

# The Study of Depression and Loneliness among Elderly Women

Nurun Saadah S., Lukman Z.M., Syafiq M.S., Zulaikha M.Z., Bukhari W.M.Y., M.Y. Kamal

*Faculty of Applied Social Sciences, Universiti Sultan Zainal Abidin, Kuala Nerus, 20300 Terengganu, Malaysia*

**Abstract**— Depression and loneliness among elderly women who live in the home care institution have become a world phenomenon in developed countries. These mental health diseases are most common factors that lead to the deficiency of daily routine activities such as socializing and many more. However, in third world countries or developing countries, depression and loneliness are being studied differently and no legit findings of the relationship between these two variables. Hence, this research is to identify the relationship between depression and loneliness among elderly women in-home care institution. Method of this research used quantitatively. The respondent in the institution is 180 people. This research used University of California Los Angeles Loneliness Scale (UCLA LS) and Patient Health Questionnaire 9 (PHQ-9). This research used the Pearson Correlation Coefficient to identify the relationship between depression and loneliness. The result showed the relationship between depression and loneliness among elderly women in an institution is  $r=0.828$  and it is significance in  $p>0.003$ . As a conclusion, the depression and loneliness among elderly women in the home care institution is significance and it brings to the new dimension of knowledge and practicality about these mental health diseases especially in third and developing countries.

**Keywords**— Depression, Loneliness, Elderly Woman, Home Care Institution, Malaysia

## I. INTRODUCTION

Depression and loneliness are prevalent among elderly women in the institution [1]. In a cross-sectional research, it was discovered that in people 65 years and more seasoned, the apparent simplexes of enthusiastic and substantial help was obviously connected with depressive manifestations three years later[2]. The populace living in retirement, nursing homes, and institution, away from previous homes and neighborhoods and isolated from more distant families, will keep on expanding [3]. There are living in offices for the elderly women should conform to a changed living circumstance, and this modification can prompt genuine psychosocial issues of dejection and sadness without positive interpersonal organizations[4].

WHO indicates the extent of the world's more established elderly women is evaluated to twofold from around 12 percent to 22 percent [5]. And in addition, this is a normal increment from 900 million to two billion individuals beyond 60 [6] years old. The total populace is maturing rapidly somewhere in the range of 2015 and 2050. For instance, there are an expected between 14.9 million individuals matured 60 years

or more, 11.4 million individuals matured 65 years of age or more, and three million individuals matured 85 years of age or more, in the United Kingdom [7].

The structure of UK's society is changing stated by UK's Department of Work and Pension. According to the report written by UK's Department of Work and Pension in 2013, the developing number of more established grown-ups 60 years and above which naturally changes the structure of UK's general public since out of the blue their outnumber individuals younger than 18[8]. The National Service framework: older people, 2001, improving opportunities for older people, 2014 recognizing the potential of health and social effect of the rapidly growing number of older people [9]. Also, the population launched a number of policies and legislation with the point of enhancing more seasoned grown-ups lives by giving alike openings, diminishing wellbeing and social consideration imbalances. Even though the population aging among elderly can be viewed as an example of overcoming adversity for common well-being approaches and financial advancement, it moreover turns a challenge for society to adopt increasing the health status and functional capacity of elderly people [10].

## II. LITERATURE REVIEW

Depression uses a high effect on the life of patients, for example, more seasoned individuals and their families [11], essentially influencing their social and business related lives and also causing other valuable impedance [12]. In the 1960s, Albert Ellis and Aaron Beck reached the important conclusion that the depression was the result of extremely deeply established though habits, and described the fundamental concepts of cognitive-behavioral theory. While a diversity of cognitive theories of depression have been proposed, debatably one of the most well-known and widely investigated is Beck's cognitive theory of depression. Other researcher observed that negative moods and behavior were usually the result of one-sided thoughts and beliefs and not of unconscious forces, as the Freudian theory suggested [13].

*Cognitive Triad*: The intellectual set of three [14] comprises of an antagonistic vision of oneself in which the individual tends to see him or herself as deficient or clumsy (e.g. "I am a boring person", "I am uninteresting", "I am too sad for anyone to like me"), a negative perspective of the world, including connections, work and exercises (e.g. "No one

*appreciates my job*") [15] what's more, a negative perspective without bounds, which gives off an impression of being psychologically connected to the level of sadness [16]. This perspective of the earth around them (depressives) is a second segment of the set of three [17]. Depressive's grade to comprehend their correspondence with their surroundings as loaded up with issues, and horrendous circumstances [18]. Further, discouraged people frequently think their cooperation with their surroundings speaks to hardship. The most commonplace perspectives and verbal articulations as for a negative perspective without bounds incorporate: "*Things are never going to get any better*", "*I will never be worth anything*" or "*I never am happy*".

