Annals of R.S.C.B., ISSN:1583-6258, Vol. 25, Issue 3, 2021, Pages. 5116 - 5127
Received 16 February 2021; Accepted 08 March 2021.

Relationship between Depressive Symptoms and Loneliness Feeling among Elderly at Zagazig City

Huda Saied Ibrahim[1], Hanem Ahmed Abdel KhaleK[2], Hanaa H Ali [3], Eman Shokry AbdAlla[4]

[1]Assistant Lecturer of Psychiatric and Mental Health Nursing, Faculty of Nursing, Zagazig University, Egypt,
[2]Assisstant Professor of Psychiatric and Mental Health Nursing**,** Faculty of Nursing, Zagazig University, Egypt
[3]Assistant Professor of Psychiatric and Mental Health Nursing, Faculty of Nursing Zagazig University, Cairo, Egypt,
[4]Professor of Geriatric Nursing**,** Faculty of Nursing, Zagazig University, Egypt,

Email: [1]dr.hodasaied@yahoo.com, [3]drhanaa2021@yahoo.com
[4]emanshokry2012@yahoo.com

ABSTRACT

Background: Depressive symptoms and loneliness feeling are common mental health problems among elderly people and can result from complex interactions of risk factors. **Aims:** the main aim is to assess relationship between depressive symptoms and loneliness feeling among elderly at Zagazig City. **Subjects and methods: Research design**: A descriptive **design** was used. **Setting:** the geriatric social club at Zagazig City, Egypt. **Subjects:** Sixty five elderly participants were enrolled in the present study. **Tools of data collection**: Interview questionnaire consisted of two parts and UCLA Loneliness Scale Version 3. **Results**: the present study showed that the majority of the studied sample had mild depressive symptoms and moderate loneliness feeling. **Conclusion**: Based on the findings of the present study, there was positive correlation between depressive symptoms and loneliness feeling among elderly. **Recommendations:** providing psychiatric nurse in these clubs to encourage elderly people to ventilate or express feeling. Training to geriatric clubs personal about how to deal with the elderly and help them to express their feeling.

KEYWORDS: Depressive symptoms, Loneliness feeling, Elderly.

INTRODUCTION

There are so many changes in the human‘s life due to aging and approaching to the geriatric phase that include most importantly of loss, loneliness and social isolation, poverty, feeling of rejection, trying to find the meaning of life, dependence, despair and hopelessness, fear of death and dying, grieving the death of the others, regretting the past and concerns about deterioration of mind and body. These changes can make special problems in this transitional stage, therefore it requires specific consideration. These concerns and approaching to the end of life and to death, compels a particular stress on the elderly people which loneliness and depression are more noticeable among them [1]. Depression is not a normal part of the aging

Annals of R.S.C.B., ISSN:1583-6258, Vol. 25, Issue 3, 2021, Pages. 5116 - 5127
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process. Depression is the most common psychiatric disorder among elderly people and can often be treated successfully, though it is often undiagnosed and untreated. Depression symptoms include: Corresponding depressed mood, loss of enjoyment in activities, sleep problem, weight loss or gain, decreased energy, feeling of worthlessness and guilt, decision-making problems, slow movement, and recurrent thoughts of death or suicide or suicide attempt. Old age depression results from complex interactions of risk factors such as neurobiological aging changes, stressful life events, and a higher interaction with cognitive decline [2]. Loneliness is the discrepancy between people's desired and achieved levels of social relationships. Loneliness is a highly prevalent problem among the elderly people across the world and is an indicator of social wellbeing. Loneliness is associated with old age, female sex, living alone, living in institutional care settings, loss of spouse, childlessness, low level of education, decrease income, poor health, lack of social contact and support, reduced physical activity, and psychological distress [3].

SIGNIFICANCE OF THE STUDY

According to World Health Organization, the proportion of elderly population is growing in a higher rate than any other age group worldwide. Mental disorders are widespread in old age and one of the most threats to elderly people mental health is depression. Loneliness is a common problem among the elderly people and has adverse physical and mental health consequences. Loneliness appears to have a significant impact on physical health being linked detrimentally to higher blood pressure, worse sleep, and immune stress responses and worse cognition over time in the elderly [4]. Depression is an important public-health problem and one of the leading causes of disease burden worldwide. Depression is often comorbid with other chronic diseases and can worsen their associated health outcomes. Few studies have explored the effect of depression, lonely or as comorbidity, on overall health status [5]. Depression and loneliness in old age result from complex interactions of risk factors and if left untreated can impair physical, mental and social health of the elderly people and affect their overall quality of life. The numbers of studies on psychological interventions for treating both depression and loneliness in elderly people are scarce especially in Egypt. Therefore, our study was conducted to evaluate the effect of educational program on depression symptoms and feeling of loneliness among elderly people.

