



Loneliness and Emotional Levels of the Elderly: Correlation Study in Karang Werda Peer Group

Sisma Yessi Yunnita¹, Hanny Rasni², Fahrudin Kurdi²

¹ Faculty of Nursing, University of Jember, Jember, Indonesia

² Department of Community, Family and Gerontic Nursing, Faculty of Nursing, University of Jember, Indonesia

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Abstract

Introduction: The elderly are a vulnerable group who experience the aging process, physical and psychological health problems. Prolonged loneliness results in decreased immunity, sleep disturbances, emotional mental disorders, depression, and even suicide. **Purpose:** This study was to analyze the correlation between loneliness and the emotional level of the elderly in Karang Werda, Balung District, Jember Regency. **Methods:** This study used quantitative research methods with a correlational descriptive approach and a cross sectional design. The sample is 108 elderly with the Stratified Random Sampling technique. Loneliness data collection using the UCLA Loneliness Scale Version 3 and emotional levels using the Emotion Regulation Questionnaire (ERQ). **Results:** It was found that (79%) of the elderly experienced mild loneliness and (79%) had a good emotional level. The correlation between loneliness and emotional level result obtained ($p= 0,003$, $r= - 0.202$). **Conclusion:** There is a correlation between loneliness and the emotional level of the elderly in Karang Werda, Balung District, Jember Regency. It is hoped that the elderly can relate well to the surrounding environment and actively participate in group activities. Nurses must carry out routine psychological care for the elderly and provide appropriate interventions.

Keywords: Loneliness, Emotional Level, Elderly

Correspondence

Sisma Yessi Yunnita
 Faculty of Nursing, University of Jember, Indonesia
 Jl. Kalimantan No.37, Sumbersari, Jember, East Java 68121.
 Email: sismayesi.yunnita@mail.unej.ac.id

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1. BACKGROUND

The situation of parents with children who are growing up will be faced with the fact that their children will leave home because of marriage, forming their own family, pursuing education, or having a career that indirectly hinders communication and reduces attention to

the elderly. Even the elderly are no longer involved in decision-making (Mansoor & Hasan, 2019; Sari & Hamidah, 2021). The absence or departure of children can cause loneliness in the elderly (Mansoor & Hasan, 2019). Research study results Verawati (2015) in Hindriyastuti & Safitri (2022) stated that the elderly who live

with their children have mild loneliness (4%), moderate loneliness (72%), and severe loneliness (24%). Based on the results of this study, show that the elderly who live at home with their families and children can also feel lonely.

Loneliness is caused by structural and functional differences in the prefrontal cortex (PFC), insula, hippocampus, amygdala, posterior superior temporal cortex, and attentional, visual, and default mode network (DMN). PFC mediates emotion regulation and loneliness associations found. The DMN is activated differently when we think about someone, but disordered activity in the DMN can contribute to rumination and negative feelings related to loneliness. The amygdala is involved in the detection of fear, positive stimuli, and emotional memory. The hippocampus is involved in memory and the cerebellum is involved in sensorimotor coordination as well as cognitive and affective processes, each of which associates their function or structure with loneliness. Then the feeling of loneliness activates the insula which receives and integrates information to create emotional events (Lam et al., 2021).

Emotional changes that the elderly will show such as irritability, sadness, or feeling unhappy. If this emotional response

lasts for a long period of time, it can result in elderly people being vulnerable to mental disorders, such as depression, anxiety, psychosis, or even drug addiction, and their body organs will experience problems resulting in various physical illnesses (Yeni, 2016). Kemenkes RI (2021) mentioned that the elderly who could experience mental emotional disorders were in the age group of 75 years and over as much as 15.8% followed by the age group 65-74 years as much as 12.8%. So it can be said that elderly people who fall into this age group are very vulnerable to experiencing emotional and mental disorders.

Karang Werda means a gathering place for the elderly. According to his understanding, Karang Werda has the following explanation, Karang Werda is a forum for accommodating the activities of the elderly which was formed in order to help realize their welfare (Kurdi, 2023). Changes in physical activity levels in the elderly can increase the risk of disease. Maintaining physical activity, socializing actively is very important for the prevention of chronic health conditions in the future. In addition, increasing physical activity in the elderly can overcome cognitive problems in the elderly so that

they can reduce other problems that occur in the elderly (Prastica, 2021).

