

IMPACT OF SOCIAL SUPPORT AND ADJUSTMENT PROBLEMS ON PERCEIVED LONELINESS IN ELDERLY

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ABSTRACT

Objective: To find out the impact of social support and adjustment problems on perceived loneliness in elderly.

Study Design: Correlational study.

Place and Duration of Study: Data was obtained from old houses of Lahore and residences of Gujrat Pakistan, from Mar 2019 to May 2019.

Methodology: Total sample of 150 elderlies of age 60 and above, living either in old homes (n=75) or with their family (n=75) was taken by purposive and snowball sampling techniques respectively. For data collection, Urdu versions of Multidimensional Scale of Perceived Social Support, Scale for Adjustment Problems for Adults and De Jong Gierveld Loneliness Scale were used. In first phase, the translation of De Jong Gierveld Loneliness Scale was conducted in Urdu by using forward backward translation method and in second phase, data collection was carried out with three standardized scales.

Results: The results were significant and revealed that social support has negative correlation with loneliness ($r=-0.57$, $p<0.01$) while adjustment problems have positive correlation with loneliness ($r=0.59$, $p<0.01$). Family members' support ($R^2=0.38$, $F(3,146) = 29.72$, $p<0.01$) and adjustment problems ($R^2=0.47$, $F(8,141) = 15.51$, $p<0.01$) are the predictors of loneliness among the elderly.

Conclusion: Social support and adjustment problems served as the predictors of perceived loneliness among elderly. Moreover, significant differences have been found for social support, adjustment problems and perceived loneliness in elderly people residing in homes and in old age institutions.

Keywords: Anxiety, Conduct problems, Depression, Loneliness, Old age, Social support.

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INTRODUCTION

Old age is the period where a lot of societal, monetary, functional, somatic and psychosomatic problems take place. All the energies and powers for which a person feels dignity in the bloom period of life, now become terminated and a person becomes reliant on others. The person expects the same love, belonging, care and especially respect from his children which he provided to them. But when these hopes get hurt then a person feels unimportant and has desolation in his heart for their maltreatment. They look at their children disappointedly. All these issues lead them towards social isolation. Elderly also face restrictions for having links with their peers and family members. A person struggles to adjust

or maintain the troubles but when he feels failure in doing so then maladjustment takes place. He feels dissatisfied even living with his own family and experience anxiety, depression, restlessness, fool, inferior, and frustration. In this way the lack of social support and adjustment issues in old age leads towards the feeling of loneliness. The present study attempted to explore the relationship among critical variables of social support, adjustment problems, and perceived loneliness in elderly residing either in old homes and with their family members.

The United Nations considered individuals with sixty and above sixty years of age as coming under the category of elderly¹. The social support is referred to as the actually received support or perceived availability of assistance, sentiments, influential support from the significant person counting friends, workmate, adjacent living and kindred. Actually received support involves the

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provision of help and real actions taken for an individual by other people particularly family members². Adjustment problems can be explained as the process of instability of individuals due to impairments in cognitive, behavioral, and physiological aspects attributable to depression, anxiety, and conduct disorder³. Loneliness can also be explained as the psychologically unpleasant and distressing experiences which lead towards the social exclusion. It is not caused by being alone but due to not having relationships which leads toward the feelings of emptiness. It is a response to absence of intimate close attachment⁴.

It has been witnessed that due to changing global trends, invasion of science and technology, and dwindling understanding of Islam, the cultural traditions in Pakistan has been altered. The family system has transformed from the joint system to the nuclear one with more independence and less burden of shared responsibilities. The growing inflation, low employment rate, and high financial crisis within the families have contributed to consider elder family members at home as burden and liability. The old members could not earn and they get pension only if they have served governmental institution in their young age. The family wanted to get rid of the old members in homes and they send them to private old homes situated in big cities of Pakistan. This might have raised feelings of rejection, marginalization, and dejection among them⁵⁻⁷. Physical abuse such as slapping, beating, scratching, routing and gasping faced by elderly leads towards the unfavorable attitude for life⁸. These gloomy attitudes may consist of feeling of being alone, self-blaming, negative assumptions and worthlessness that take place due to mistreatment, lack of support from peers and blood relations as well as due to mal-adjustment in the prevailing circumstances.

There have been some preliminary empirical evidences available for schizophrenia, mood disorders, and anxiety disorders found to be interconnected with loneliness along with availability of less social support from the family members.

Particularly, a direct relationship had been found in certain psychiatric illnesses and loneliness among elderly people. Especially, prevalence of depression due to the loneliness was very high in elderly. They have also experienced anxiety as an upshot of their lonely condition in nursing homes. Moreover, even crimes and offenses have been linked with elderly due to their conduct disorder⁹⁻¹⁰. A lot of work has been done on adjustment problems of student, not of elderly and the need of social support were investigated separately in them. Current research was an attempt to increase the knowledge pertaining to the problems of elderly and to direct the implications of the result for betterment of old age conditions in Pakistan.