*Psychological Distortions:* Cognitive mutilations, characterized as the methodical mistakes in the observation and preparing of data, involve a fundamental stage in melancholy. The people with misery grade to be finished and adaptable in sorting out their encounters, prompting blunder of comprehension with regard to individual execution and judgment of outer circumstances. The most widely recognized subjective bends in discouraged patients, for example, more seasoned individuals into a topological framework that incorporates, among others, self-assertive induction (detailing an end without adequate proof), specific reflection (inclination of the individual to choose confirmation of individuals poor execution), over speculation (propensity to consider that one antagonistic occasion or execution will happen on different occasions), and justification (individual attribution, regularly negative). Also, a bigger arrangement of twists has been depicted by Beck and others. Mutilations are an aftereffect of broken tenets and presumptions, which are steady examples obtained all through the lifetime of a discouraged person. These principles and perspectives are touchy to enactment by essential sources, for example, push and regularly prompt unsuccessful relational techniques.

*Theory of Loneliness:* The theorists of loneliness have been relating loneliness in different ways [19]. The loneliness is a disagreeable experience that happens when a person's network of social relationship is lacking in either quality or quantity. In another definition of loneliness, "it's a situation in which the number of current relationships is smaller than is measured desirable or acceptable, as well as a situation where as close one wishes haven't been realized". Furthermore, the loneliness is predictable as emotion and contains both physical and psychological circumstances such as supposed ill-health, dietary inadequacies, and depression, personality disorders and suicide [20]. Thus, it includes emotional and social isolation.

### III. METHODOLOGY

*Population and Sampling:* The population of the study was the elderly women in welfare institution in Terengganu during the years 2017.

*Instruments:* An individual information frame, the UCLA scale of loneliness and the PHQ-9 were utilized as the

information gathering devices in the exploration.

*UCLA Loneliness Scale:* It was created by Russell, Peplau, and Ferguson and was re-requested in 1980. It is a scale made of 20 things of which 10 are immediate and the other 10 turns around coded. In everything of the scale, a situation that expresses a sense or a pondered the social connection is exhibited and the people are requested to state how frequently they meet this condition, on a four-point Likert scale. The higher score is acknowledged as an indication of depression that is met once in a while. The least scores to be gotten from the scale is 20 and the most astounding is 80. In Turkey, the legitimacy and unwavering quality investigation of the UCLA Loneliness Scale, the internal consistency coefficient as 0.96; and the correlation coefficient as 0.94 by the test-retest method.

*PHQ-9:* This poll screening the dejection among elderly [21]. The PHQ-9 is a self-regulated adaptation of the PRIME-MD demonstrative instrument for basic mental clutters [22]. The PHQ-9 is the misery module, which scores every one of the 9 DSM-IV criteria as 0=not by any means, 1=several days, 2=more than a large portion of the days and 3=nearly consistently [23]. The PHQ-9 was finished by 6,000 patients in eight essential consideration facilities and 7 obstetrics-gynecology centers [24]. Moreover, standard legitimacy was evaluated against an autonomous organized emotional well-being proficient (MHP) meet in an example of 580 patient's especially elderly women [25].

*Analysis of the Data:* The researcher decides to use a Pearson Correlation Coefficient to measure the relationship between depression and loneliness among elderly women in the institution.

*Procedure:* On 8 May 2018, the researcher contacted the institution organization to look for authorization to direct this exploration. After the title-discussion, the analyst quickly sent a letter to the separate manager to give Research Consent Letter as a proof that this examination was directed. On 21 May 2018, the analyst circulated the survey to the elderly women to be replied. As expressed before in the examination inspecting, the analyst needs to finish 180 surveys. With a specific end goal to finish 180 polls, the analyst actually moved toward the respondent to answer the survey. It will give a scientist a capacity to deal with the complex survey if the respondents are uncertain to reply. Every poll took just 10 minutes (before pilot test result) to answer and the scientist spent just 4 hours to appropriate a survey to the respondents subsequent to thinking about their timetable, arrangement, research and educating and learning. The specialist moved toward respondents as indicated by house by house to maintain a strategic distance from any redundancies of same respondents noting poll since this examination was intentionally inclusion.

Organization to look for authorization to direct this exploration. After the tele-discussion, the analyst quickly sent a letter to the separate manager to give Research Consent

Letter as a proof that this examination was directed. On 21 May 2018, the analyst circulated the survey to the elderly women to be replied. As expressed before in the examination inspecting, the analyst needs to finish 180 surveys. With a specific end goal to finish 108 polls, the analyst actually moved toward the respondent to answer the survey. It will give a scientist a capacity to deal with the complex survey if the respondents are uncertain to reply. Every poll took just 10 minutes (before pilot test result) to answer and the scientist spent just 4 hours to appropriate a survey to the respondents subsequent to thinking about their timetable, arrangement, research and educating and learning. The specialist moved toward respondents as indicated by house by house to maintain a strategic distance from any redundancies of same respondents observing election since this examination was intentionally inclusion. The distribution and collection of the questionnaire were delayed due to a public holiday on 17 May 2018 for first Ramadan day, 2 June 2018 for Nuzul al-Quran and on 15 until 16 June 2018 for Hari Raya Puasa. As such, no distribution and collection of the questionnaire was carried out for the whole week of Hari Raya Puasa. On 25 June 2018, researcher continued distributing and collecting questionnaires to the elderly women. The specialist spent right around about a month in the establishment with the thought of open occasion and ends of the week to complete the research in the institution. In overall, research data collection quantitatively was completed on 23 July 2018.