In this case, based on the theory of the Betty Neuman model, elderly people in the community receive stressors which include: the loss of a spouse, being excluded from involvement in social life, not having close friends, living alone without children, and social isolation due to illness. These stressors cause elderly people to experience loneliness (Putri et al., 2022). In responding to feelings of loneliness, the elderly will show an emotional response. Elderly people who respond well to loneliness will show awareness (responsiveness) and normal reactions to sadness. However, if the elderly are not able to respond properly, there will be rejection of feelings (suppression), prolonged grief reactions, mania, to depression which can cause imbalance and disease in the elderly (Stuart, 2012).

Various studies on loneliness in the elderly have been carried out. However, research on loneliness on the emotional level of the elderly has not yet been carried out. Therefore, the author intends to analyze "The Correlation Between Loneliness and the Emotional Level of the Elderly in Karang Werda, Balung District, Jember Regency".

2. METHODS

This study uses a correlational descriptive approach with a cross-sectional design. The research was conducted in Karang Werda, Balung District, Jember Regency from June to July 2023. The population in this study was 177 elderly people with a sample of 108 elderly people. The criteria for the elderly in this study include the elderly who live alone with their husband/wife, the elderly who live alone without a spouse, the elderly who live separately from their children, and the elderly who live with children who have grown up and have busy lives, work, and have a family. The sampling technique used is stratified random sampling.

The independent variable in this study was loneliness as measured by the UCLA Loneliness Scale Version 3 questionnaire. This loneliness measurement tool consisted of 20 question items, of which 11 items had negative words (lonely) and 9 items had positive words (not lonely). The total scoring of this questionnaire ranges from 20 to 80 points (Russell, 1996). The dependent variable is the level of emotion as measured by the Emotional Regulation Questionnaire (ERQ) questionnaire. This measuring instrument consists of 10 question items, namely 6 items measuring

cognitive reappraisal strategies and 4 items measuring expressive suppression strategies. The total scoring of this questionnaire ranged from 10 to 70 (Gross & John, 2003).

The results of the study were analyzed using the SPSS program with the Kendall Tau-b correlation test. Decision-making is based on the value of $\alpha = 0.05$. If the p-value < 0.05 then H_a is accepted, and

if the p-value is > 0.05 then H_a is rejected.

In addition to knowing the direction of the correlation with the value of the correlation coefficient (r), if the value of r is positive then the direction of the correlation is positive, conversely, if the value of r is negative then the direction of the correlation is negative. This research has been carried out ethical clearance with No. 255/UN25.1.14/KEPK/2023.

3. RESULTS

Table 1. Distribution of age, gender, highest level of education, marital status, employment, who lives at home with whom, number of family members, interactions and relationships with family, leisure activities, family recreation, family gatherings and interact (*Continue to page 101*)

| Characteristics | f | Percentage (%) |
|---|----|----------------|
| Age (in years) | | |
| Md (P ₂₅ - P ₇₅) | 65 | 62-69 |
| Gender | | |
| Male | 23 | 21,3 |
| Female | 85 | 78,7 |
| Education | | |
| Not completed in elementary school | 41 | 38,0 |
| Elementary school | 56 | 51,9 |
| Middle school | 8 | 7,4 |
| high school | 3 | 2,8 |
| Work | | |
| Self-employed | 22 | 20,4 |
| Farm workers | 28 | 25,9 |
| Housewife | 27 | 25,0 |
| Doesn't work | 24 | 22,2 |
| Retired | 4 | 3,7 |
| Etc | 3 | 2,8 |
| Marital status | | |
| Marry | 54 | 50,0 |
| Not Married | 1 | 0,9 |
| Widow/widower | 53 | 49,1 |
| Living together | | |
| Parent | 1 | 0,9 |
| Alone with husband/wife | 26 | 24,1 |
| Husband/wife and children | 27 | 25,0 |
| Child | 29 | 26,9 |
| Alone | 18 | 16,7 |
| Other family members | 7 | 6,5 |

| Characteristics | f | Percentage (%) |
|--|----|----------------|
| Number of family members | | |
| 1 | 18 | 16,7 |
| 2 | 37 | 34,3 |
| 3 | 19 | 17,6 |
| 4 | 12 | 11,1 |
| 5 or more | 22 | 20,4 |
| Family interactions and relationships | | |
| Not good | 1 | 0,9 |
| Pretty good | 8 | 7,4 |
| Good | 78 | 72,2 |
| Verry Good | 21 | 19,4 |
| Leisure activity | | |
| Watch TV | 22 | 20,4 |
| Playing with neighbors | 1 | 0,9 |
| Sport | 2 | 1,9 |
| Household activities | 63 | 58,3 |
| Sleeping | 9 | 8,3 |
| Sit back | 11 | 10,2 |
| family holiday | | |
| To the market | 27 | 25,0 |
| Bicycle | 17 | 15,7 |
| Leisurely strolling | 57 | 52,8 |
| To tourist attractions | 7 | 6,5 |
| Family gatherings and interactions with the community | | |
| Weekly recitation | 58 | 53,7 |
| Regular sosial Gathering | 2 | 1,9 |
| Thanksgiving activities | 8 | 7,4 |
| Integrated Healthcare Center | 40 | 37,0 |
| Participation in social activities | | |
| Rarely | 33 | 30,6 |
| Sometimes | 31 | 28,7 |
| Often | 33 | 30,6 |
| Always | 11 | 10,2 |