METHODOLOGY

Correlational research design was used in this study. Data was obtained from March 2019 to May 2019. Two sampling techniques were used to select 150 elderlies with inclusion criteria focusing on age above 60 years and their willingness to participate in the study. One was purposive sampling technique, used for elderly who were living in old homes, Lahore. While another was, snowball sampling techniques used for those elderly who were living with their families, Gujrat. Exclusion criteria focused on elderly below 60 years of age and refused to participate for data collection.

The translation of DeJong Gierveld loneliness scale was done in Urdu by using forward backward translation method, with the permission of the author. In first step, a panel of five bilingual experts (a Ph.D. Assistant Professor of Psychology and four M.Phil. of Psychology) carried out translation from English into Urdu for the use of Pakistani population. Out of five translations, one best Urdu version was selected by the help of the committee of three members (M.Phil in Psychology). In the second step, the selected Urdu version was reviewed by two bilingual experts (Ph.D. in English) and was back translated in English. Both English versions were evaluated for content similarity by three experts

(MPhil in Psychology). The back translation was sufficiently valid as it resembles the original form according to the experts. All the experts have at least one year of teaching experience. Therefore, the Urdu version of DeJong Gierveld Loneliness Scale was approved for the use with the Pakistani sample of elderly.

Table-I: Pearson correlation coefficients among scales of loneliness, social support and adjustment problems (n=150).

Scales	Mean \pm SD	2	3
Loneliness	4.10 \pm 1.874	-0.57**	0.59**
Social support	50.50 \pm 17.66	-	-0.41**
Adjustment problems	85.69 \pm 16.87	-	-

The informed consent was attached with the questionnaires to make respondents aware of the research and to ensure confidentiality. Social support was measured by using the Multidimensional Scale of Perceived Social Support Urdu version. This scale measured perceived support by 3 sources which are friends, family and significant others¹¹. The internal consistency of the scale was 0.94 in the present study. The Scale of Adjustment Problems for Adults includes

loneliness and social loneliness. The response options are yes, no, and more or less¹². The scale has the reliability 0.76 in the present study.

Ethical considerations were abided by letter no. PSY/UOG/19/2116 while conducting this research. Permission for the scales were taken from their respective authors. From total 150 number of participants, 75 were purposively selected from old homes, Lahore. Permission from the heads of the old homes was taken firstly. The reference and direction from the participants by snowball technique was considered from those residing in Gujrat. Participants were treated respectfully during the research. Confidentiality was provided to participants and right to withdraw from the study was also given.

SPSS-21 was used for conduction of data analysis. Data was interpreted with the correlation, multiple linear regression analysis and independent t-test.

RESULTS

Thirty three elderly (22%) were taken from Dar ul Afayat, 22 elderly (14.7%) were taken from Great Old Age Home, 13 elderly (8.7%) were taken from Dar ulKafala and 7 elderly

Table-II: Multiple Linear Regression Analysis of Social Support as the Predictor of Perceived Loneliness among Elderly (n=150).

Model	Unstandardized Coefficients		Standardized Coefficients	t-test	p-value
	B	Std. Error	β		
(Constant)	7.12	0.37		19.18	<0.001
Significant others	-0.04	0.02	-0.15	-1.66	0.097
Family	-0.12	0.02	-0.47	-6.30	<0.001
Friends	-0.02	0.02	-0.08	-0.96	0.338
R	0.61				
R ²	0.38				
F	29.72**				

48 items in which 8 subscales are depression cognitive, depression behavior, depression physiology, anxiety cognitive, anxiety behavior, anxiety physiology, conduct cognitive and conduct behavior. The items were scored from 1 to 3 categories³, with a reliability of 0.93 in the present study. In De Jong Gierveld Loneliness Scale, there are 6 items with two subscales namely emotional

(4.6%) were taken from Heaven Old Age Home, Lahore. 75 elderly were approached in their homes through snowball sampling technique. Their age ranged between 60 to 96 years with mean age 72.2 \pm 8.05. 56.7% were males and 43.3% were females.

Table-I showed that adjustment problems have significant positive relationship with

loneliness whereas social support has significant negative relationship with loneliness. Moreover, social support and adjustment problems were significantly negatively correlated.

in homes. The mean values were high for social support, adjustment problems, and loneliness of old people who have been institutionalized in comparison to those living with their families.

Table-III: Multiple linear regression analysis of adjustment problems as the predictor of perceived loneliness among elderly (n=150).

