Original Article

Loneliness and Social Support Level of Elderly People Living in Nursing Homes

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Abstract

Introduction: This study aims at identifying loneliness and social support level of elderly people living in nursing homes.

Materials and Method: The population of this descriptive and cross-sectional study consists of elder people who was living in Adana Nursing Home and 70 elderly people who were applied "Standardized Mini Mental Test" and were found to normal cognitive functions as a result of the test were included in the study in line with their will. In data collection, "Personal Information Form" was used for socio-demographic features of elderly people, "Multidimensional Scale of Perceived Social Support (MSPSS)" for evaluation of social support status of elderly people and "UCLA-Loneliness Scale" for identifying their loneliness level. Independent-Samples T, ANOVA, Tukey and Pearson correlation coefficiency methods were used in data analysis. Statistical significance were recognized as p<0.05.

Results: The average age of the participants was 72.76±8.68, 77.1% of males and 65.7% females stated their reason for staying in the institution was loneliness. The average score for UCLA loneliness scale was 41.74±11.52. The average score for MSPSS was 47.43±20.26. A weak correlation was found between MSPSS and UCLA-loneliness scale in negative direction (p <0,05).

Conclusion: It was found that majority of elderly people who participated in the study and live in the nursing home stay there due to their loneliness, they feel a medium level of loneliness, they have good level of social support and as the social support increase their loneliness decrease.

Key Words: Nursing home; elderly; social support; loneliness

Introduction

Although ageing is a natural and inevitable phase of the life process, it is also the loneliest period of life and a concept that bears different meanings for every individual. Many elderly people define nursing homes as the last stop of their lives, perceive themselves isolated from their family, and feel lonely (Dereli et al. 2010).

Loneliness, which is seen in 40% of elderly people and in 56% of elderly people living in nursing homes, is a concept that is generally defined as a painful feeling peculiar to the individual (Drageset et al.2015). Social

relationships are very important for a healthy old age period (Softa, Bayraktar & Uguz 2016). The social network which is composed of the spouse, family and friends in the elderly person's environment meets individuals' fundamental social needs such as love, attachment, self-respect, and belonging to a group. Social environment decreasing with ageing causes elderly people to keep to themselves and leads to feelings of loneliness (Polat & Kahraman 2013).

Loneliness could have serious emotional, behavioral, and cognitive outcomes in elderly people's life, especially when they are uncontrolled (Taube et al. 2016). In addition, loneliness forces elderly people's interpersonal relationships and prevents their social activities (Drageset et al.2015).

Social support is defined as the support which strengthens the individuals' psychological dynamics, provides them with emotional, material, and cognitive help that they primarily receive from their family, friends, neighbors, and various institutions in order to cope with their emotional problems (Aksullu ve Dogan 2004). Elderly people who do not receive social support are gradually isolated from the society, which could increase the mortality risk (Altınparmak 2009).

Elderly people who are not provided with sufficient social support require professional help in time. In this regard, nurses are expected to adopt supportive roles that help elderly people to have the social support and to use the social support sources effectively (Slettebø 2008) Related literature indicates that the social support received from nurses and nurse assistants have positive effects on the quality of life of elderly people (Slettebø 2008, Drageset, Kirkevold & Espehaug 20011)

It is also reported that there is a significant relationship between the routine visits by family members and nurses to the elderly people in nursing homes and feelings of loneliness, and these visits are reported to strengthen elderly people's self-respect (Drageset et al.2015). Therefore, it is important to identify the current situation of the elderly people so that it can be possible to activate their social support sources and provide them with sufficient support.

This study aims to identify loneliness and social support of elderly people living in nursing homes.

Materıals and Methods

Sample

Target population of this study which was descriptive and cross-sectional in nature was elderly people who lived in Adana Nursing Home between June and August, 2014. The sample was 70 volunteer elderly people who were administered the "Standardized Mini Mental Test" and were found to have normal cognitive functions according to the test results.

Adana Huzurevi, where the study was conducted, is a state institution which has 252 elderly people living in rooms for 1, 2, and 4 in 52 detached houses with 6 nurses and 1 doctor working there.