IV. RESULTS

Table 1 demonstrated a general relationship of depression and loneliness among elderly women. In view of the discoveries acquired a higher connection of depression and loneliness among elderly women. Home care institution indicated depression and loneliness was a measurably noteworthy straight association with the bearing of the relationship was certain and the quality of the relationship was higher ( $r=.828$ ,  $p<0.03$ ).

TABLE 1

The Relationship between Depression and Loneliness among Elderly Women in Home Care Institution

Variables	Elderly Women in Home Care Institution	
		Loneliness
Pearson Correlations		.828**
Depression Sign (2-tailed)		.003
N		180

\*\* Correlation is significant at the 0.03 level (2-tailed).

The finding of the present research revealed that loneliness plays an important role in determining depression among elderly women. Loneliness, combined with other physical and mental issues, offers to ascend to sentiments of sorrow in the elderly people. Several studies attribute a positive relationship between depression and loneliness [26][27][28][29]. Through

literature review, it was found that a higher level of depression was associated with more depressive symptoms in elderly women. The positive relationship amongst loneliness and depression are as per the outcomes got in writing[30][31].

V. CONCLUSION

The concept of depression and loneliness among elderly women makes many people especially authorities, policy maker, practitioner or even academician to excavation further in this case. Moreover, the right choices of procedure, methods, sample, and respondents made this research interesting and it gives a significant impact to the reader to add value and knowledge about the background of this research.

ACKNOWLEDGEMENT

This research has been conducted to meet the requirement of completing a Master Degree

REFERENCES

- [1]. Armitage, P. (2015). Why Blogging Is More Important Than Ever. Act-On.
- [2]. Beverly, E. A., Fitzgerald, S., Sitnikov, L., Ganda, O. P., Caballero, A. E., & Weinger, K. (2013). Do older adults aged 60-75 years benefit from diabetes behavioral interventions? *Diabetes Care*, 36(6), 1501-1506.
- [3]. Bharathi G. Sridevi K.B.Kumar, P. (2015). Psychosocial Issues and Widowhood. *X INDIAN JOURNAL OF APPLIED RESEARCH*, (10), 2249-555.
- [4]. Bouaziz W, Vogel T, Schmitt E, Kaltenbach G, Geny B, & Lang PO. (2016). Challenges to Successful Aging: Recommendation and New Trends in the Field of Aging and Physical Activity. *Austin Sports Medicine*, 1(2), 1009.
- [5]. Cacioppo, J. T., & Cacioppo, S. (2014). Older adults reporting social isolation or loneliness show poorer cognitive function 4 years later. *Evidence-Based Nursing*.
- [6]. Christiansen, J., Larsen, F. B., & Lasgaard, M. (2016). Do stress, health behavior, and sleep mediate the association between loneliness and adverse health conditions among older people? *Social Science and Medicine*, 152, 80-86.
- [7]. Domenech-Abella, J., Lara, E., Rubio-Valera, M., Olaya, B., Moneta, M. V, Rico-Urbe, L. A., ... Haro, J. M. (2017). Loneliness and depression in the elderly: the role of social network. *Social Psychiatry and Psychiatric Epidemiology*, 52(4), 381-390.
- [8]. Dowlati, Y., Herrmann, N., Swardfager, W., Liu, H., Sham, L., Reim, E. K., & Lancôt, K. L. (2010). A Meta-Analysis of Cytokines in Major Depression. *Biological Psychiatry*, 67(5), 446-457.
- [9]. Goossens, L., van Roekel, E., Verhagen, M., Cacioppo, J. T., Cacioppo, S., Maes, M., & Boomsma, D. I. (2015). The Genetics of Loneliness: Linking Evolutionary Theory to Genome-Wide Genetics, Epigenetics, and Social Science. *Perspectives on Psychological Science*, 10(2), 213-226.
- [10]. Harada, S., Nishiwaki, Y., Michikawa, T., Kikuchi, Y., Iwasawa, S., Nakano, M., ... Takebayashi, T. (2008). Gender difference in the relationships between vision and hearing impairments and negative well-being. *Preventive Medicine*, 47(4), 433-437.
- [11]. Jonason, P. K., & Krause, L. (2013). The emotional deficits associated with the Dark Triad traits: Cognitive empathy, affective empathy, and alexithymia. *Personality and Individual Differences*, 55(5), 532-537.
- [12]. Kamal, M. Y., & Lukman, Z. M. (2017). The Influence of Talent Management Practices on Job Satisfaction. *International Journal of*

