also closely associated to develop depressive feelings.¹¹ Functional working in elderly is determined by quality of social relationship. It is obvious to loss few quality relationships as the age grow which can lead to feeling of loneliness and emptiness.

Loneliness is a subjective state of negative feeling an individual experience due to loss of relationship and social network. Poor self-esteem, lack of social network, personality types, and being single are few reported determinants of loneliness. Further, rapid modernization, lack of time to meet family and relatives and loss of traditional value has reduced socialization among people. In a survey, 64.1% and 39.19% elderly from urban and rural areas claimed to suffer with loneliness respectively.¹² Further, it has been reported that presence of loneliness strongly contribute to high risk of developing depression, suicide, poor self-esteem, anxiety, sleep disturbances, behavioral withdrawal, shyness and feeling of emptiness in elderly.^{13,14}

Therefore, the present survey was undertaken to understand the relationships among loneliness, sociability and depression in elderly residing in old age homes and also to determine gender difference with respect to the above relationship of variables.

METHODS

A cross sectional study was conducted over a period of 4 months from January to May 2019 in selected old age homes, Haridwar and Dehradun, Uttarakhand. Ethical approval was taken by the Institutional Ethical committee (IEC) of All India Institute of Medical Sciences (AIIMS), Rishikesh.

Participants

The study enrolled 100 elderly of age group more than 60 years residing in old age homes of districts Dehradun and

Haridwar, Uttarakhand, India. A precise sample size was calculated by taking current prevalence of the depression in institutionalized elderly. The researcher explained the objectives and methods of the study to elderly and a written consent was also obtained in Hindi. Elderly who were known case of depression and suffered with chronic medical conditions (diabetes mellitus, hypertension, or diagnosed cancer) and did not show interest to participant in study, were excluded.

Research tools

The subjects were personally questioned by using pretested tools which were validated in Hindi for the interest of the research population.

Sociodemographic profile sheet

A self-structured questionnaire was devised and distributed to elderly to provide information on socio-demographic characteristics.

The revised UCLA (University of California, Los Angeles) loneliness scale (Russell D.W. et al. 1978)

The scale widely used to measure one's subjective feelings of loneliness as well as feelings of social isolation. It is a 20 items 4 points rating scale measuring loneliness on; 1 (Never) to 4 (Often). No cut-off score are presented in standard UCLA scale. It is widely used in previous study to measure loneliness among similar population.¹⁵

The geriatric depression scale (GDS)

It is a 30-items self-report instrument used to identify depression in older adults. The total cut-off score is categorised in; mild depression (0-9), moderate (10-19) and severe depression (20-30). A pre-tested Hindi version of GDS is widely used to measure depression in clinical and non-clinical cases.¹⁶

Sociability subscale of Eysenck personality profiler (Eysenck H.J. 1975)

Sociability subscale of extroversion trait of Eysenck personality profiler was used to assess sociability among elderly. It is a dichotomous scale consisting of 12 items with response in either yes or no. No cut-off score are there in subscale.¹⁷

Statistical analysis

A quantitative descriptive and inferential statistical analysis was performed by using statistical package for social sciences (SPSS) version 23 (IB Corp., Chicago, IL, USA, 2010).¹⁸ Descriptive statistics used to measure mean, and standard deviation of sociability, depression and loneliness and co-efficient correlation was used to measure relationship among variables.

RESULTS

Table 1 reveals no significant gender difference with respect to loneliness, sociability and depression among elderly.

Table 2 findings demonstrate a significant negative relationship of loneliness with sociability among elderly; represent that higher level of socialisation decreases loneliness. Similarly, a significant negative correlation was found between sociability and depression; higher sociability cut down the depression among elderly.

Table 3 depict a significant negative relationship of sociability with depression and loneliness among elderly

women, significant at 0.01 level; there is an increased risk of depression with decreasing level of sociability among elderly women. Similarly, sociability found dependent on loneliness among women; decrease level of sociability increase the risk of loneliness phenomena among elderly women.

