

A Comparative Study of Loneliness in Older Adults Based on Place of Residence in Indonesia

Un estudio comparativo de la soledad en adultos mayores basado en el lugar de residencia en Indonesia

Lita Lita^{1a*}, Abdurrahman Hamid^{2a}, Riski Syntia Ayu^{3a}

SUMMARY

Introduction: Loneliness remains a global problem facing older people, including in Indonesia. This study aimed to compare the loneliness in institutionalized older people and those at home with their families.

Methods: A comparative study was conducted to analyze loneliness in the elderly using a cross-sectional approach. The simple random sampling techniques obtained 46 respondents for institutionalized older people and family environments. Meanwhile, the University of California Los Angeles (UCLA) loneliness scale version 3 instrument was used.

Results: The results showed that the older adults living in institutionalized older people are male (60.9 %, elementary school education (41.3 %), and widows/widowers (91.3 %). On the other hand, among the older adults staying with their families are male

(54.3 %), primary school education (52.2 %), and widows/widowers (91.3 %). The paired sample t-test obtained $p = 0.0001$ and an average difference of 5.85. Therefore, there is a significant difference in loneliness feelings of the elderly living in institutionalized older people and those living at home with their families.

Conclusion: Loneliness was prevalent among elder people living in a long-term care setting. The results showed a difference in loneliness between older adults living in nursing homes and those living with their families. Therefore, it is recommended that family and community-based elderly support those who live and stay in an institutionalized setting.

Keywords: Family, loneliness, older adults

RESUMEN

Introducción: La soledad sigue siendo un problema global que enfrentan las personas mayores, incluso en Indonesia. Este estudio tuvo como objetivo comparar la soledad en ancianos institucionalizados y aquellos en casa con sus familias.

Métodos: Se realizó un estudio comparativo para analizar la soledad en ancianos con un enfoque transversal. Las técnicas de muestreo aleatorio simple obtuvieron 46 encuestados para personas mayores institucionalizadas y entornos familiares. Por su parte, se utilizó el instrumento escala de soledad versión 3 de la Universidad de California Los Ángeles (UCLA).

Resultados: Los resultados mostraron que los adultos mayores que viven en personas mayores institucionalizadas son del sexo masculino (60,9 %, escolaridad básica (41,3 %) y viudas/viudos (91,3 %). Por otro lado, entre los adultos mayores que residen con sus familias son del sexo masculino (54,3 %),

DOI: <https://doi.org/10.47307/GMC.2022.130.s1.40>

ORCID ID: 0000-0003-3533-4572¹

ORCID ID: 0000-0002-9333-0628²

ORCID ID: 0000-0001-5856-6689³

^aNursing Science Study Program, Universitas Hang Tuah Pekanbaru, Indonesia.

*Corresponding Author: Lita Lita

E-mail: lita@htp.ac.id

Recibido: 1 de mayo 2022

Aceptado: 9 de mayo 2022

escolaridad primaria (52,2 %) y viudas/viudos (91,3 %). La prueba t para muestras pareadas obtuvo una $p = 0,0001$ y una diferencia media de 5,85, por lo que existe una diferencia significativa en la soledad sentimientos de los ancianos que viven en los ancianos institucionalizados y los que viven en casa con sus familias.

Conclusión: *La soledad prevaleció entre las personas mayores que vivían en un entorno de atención a largo plazo. Los resultados mostraron una diferencia en la soledad entre los adultos mayores que viven en hogares de ancianos y los que viven con sus familias. Por lo tanto, se recomienda que los ancianos de la familia y la comunidad apoyen a quienes viven y permanecen en un entorno institucionalizado.*

Palabras clave: *Familia, soledad, adultos mayores.*

INTRODUCTION

The sixty-year-old population in 2019 reached 1 billion, and this number will increase to 1.4 billion and 2.1 billion in 2030 and 2050 (1). In Indonesia, the percentage of the elderly population in 2020 reached 9.92 %, or around 26.82 million people (2). Therefore, the country is gradually transitioning toward older adults because the percentage of the sixty-year-old is already above 10,7 % of the total population (3). This condition is inseparable from the increase in life expectancy, which results from different influencing factors. Moreover, the elderly are expected to have healthy, tough, and independent life (3-5).

Aging causes psychological changes such as being more sensitive, withdrawing from social life, decreased ability to think, decreased self-image, feeling of loss such as losing a life partner, helplessness, hopelessness, dependence, fear of death, and the most common is loneliness (6-9). About one-third and one-quarter of adults above 45 and 65 years usually experience loneliness and social isolation problems (10).