Model	Unstandardized Coefficients		Standardized Coefficients	t-test	p-value
	B	Std. Error	β		
(Constant)	-1.83	0.64		-2.82	0.005
Anxiety Cognitive	0.03	0.02	0.09	1.08	0.28
Anxiety Behavior	-0.001	0.11	-0.001	-0.01	0.99
Anxiety Physiological	0.13	0.05	0.22	2.57	0.01
Depression Cognitive	0.14	0.03	0.38	4.81	<0.001
Depression Behavior	0.42	0.12	0.22	3.34	0.001
Depression Physiological	-0.03	0.05	-0.05	-0.59	0.55
Conduct Cognitive	-0.62	0.21	-0.28	-2.87	0.005
Conduct Behavior	0.16	0.03	0.31	4.13	<0.001
R	0.68				
R ²	0.47				
F	15.51**				

Table-IV: Comparison of social support, adjustment problems and perceived loneliness among elderly living in homes and institutions (n= 150).

Scales	Groups in Elderly	n	Mean ± Std. Deviation	p-value
Social support	Institutionalized	75	46.54 ± 18.29	0.006
	home living	75	54.45 ± 16.19	
Adjustment Problems	Institutionalized	75	89.46 ± 17.90	0.006
	home living	75	81.92 ± 14.95	
Loneliness	Institutionalized	75	4.78 ± 1.72	<0.001
	home living	75	3.41 ± 1.77	

Table-II with multiple linear regression analysis showed that 38% of variance was explained by family members in perceived loneliness making social support significant predictor of loneliness in elderly (F (3,146) = 29.72, p<0.01).

Table-III with multiple linear regression analysis showed that 47% of variance was explained by anxiety physiology, depression cognition, depression behavior, conduct cognition, and conduct behavior in perceived loneliness making adjustment problems significant predictors of loneliness in elderly (F (8, 141)= 15.51, p<0.01).

Table-IV showed significant differences in social support (p<0.01), adjustment problems (p<0.01) and perceived loneliness (p<0.001) among elderly living in old age institutions and

DISCUSSION

Research has been deficiently conducted in quantitative terms in Pakistan on the gerontology related issues¹³. Our results showed the significant negative relationship between social support and loneliness in elderly. The results of this study were consistent with the findings of the previous studies. Cao *et al*¹⁴, in 2018 and Chen *et al*¹⁵, in 2019 empirically showed that family, friends and partner support decreased family, social and romantic loneliness respectively. Structural equation modeling revealed that social support was negatively associated with loneliness in older elderly. Therefore, emotional support was very important in decreasing loneliness and increasing wellbeing of the individuals. Mediating and moderating effects of loneliness between social

support and loneliness in elderly had also been explored and significant negative correlation has been empirically confirmed through structure equation model^{14,15}.

Our results showed that there was a significant positive relationship between adjustment problems (depression, anxiety, and conduct disturbances) and perceived loneliness in old aged people of Pakistan. Theoretically, it was also evident that social integration leads towards less depression while family affection leads towards the less anxiety among elderly. Perceived attachment was also found to be associated with anxiety and reassurance of worth and social integration with found to be linked with less depression. Therefore, social support has been found to be negatively linked with loneliness among older people as investigated by many researchers¹⁶⁻¹⁸. The findings of the present study have been supported by the findings of the previous empirical researches. Jabin in 2016, investigated the relationship between depression and loneliness among people of old age. Through incidental-sum-purposive technique, sample of 60 old aged people had been taken. Beck Depression Inventory and UCLA loneliness scale were used as tools for gaining the data. Positive link between depression and loneliness¹⁹ was proved that was in line with the findings of the present study. Due to the best available health facilities the mortality rate lowered and older usually experienced psychological, physical, environmental and cultural changes. These changes produced discomfort, feeling of being alone and inactivation in elderly. In this age, people missed their friends due to having no contact and faced difficulty in adjusting the new social circle. A significant positive correlation between loneliness with depression and anxiety was found as the increase in feeling of loneliness led to the increase in depression and anxiety level and vice versa. Moreover, due to conduct problems, criminal acts in extreme cases have been observed in elderly²⁰⁻²².

Our findings have been consistent with those of Golden *et al*, and Domenech-Abella *et al*, who

have indicated a complex inter relationship among variables of loneliness, with social support and psychiatric illnesses^{23,24}. Therefore, social linkages were found to be the factors contributing to affect psychological and physical wellbeing in old aged individuals. The optimal functioning in elderly could be boost up with the provision of social support especially from the immediate family fellows.

Our findings showed significant differences in social support, adjustment problems, and perceived loneliness among elderly living in institutions or homes. Empirical findings of Desai posited the similar findings, giving prominence more psychological distress in elderly of intuitions in comparison to those living in homes with family members²⁵.

CONCLUSION

Social support and adjustment problems served as the predictors of perceived loneliness among elderly. Moreover, significant differences have been found for social support, adjustment problems and perceived loneliness in elderly people residing in homes and in old age institutions.

CONFLICT OF INTEREST

This study has no conflict of interest to be declared by any author.

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