- Academic Research in Business and Social Sciences, 7(7), 859–864.
- [13]. Moriki, Y. (2011). Co-Residence Among Bangkok Elderly: Implications of Children's Marital Status. *Marriage and Family Review*, 47(8), 529–547.
- [14]. Ong, A. D., Uchino, B. N., & Wethington, E. (2016). Loneliness and Health in Older Adults: A Mini-Review and Synthesis. *Gerontology*.
- [15]. Singh, B., & Kiran, U. V. (2013). Loneliness among elderly women. *International Journal of Humanities and Social Science Invention ISSN (Online)*, 2(2), 2319–7722.
- [16]. Wan Mohd Azam, W. M. Y., Din, N. C., Ahmad, M., Ghazali, S. E., Ibrahim, N., Said, Z., ... Maniam, T. (2013). Loneliness and depression among the elderly in an agricultural settlement: Mediating effects of social support. *Asia-Pacific Psychiatry*, 5(SUPPL. 1), 134–139.
- [17]. Zuberi, D. (2011). Contracting out hospital support jobs: The effects of poverty wages, excessive workload, and job insecurity on work and family life. *American Behavioral Scientist*, 55(7), 920–940.
- [18]. Cuijpers, P., van Straten, A., Schuurmans, J., van Oppen, P., Hollon, S. D., & Andersson, G. (2010). Psychotherapy for chronic major depression and dysthymia: A meta-analysis. *Clinical Psychology Review*.
- [19]. Curtiss, R. C. (2012). Looking back on loneliness and longing. *Loneliness and Longing: Conscious and Unconscious Aspects*.
- [20]. Cvecka, J., Tirpakova, V., Sedliak, M., Kern, H., Mayr, W., & Hamar, D. (2015). Physical activity in elderly. *European Journal of Translational Myology*, 25(4), 249.
- [21]. Cyranowski, J. M., Schott, L. L., Kravitz, H. M., Brown, C., Thurston, R. C., Joffe, H., ... Bromberger, J. T. (2012). Psychosocial features associated with lifetime comorbidity of major depression and anxiety disorders among a community sample of mid-life women: The SWAN mental health study. *Depression and Anxiety*, 29(12), 1050–1057.
- [22]. da Silva-Gama, Z. A., & Gómez-Conesa, A. (2008). Factores de riesgo de caídas en ancianos : revisión sistemática Risk factors for falls in the elderly : *Rev Saúde Pública*, 42(5), 946–956.
- [23]. Dahlberg, L., Andersson, L., McKee, K. J., & Lennartsson, C. (2015). Predictors of loneliness among older women and men in Sweden: A national longitudinal study. *Aging & Mental Health*, 19(5), 409–417.
- [24]. Dattilio, F. M., & Hanna, M. A. (2012). Collaboration in Cognitive-Behavioral Therapy. *Journal of Clinical Psychology*, 68(2), 146–158.
- [25]. Daudt, H. M. L., Van Mossel, C., & Scott, S. J. (2013). Enhancing the scoping study methodology: A large, inter-professional team's experience with Arksey and O'Malley's framework. *BMC Medical Research Methodology*.
- [26]. Davis, S. R., Panjari, M., & Stanczyk, F. Z. (2011). DHEA replacement for postmenopausal women. *Journal of Clinical Endocrinology and Metabolism*.
- [27]. Davison, S. N., & Jhangri, G. S. (2013). The relationship between spirituality, psychosocial adjustment to illness, and health-related quality of life in patients with advanced chronic kidney disease. *Journal of Pain and Symptom Management*, 45(2), 170–178.
- [28]. De Aguiar, Z., Azeredo, S., Alcina, M., Afonso, N., & Zaida De Aguiar, C. (2016). Loneliness from the perspective of the elderly. *Revista Brasileira de Geriatria e Gerontologia*, 19(2), 313–324.
- [29]. De Jaeger, H., Di Paolo, E., & Gallagher, S. (2010). Can social interaction constitute social cognition? *Trends in Cognitive Sciences*, 14(10), 441–447.
- [30]. de Jong-Gierveld, J., van Tilburg, T., & Dykstra, P. a. (2006). Loneliness and Social Isolation. *Cambridge Handbook of Personal Relationships*, 485–500.
- [31]. de Jong Gierveld, J., & Tesch-Römer, C. (2012). Loneliness in old age in Eastern and Western European societies: Theoretical perspectives. *European Journal of Ageing*. 2012 Oct 13;9(4):285–295