

## **Positive Ageing and Perception of Loneliness among Elderly Population**

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### **Abstract**

*The current study assessed the lived experiences of 24 institutionalised geriatric residents from an institution in Manila, Philippines. Using a non-experimental research design, participants were requested to complete questionnaires to measure their loneliness. Results revealed that blurring of vision was the most common physical agony ( $M = 3.23$ ,  $SD = 1.31$ ), irritability was the most common emotional agony to be identified ( $M = 2.67$ ,  $SD = 1.37$ ), whereas no notable mental agony has been identified on the study. Findings substantiate earlier studies that have underscored the problems encountered by institutionalised geriatric residents. Results obtained from this study could be useful for mental healthcare. Lastly, the results would contribute in the efforts towards collaborative works to better understand the experiences of elderly Filipinos.*

**Keywords:** ageing, elderly, loneliness

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## **Introduction**

Globalisation, coupled with materialistic attitude and transformation in social, economic and demographic factors have resulted to increase in the neglect of the elderly. It is apparent from the deterioration in relationships of elderly with next generation or with their children, relatives and other members of their community. Loneliness is the objective measure of social isolation.

A popularly held stereotype associates old age with social isolation and loneliness. However, only 5 to 15 per cent of older adults report frequent loneliness. In this study, we report a meta-analysis of the correlates of loneliness in late adulthood. A U-shaped association between age and loneliness is identified. Quality of social network is correlated more strongly with loneliness, compared to quantity; contacts with friends and neighbours show stronger associations with loneliness, compared to contacts with family members. Being a woman, having low socioeconomic status and low competence, and living in nursing homes were also associated with higher loneliness. Age differences in the association of social contacts and competence with loneliness are investigated as well (Pinquart & Sorensen, 2001).

Loneliness is a vital contributor to human suffering, especially in elderly persons, among whom prevalence rates may be higher. Loneliness is the subjective feeling of isolation, not belonging, or lacking companionship. While persons who are lonely are more likely to experience depressive symptoms, feelings of loneliness are only weakly associated with enjoyment, energy, and motivation – emotions that are central to a diagnosis of depression. Loneliness is also distinct from several quantitative measures of social isolation such as living alone, marital status, and number of relationships. For example, it is possible for persons who live alone to not feel lonely, while some who are married or living with others will still experience loneliness. Loneliness can be explained as the discrepancy between one's desired relationships and one's actual relationships (Perissinotto, Cenzer, & Covinsky, 2012).

In the Philippines, cases of abandoned elderly are increasing worldwide. By and large, this group struggles with the sudden change in living arrangement as well as abandonment by their families. Consequently, many elderly are forced into living in nursing homes for the remainder of their lives. Abandonment among these elderly negatively affects how they view themselves, which is detrimental to their health and well-being. Thus, exploring the feelings of elderly regarding their abandonment and how they cope becomes a major concern in caring for them. Recognising the dearth of literature, this grounded theory study purported to describe the process by which these elderly cope with abandonment. A total of 24 abandoned Filipino elderly respondents were purposively selected to take part in a semi-structured in-depth interview. Following the Glaserian approach, a four-part process emerged to describe the layer of human experience under study. The R.O.P.E. to Cope Theory of Abandonment describes how the elderly progress from the resisting, occupying, pondering, and embracing phases toward successful coping. Understanding this process equips health care providers with knowledge of appropriate interventions in the provision of holistic care to the elderly (de Guzman et al., 2012).

Apart from loneliness, the elderly also experiences health conditions such as Alzheimer's disease (AD) and Parkinson's disease (PD). Rejojo (2015b) has observed that recent studies have contributed to our understanding of these two devastating diseases. As the most common neurodegenerative disease, AD accounts for about two thirds of cases of dementia – ranging in various studies from 42 to 81 per cent of all dementia – with vascular causes and other neurodegenerative diseases such as Pick's disease and diffuse Lewy-body disease constituting the majority of the remaining cases. Meanwhile, it has been identified that PD is the second most common neurodegenerative disorder, after AD. The cause of PD remains unknown, but epidemiological studies suggest an association with pesticides and other environmental toxins, and biochemical studies implicate a systemic defect in mitochondrial complex. In light of the current findings and issues on PD and AD, this paper highlights the range of therapies available for those afflicted with these diseases.

Moreover, the aetiology of falls is multifactorial. Internationally, nurses are challenged to address this problem through assessment and intervention. The study was conducted to test a model that describes the relationship of environmental safety, depression, autonomy, and support system to the risk for falls of Filipino elderly found in the community setting. A six-part, multiaspect questionnaire was administered to 125 elderly respondents from a community in Bulacan, Philippines. Using descriptive analysis, the demographic profile of the respondents was characterized. Multinomial regression analysis was used to test the model. A model with adequate fit emerged ( $F$ -ratio = 6.071), which revealed that only environmental safety (standardised  $\beta$  = .28 and  $p$  value = .001) and depression (standardised  $\beta$  = .24 and  $p$  value = .006) significantly impacts the risk for falls; autonomy and support system did not display any statistical significance and were not considered direct determinants of the risk for falls. With the results of the study, the researchers look forward to the risk for falls being decreased and managed through early identification of the risk factors. Also, the model would contribute in the efforts of nurses as it serves as a guide on how environmental safety and depression among elderly Filipinos relate to the risk for falls (de Guzman et al., 2013).