Instrument

Data were collected using the Socio-demographic form that was prepared by the researchers in line with the literature (Dereli et al. 2010, Calistir et al. 2006, Bahar, Tutkun & Sertbas 2005, Tel, Tel & Sabancıogulları 2006), "Multidimensional Scale of Perceived Social Support (MSPSS) that assesses elderly people's social support, and UCLA Loneliness Scale that identifies individuals' loneliness levels.

The Socio-demographic Form has 22 questions that investigate the variables such as socio-demographic features of the elderly people, reasons and duration for living in that institution, perceptions and views about old age, perception of their own health, and presence of diseases (Dereli et al. 2010, Calistir et al. 2006, Bahar, Tutkun & Sertbas 2005, Tel, Tel & Sabancıogulları 2006).

Multidimensional Scale of Perceived Social Support was developed by Zimet et al. 1988, and its validity and reliability was performed by Eker & Arkar 2001 in Turkey. The 12-item scale subjectively measures the social support received from three different sources. It includes 3 groups with 4 items in each in relation to the source of the support. These items include family (Items 3, 4, 8 and 11), friends (Items 6,7,9 and 12), and significant other (Items 1,2,5 and 10). Each item is scored on a 7-point scale. Higher scores indicate higher social support (Zimet et al. 1988, Eker & Arkar 2001).

UCLA (University of California, Los Angeles) Loneliness Scale was developed by Russell, Peplau and Ferguson in 1978. The 4-point Likert scale includes 20 statements that reflect how lonely people define their lives. The scale was

then revised by Russell, Peplau and Cutrona in 1980 and finally by Russell in 1996. The latest version was designed in a way to make half of the questions positive and the other half negative. Hence, 10 items in the scale (1, 5, 6, 8, 9, 10, 15, 16, 19, 20) are scored reversely, and the remaining items (2, 3, 4, 7, 11, 12, 13, 14, 17, 18) are scored normally. Scores to be obtained from UCLA-LS range between 20 and 80. Higher scores obtained from the scale indicate high loneliness level, and low scores indicate low loneliness level. Besides, the continuous scores are classified and thus scores between 20 and 34 show low loneliness, those between 35 and 48 show medium-level loneliness, and those 49 and over show high-level loneliness.

Turkish reliability and validity of the scale was first performed by Yaparel in 1984. Demir conducted an adaptation study and tested whether the scale was adequate to distinguish between those who complained about loneliness and those who did not. Russell et al. found internal co-efficiency of the UCLA Loneliness Scale as 0.94 in 1980. Cronbach's alpha co-efficiency was found 0.90 in this study, which indicated that the obtained data were reliable (Russell, Peplau & Ferguson 1978).

The forms were administered by the researcher via face-to-face interviews so that the elderly people could feel more comfortable, and each elderly person's verbal consent was obtained before the administration of the forms. Administration of the data collection tools used in the study took about 25 minutes.

Statistical Analysis

Statistical analysis of the data included the use of "Kolmogorov-Smirnov" and "Shapiro-Wilk" for the identification of the analysis methods and appropriateness of the data for normal distribution according to sample size. Parametric methods were used since the data were distributed normally. Independent-Samples t-test was used for the comparison of two independent groups; comparison of three or more groups was performed using ANOVA test statistics. For the variables that indicated significant differences as a result of ANOVA, Tukey method was used for paired comparisons in variables in which variances were homogenous. "Pearson Correlation" was used for the relationship between the variables since the scales were appropriate for normal distribution. Interpretation of the data was performed using frequency tables and descriptive statistics. Statistical analysis was done using SPSS (IBM SPSS Statistics 20) package programming. Statistical significance was taken $p<0.05$.

Ethics

Prior to the study, permission was obtained from Adana Nursing Home and Non-interventional Clinical Research Ethics Committee.

Results

Average age of the elderly people living in nursing homes was 72.76±8.68, and 77% of them were males. Of all the elderly individuals, 31.4% graduated from primary school, 45.7% were self-employed, and 74.3% had social security. Besides, 57.1% were single (never married), and 34.3% of those who were married had 3 or 4 children, 77.1% had monthly income; 74.3% had their income from their pension, and 25.7% had their income from the salary of the institution (see Table 1).

