Measurement of the impact of feeling loneliness upon depression level among elderly resident in nursing home

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Abstract:

Background: Elderly people in poorer health, those residing in care facilities or nursing homes, as well as those who were otherwise isolated, were more likely to experience loneliness and depression, Seniors who experience loneliness and depression are at an increased risk of suicide, addiction which could worsen their physical health and quality of life.

Methods: A non-probability sampling strategy was used to choose a judgmental sample of 52 elderly who residents in nursing home. by using of questionnaire composed of three part. part I, demographic characteristic, part II, UCLA loneliness scale, part III, geriatric depression scale .data is analyzed using descriptive statistical data analysis.

Results: The results of the study indicated that elderly aged 65-69 years at mean age 36% with male gender (55.2%). married (45.6%) the highest percentage refers to "doesn't read and write 40.8% The current housing refers 41.6% from nursing home The duration of staying in nursing home refers to "4-6 years 32.7% of elderly people, more than half of elderly people are reported they haven't family (52.8) while remaining reported they have (47.2%), 72.8% of them reported they have children More than half of elderly people are responding they are not satisfied with their c current situation (53.6%) there is a highly significant relation between loneliness and depression.

Conclusions: The results of current study demonstrate that elderly people in geriatric homes suffering from moderate levels of loneliness and depression. and their depression level is affected mainly and strongly by their feeling of loneliness in addition their depression not affected by their demographic characteristic of age, gender, marital status, monthly income, educational level ,occupation .

Key-words: (measurement, loneliness, depression, nursing home)

Introduction

Aging is primarily characterized by a decline in functional effectiveness and a decreased capacity to absorb and recover from stress. Aging affects every aspect of the organism. However, as evidenced by changes in roles, like becoming a grandparent, and other significant life events, like losing a loved one, being poor, feeling abandoned, seeking the meaning of life, being dependent, despair and hopelessness, regretting the past, and having worries. Due to the decline of the mind and body as well as the possibility of death, old age can be difficult. (Dahlberg L., 2015).

On the other hand, aging is seen as a positive and significant stage of life that places an emphasis on interactions between senior citizens and society. The elderly are also seen as contributing members of society with full rights. The majority of elderly people prefer to live healthy lives in their own homes instead of receiving institutional care. (Molashahri and Abedi.,2015) as the population ages and grows, entering a nursing home is the best option for the elderly (Karamivad, 2019). Most families decide to place elderly family members in nursing homes so they can receive specialized and adequate care .The dramatic rise in the number of elderly people in the country, changes in family structure, and other recent changes in the psychosocial matrix and values frequently force elderly people to live alone or to leave their own homes and move into institutions and old age homes (Akbar S., 2018). The frequent institutionalization of elderly people by their families in urban areas leaves them feeling abandoned and lonely. Because placement is frequently accompanied by feelings of losing control over one's own life and the inability to make decisions about daily matters, such living arrangements may have a negative impact on its residents' mental health (Sridevi & Swathi, 2014).

All ages are affected by the human condition of loneliness. This negative, irrational feeling is a result of the individual's negative social relationship experiences. A person's overall level of social interaction is evaluated along with their perception of loneliness, which is characterized as the difference between their actual and desired levels of social engagement (Richard A, 2017) Compared to elderly people who live at home, nursing home residents are more likely to feel lonely. Poor health outcomes, such as cognitive deterioration and an elevated risk of mortality, are predicted by a lack of social interaction, gender, low socioeconomic status, and loneliness. Additionally, loneliness was more prevalent among nursing home residents (Bandari,2019)

Life expectancy and life satisfaction can suffer from depression (Babazadeh T, 2016). Elderly depression has been identified as the second factor contributing to disability at this stage. People who have a history of depression will experience worse depression in this stage. depression is a common condition that makes it challenging for many people to engage in social activities. Living alone, having distant family ties, or having fewer ties to one's native culture can all contribute to this. (Goud & Nikhade,2015)

METHODS

Study Design

A quantitative descriptive study was conducted to find out the Impact of Feeling Loneliness Upon Depression Among Elderly in Nursing Home during the period of the study from 19/9/2022 to 19/9/2023

Study Instruments The questionnaire consisted of 3parts which are used to achieve the objectives of the study as in the following:

Part I:

was built in accordance with the requirements of the study, it consists of demographic characteristics for the sample. It contains 11 variables (age, gender, marital status, educational level, monthly income, occupation (previous), length of stay in a nursing home, having a family, having a children and satisfying with your current situation)

Part II:

Elderly loneliness is measured using the UCLA Loneliness Scale, developed by Russell, Peplau, and Cutrona in 1980. It has 20 items in total. Responses were scored on a 4-point likert scale: (1) never, (3) rarely, (3) sometimes, and (4) always. When there were negative items (1,5,6,9,10,15,16,19, and 20), the score was reversed, giving a range of 20–80. the factors increase with score Connected to Loneliness The total score was divided into three categories: low loneliness (20–40), moderate loneliness (40–60), and high loneliness (60-80) **Part III**:

Short form of the Geriatric Depression Scale (GDS) The GDS was created by Sheikh, Yesavage, and others. It was translated into Arabic, validated, and tested for reliability. Of the 15 items, 10 indicate depression when answered positively, while the remaining questions (numbers 1, 5, 7, 11, and 13) indicate depression when answered negatively. Scores of 0–4 are regarded as normal; 5-8, 9–11, and 12–15, respectively, indicate mild, moderate, and severe depression.

Study Sitting

In order to obtain valid and comprehensive data, The study covers the elderly residents at nursing home in middle Euphrates (Karbala, Najaf, Hilla, Diwaniya. The settings are

traditional nursing homes that are run by administrators who keep schedules and adhere to a regular management style.

Validity

Although the scales are valid, the questionnaire was forwarded to 12 experts in the problem related specializations from several colleges in Iraq to make it more valid by using content validity approach

Pilot Study: To define the dependability of the study tool, a pilot study has been conducted on the purposive sample of 10 elderly residents at nursing homes in middle Euphrates. The pilot study has been conducted in 3-12-2022 by the researcher

Reliability of the Questionnaire

Reliability refers to the stability or internal consistency of an instrument that means the instrument good reliability the respondent for a given condition under constant conditions will take the same degree.

For measuring the reliability and internal consistency, Alpha Cronbach test is used to measure the Reliability for the study instrument. The reliability result of (geriatric depression scale) was 0,719, the reliability result of the (UCLA Loneliness Scale) was 0.711).(

Sample of the study:

A non-probability judgmental sampling was selected by using the judgmental method; it consists of 52 elderly resident in nursing home the sample is collected for the period from 15 January 2022 to 18 February 2023 the selection of the sample from the total number of elderly residents at nursing homes in middle Euphrates according to the following Table:

Governorate	The total number of elderlies	The selected sample
Karbala	35 persons	12 persons
Najaf	29 persons	11 persons
Hilla	31persons	17 persons
Diwaniya	30 persons	12 persons

The researcher has documented these numbers by reviewing the medical records and assisting the homes managers in knowing the total sample size.

The study sample consists of 25 men and 27 women ranging in age from 65 to 87 years. The judgmental Sample is used in order to obtain the representative sample according to the following criteria:

Criteria for Sample Selection

Inclusion criteria

1- elderly 65 years of age and older

2-Those present when data collection was taking place

Exclusion criteria

1-Old people with hearing impairments who are unable to follow directions and people with severe mental and physical illnesses. mental illness, dementia, hearing loss, and illiteracy

Data Collection Methods:

The manager of the geriatric home for the elderly granted official written permission for the study to be conducted, and it was decided to collect 52 samples from the elderly residents of the nursing home. The data was collected from 15 December 2022 to 18 January 2023. All members who were available and willing to participate in the data collection process were used. The researcher helped the participants find comfortable seats before introducing herself, outlining the study's objectives, to each individual. To get open and honest responses, confidentiality was guaranteed. The respondents received appreciation for their willing cooperation. Last but not least, the managers were also thanked for their cooperation and permission

Method of Statistic

The data were analyzed and interpreted through use of the application of Statistical Package for Social Sciences (SPSS), version 26.0.