Elderly men demonstrate a significant negative correlation between sociability and loneliness; representing that higher socialisation reduce the chances of developing manifestations of loneliness and subsequent development of depression and suicide in elderly. Although, a negative insignificant relationship was observed between depression and sociability in elderly men (Table 4).

Table 1: Descriptive statistics for gender differences for loneliness, sociability and depression (n=100).

Variables	Men (n=49)	Women (n=51)	T value	p value
Sociability (range: 0-12)	10.14±3.07	9.78±2.89	-0.602	0.55
Loneliness (range: 20-80)	33.24±8.97	33.65±10.89	-0.201	0.84
Depression (range: 0-30)	16.89±6.87	15.86±6.61	0.768	0.44

Table 2: Correlation among loneliness, sociability and depression.

Variables	Loneliness	Depression	Sociability
Loneliness	1.00		
Depression	0.131	1.00	
Sociability	-0.600**	-0.328**	1.00

** : p<0.01.

Table 3: Correlation among loneliness, sociability and depression in elderly (women).

Variables	Loneliness	Depression	Sociability
Loneliness	1.00		
Depression	0.175	1.00	
Sociability	-0.532**	-0.427**	1.00

** : p<0.01.

Table 4: Correlation among loneliness, sociability and depression in elderly (men).

Variables	Loneliness	Depression	Sociability
Loneliness	1.00		
Depression	0.107	1.00	
Sociability	-0.673**	-0.235	1.00

** : p<0.01.

DISCUSSION

Life expectancy of elderly is increasing because of improving health care services, knowledge and awareness regarding good health which in turn increasing the population of elderly. Further, it is well known fact that number of elderly residing in old age homes or institutions are increasing globally.¹⁹ Loneliness is found to be a significant predictor of higher mortality among elderly.²⁰ Loneliness bounces negative state of mind which subsequently result in fear, anxiety and depressed thinking.²¹ Long term negative feelings lead to seeding of

depression. Gradual loss of social connection also invites multiple psychosocial problems in elderly.²²

The study findings revealed no significant gender difference in elderly with respect to sociability, loneliness and depression. These findings are in line with the work conducted by Singh et al which reported no significant difference for loneliness and depression; however, it is reported that men are more socialise as compare to women residing in community.²³ On the sociability matter, there is no difference in sociability status between men and women in elderly old age homes. This may be

due to same living environment for men and women in old age homes. These findings may be considered true because men are breadwinner in majority of family, and found less hesitant to socialize with others. On the other side, women spent much time in household chores and get less opportunities to interact with others and are found less sociable. It is evident by nature that men easily find way to socialise and women are more of submissive nature and restrict to meet others.

A significant negative correlation between sociability and loneliness is in-line with the findings demonstrated by Grover et al and Singh et al with regard to both females and males.^{6,23} Similar findings reported in other work.²⁴ These findings may be utilised in planning preventive approach to deal loneliness in later stage of life. Development of social network and social support system may be another preventive strategy to deal loneliness and sociability issues in population. Further, findings suggest that health professionals assessing elderly depression must screen for loneliness and sociability. This will help to take preventive measures to meet the psychological needs of this vulnerable population.

Similarly, a significant correlation between sociability and depression was observed in female elderly, but this trend was missing in men confirming that depression is a gender independent phenomenon and lack of socialisation may contribute to this silent epidemic in elderly. Here, it is understood that living in old age home disconnect the elderly to make social connection with family members, friends and relatives and make them more vulnerable to get depression.

Present study should be seen under many limitations such as one-time cross-sectional survey and use of self-rating scales which may introduce the subjective bias in the findings. A detail psychosocial evaluation and interview to measures study variables are missing. Strengths of the study include use of standardized instruments, sample size calculation and selection of multi-centric settings to determine loneliness, sociability and depression in elderly.

CONCLUSION

The study findings suggest that both loneliness and sociability are dependent to each other in elderly male and females. Severity of loneliness is found associated with sociability among elderly men and women; however, this trend is missing in elderly males with depression.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

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Cite this article as: Panwar P, Kumar R, Belsiyal X. Loneliness, sociability and depression in old age home elderly. *Int J Community Med Public Health* 2019;6:4331-5.