Of the elderly people participating in the study, 38.6% lived with their children, 44.3% rarely met with their relatives, 74.3% had been living in the institution for 6 years or less, and 65.7% lived in the institution because of loneliness. An analysis of elderly people's participation in social activities showed that 38.6% were always willing to participate in social activities, 32.9% were sometimes willing to do so, but the majority (65.7%) preferred chatting with their friends (see Table 1).

Majority of the elderly people participating in the study (51.4%) saw themselves as middle-aged people and when their views about old age was questioned, almost half of the participants (44.3%) did not consider themselves old. Of all the elderly people living the nursing home, 74.3% had a chronic disease, 80% used medicine regularly for their chronic disease, 51.4% perceived their health state as good, and 48.6% stated that their health state did not prevent their physical movements (see Table 1).

Table 1. Comparison of Elderly People's Some Sociodemographic and Health-related Features with the Scales

Variables	N	%	MSPSS ($\bar{X} \pm$ S. D.)	UCLA-Loneliness Scale ($\bar{X} \pm$ S. D.)
Gender				
Female	16	22.9	60.19±21.92	39.31±14.88
Male	54	77.1	44.15±18.02	42.41±10.36
Statistical Analysis			t=2.974	t=-0.778
P value			**p=0.004**	p=0.446
Marital Status				
Married	17	24.3	50.65±19.08	43.00±9.49
Single	40	57.1	48.93±21.71	41.25±12.27
Widow(er) / Divorced	13	18.6	40.69±14.56	41.38±12.18
Statistical Analysis			F=1.059	F=0.140
P value			p=0.353	p=0.869
Education Level				
Illiterate	15	21.4	34.47±17.63	46.93±10.11
Literate	9	12.9	52.44±19.26	43.78±8.38
Primary School	22	31.4	48.00±21.07	39.50±11.99
Secondary School	13	18.6	48.85±12.27	38.00±11.24
University	11	15.7	60.64±21.10	41.64±13.66
Statistical Analysis			F=3.327	F=1.421
P value			**p=0.015**	p=0.237
Difference			**(1-5)**	
Number of Children				
None	11	15.7	44.36±14.35	51.27±6.68
1-2	19	27.1	47.79±21.50	37.37±12.35
3-4	24	34.3	47.33±9.56	29.75±10.58
≥5	16	22.9	50.94±23.26	43.19±11.17
Statistical Analysis			F=0.236	F=4.295
P value			p=0.871	**p=0.008**
Difference				**(1-2,3)**
Income Level				
Has income	54	77.1	51.13±19.28	40.94±11.56
Has no income	16	22.9	36.63±18.79	44.25±11.30
Statistical Analysis			t=2.658	t=-1.010
Probability			**p=0.010**	p=0.316
Social Security				
Yes	52	74.3	51.69±19.36	40.73±11.44
No	18	25.7	36.61±17.88	44.50±11.54
Statistical Analysis			t=2.903	t=-1.202
P value			**p=0.005**	p=0.233
Reason for Living in the Institution				
Loneliness	46	65.7	50.65±19.33	42.50±12.46
Other				

Variables	N	%	MSPSS ($\bar{X} \pm$ S. D.)	UCLA-Loneliness Scale ($\bar{X} \pm$ S. D.)
	24	34.3	42.38±20.53	40.17±9.47
Statistical Analysis			t=1.665	t=0.804
P value			p=0.101	p=0.424
Duration of Living in the Institution				
6 years and less	52	74.3	51.42±20.41	41.71±12.11
6 years and more	18	25.7	37.39±14.76	41.67±9.83
Statistical Analysis			t=2.679	t=0.014
P value			**p=0.009**	p=0.989
Willingness for Social hobbies/activities				
Always willing	27	38.6	53.07±17.46	39.78±11.04
Sometimes willing	23	32.9	44.04±21.04	42.30±10.70
Unwilling	20	28.5	45.05±21.40	43.60±13.10
Statistical Analysis			F=1.559	F=0.675
P value			p=0.218	p=0.512
Perception of own age				
Very old	6	8.6	50.50±20.84	46.50±13.50
Old	19	27.1	45.89±20.59	41.58±7.77
Middle-aged	36	51.4	45.28±20.16	43.06±12.59
Other	9	12.9	60.22±15.14	33.33±9.68
Statistical Analysis			F=1.472	F=2.214
P value			p=0.230	p=0.095
Occupation				
Self-employed	32	45.7	40.47±15.84	43.66±11.47
Worker	14	20.1	43.29±19.37	43.36±8.57
Civil Servant	12	17.1	56.00±22.09	40.50±12.08
Housewife	12	17.1	64.50±17.59	35.75±13.09
Statistical Analysis			F=6.323	F=1.556
P value			**p=0.001**	p=0.208
Difference			**(1-4)(2-4)**	
Meeting with Children				
Frequently	20	28.6	52.05±22.04	39.60±11.20
Rarely	27	38.6	48.67±20.73	41.85±11.35
Never	12	17.1	47.17±10.49	43.17±11.85
No children	11	15.7	38.73±21.62	43.55±13.03
Statistical Analysis			F=1.081	F=0.373
P value			p=0.363	p=0.773
Presence of a Chronic				

