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SOCIAL ENGAGEMENT AND PSYCHOLOGICAL DISTRESS IN INSTITUTIONALIZED OLDER ADULTS: A MEDIATING ROLE OF LONELINESS

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ABSTRACT

Objective: To explore the mediating role of loneliness in social engagement and psychological distress in institutionalized older adults.

Methodology: This cross-sectional study was conducted at six government and private old age institutions in Lahore, from November, 2019 to February, 2020. The data was selected through purposive sampling technique and comprised of 100 older adults aged between 65-80 years residing in old age homes for more than 6 months. Data was collected using Lubben Social Networking Scale, Loneliness Scale and Depression, Anxiety and Stress Scale.

Results: The overall mean age was 73.46 ± 6.91 years. A significant negative association between social engagement, loneliness and psychological distress ($p < 0.001$), and a significant positive association between loneliness ($p < 0.001$) and psychological distress ($p < 0.01$) was found. Loneliness fully mediated the relationship between social engagement and psychological distress ($p < 0.001$).

Conclusion: Reducing social disengagement experienced by institutionalized older adults could reduce feelings of loneliness and consequently psychological distress experienced by them.

Keywords: Social Engagement; Loneliness; Psychological Distress; Institutionalized Older Adults.

INTRODUCTION

Aging is an inevitable natural phenomenon referring to the effects and manifestations of old age together with deterioration in overall health status.¹ Increase in life expectancy and decline in fertility has caused an alarming increase in population of elderly worldwide. In Pakistan, about 14 billion people are above 60 years of age which in turn put burden on the economic condition of the country.^{2,3} Advancing age is associated with a number of challenges including low finances,⁴ reduced physical activity, decline in physical health,⁵ lesser social contacts etc.⁶ All of these challenges are in turn associated with a number of physical and psychological consequences including deficits in memory, confusion, fragility, embitterment, restlessness, fear of death and depression which decreases their well-being.⁷ On the top of this, being institutionalized multiplies their distress and reduces their quality of life.⁸

In a collectivistic culture like ours, old age is linked with stability, wisdom and respect however with change in familial structure and urbanization a rapid increase in old age homes in our country has been observed⁹.

Such institutionalized older adults are subjected to a number of problems including psychological, physical and social ones which impairs their quality of life.¹⁰ Recently, the role of various contributing variables has been assessed which have negative impact on their well-being. Among them, lack of social contacts,¹¹ loss of autonomy,¹² chronic illnesses, weakening of social ties,⁵ loneliness,¹³ rejection from children⁹ and being institutionalized⁸ are of paramount importance.

Social engagement and networking is found to be a major protective factor. Social engagement is referred to an objective presence of social contacts and active interactions within the social system.¹⁴ Humans are social animals and they need to have a sense of connectedness and belonging even in old age. Paucity of social connections has a detrimental impact on the well-being of elderly and it increases the risk of mortality.¹⁵ Social engagement is also found to be associated with the positive health related behaviors in elderly.¹⁶ Social disengagement is observed as both cause and consequence of institutionalization.¹¹

Closely related to the social isolation is the feeling of

loneliness which is a risk factor for the mental health problems of elderly. Loneliness can be defined as a subjective unpleasant and distressing feeling of loss of companionship. Loneliness and social isolation are found to be distinct concepts as social isolation is more to do with the objective paucity of social contacts and loneliness is a subjective feeling.¹⁷ Being lonely is allied with physical and mental health issues like heart problems,¹⁸ hypertension,¹⁸ stress, depression and anxiety symptoms and cognitive decline.¹⁵

Considering the important nature of the issue, keeping in view the risk and protective factors, the current study aimed to explore the mediating role of loneliness in social engagement and mental health issues in institutionalized older adults and to find out the gender differences in terms of psychological distress experience by institutionalized older adults.

METHODOLOGY

A Cross sectional study was carried out at 4 private and 2 government old age institutes during the time period of November 2019 to February 2020. An old age institute is defined as a specialized residential facility that caters to the housing, healthcare, and social needs of elderly individuals, typically aged 60 and above, who may require assistance with daily activities. A sample of 100 older adults between the age range of 65-80 years who were admitted during study cases was selected after taking approval from the Institutional Ethical Review Committee (IRB# 2019-05-083). Sample of 100 participants was selected on the basis of Green's formula²⁸ according to which minimal sample should be 66 for this study. Participants having any cognitive, physical or sensory disability were excluded.

Written informed consent was taken from the participant before collecting data. Demographic information including age, gender,

family system, years of institutionalization were recorded.

Lubben Social Network Scale¹⁹ was administered to assess the social isolation experienced by the elderly. The short version of this scale was used comprised of 6 items on a likert scale of 0 to 5. The score ranges between 0-30 where low scores means low social engagement and high scores reflects high social engagement. Higher the number of contacts with the relatives and friends indicates less social isolation. It has two subscales relatives and friends. The internal reliability of this scale ranges between .84 to .89

In addition to this, validated Loneliness Scale was administered to assess the subjective sense of loneliness experienced by institutionalized older adults. It has 34 items on a 4 point Likert scale where 0 indicates never and 4 indicates always. In current study, Cronbach alpha was .78 indicating good internal consistency. The test-retest reliability is high and the split half reliability of the first half was .91 and second half with the reliability of .85.