Result

Table (4-1): Distribution of Participants according to their Socio-demographic characteristic

Items	Characteristics		F	%
1	Age (years)	65 - 69	45	36

		70 - 74	38	30.4
		75 – 79	27	21.6
		<u>80</u> ≤	15	12
		Total	125	100
		Male	69	55.2
2 Gender	Gender	Female	56	44.8
		Total	125	100
	1:4	Unmarried	20	16
		Married	57	45.6
3 N	Marital status	Divorced	20	16
		Widowed/er	28	22.4
		Total	125	100

List	Characteristics		F	%
	120	Doesn't read & write	51	40.8
	30,	Primary school	38	30.4
4	Level of education	Secondary school	28	22.4
		Higher studies	8	6.4
		Total	125	100
5		Housewife	46	36.8
	Occupation	Farmer	7	5.6
	Couputon	Free work	27	21.6
		Employee	1	.8

		Retired	36	28.8
		Unemployed	8	6.4
		Total	125	100
		Sufficient	35	28
C	March	Insufficient	82	65.6
6	Monthly income	Barely sufficient	8	6.4
	5	Total	125	100
	51.15	< 1	4	7.7
	Duration of staying in nursing home (years)	1-3	15	28.8
		4-6	17	32.7
7		7-9	9	17.3
	nursing nome (years)	10 - 12	4	7.7
		<u>13 ≤</u>	3	5.8
	24	Total	52	100
	138	JOSS /	81	

List	Characteristics		F	%
	10.01	Yes	59	47.2
8	Having family?	No	66	52.8
		Total	125	100
		Yes	91	72.8
9	Having offspring?	No	34	27.2
		Total	125	100
10	Are you satisfied with	Yes	58	46.4

your	current	No	67	53.6
situation?		Total	125	100

f: Frequency, %: Percentage

The table 4-1 shows that the highest percentage refers to age group of 65 - 69 years as reported among 36% of elderly people.

Concerning gender, 55.2% of elderly people are males and remaining are females (44.8%).

The marital status refers that 45.6% of elderly people are married and 22.4% of them are widowed/er.

Regarding level of education, the highest percentage refers to "doesn't read and write" among 40.8% of them.

The occupational status shows that 36.8% of them are housewives and 28.8% are retired, while 21.6% are working free works.

Regarding monthly income, 65.6% of elderly people perceive insufficient monthly income.

The duration of staying in nursing home refers to "4-6 years" among 32.7% of elderly people.

More than half of elderly people are reported they haven't family (52.8) while remaining reported they have (47.2%). 72.8% of them reported they have children.

More than half of elderly people are responding they are not satisfied with their current situation (53.6%).

Table (4-2): Association between Feeling Loneliness and Depression among Elderly People at Nursing Home and Community

Setting	Scales	Pearson correlation	p-value
Nursing home	Feeling loneliness	.438	0.001
	Depression		

This table reveals that depression is strongly associated with feeling loneliness among elderly at nursing home as indicated by significant positive correlation at p-value= .001

Discussion

According to the sample's distribution in this study, table 1's elderly 65- to 69-year-old age group comprises 36% of the sample. The findings of Yeung et al., (2013), Al-Amarei, (2015), Sultan et al., (2017), and Abd-El Aziz et al., (2018), who discovered that the average age of their elderly was 65 to 70 years older, were consistent with this finding.

According to the study's findings, the gender distribution of the study's sample revealed that men made up the majority of the elderly population (55.2%). El Kady H and Ibrahim H (2013), who reported that 64.7% of the elders were males as represented in their study, support the gender distribution

Other research confirms the findings of the study by (Grover, S. et al. 2018; Vasilopoulos, A. et al. 2018) (Heidari A, Arefi M, and Amiri H. 2019).

These Result may be explained by the fact that the social culture of Iraqi citizens rejects the status of women in such a setting and may be a sign of the longer life expectancy of males than females; as a result, there were more male residents of the nursing home than female residents within age group (65-75).