Disease				
Yes	52	74.3	47.52±20.94	42.90±11.59
No	18	25.7	48.67±17.48	38.22±10.80
Statistical Analysis			t=-0.208	t=1.502
P value			p=0.836	p=0.138
Perception of Health				
Good	36	51.4	48.83±17.92	39.81±11.99
Medium	29	41.4	48.48±22.49	43.38±10.17
Bad	5	7.2	36.60±19.41	45.60±15.16
Statistical Analysis			F=0.846	F=1.088
P value			p=0.434	p=0.343
Meeting with Relatives				
Frequently	17	24.3	56.47±22.64	37.76±10,75
Rarely	31	44.3	51.39±18.26	40.06±10.65
Never	22	31.4	36.09±14.93	47.05±11.76
Statistical Analysis			F=6.868	F=4.005
P value			**p=0.002**	**p=0.023**
Difference			**(1-3)(2-3)**	**(1-3)**

Tablo 2. Correlations between MSPSS and UCLA-Loneliness Scale

MSPSS Subscale	MSPSS Scale Mean Scores	UCLA-Loneliness Scale Mean Scores	Correlation Coefficient Values (r)	P value
Significant other	17.00±7.50		**-.448**	**0.000**
Friends	16.09±7.40	41.74±11.52	**-.550**	**0.010**
Family	14.34±8.66		**-.306**	**0.000**
Total	47.43±20.26		**-.498**	**0.000**

There was a significant relationship between the participants' MSPSS mean scores and their gender, income level, social security, duration of living in the institution, education level, and occupation. It was also found that MSPSS mean scores were significantly higher in females in comparison to males, in those who had income and social security in comparison to those who did not, in those who had been living in the institution for less than six years in comparison to those who had been living there for more than six years, in those who graduated from university in comparison to those who were illiterate, and in housewives in comparison to those who were self-employed or workers (t=2.974;p=0.004; t=2.658;p=0.010;   (t=2.903;p=0.005; t=2.679;p=0.009;   F=3.327;p=0.015; F=6.323;p=0.001). No significant relationships were found between UCLA Loneliness Scale mean scores and these variables (p>0.05). There was a significant difference between the participants' number of children and UCLA

Loneliness Scale mean scores. Loneliness scale mean score of those who did not have children were significantly higher than those who had 1-2 and 3-4 children (F=4.295;p=0.008). No significant relationship was found between MSPSS mean scores and these variables (p>0.05). A statistically significant relationship was found between meeting with relatives and MSPSS and UCLA Loneliness Scale mean scores (F=6.868;p=0.002; F=4.005;p=0.023 respectively). MSPSS mean scores of those who met with their relatives often or rarely were significantly higher than those who did not, and UCLA Loneliness Scale mean scores of the elderly people who did not meet their relatives often were significantly higher than those who met with their relatives. Elderly people's marital status, reasons for living in the institution, presence of a chronic disease, perception of their age and health, desire to meet their children, and participating in social hobbies/activities were found to have no significant relationships with their MSPSS and UCLA-Loneliness Scale mean scores (p>0.05) (see Table 1).

UCLA Loneliness Scale mean score of the elderly people was 41.74±11.52 (min:20-max:65), and their MSPSS mean score was 47.43±20.26 (min:12- max:84). An analysis of elderly people's MSPSS sub-scale mean scores showed that "significant other" sub-scale mean score was 17.00±7.50, "friends" sub-scale mean score was 16.09±7.40, and "family" sub-scale mean score was 14.34±8.66. A negative, weak relationship was found between MSPSS and UCLA-Loneliness Scale mean scores (r=-0.483;p=0.000) (see Table 2).