Finally, Depression Anxiety and Stress Scale²⁰ was used which consisted of 21 items. It is designed to assess the emotional and psychological manifestation of depression, anxiety and stress. Responses are given on 4 point Likert type scale ranging from 0 to 3. It has three subscales namely depression, anxiety and stress subscales. Translated version of the tool was employed.²¹ Internal consistency of the DASS-21 is reported to be high. Cronbach's alpha depression subscale ranges from 0.96 to 0.9, for Anxiety subscale 0.84 to 0.92 and for Stress subscale 0.90 to .95.

SPSS 25 was used to analyze data. For continuous variables, mean and Standard deviations were carried out and for categorical variables, frequencies and percent-

ages were assessed. Pearson Product Moment Correlation was used to assess the relationship between Social Engagement, Loneliness and Psychological distress. Independent sample t test was used to assess gender differences. Mediation analysis using Process v3 was used to investigate the mediating role of loneliness between social engagement and psychological distress.

RESULTS

Data of 100 institutionalized Older Adults was taken with equal gender representation. The overall age for men was 73.46±6 .91 and for women it was 72.84±5.95. Majority of the participants had no source of income (66%) and were widowed (41%). Duration of stay at the institute of most of the participants was between 3 to 5 years.

A significant mild negative relationship of Social Engagement with Loneliness ($r = -0.47, p < 0.001$) and Psychological Distress ($r = -0.41, p < 0.001$) (Table 1). However, the magnitude of relationship was moderate. A strong and significantly positive association was found between Loneliness and Psychological Distress in Institutionalized Older Adults ($r = 0.087, p < 0.001$).

Table 2 showed the results of mediation analysis based on one mediator. Mediation analysis showed a significant predictive relationship between Social Engagement as independent variable and Loneliness as mediator variable ($p < .001$). Additionally, Loneliness was also a significant predictor of Psychological Distress ($p < .001$). Figure 1 shows that the total effect of Social Engagement on the Psychological Distress ($\beta = -.29, SE = .06, p < .001$) was significant. Furthermore direct effect of Social engagement on Loneliness ($\beta = -.98, SE = .41, p < .001$) was also significant. The direct effect of the mediating variable Loneliness on the Psychological Distress ($\beta = -.06, SE = .03, p < .001$) was significant. Findings revealed that the Loneliness

Table 1: Mean, Standard Deviations and Inter-correlations of the Scales of Social Engagement, Loneliness and Psychological Distress (N=100)

Factors	1	2	3	M	SD
SE	---	-.47***	-.41***	5.57	2.28
Lon		---	.87**	56.04	20.34
Psy Dis			---	28.42	10.74

Note. SE=Social Engagement; LS=Loneliness; PsyDis= Psychological distress; M=Mean; SD=Standard Deviation. ***p< .001; **p< .01

Table 2: Role of Loneliness as a Mediator between Social Engagement and Psychological Distress in Institutionalized Older Adults (N=100)

		Consequent						
		M (Lon)				Y(PsyDis)		
Antecedent		B	SE	P	c'	β	SE	P
SE (X)	a	-.98	.41	.001***	c'	-.01	.14	.89
Lon (M)					b	-.06	.03	.001***
Constant	i	8.66	2.94	.001***	i	5.04	2.24	.20
		R2 = .23				R2 = .18		
		F(1,98)= 29.96 p=.001***				F(1,98)=21.94 p=.001***		

Note. SE Social Engagement, Lon Loneliness, PsyDis Psychological Distress ***p< .001.

Table 3: Gender Differences in Social Isolation, Loneliness and Psychological Distress in Institutionalized Older Adults (N=100)

Measures	Men (n=50)		Women (n=50)		t(98)	p<	95% LL	CI UL
	M	SD	M	SD				
SE	5.36	3.90	5.78	4.67	-.36	.717	-2.12	1.28
Lon	55.98	19.82	56.10	21.06	-.29	.767	-8.23	7.99
Psy Dis	27.68	10.76	29.16	10.79	-.93	.354	-5.75	2.79

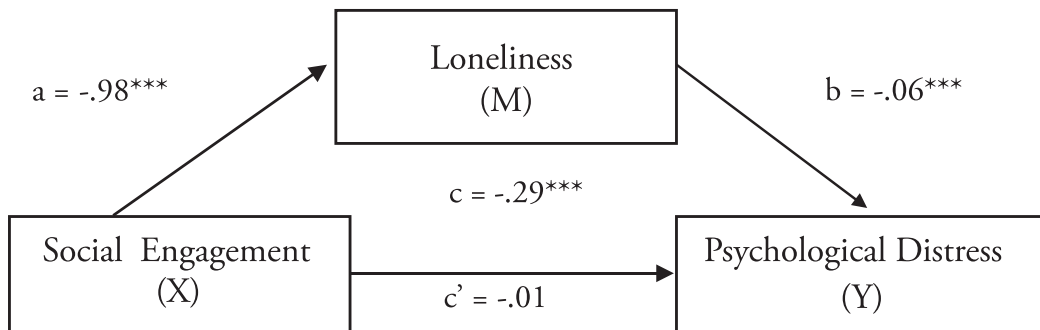


Figure 1. Mediating Role of Loneliness in Social Engagement and Psychological Distress

fully mediate the relationship between Social Engagement and Psychological Distress as c' model (β = -.01, SE = .14, p = .89) is no more significant. Social engagement is accounting 16% variance in loneliness. Social Engagement and Loneliness jointly accounted 18% variance in Psychological Distress. Table 3 showed the results of Independent