Aim of the study

The aim of this study was t to assess relationship between depressive symptoms and loneliness feeling among elderly at Zagazig City, Egypt.

Research questions

Is there a relationship between depressive symptoms and loneliness feeling among elderly at Zagazig City?

SUBJECTS AND METHODS

Research Design

A descriptive design was utilized in this study.

Setting

The study was conducted at the geriatric social club in El-Qawmia at Zagazig City.

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Subjects

The subjects consisted of random sample of 65elderly according to the following inclusion criteria:

- Age 60 years and above.
- Agree to participate in the study.
- Free from communication problems (speech and hearing problems).
- Attending the geriatric social club (the study setting) regularly.

Sample size

The sample size was calculated using statistical computer program (Epi-Info software version 6.04). It was based on the prevalence of depression among elderly was 37.5 % [(6)].The sample size was 65 assuming that the elderly population attending the geriatric social club is 600 elderly (Based on the records of the geriatric social club), desired precision 90%, and at confidence level 95%.

Tools of data collection

Tool I: Interview questionnaire: It consisted of two parts:

Part 1: Demographic characteristics of the studied elderly: Data about demographic characteristic of the study sample as age, sex, educational level, marital status, source of current income ,occupation before retirement, income, residence place, current income source, and living with whom. It consisted of (1-10) questions.

Part II: Geriatric Depression Scale (GDS) Short form: A Short Form GDS was used to measure depressive symptom severity among elderly people. It consisted of fifteen questions representing symptoms of depression such as sadness, hopelessness, helplessness loss of energy, and loss of interest [7]. It was translated into Arabic language and validate tested for its reliability (r=.70) [8]. Questions from the long GDS which had the highest correlation with depressive symptoms in validate studies were selected for short version.

Scoring system

(GDS) measured using 2 point answer by (Yes or No) of the 15 items, 10 indicated prevalence of depression when answered positively, while the rest (question numbers 1, 5, 13) indicated depression when answered negatively. The total score was categorized into four levels, normal (0-4), mild (5-8), moderate (9-11) and severe (12-15).

Tool II: UCLA Loneliness Scale Version 3

UCLA Loneliness Scale Version 3 is a twenty item scale developed to measure one's subjective feelings of loneliness in addition to feelings of social isolation, its questions representing feeling of loneliness such as "I feel left out", "I lack companionship" and "I am no longer close to anyone" [9]. The Arabic version of the UCLA Loneliness Scale Version 3 adapted by El-Desoky [10] was used in this study.

Scoring: The UCLA is a 20 item Likert-type scale in which responses range from 1 (never) to 4 (always). The scale includes; (9 positively worded items (1, 5, 6, 9, 10, 15, 16, 19, and 20) and 11 negatively worded items (2, 3, 4, 7, 8, 11, 12, 13, 14, 17, and 18) randomly distributed throughout the scale). The total score was categorized into four levels, normal (≤20), mild (20≤40), moderate (40≤60) and severe (60 ≤80).

Content validity

It was ascertained by three Experts from nursing psychiatric and community staff who reviewed the tools content for clarity, relevance, comprehensiveness, and understandable. All recommended modifications were applied.

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Pilot study

A pilot study was carried out on 4 elderly from the study setting (ten percent of the calculated sample for main study).The purpose was to test the feasibility and clarity of the tools and to help know the time needed for filling out the data collection forms. From the pilot study results, the average time to fill-in the tool was 30 to 35minutes. The participants involved in the pilot study were included in the main study sample since no modification was needed in the data collection form.

Field work

Once permission was granted to proceed with the study, the researcher met with elderly participants at the geriatric social club who fulfilled the inclusion criteria. The nature, purposes, benefits of the study were explained to elderly who were invited to participate in the study. They were ensured of confidentiality and answered all related questions they raised. All participants were recruited directly in their respective sections after the end of section. Participation was completely voluntary. The researcher started the interview with the participants individually using the data collection tools. The questionnaire was read, explained, and choices were recorded by students. From the pilot study results, it was found that the average time to fill in all tools was from 25-30 minutes. Data collection period continued in about 3 months from the beginning of January till the beginning of March, 2019.

Ethical Considerations

The study proposal was approved by the Ethics Committee at the Faculty of Nursing at Zagazig University. Participants were informed about the purpose of the study and voluntary participation and confidentiality were ensured. They were informed about their rights to refuse to participate or withdraw at any time. Measures were taken to ensure privacy.