The present study revealed that 45.6% of the sample was married. This finding was consistent with Saeed's, (2017); and Basha and co., (2021) who found that married people had a high prevalence rate

Several previous studies are disagree with the finding such as Holwerda et al., (2014); Abdulridha et al., (2016); Hussain H.,(2016); Abd-El Aziz et al., (2018) in their studies they found that the high percentage of elderly were The general education level of the student population is shown in table 1. Most of elderly fall in illiterate 40.8 % this finding was consistent with The Moradi F et al, 2013; Atiyah A et al., (2015); Al-Amarei H .,(2015); and Abdul-Mohsin M ., (2018). the majority of respondents were from illiterate

The result of present study show high percentage of sample (40.8%) is house wives, this finding is related to the status of a housewife who might be remaining unemployed This finding was consistent with Trivedi et al., (2013) ; Darwish,(2016)

The study results show that the highest percentage of the study sample (65.5%) is within the insufficient level

this finding was consistent with El Kady H and Ibrahim (2013) and Ahmad et al ., (2016) who founded that 50% insufficient level income.

The study reveals that the highest percentage of elderly who stayed 4-6 years in the nursing home (32.7%)

This finding is supported by Sangar et al., (2015), who noted that the elderly (68%) spent the longest amount of time in nursing homes between one year and six years.

Shorter lengths of stay were associated with older age, male gender, cancer diagnosis, use of oxygen therapy, shortness of breath, and residence in a (LTCFs) providing nursing care, according to a systematic review of factors associated with longer and shorter lengths of stay in long-term care facilities (LTCFs). Stronger evidence was found in the review for the relationship between shorter lengths of stay and poor physical functioning as opposed to cognitive functioning, in particular (Collingridge Moore et al., 2020).

The present study shows that more than half of elderly people are reported they haven't family (52.8%) while remaining (47.2%). Reported that they have families.

Numerous studies showed that compared to living with family, living alone increased the risk of depression. Majdi et al.,(2011) as well as Rashid et al.,(2010). findings from a cross-sectional study conducted in Southwest China supported the idea that losing a spouse may increase the risk of mental health issues like loneliness and depression. (Chase et al.,2018)

the Present study show that 72.8% of participants reported they have children.

According to a study by Abdul Manaf et al.,(2016) elderly people who live alone or with others tend to experience more stress, anxiety, and depression than those who live with children. The elderly being denied the freedom to spend time as they please, having to take care of the house and do housework, receiving insufficient financial and emotional support, not having their needs attended to, and even experiencing domestic violence can all contribute to an increase in depression, anxiety, and stress in elderly people who only live with their children or with others.

More than half of elderly people are responding they are not satisfied with their current situation (53.6%).

This outcome is comparable to a study's findings from Turkey, which indicated low life satisfaction and diminished capacity for household tasks (Mollaolu et al., 2010). This is connected to Orem's theory's self-care deficit. Self-care is the practice of activities that a person initiates and carries out on their own behalf in order to maintain life, health, and well-being. Selfcare agency is a human ability that is "the ability for engaging in self-care conditioned by age, developmental state, life experience, sociocultural orientation, health, and available resources." (Dorothea Orem's theory of self-care deficit, 2018).

In table (4-2) reveals that depression is strongly associated with feeling loneliness among elderly at nursing home as indicated by significant positive correlation at pvalue= .001, and there is significant association between depression and feeling loneliness among elderly at community at p-value=.032.

major public health concerns for elderly people include loneliness and depression, which may worsen their physical health and quality of life and increase the risk of suicide (Wang et al., 2015; Domènech-Abella et al., 2018).

This finding is in line with earlier research by Aylaz R et al. (2012); Desai Ret al. (2016); Hsuehet al., (2019) and Corey et al., (2013), which suggests that loneliness may increase the severity of depression and be a risk factor for developing depression. Another study by (Mona Barakat,2019) published in 2019 shows that loneliness and depression are statistically significantly correlated. According to the researcher, this could be because elderly people who live in nursing homes and who have dispersed from their families feel lonely and depressed. Additionally, loneliness played a significant role in a variety of mental health problems, such as depression, suicide, and hopelessness. these may have resulted from the fact that loneliness and a small social network were linked to depressive symptoms and depression. Living alone, having distant family ties, having fewer connections to their culture of origin, or not being able to actively participate in local community activities are all causes of loneliness for many people. When this occurs along with physical impairment, demoralization and depression are frequent companions.

Recommendations: address of loneliness and depression to enhance the quality of life for elderly people, a multifaceted approach is necessary. Along with gentle love, care, and special attention to address these issues, regular counseling sessions by qualified professionals are especially necessary for old age home residents to encourage them to be more active

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