Feelings of loneliness can occur because of a mismatch between expectations and the reality of life (11). 20 %-34 % of older people in China, Europe, Latin America, and the United States of America are lonely (12). An amount of 70,8 %

of institutionalized older people in the Osona region is suffered loneliness (13), and 60 % of the older adult who lives alone at home experience loneliness (14). Furthermore, it creates a sense of alienation and decreases meaningful relationships with others due to dissatisfaction during social interaction. It is also a significant source of stress compared to other problems (11,15-17). Loneliness increases the risk of premature death compared to other factors such as smoking, obesity, and physical inactivity. Another consequence is a 50 % 29 % and 32 % increased risk of dementia, heart disease, and stroke. Furthermore, it increases depression, anxiety, and higher suicide. In cardiovascular patients, it increases the risk of death, hospitalization, and visits to the emergency room by four times, 68 % and 57 %, respectively (10). This study aimed to compare the loneliness of the respondents in institutionalized older people and those that are at home with their families.

METHODS

Study Design

This study uses a comparative research design with a cross-sectional approach. Comparative studies examine the differences between the entire group on the dependent variable to be studied. The independent variable does not require treatment but the characteristics inherent in the subject (18). The variables measured in this study were divided into two: the residence place as the independent variable and loneliness as the dependent variable. Data is collected simultaneously greeting one time from door to door.

Samples

The samples consist of older adults living in institutionalized older people in Pekanbaru. It is a social institution for neglected older people managed by the government; the focus services are on fulfilling the social and basic needs and those living with their families in the work area of the Public Health Center in Pekanbaru. A total of 92 older adults were used

as the sample, and they were divided into two locations, each of 46 respondents. Furthermore, a simple random sampling technique was used on institutionalized older people in Pekanbaru, and the respondents were not distinguished from one another according to the inclusion criteria. Meanwhile, a random method was used to select the respondents that live with their families from several neighborhood associations.

Instrument

The instrument in this study is divided into two questionnaires. The first part contains data on the characteristics of respondents such as age, gender, last education, marital status, and religion. The second part is concerned with the feeling of loneliness. Furthermore, the questionnaire of the University of California Los Angeles (UCLA). Loneliness Scale Version 3 was developed by (19). The validity test results of all items in the questionnaire showed that $r_{count} > r$ when the table is > 0.42 , and the reliability level has a Cronbach's alpha value of 0.941. Meanwhile, the instrument uses a Likert scale to describe the questionnaire on a positive statement, where Never (N), Rarely (R), Sometimes (S), and Always (A) were given a value of 1, 2, 3, and 4 respectively. On the contrary, negative statements Never (N), Rarely (R), Sometimes (S), and Always (A) were given a value of 4, 3, 2, and 1 for the negative statement.

Data analysis

This analysis describes the distribution of the frequency and percentage of each variable studied, including age, gender, and education. Furthermore, a paired sample t-test was used with a p-value of 0.05 to compare the loneliness of the respondents in institutionalized older people and those at home with their families.

Ethical Consideration

The ethical review at Sekolah Tinggi Ilmu Kesehatan Hang Tuah Pekanbaru was passed with Number: 421/KEPK/STIKes-HTP/VII/2020.

RESULTS

The results showed that out of the 46 older adults living, 28 (60.9 %) are male, 19 (41.3 %) have an elementary school education, and 42 (91.3 %) are widows/widowers. On the other hand, of the 46 staying with their families, 25 (54.3 %) are male, 24 (52.2 %) have a primary school education, and 42 (91.3 %) are widows/widowers Table 1.

Table 1

Distribution of respondents by gender, last education, and marital status

| Characteristics | Institutionalized Older People | | With Families | |
|-----------------------|--------------------------------|------------|---------------|------------|
| | F | % | f | % |
| Gender | | | | |
| Male | 28 | 60.9 | 25 | 54.3 |
| Female | 18 | 39.1 | 21 | 45.7 |
| Last education | | | | |
| Not going to school | 4 | 8.7 | 3 | 6.5 |
| Elementary School | 19 | 41.3 | 24 | 52.2 |
| Junior High School | 13 | 28.3 | 12 | 26.1 |
| Senior High school | 8 | 17.4 | 7 | 15.2 |
| College | 2 | 4.3 | 0 | 0 |
| Marital status | | | | |
| Not married | 2 | 4.3 | 0 | 0 |
| Married | 2 | 4.3 | 4 | 8.7 |
| Widow/widower | 42 | 91.3 | 42 | 91.3 |
| Total | 46 | 100 | 46 | 100 |

The average score of feeling lonely for the elderly living in institutionalized older people is 39.80. This result is in mild loneliness with a standard deviation of 6.98. Meanwhile, the average score of feeling lonely for those living at home with their family is 33.96. This means they are not lonely, with a standard deviation of 5,66. The results of the T-test obtained $p = 0.0001$. Therefore, there is a significant difference in the feelings of loneliness of the elderly living in institutionalized older people and at home with their families, with an average difference of 5.85 Table 2.