Statistical Analysis

Data collected throughout history, survey and outcome measures coded, entered and analyzed using Microsoft Excel software. Data were then imported into Statistical Package for the Social Sciences (SPSS version 20.0, Statistical Package for the Social Sciences) software for analysis. According to the type of data, the following tests were used to test differences for significance. Differences between frequencies (qualitative variables) and percentages in groups were compared by Chi-square test, correlation by Pearson correlation, P value was set at <0.05 for significant results & <0.001 for high significant result.

RESULTS

Data from Table (1): Showed that: the age of studied participants ranged from 60-76 years with mean±SD67±3.7, while female were more than three quarter of the studied sample (75.4%) and most of them were widowed (76.9%) and most of them from urban area (87.7%). majority of them (96.9 %&(98.5) were employee before retirement & the current income source was from pension respectively. Data from table (2) indicated that: there were statistically significant difference between depressive symptoms and sex (P value = 0.01), marital status (P value = 0.004) as well as depressive symptoms and level of education (P value = 0.025). Table (3) illustrates that, there were statistically significant difference between loneliness feeling and marital status (P value = 0. 004), as well as loneliness feeling and level of education (P value = 0.006) of the studied group. Data from table (4) showed that: there was a negative relation between loneliness and self-esteem among studied

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students. Data from Figure (1): indicated the Correlation between depressive symptoms loneliness and score among elderly

DISCUSSION

Depression is a major public health problem. It is the most common mood disorder in later life associated with serious consequences, including; disability, functional decline, diminished quality of life, increased mortality and increased service utilization [11]. Loneliness is associated with multitude negative physical and mental consequences which lead to poor quality of life and increased risk of mortality, depression, anxiety, sleep problems, schizophrenia, dementia, cognitive decline, decreased physical activity and increase in functional decline [12]. The aim of this study was to evaluate the effect of educational program on depressive symptoms and loneliness feeling among elderly in Zagazig city, Egypt. Concerning the demographic characteristics of the studied elderly, the study was carried out on 65 elderly people in the age range between (60-76) years. The majority of the elderly were more than 65 years. This age was chosen in the present study because the period of old age is a time of challenge exemplified by changes in roles such as becoming a grandparent, retirement and other significant life events such bereavement, and potential reductions in social network and support. One of the main features of the Egyptian population over the last few decades is the gradual increase in the absolute and relative numbers of older people. The percent of older people, defined as 60 years of age and more. In line with the aforementioned present study findings, Abd-Allah et al. [13] in a study in Egypt demonstrated that the elderly were aged 72 years. On the contrary, the study of Abdel-Aziz et al. [14] in Egypt demonstrated that more than two thirds of the elderly age ranged between 60 to less than 70 years. According to the present study, the majority of the elderly were females and almost all living in urban areas. This finding might be attributed to the setting of the study. Furthermore, the culture of the civil society differs from rural society because it considers the sons ungrateful to their parents when entering them to geriatrics social clubs. Also, it may reflect a higher prevalence of depressive symptoms and loneliness feeling among women. Although the higher percentages of women may reflect the distribution of the gender of attendants of the geriatric social club that used more commonly by women, it may at the same time reflect the higher life expectancy of women in general, and in Egypt as shown in the Central Intelligence Agency (CIA) report where the life expectancy was 70.8 years for male and 76.2 years for female people CIA [15], in agreement with these present study findings Sayied et al. [16] in a study in Egypt, who mentioned that females were the majority of the study sample. Also, Abdel-Aziz et al. [14] in a study in Egypt found that more than half of the elderly were females and almost all living in urban areas. On contrary, a comparative study in Egypt by Abd-Allah et al. [13] found equal gender distribution in the two groups. According to the current study findings, the majority of the studied elderly were widowed. A possible explanation for that may be due to with advancing age, there is a high likelihood for the elderly to have lost his/her spouse in view of the life expectancy in Egypt. In congruence with these study findings, a study conducted by Sayied & Abd-Elaziz [17] in Egypt who stated that about three quarters of the studied groups was widowed. This was inconsistent with the findings reported by Nikmat et al. [18] in a study in Malaysia, who reported that more than half of the participants were separated. As regard level of education,

