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The Preliminary Evaluation of Influence of Loneliness of Older Patients on their Life Satisfaction

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Abstract

Nurses who receive patients in primary care out-patient clinics try also to assess the mental state of patients. One of basic determinants is patient's circumstances in family and social relations, especially his eventual loneliness. It is known, that living alone deteriorate health and well-being. The authors decided to make an initial assessment, in a group of older patients, who visited an out-patient clinic, of the suitability of simple "Satisfaction with Life Scale" for checking the impact of loneliness on general well-being, manifested by a certain level of life satisfaction. The authors found that the level of life satisfaction of older patients, visiting the out-patient clinic is much worse among lonely people. They suggest that determining the level of life satisfaction of patients, who are single people, allows providing important advice on how to deal with their unfavorable living situation.

Keywords: Primary care; Mental state of patients; Loneliness; Satisfaction with life

Introduction

Nurses who receive patients in primary care out-patient clinics try also to assess the mental state of patients. This is important for a holistic approach in providing nursing and medical assistance.

The assessment of the mental state may be more or less accurate and comprehensive. It is worth to realize which conditions of psychological well-being are the most important.

One of basic determinants is patient's circumstances in family and social relations, especially his eventual loneliness [1,2,3,4]. It is known, that living alone deteriorate health and well-being [1]. However, the loneliness not always has negative impact [2,3,4].

The evaluation of the real, actual impact of loneliness can be performed by use of a simple psychometric test. Such a simple, effective measurement tool could be so called "Satisfaction With Life Scale" [5,6,7].

We decided to make an initial assessment, in a group of patients of primary care out-patient clinic, in order to assess the suitability of this test for checking the impact of loneliness on general well-being, manifested by a certain level of life satisfaction.

Method and examined group of patients

We asked subsequent 30 patients, in the age over 65 years, who visited the primary care out-patient clinic (Municipal Health Center in Świebodzice) to fill the short questionnaire presented below.

Among these people there were 18 women and 12 men. The age range of these people was

< 65,72 > The average age of these people was 68,2. These people visited the out-patient clinic for regular control during the treatment of various chronic diseases.

The questionnaire filled in by them contained only 6 questions. Five of them are questions taken from "Satisfaction With Life Scale" developed by Diener et al. [1,2,3]. These questions are preceded by the following instructions: " Below are five statements that you may agree or disagree with. Using the 1 - 7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding. So please indicate: 7 - Strongly agree , 6 - Agree, 5 - Slightly agree, 4 - Neither agree nor disagree , 3 - Slightly disagree, 2 – Disagree, 1 - Strongly disagree

1. In most ways my life is close to my ideal.

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Table 1: The data obtained, using the "Satisfaction With Life Scale" from 30 Patients, older than 65 years, who visited the primary care ambulatory.

No. of patient	Question No. 1	Question No. 2	Question No. 3	Question No. 4	Question No. 5	Mean of answers	Are you
1	5	6	6	5	5	5,4	No
2	6	6	7	7	6	6,4	No
3	3	3	5	5	5	4,2	No
4	3	3	4	3	3	3,2	Yes
5	4	3	3	3	3	3,2	Yes
6	6	6	6	6	6	6,0	No
7	5	6	6	6	5	5,6	No
8	7	6	7	7	6	6,6	No
9	6	7	7	7	7	6,8	No
10	3	5	5	4	3	4,0	No
11	3	6	5	3	3	4,0	No
12	3	5	6	5	5	4,8	No
13	1	2	3	2	2	2,0	No
14	5	6	6	5	3	5,0	No
15	5	7	5	6	3	5,2	No
16	3	5	6	6	5	5,0	No
17	2	2	3	2	2	2,2	No
18	6	6	7	6	6	6,2	No
19	1	1	1	2	1	1,2	Yes
20	5	7	5	5	4	5,2	No
21	1	4	1	2	1	1,8	Yes
22	5	7	6	7	5	6,0	No
23	4	4	5	3	2	3,6	Yes
24	6	6	7	7	6	6,4	No
25	3	4	5	3	3	3,6	Yes
26	2	2	3	3	4	2,8	Yes
27	4	3	4	4	4	3,8	Yes
28	5	3	5	5	3	4,2	No
29	5	5	6	6	6	5,6	Yes
30	5	3	4	5	5	4,4	Yes

2. The conditions of my life are excellent.
3. I am satisfied with my life.
4. If I could live my life over, I would change almost nothing.

In addition, all examined patients were asked the question: Are you a lonely person?

It has been specified that a lonely person is a {single, divorced person, widow or widower, who does not live with a regular partner}.

The obtained data was analyzed.

Results

The obtained results are presented in the (Table 1). The table presents the data, gathered from 30 patients, older than 65 years, who visited the primary care out-patient clinic, using the "Satisfaction with Life Scale".

The average values for answers are presented in (Table 2). The difference in average values, obtained by use of "Satisfaction with Life Scale" between lonely and not lonely patients were subjected to statistical verification by means of the Mann - Whitney test. The results were calculated using a computer program available at http://astatsa.com/WilcoxonTest/

For the data, presented in the (Table 1), the values $W = 174$; $p < 0.0009$ were obtained.

Discussion

The disadvantageous influence of loneliness on well-being and health has been known for a long time [1,2,3,4]. However, not all people who live alone feel definitely bad [8,9,10]. This could be assessed by using e.g. the scale of Russell et al. [11]. The negative impact of loneliness on health depends from the presence of the opposite attitude and behavior known as social connectedness or social inclusion [12,13].