Interestingly, in one study of Chinese and Filipino American women's caregiving for their elderly parents was explored. Patterns of care, sources of stress, and resources and strategies used in coping with the stress and providing care were investigated using a grounded-theory methodology. Patterns of care included “paying respect” by “caring for” and “providing for” elderly parents. Sources of stress were caregiving demands, interpersonal relationships, conflict between traditional cultural expectations and what the caregivers could provide, and issues of control. Resources identified were primarily personal, familial, and cultural. Strategies used to cope with the stress included optimism, trust in religion, setting limits, and taking charge (Jones, 1995).

Loneliness has previously been related to various aspects of cognition, including cognitive decline and the onset of dementia in the elderly. There are several differences between prior studies and the present study, however, so it is useful to explain this discrepancy (Cacioppo & Cacioppo, 2013). Loneliness is a significant concern among the elderly, particularly in societies with rapid growth in ageing populations, such as the Philippines. Loneliness is likely to affect cognitive function, but the exact nature of the association between

loneliness and cognitive function is poorly understood. The purpose of this systematic review was to synthesize current findings on the association between loneliness and cognitive function in older adults.

With the host of life events, it does not come as a surprise that the elderly are very much prone to experience agony. The researchers have categorised these into three: physical, emotional and mental. In line with this, the present study sought to identify the agonies and its levels being experience by the elderly. The discussion of abandonment in this study highlighted the causes why they are living in a solitary life. The study has also attempted to identify the various underlying factors of their abandonment and reasons for their agony.

Given that the elderly population is on the rise, it is of paramount importance to examine the burdens of the elderly people, be it physical, mental or emotional. This study would offer useful insights for further understanding of the real situation during old age which can be useful in designing holistic programmes to address their needs. Ultimately, findings of this study will be helpful in assisting abandoned elderly individuals in their path to achieving an improved quality of life and a happier perspective on it.

In one study it has been revealed that greater loneliness is associated with lower cognitive function. Although preliminary evidence is promising, additional studies are necessary to determine the causality and biological mechanisms underlying the relationship between loneliness and cognitive function. Findings should be verified in culturally diverse populations in different ages and settings using bio-behavioural approaches (Boss, Kang, & Branson, 2015). Moreover, longitudinal research on loneliness in old age has rarely considered loneliness separately for men and women, despite gender differences in life experiences. The objective of this study was to examine the extent to which older women and men (70+) report feelings of loneliness with a focus on: (a) changes in reported loneliness as people age, and (b) which factors predict loneliness (Dahlberg, Andersson, McKee, & Lennartsson, 2015).

## **Objectives**

In view of the earlier studies narrated above, this study sought to identify the level of agonies of the elderly in terms of: physical, emotional and mental; and to characterise the cause of abandonment; and, lastly to relate the causes of abandonment with the physical, emotional and mental.

## **Materials and Methods**

The present study is a descriptive, exploratory study with a qualitative approach. This type of study allows the description and exploration of aspects of a given situation, and allows the researcher to enhance the experience on the subject, helping to find the necessary elements required to contact a given population in order to get the desired results. Additionally, for the purpose of this study, researchers have immersed themselves in the geriatric residence through voluntary work and community service.

## **Setting of the Study**

The respondents are the elderly being looked after by the Salvation Army, an institutionalised organisation that helps less fortunate people, the homeless, outcast, and orphans from poverty stricken location of Tondo, Manila. The Salvation Army is a religious organisation which is distinctive from government services. The

Army’s doctrine follows that of the mainstream Christian beliefs and its articles of faith emphasises religious doctrines. Its objectives are ‘the advancement of the Christian religion of education, the relief of poverty, and other charitable acts which are beneficial to society. It was founded in 1865 by William Booth. The Salvation Army in the Philippines was established through the initiative of Filipinos during 1933-1937. In June 1937 Colonel and Mrs Alfred Lindvall officially inaugurated Salvation Army in the Philippines. The researchers coordinated with the Manila Tondo Corps branch located in Manila, where their Community Health Resource and HIV/AIDS centre are also situated. The Golden Acres of Salvation Army were founded in 1980. And finally on 1990, sponsorship grants such as feeding programme and financial assistance have been offered.

**Survey Instrument and Sampling**

Researchers used a self-made questionnaire which measured the level of agony in terms of physical, emotional and mental aspects brought about by living in an institutionalised geriatric residence. The questionnaire also aimed to identify the causes of their abandonment. The instrument has been validated and interviews were conducted to have a clearer understanding of their feelings and experiences. Participants, who were living a solitary life, were chosen by means of purposive sampling this is mainly due to the characteristics they exhibit.