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more than half of the studied samples were secondary level of education. This finding was in the same line with Sayied et al. [16] in a study in Egypt, mentioned that the majority of the studied sample were secondary level of education. On the contrary, Nikmat et al. [18] in a study in Malaysia reported that more than half of the studied samples were having primary school education. Also, on the contrary, Abdel-Aziz et al. [14] in a study in Egypt reported that half of the studied samples were having primary school education. As regard living with whom, the current study results showed that more than half of the studied sample was living alone. A possible explanation for that may be due to with advancing age, there is a high likelihood for the elderly to have lost his/her spouse, most of their sons were married and most of them might be travelled abroad and let them alone. In agreement with the present study findings, the study conducted by Sayied& Abdel-Aziz [17] in Egypt demonstrated that the majority of the studied sample was living alone. On the contrary Sayied et al. [16] in a study in Egypt mentioned that more than three quarters of the studied sample living with family. Also, and on the contrary Abdel-Aziz et al. [14] in a study in Egypt, reported that the majority of the studied sample living with family. The current study results showed that the majority of participants were having sufficient income and were employee before retirement. On the same line Rady & Ebied [11] in a study in Egypt, mentioned that more than half of elderly were employed before retirement and was having sufficient income. The present study findings demonstrated that the majority of the elderly people had mild level of depressive symptoms. This might be due to being lived alone, loss of significant person in ones' life, unable to work and become dependent on their sons and society. On the contrary, Abd Allah et al. [19] in a study in Egypt found that the majority of the participants had a severe level of depression symptoms. Also, and on the contrary, Abd Allah et al. [13] in a study in Egypt reported that the majority of the participants had moderate to severe depression. Concerning the demographic characteristics that could influence the depressive symptoms, the present study findings revealed that there is statistically significant association between participants' depressive symptoms and sex. This might be due to that females are more likely to be depressed in their life more than males. The present study revealed that depressive symptoms increased among widowed elderly and those who lived alone. This could be because of the lack of social support due to death of spouses or partners. In addition, the older adults more likely to live alone, this led to increase feelings of sadness and depression. This finding was similar to those of Abdel-Aziz et al. [14], in a study in Egypt who found that depressive symptoms among widowed elderly and those who lived alone. On the same point, Nikmat et al. [18] in a study in Malaysia found that depression was strongly associated with marital status. The present study revealed that loneliness feeling increased among widowed elderly and those who lived alone. This could be because of the lack of social support due to death of spouses or partners. In addition, the older adults more likely to live alone, this led to increase feelings of sadness and depression. In congruence with this finding, Meltzer et al. [20] in a study in England demonstrated that the feelings of loneliness were more prevalent among those who were widowed. Also, Gambl [21] in a study in Australia showed that the marital status had a significant and positive relation to loneliness. On the contrary, Arslantaş et al. [22] in a study in Turkey found that the marital status did not affect loneliness. Also, La Grow et al. [23] in a study in Newlands stated that no relationship between participants' loneliness and the marital status were found. The discrepancy with the present study could be explained by the more social relations in the community in the study

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setting, which could provide some support to the widows and/or divorced elderly. According to the current study findings, the majority of the studied elderly had loneliness feeling. This finding might be due to lack of close family ties and reduced connections with their culture of origin, which results in the inability to actively participate in the community activities. Also, with advancing age, it is inevitable that people lose connection with their friendship networks and that they find it more difficult to initiate new friendships and to belong to new networks. Retirement, disability or illness, absence of an intimate partner, family members, friends and acquaintances reduced the structure and the quality of their social network and social integration and results in the emergence of loneliness. In congruence with these findings, Sahu et al. [24] in a study in India reported that the majority of elderly had loneliness feeling. Moreover, Singh & Misra [25] in a study in India stated that, despite the elderly being sociable, they experienced increased feelings of loneliness. They stated that possible explanation for this may be that feeling lonely not only depends on the number of connections one has with others but also whether or not one is satisfied with his life style. An expressed dissatisfaction with available relationships is a more powerful indicator of loneliness. This may be due to the loss of a significant person in one's life or as a result of dysfunction of communication. The foregoing present study also demonstrated a highly statistically significant positive correlation between loneliness and depression symptoms among elderly people indicating thereby that when loneliness feelings rising, the depressive symptoms increasing. This might be due to lack of social contact and emotional attachment from a partner or a friend leading to poorer mental health including depression. In accordance with these findings, a study by Abdel-Aziz et al. [14] in a study in Egypt found a significant positive correlation between depressive symptoms and loneliness among elderly people. Also, they indicated that there was a positive correlation between depression and loneliness. On the contrary, Abd Allah et al. [13] in a study in Egypt found that depression had statistically significant negative correlation with the loneliness among older people.

CONCLUSION

The study results conduced to the conclusion that the elderly in the study setting had depressive symptoms and loneliness feeling. Also, there was a statistically significant positive correlation between depressive symptoms and loneliness feeling among studied elderly.