Table 1 shows that of the 108 elderly respondents, the median age was 65 years, with the majority being female respondents more than male, namely 85 respondents (78.7%). Most of the respondents' last education was elementary school graduates/equivalent, namely 56 respondents (51.9%). The occupation most frequently occupied by

respondents was as a worker/farmer, namely 28 respondents (25.9%). The majority of respondents were still married as many as 54 respondents (50%) and those who lived with their children were 29 respondents (26.9%) with the most number of family members being 2 mentioned by 37 respondents (34.3%). Good family interactions and relationships

were mentioned by 78 respondents (72.2%). Leisure activities that are often carried out by 63 respondents (58.3%) at home are household activities, such as cooking, sweeping, washing, ironing, gardening, and so on. Family recreation that is often done by 57 respondents (52.8%) is a leisurely walk. Family gatherings and interaction with the

community carried out by 58 respondents (53.7%) often attended weekly recitations which were held once a week in their village. Participation in social activities was rarely carried out by 33 respondents (30.6%), with the same number of 33 respondents (30.6%) who stated that they often participated in social activities.

Table 2. Indicators of loneliness in elderly respondents (f=108)

| Loneliness Indicator | Md(P ₂₅ -P ₇₅) | Z | P-value |
|----------------------|---------------------------------------|-------|---------|
| Emotional isolation | 13,00(11,00-16,75) | 0,132 | <0,001 |
| Social isolation | 27,00(22,00-32,00) | 0,087 | 0,041 |
| Loneliness Indicator | Mean ± SD | Z | P-value |
| Total | 40,85 ± 9,529 | 0,083 | 0,065 |

Md=median, P₂₅-P₇₅=percentils to (25-75), Z= count value *One Sample Kolmogorov-Smirnov Test*, P-value = significance value *One Sample Kolmogorov-Smirnov Test*

Table 2 shows a result One Sample Kolmogorov-Smirnov found that there were significant differences (p-value <0.05) in loneliness including the indicators of

Emotional isolation and Social Isolation. Meanwhile, in the total score of all indicators, it was found that there were no significant differences (p-value > 0.05).

Table 3. Indicators of emotional levels in elderly respondents (f=108)

| Emotional Indicator | Md(P ₂₅ -P ₇₅) | Z | P-value |
|------------------------|---------------------------------------|-------|---------|
| Cognitive reappraisal | 26,00(21,25-31,75) | 0,100 | 0,010 |
| Expressive suppression | 20,00(17,00-22,00) | 0,211 | <0,001 |
| Total Score Emotional | 46,00(42,00-53,00) | 0,145 | <0,001 |

Md=median, P₂₅-P₇₅=percentils to (25-75), Z= count value *One Sample Kolmogorov-Smirnov Test*, P-value = significance value *One Sample Kolmogorov-Smirnov Test*

Table 3 show that One Sample Kolmogorov-Smirnov result were significant differences (p-value <0.05) in

the level of emotion including the two indicators, namely Cognitive reappraisal and Expressive suppression.

Table 4. Analysis of the relationship between loneliness and the emotional level of the elderly in Karang Werda, Balung District, Jember Regency

| Variable | Median | Min-Max | r | p-value |
|-----------------|--------|---------|---------|---------|
| Loneliness | 40,00 | 24-66 | - 0,202 | 0,003 |
| Emotional level | 46,00 | 23-61 | | |

Based on Table 4, the results of the analysis of the relationship between loneliness and emotional level using the Kendall Tau-b test show a p-value of 0.003 or <0.05, meaning that the alternative hypothesis (Ha) is accepted and it can be said that these two variables have a relationship. The correlation coefficient value is $r = -0.202$, so it can be said that the loneliness variable with the emotional level variable has a relationship with the degree of relationship, namely a weak correlation with a negative correlation. So it can be concluded that the lower the loneliness, the higher the emotional level, or conversely, the higher the loneliness, the lower the emotional level.