Discussion

Factors such as the changing family structures, need for professional service force for elderly care, elderly people's desire for not being a burden on people's shoulders, and work life of people who provide care to the elderly are directing elderly people to nursing homes (Celen, Abuhanoglu &Teke 2016).

Perceived social support is an individual's belief that s/he will be assisted by others in times of need (Genc, Kucuk &Onur 2015). MSPSS mean score of the participants in this study was found 47.43±20.26. An analysis of the sub-scales of the MSPSS showed that the participants received the highest scores from the "significant other" subscale (17.00±7.50) and the lowest score from the "family" subscale (14.34±8.66). In their

study which investigated the relationship between death anxiety and social support in elderly people living in homes and nursing homes, Orsal et al. 2012 found the social support mean score of the elderly people living in nursing homes as 42.1±20.9; an analysis of the sub-scales indicated that the elderly people received the highest scores from the "friends" sub-scale (17.3±9.4). Genc et al. 2015 conducted a study with elderly individuals living in nursing homes and found the perceived social support mean scores of the participants as 32.58±19.01, elderly people received the highest score from the friend support sub-scale (12.6±8.4). Another study conducted in China reported the perceived social support mean scores of the elderly people living in nursing homes as 50.69±11.56, and the participants in that study were found to receive the highest score from the "family support" sub-scale (21.30±7.34) (Sun, Zhang & Yang 2017). The differences between these studies might have resulted from the different points of views across societies and cultures. Nursing homes are perceived by elderly people as being isolated from family and not being wanted by the family, and thus might cause social isolation (Genc, Kucuk &Onur 2015, Batkın & Sumer 2010). Results of this study show that social support of elderly people is at a good level. Elderly people's receiving the lowest score from the "family" sub-scale might be associated with the fact that these elderly people received "friend support" from the nursing home personnel and other residents, and they had no family to provide support.

The present study showed that female elderly people had significantly higher MSPSS mean scores in comparison to men. In the study conducted with elderly individuals living in nursing homes, Altıparmak (2009) found that MSPSS scale mean scores of females were significantly higher in comparison to males. Unlike the results of this study, Genc et al. 2015 aimed to compare perceived social support mean scores of the elderly people living in nursing homes and their own house and found that social support scores of the women living in nursing homes and homes were lower in comparison to men.

MSPSS mean score of the university graduates participating in this study was found to be higher in comparison to illiterate participants. It is reported in literature that education helps individuals to gain skills about establishing social relationships and improving relationships,

reading books and newspapers, and participating in other social activities (Genc, Kucuk & Onur 2015). In their study conducted with elderly people, Softa et al. (2009) reported that education is an important variable that affected social support systems. In the study conducted by Polat and Kahraman (2013) with elderly individuals who came to an elderly cooperation center it was found that elderly people who graduated from primary school had high interpersonal support mean scores. Results also showed that elderly individuals' perceived social support increased with the increase in education level.

This study found that perceived social support of the elderly people who were housewives was higher in comparison to elderly people who were self-employed or workers. Housewives' higher perceived social support might be associated with the fact that they had more time to continue social relationships in comparison to working women and more frequently accessed support systems such as family support.

This study found that elderly people who had income and social security had more perceived social support in comparison to those who did not. Parallel to the results of this study, Aksullu and Dogan (Aksullu & Dogan 2001), in the study conducted with elderly people living in nursing homes and homes and Altıparmak in the study conducted with elderly people living in nursing homes found that social support perceptions were higher in those who had good income in comparison to those who did not and in those who had social security in comparison to those who did not. In a study conducted by elderly individuals living in a village, Altay and Avci (Altay & Avcı 2009) found that there was a relationship between elderly people's having monthly income and mean scores for social support from family. Unlike the results of this study, a study conducted with elderly individuals coming to an elderly cooperation center reported that elderly individuals' social security and financial situation and social support were not associated with each other (Polat & Kahraman 2013). The literature indicates that income level is one of the social indicators, and it affects perceived social support of the individuals (Altıparmak 2009).