**Results**

**Table 1.** *Physical Agony of the Elderly*

Physical Agony	M	SD	Verbal Interpretation
1. Blurring of vision	3.23	1.31	Often
2. Dizziness	2.33	1.03	Seldom
3. Headache	1.94	0.68	Seldom
4. Breathing difficulty	2.21	1.13	Seldom
5. Painful urination/bowel movement	1.75	1.00	Seldom
6. Bleeding (any body parts)	1.29	1.07	Never
7. Cough/colds/sore throat	2.10	1.17	Seldom
8. Chest pain	1.94	1.18	Seldom
9. Abdominal pain	1.83	1.07	Seldom
10. Weakness	2.56	1.15	Often
11. Muscle/joint pain	2.67	1.03	Often
12. Fever	1.31	0.48	Never
13. Nervousness	2.19	1.38	Seldom
14. Hearing difficulty	2.85	1.31	Often
OVERALL	2.16	0.55	Seldom

**Table 2.** *Emotional Agony of the Elderly*

Emotional Agony	M	SD	Verbal Interpretation
1. Feeling alone	2.35	1.14	Seldom
2. Feeling isolated	2.24	0.70	Seldom
3. Feeling unhappy	2.14	0.53	Seldom
4. Feeling irritated	2.67	1.37	Often
5. Fear of death	1.72	0.83	Seldom
6. Unexplained feeling of anger	2.32	1.20	Seldom
7. Feeling bored	1.57	0.76	Seldom
8. Feeling bad about oneself	1.36	0.63	Never
9. Feeling down	1.57	0.76	Seldom
10. Feeling sorry	1.61	0.98	Seldom
11. Feeling of emotional pain	2.29	1.40	Seldom
12. Feeling miserable	1.67	0.78	Seldom
13. Feeling incomplete	1.83	0.39	Seldom
14. Feeling unappreciated and unloved	1.69	0.39	Seldom
OVERALL	1.93	0.39	Seldom

**Table 3.** *Mental Agony of the Elderly*

Mental Agony	M	SD	Verbal Interpretation
1. Memory loss	2.00	0.74	Seldom
2. Too much thinking	2.20	0.77	Seldom
3. Too much worrying	2.29	1.23	Seldom
4. Being unreasonable	1.81	1.05	Seldom
5. Unable to sleep due to thinking	2.20	1.15	Seldom
6. Confusion	1.31	0.48	Never
7. Feeling dumb and stupid	1.00	0	Never
OVERALL	1.42	0.50	Seldom

**Table 4.** Summary Result of the Agony of the Elderly

Agony	M	SD	Verbal Interpretation
Physical	2.16	0.55	Sometimes
Emotional	1.93	0.39	Sometimes
Mental	1.42	0.5	Sometimes
OVERALL	1.84	0.22	Sometimes

### Conclusion

In general, the elderly exhibits conflicting feelings about their daily lives in the geriatric residence. While they refer to positive aspects as the good relationship between residents and the possibility of getting involved with activities of daily living, they also describe a feeling of isolation and loneliness, especially when talking about their relatives.

Living at institutionalised residences is deemed as a hiatus from life lived so far. For many elderly, coming to these institutions makes their home, their family, and their friends to become just a story to be told, a life event which becomes alive only in their memories. Hence, with all the fragility and limitations inherent in the life cycle, they still need to find strength to start a new life in their new home, where they meet new friends, and simply live on their lives without their family.

The result of this study has underscored the fact that the environment that will receive this population need to be prepared so that there is a humanised caring environment and also this place should have a proposal to offer opportunities to health promotion of the elderly and not just provide food and medicine.

Earlier studies have demonstrated the serious consequences of loneliness in the form of more medical consultations (Ellaway, Wood, & Macintyre, 1999), suicides (Rubenowitz, Waern, Wilhelmson, & Allebeck, 2001) and depressions (Prince, Harwood, Blizard, Thomas, & Mann, 1997). An interventional study has demonstrated that an intervention program, focusing on the CCC-design (availability of a confident, social comparison and personal control) resulted in less feeling of loneliness, less feeling of meaninglessness, more social contacts, higher self-esteem, greater ability to trust and lower blood pressure (Andersson,1984). Analysing the predictors of loneliness may be an instrument to reach the right target group to reduce loneliness. Creating meeting-places to establish new networks may be an important measure to help new widows and widowers as a target group. It could be useful to proceed with further studies combining qualitative and quantitative surveys to study the effect of actions to reduce loneliness among the elderly. At this point, we need commitment to creating policies and strategies to ensure quality of care in institutionalised geriatric residents, so as to guarantee quality of life to those who rely on these services.

### **Limitations and Future Directions**

Findings in qualitative studies are always context bound. This study was conducted within a Filipino setting and the findings cannot be automatically transferred to other contexts. Our participants were older people of Filipino descent, so the findings may not be representative for older persons of different ethnic and cultural backgrounds. It is also a limitation of this study that we did not investigate how other groups, such as next of kin, younger people and health care workers, understand loneliness. It is also worth exploring other aspects of well-being such as adversity quotient and spiritual quotient since it has been revealed in previous studies that they are part of a pivotal role in promoting a healthy outlook in life (Relajo, 2012). Additionally, other interventions might be considered such as expressive writing since its efficacy has been well-established in improving mood (Relajo, 2015a). Finally, the present study did not address how lonely older people may be assisted in dealing with loneliness in an appropriate way.

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