Sample t test depicting no significant gender differences in terms of social engagement, loneliness and psychological distress in institutionalized older adults.

DISCUSSION

Aging poses multifaceted challenges in-

cluding physical, psychological, cognitive, social and emotional dimensions. Being institutionalized is one of them which raises a host of issues. Institutionalization is a newer phenomenon in Pakistan and this change is associated with a number of factors that have pushed older adults in our culture to the old age institutes. These factors include

financial constraints of the caregivers, national and international migration of children leaving parents behind,⁹ insensitive behavior of children,⁹ absence of spouse,^{22,9} childlessness²², physical and mental health decline.²² The mental health and quality of life of such older adults is compromised due to several financial, social and emotional factors. Among all the detrimental factors, social disengagement and loneliness were expected to be risk factors of mental health of institutionalized older adults.¹⁶ The aim of the study was to explore the mediating role of Loneliness between social engagement and psychological distress.

Findings of the study highlighted a significant negative relationship of social engagement with loneliness and psychological distress. This is in line with the previous literature which suggest that increase in social disengagement and isolation leads to increased feelings of loneliness and psychological distress. Literature also suggests that living in an institution day after day without any hope and social support in a monotonous routine have detrimental effect on the emotional state of older adults increasing the feelings of loneliness and depression.^{23,26} In the light of cultural perspective, living in a collectivistic culture where older adults are subjected to constant care and support, being institutionalized would increase isolation and loneliness in them. These older adults experience more negative emotions like loneliness, social withdrawal, depression etc. leading to increased psychological distress and poor quality of life. Results also revealed a significant positive relationship between loneliness and psychological distress which is empirically supported by previous literature.^{24,25} Increase in loneliness is associated with increase in psychological distress because older adults living in old age homes experience more negative emotions which lower their self-respect and hence lead towards a sense of absence of belongingness, worthlessness and sadness.²³ All of these

factors individually and combined increases their mental health problems and undermines their quality of life.

Findings of the study revealed that loneliness fully mediated the relationship between social engagement and psychological distress. It suggests that the impact of social disengagement on psychological distress operates primarily through the experience of loneliness. It is in line with the previous literature which suggests that older adults consider living in an institution as a matter of shame and disgrace as they feel rejected by their family members due to which they become social disengaged and lonely.^{17,22} Viewing in the light of sociocultural and spiritual perspective, living in a collectivistic culture where togetherness and sharing joys and adversities with each other is promoted, residing in an institute without support instills feelings of estrangement. This insight is valuable for interventions, as it suggests that addressing and alleviating loneliness may be a key factor in reducing psychological distress associated with social isolation.

No gender differences were found in the current study. These findings are not consistent with the previous literature which suggests that females are more likely to experience loneliness and isolation as compared to males as females have lower self-esteem and hence experience more loneliness and distress.²⁶ This could be due to the fact that old age is a phase of life where gender distinction is minimal because life events and stressors become alike for men and women and being in institution is a debilitating condition which is equally threatening for both the genders.²⁷

There were a few limitations in the current study. First of all, the sample size was small for generalization of results. Secondly, Western tool was used to assess the Social Engagement in older adults which might not give an accurate representation in our cul-

ture. Furthermore, findings of the present study implicates that by increasing the social networking the loneliness and psychological distress in institutionalized older adults could be reduced and their well-being could be improved.

■ CONCLUSIONS

The study showed that helping older adults feel less lonely could really help improve their mental well-being. Reducing social disengagement experienced by institutionalized older adults could reduce feelings of loneliness and consequently psychological distress experienced by them. There was no significant gender differences in terms of social engagement, loneliness and psychological distress in institutionalized older adults.

■ RECOMMENDATIONS

Therapeutic guidelines should be formulated to address the psychological distress in institutionalized elderly. However, these should not only target the social isolation but also strategize to alleviate loneliness. Health professionals, caregivers, and policymakers are urged to consider holistic approaches that recognize the emotional dimensions of aging, fostering a supportive environment that goes beyond mere social interaction.

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Author's Contribution

ZM conceived the idea, designed the study, performed data analysis and helped in the write up of the manuscript. MK helped in designing the study and helped in the write up of the manuscript. Both authors made substantial intellectual contributions to the study.

Conflict of Interest

Authors declared no conflict of interest

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None

Data Sharing Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.