RECOMMENDATION

It is recommended to provide psychiatric nurses in the geriatric clubs to encourage elderly people to ventilate or express feeling. Training to geriatric clubs personal about how to deal with the elderly and help them to express their feeling providing counseling clinics in the geriatric social clubs.

Table 1:
Demographic characteristics of studied elderly: (n=65)

Personal characteristics	Number	Percent

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Age per year		
60-≤65	25	38.5
>65	40	61.5
Mean ±SD	67±3.7	
Minimum-maximum	60-76	
Sex		
Male	16	24.6
Female	49	75.4
Marital status		
Widowed	50	76.9
Married	15	23.1
Residence		
Rural	8	12.3
Urban	57	87.7
Education		
Primary	1	1.5
Secondary	34	52.3
University	30	46.2
Work before retirement		
Employee	63	96.9
Housewife	2	3.1
Income		
Sufficient	59	90.8
Insufficient	5	7.7
Save	1	1.5
Current income Source		
Pension	64	98.5
sons help	1	1.5
Place of residence		
Home	65	100.0
With whom you live		
Alone	36	55.4
With others	29	44.6

Table (2):

Relation between participants' depressive symptoms and their personal characteristics (n=65)

	number	Depressive symptoms				χ^2	P
		Present=30		Absent=35			
		no	%	no	%		
Age group							
≤65	25	13	52	12	48	0.56	0.45
>65	40	17	42.5	23	57.5		
Sex							

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Male	16	3	19	13	81	6.4	0.01(S)
Female	49	27	55	22	45		
Marital status							
Widowed	50	28	56	22	44	8.4	0.004(S)
Married	15	2	13.3	13	86.7		
Residence							
Rural	8	1	12.5	7	87.5	f	0.06
Urban	57	29	51	28	49		
Education							
Primary	1	0		1	100		
Secondary	34	21	61.8	13	38.2	7.3	0.025(S)
University	30	9	30	21	70		
Work before retirement							
Employee	63	30	47.6	33	52.4	f	0.5
Housewife	2	0		2	100		
Income							
Sufficient	59	27	45.8	32	54.2	1.2	0.53
Insufficient	5	3	60	2	40		
Save	1	0		1	100		
Current income source							
Pension	64	30	47	34	53	f	0.99
sons help	1	0		1	100		
Inhabitant							
Home	65	30	46.2	35	53.8		
With whom you live							
Alone	36	13	36	23	64	3.3	0.07
with others	29	17	58.6	12	41.4		

Table (2):
Relation between participants' loneliness feeling and their personal characteristics (n=65)

	no	Loneliness feeling				χ^2	P
		Present=38		Absent=27			
		no	%	no	%		
Age group							
≤65	25	15	60	10	40	0.04	0.84
>65	40	23	57.5	17	42.5		
sex							
male	16	6	37.5	10	62.5	3.8	0.05
female	49	32	65.3	17	34.7		
Marital status							
widowed	50	34	68	16	32	8	0.004(S)
married	15	4	26.7	11	73.3		

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residence							
Rural	8	3	37.5	5	62.5	f	0.26
Urban	57	35	61.4	22	38.6		
Education							
primary	1	0		1	100		
Secondary	34	26	76.5	8	23.5	10.2	0.006(S)
University	30	12	40	18	60		
Work before retirement							
employee	63	38	60.3	25	39.7	2.9	0.09
housewife	2	0	0	2	100		
Income							
Sufficient	59	35	59.3	24	40.7	1.4	0.5
insufficient	5	3	60	2	40		
save	1	0		1	100		
Current income source							
pension	64	38	59.4	26	40.6	1.4	0.23
sons help	1	0		1	100		
inhabitant							
Home	65	38	59.5	27	41.5		
With whom you live							
Alone	36	17	47.2	19	52.8	4.2	0.04(S)
with others	29	21	72.4	8	27.6		

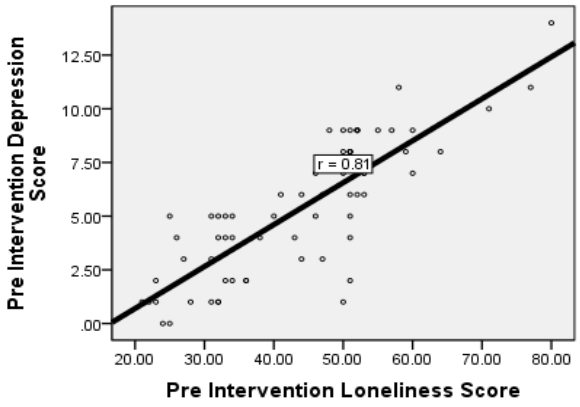

Figure (1): Correlation between depressive symptoms loneliness and score among elderly

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