O'Rourke and Sidani define social connectedness as "a subjective evaluation of the extent to which one has meaningful, close, and constructive relationships with others (i.e., individuals, groups, and society)" [12]. According to these authors the social connectedness manifests itself by:

Table 2: The mean values obtained for particular answers of the "Satisfaction With Life Scale" and general mean score for 30 patients, older than 65 years, who visited the primary care ambulatory.

	Question No. 1	Question No. 2	Question No. 3	Question No. 4	Question No. 5	General mean score
Lonely persons	3,15	3,46	3,92	3,54	3,23	3,462
Not lonely persons	4,76	5,52	5,76	5,59	4,70	5,26
All examined persons	4,07	4,63	4,96	4,66	4,07	4,48

1. Caring about others and feeling cared about by others, and
2. Feeling of belonging to a group or community [12].

The most frequently proposed determinant and outcome are respectively

1. A one's social network and
2. Life satisfaction [12].

Cornwell et al [13]. developed a profile of social integration of older persons with respect to nine dimensions of connectedness. These authors used the data from the National Social Life, Health, and Aging Project; a population-based study on older Americans aged 57 - 85. They findings suggest that among older persons, age is negatively related to network size and closeness to network members. On the other hand, age is positively related to frequency of contacts with neighbors, religious participation, and volunteers. These findings are opposite to the widespread belief that old age has always negative influence on social connectedness. Conversely, the life course events have various consequences for different forms of social relations. The retirement and bereavement e.g. may prompt greater connectedness.

Cordier et al [14]. analyzed carefully the psychometric properties of 25 different measures of social inclusion and social connectedness. They suggest that the most effective scales for evaluation of these parameters are the Social Connectedness Scale [15] and the Social and Community Opportunities Profile (SCOPE - Short Scale). [16] These tools are accessible on line.

Instead of a complex evaluation of the feeling of loneliness and the real, actual social connectivity or social inclusion, one can ask the patient simply about his satisfaction with life. In this way, we obtain useful information that summarizes the patient's feelings.

A quick, simple assessment of the main influences distinguished here, such as loneliness and life satisfaction, can be used to provide advice to patients who visit the primary care institution.

However, there is a problem, related to possible advices regarding lonely people. It occurred, that many intuitive remedies like befriending, social networking; senior meetings for older community, case management for community-dwelling older people are often ineffective [17-20].

Siette et al. [17] published recently the results of a meta-analysis study related to the effectiveness of so called "befriending approach". During the befriending procedure a one-to-one companionship is provided on a regular basis by a volunteer. This kind of social support is offered by the voluntary sector for older people and individuals with distressing physical and mental conditions. Siette et al. [17] reviewed 14 studies, 2 of which were conducted in the United States that assessed a total of 2411 individuals. Most of these trials demonstrated modest improvement in symptoms like depression and anxiety, but the benefit usually did not reach statistical significance.

Ways to mitigate the negative effect of loneliness on the experienced sense of well-being are sought after. For example, the team of nurses, directed by Laurie Theeke, has proposed recently an effective procedure, named "LISTEN", which stands for "Loneliness Intervention using Story Theory to Enhance Nursing-sensitive outcomes" [21].

The LISTEN procedure consists, in practice, on performing five sessions similar to dialogues conducted in the course of cognitive behavioral therapy. The content of these sessions is focused on important elements of the problem, which should be overcome. Therefore, the first session is focused on perceived belonging, as the notion important for the perception of loneliness. The second session focuses on relationships, because it is important to increase the awareness about past and current relationships and identify more meaningful relationships in family and community. The third session explores the patterns of getting out or staying in. During this session, the participants discuss how other lonely people get out of the house or cope with loneliness while stay in. Session four helps to identify the realities of coping with loneliness, based on one's own experience and the experience of others. Participants are encouraged to identify the positive, negative and turning points in their experience of loneliness. The fifth session is about life lessons on loneliness, the experiences of loneliness and what might work to decrease loneliness. It encourages the participants to formulate the possible means to solve the problem.

Laurie Theeke write: "...LISTEN participants learn that "it's okay to have loneliness and to say it. They like hearing that they're not the only person who feels this way... They talked about times in their life when they weren't lonely, shared ways that they met the challenge of living with loneliness, and identified potential new solutions to their loneliness..."[21].

Knowing the essence of the LISTEN procedure, the simple, not time-consuming gathering of information from subsequent patients, visiting primary care out-patient clinic, regarding whether they are lonely persons and feel satisfaction with life, allows to provide advices, that can be useful and effective.

It might seem that giving such advices to people, who are lonely and suffers from low life satisfaction, is so time-consuming, that it is not possible in primary care conditions, provided by nurses.

However, we would like to remind our previous articles, in which we suggested, that in such modest conditions one can use so-called intermediate, indirect forms of psychotherapy, what consists on determining the so-called therapeutic tasks [22-29].

The consideration of the abilities, facilitating to cope with loneliness, is one of the most essential activity, directed to improvement the quality of life of older patients [30,31].

Conclusions

1. The level of life satisfaction of older patients, visiting the out-patient clinic is much worse among lonely people.

2. Asking a few simple questions, about the loneliness and life satisfaction, allows to determine quickly the basic determinants of the well-being and health of older patients, who visit the primary care out-patient clinic.

3. Determining the level of life satisfaction of patients, who are single people, allows to provide important advice on how to deal with their unfavorable living situation.

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