This study found that perceived social support of the elderly people who had been living in the institution for 6 years and less was higher in comparison to those who had been living there for more than 6 years. Results show that perceived social support of the elderly people decreased as the time spent in the institution increased. The literature indicates that family visits which are quite frequent when the elderly people first move to the nursing home decreases in time, and the attachment of families to elderly individuals weakens in time (T.C. Ministry 2016).

UCLA Loneliness scale mean score of the elderly people living in nursing homes in this study was found 41.74±11.52, and the participants were found to feel moderately lonely. In their study conducted with elderly people living in 8 different nursing homes, Andrew & Meeks (2016) reported elderly people's UCLA Loneliness scale mean score as 41.43±12.40. In their study conducted with 227 individuals who lived in 30 different nursing homes and who did not have cognitive impairment, Drageset et al. (2011) found that 56% of the elderly people felt lonely. Unlike the findings of this study, another study which utilised UCLA Loneliness scale with elderly people living in nursing homes reported that the majority of elderly people (84.8%) did not experience loneliness (Celen, Abuhanoglu & Teke 2016). Parallel to the findings of this study, a number of studies reported that the majority of elderly people living in nursing homes experienced loneliness (Drageset et al. 2015, Slettebø 2008, Andrew & Meeks 2016). This difference in the literature might result from the factors that the countries where the studies have been conducted are different (different cultures may attribute different meanings to the old age), the assessment methods are different, and loneliness is a subjective concept.

This study found no significant relationships between elderly people's gender and their UCLA Loneliness Scale mean scores. In their study conducted in nursing homes, Dereli et al. (2010) found women's loneliness scores higher in comparison to men, but this difference was not statistically significant. Unlike the results of this study, Drageset et al. (2011) conducted a study in 30 different nursing homes in Norway and found that there was a statistically significant relationship between elderly people's loneliness levels and gender. The literature includes studies that report women's feeling lonelier in comparison to men or vice versa (Santini et al. 2016, Beal 2006, Unal & Bilge 2005, Khorshid et al. 2004). This difference between the

literature findings might be related to such factors as loneliness is a subjective concept and perception of loneliness changes according to the socio-cultural features of the society.

UCLA Loneliness Scale mean score of the participants who did not have children was significantly higher in comparison to those who had children. Similar to the findings of this study, Erol et al. (2016) investigated perception of loneliness and life satisfaction in elderly people and found that loneliness mean scores of those who did not have children were higher than the other group. Unlike this study, Khorshid et al. (2004) conducted a study in two different nursing homes and found no relationships between elderly people's having children and their loneliness. Results of this study indicate that having children is a factor that could have positive effects on feelings of loneliness.

It was found that elderly individuals who did not meet with their relatives had higher scores in UCLA Loneliness scale in comparison to elderly people who met with their relatives often. Khorshid et al. (2004), in their study conducted with elderly people, found that loneliness levels were significantly lower in those who had social relationships and activities, who met with their relatives, and who visited relatives. Buz and Beydilli (2015) conducted a study with elderly women who lived alone at home and reported that prevalence of social isolation was higher in those who met with their children less frequently. Relative support, which is a part of social support system, could be effective in coping with loneliness.

For the 65.7% of the elderly people participating in this study, the reason for living in the institution is loneliness. The literature indicates that loneliness is the reason for majority of elderly individuals to stay in nursing homes (Artan 2016, Mirioglu 2009), and elderly individuals who live in nursing homes feel lonelier in comparison to those who live in homes.[6,20] Similar studies in literature conducted with elderly individuals report that elderly people came to nursing homes due to such reasons as they had no one to take care of themselves, or they were lonely as their spouse passed away (Mirioglu 2009).

This study found that loneliness of elderly people decreased as their perceived social support increased. Drageset et al. (2011) did not associate loneliness with elderly individuals' communication frequency with family and friends, loneliness was associated with insufficient social support. Loneliness might result from lack of satisfying human relationships or lack of sense of belonging (Drageset et al. 2015).

Conclusion

In conclusion, majority of elderly individuals who lived in nursing homes did so because of loneliness, and their loneliness scores decreased with the increase in the perceived multidimensional social support. In this regard, it could be said that elderly people's loneliness might be prevented by increasing their social support.

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