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Table 2

Average differences in feelings of loneliness by place of residence

| Residence Status | Mean | SD | SE | p-Value | Mean Difference |
|--------------------------------|-------|------|------|---------|-----------------|
| Institutionalized older people | 39.80 | 6.98 | 1.03 | 0.0001 | 5.85 |
| With Families | 33.96 | 5.66 | 0.84 | | |

DISCUSSION

The results showed a significant difference in the feelings of loneliness of the elderly living in institutionalized older people and those living with their families. An amount of 40 % of elderly living in nursing homes experiences loneliness. The level of loneliness and solitude is inversely related to the quality of life. Moreover, the degree of illness acceptance, ability to adapt to change and life satisfaction affect the level of perceived loneliness (20) their health declines and they need help with their housekeeping. This, coupled with the transformation of intergenerational into single-generation or nuclear family structures, causes a markedly rising demand for institutional care. Holistic care of an elderly nursing home resident requires a comprehensive approach and consideration for their feelings. Loneliness and solitude are increasingly common among these feelings, undoubtedly affecting quality of life. 250 elderly residents of seven nursing home situated in Mazovia, Poland, have been examined using: De Jong Gierveld Loneliness Scale, WHOQOL-BREF Questionnaire, Basic Hope Scale (BHI-12). Feelings of loneliness are highly individualized, and older people often feel lonely at night or on weekends and when they have no activities (21). They understand that loneliness and social isolation relate to aging (context related to age, norms, and status), personal problems, and illness. Furthermore, the elderly use individual and social strategies to cope with and manage the expression of loneliness and isolation (22). High levels of loneliness are associated with an increased risk of becoming physically weak or pre-weak about four years later. Older people with severe loneliness are at greater risk of becoming physically weak (23,24) 817 people aged ≥ 60 from the English Longitudinal Study of Ageing. Loneliness was assessed at Wave 2 using

the Revised UCLA scale (short version). About 26 % experienced depression after controlling demographic, health, and stress variables. Also, loneliness explains nearly half of the total 49 % variance in depression (25). Moreover, many factors can cause loneliness in older adults living in nursing homes, such as the conflict in poor relationships, feeling left out, and sometimes missing family and wanting to gather at home.

Older adults also live in nursing homes since they are expected to remain within the family environment according to the national standard of social rehabilitation. Furthermore, placing the elderly in a nursing home can lead to feelings of being far from family and abandonment from loved ones, making them feel lonely. Therefore, in Indonesia, social service efforts are more developed in family and community-based service programs (family-based or community-based). This is conducted by encouraging and involving the role of families and communities in improving the welfare of the elderly. As a result, they stayed in the family environment with their children, grandchildren, and other relatives. In addition, social services for the elderly in the family are appropriate to Indonesian culture, considering the nature of kinship, mutual help, and public service by the community are still clearly visible in social relations (26-28).

Generally, the older adults living with their families participate in social and spiritual activities such as social gatherings, recitation, taking care of grandchildren, cooking, and other activities outside the home. Furthermore, families always pay attention to the elderly's needs and health. They also often remind them of the various changes in the elderly and always provide the best support for them. The data is obtained when interviews with the elderly and their families are conducted. In addition, the

children can happily accept the presence of their parents in their household. Therefore, the presence of parents (elderly) in the family is not considered a burden. On the contrary, it is an obligation to serve and make parents happy by caring for and fulfilling their needs (28-30).

Data from the Elderly Information System (SILANI) by The National Development Planning Agency (Bappenas) 2020 showed that 79 % of elderly caregivers are family members. The family has an essential role in their daily activities, especially for those with chronic diseases. Furthermore, they are ready to pay attention to drug administration, blood pressure checks, body temperature, and others. Moreover, 10 % of Indonesian older adults need the service of nurses to conduct their daily activities. The study results on 6 520 older adults showed that 40.1 % had three to five companions in case of serious problems, and 83.6 % had people that cared for them. Only 7 % of the elderly perform self-care tasks (22). Although a limitation of this study is the small sample size, this study adds to a richer understanding of the differences in loneliness between parents living in institutional settings and those living with families.

CONCLUSION

The results showed a difference in loneliness between older adults living in nursing homes and those living with their families. Most of the older adults that live at home do not experience loneliness, while those living in nursing homes mostly experience loneliness. Therefore, this study recommends that community-based families and the elderly support those living in an institutionalized environment.

ACKNOWLEDGMENTS

The authors are grateful to Sekolah Tinggi Ilmu Kesehatan Hang Tuah Pekanbaru, Riau for supporting this study. Furthermore, the ethical review at Sekolah Tinggi Ilmu Kesehatan Hang Tuah Pekanbaru was passed with Number: 421/KEPK/STIKes-HTP/VII/2020.

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