4. DISCUSSION

Loneliness

The results showed that there were significant differences in the indicators of emotional isolation. It is possible that this occurred due to differences in the marital status of the elderly, some with married status or widow/widower status. Death brings loss to loved ones. The death of a husband/wife or child usually also has a

tremendous emotional impact and cannot be covered up. The loss of a spouse causes the elderly to receive less social support from those closest to them which will affect the mental health of the elderly (Tanarubun et al., 2021). Researchers assume that the elderly who are left by their spouses because of death can have a negative impact on the lives of the elderly, one of which is prone to experiencing loneliness.

The research results show that there are significant differences in the Social Isolation indicator. This is possible because elderly people lack communication and feel less satisfied with their relationships. Azizah dan Rahayu (2016) state that elderly people who feel abandoned by their families will feel lonely. Finally, the elderly try to join the elderly association, but it is exacerbated by the situation there and they meet a variety of different characters and it is possible that some may or may not match the social relationships that exist. Researchers assume that how many friends does not guarantee that the elderly feel close and satisfied with the friendships

that are established so the elderly will tend to feel lonely.

Emotional Level

The results of the study show that there are significant differences in the cognitive reappraisal indicators. This is possible because of the age factor and the decline in the ability of the elderly brain. Activation in areas of the prefrontal cortex associated with cognitive control in older adults is lower than in adults during hedonic regulation (e.g., reducing negative affect), and this limited activation may be related to reduced success in older adults in implementing reappraisal-type strategies (Livingstone & Isaacowitz, 2018). Older adults show reduced activation of the Dorsomedial Prefrontal Cortex (DMPFC) and Ventrolateral Prefrontal Cortex (VLPFC) when reappraising negative images compared to adults (Allard & Kensinger, 2014). Researchers assume that the older the brain will experience a decline in function, especially in emotional control activities.

The results showed that there were significant differences in the Expressive suppression indicators. This is possible because of differences in sex that affect the individual adaptation response. Ding dkk. (2023) revealed that there are significant

gender differences in the use of emotion regulation strategies. Scores of rumination, refocus on planning, and positive reappraisal in elderly women were significantly higher than scores in elderly men. Previous studies have shown that women tend to pay more attention to their own emotional experiences and use more internally focused responses to their emotions than men. Researchers assume that elderly men tend to be able to control their emotional expressions, in contrast to women who tend to express their emotions more easily.

The relationship between loneliness and the emotional level of the elderly in Karang Werda, Balung District

The results of the analysis show that there is a relationship between loneliness and the emotional level of the elderly in Karang Werda, Balung District, Jember Regency. This is because the elderly experience low loneliness so the emotional level of the elderly is good. Wols et al. (2016) revealed that difficulty in regulating emotions is associated with greater feelings of loneliness. The influence of life situations on the mental condition of the elderly and their experience of loneliness is a problem that depends on their personality characteristics. Self-regulation

mechanisms make it possible to adjust to situations and reduce the intensity of feelings of loneliness. Meanwhile, emotion regulation is a mechanism for controlling the activities of living systems that use mental reflection and reality modeling (Abitov & Gorodetskaya, 2016). Therefore, researchers assume that the loneliness experienced by the elderly is caused by their life situation which will have an impact on the emotional changes of the elderly.

The results of the study also show a negative correlation direction, which means that the lower the loneliness score, the higher the emotional level score. This is likely to occur because the majority of the elderly get loneliness scores that are close to the minimum score and emotional level scores that are close to the maximum score. In this case, the low loneliness experienced by the elderly is probably because the elderly have good family interactions. This is because social interaction plays a role in tolerating lonely conditions that exist in the social life of the elderly (Nuraini et al., 2018). As explained by Afnan & Halawa (2015) not only physical presence is needed by the elderly, but also the attention and social support given to the elderly really help the elderly in overcoming their feelings of loneliness, especially since

attention comes from the people closest to the elderly, especially children and spouses. So the researchers assume that good family interaction and support need to be maintained to prevent the elderly from feeling lonely and emotional changes.

5. CONCLUSION

Based on the results of research conducted at Karang Werda, Balung District, Jember Regency in 2023 with a total of 108 respondents, it was concluded that loneliness in the elderly, namely the majority experienced mild loneliness as much as 79%. The emotional level of the elderly is that the majority have a good emotional level of 79%. There is a relationship between loneliness and the emotional level of the elderly in Karang Werda, Balung District, Jember Regency.

The suggestion for future researchers is that they are expected to be able to develop research by examining factors that have not been studied or nursing actions that are easy to do. The elderly can continue their developmental roles and tasks well, interact, and have good social relations with people around their environment. Families can always provide full support for the elderly. Health cadres can be provided with training and guidance on examining and treating psychological

problems in the elderly. Nurses carry out psychological examinations of the elderly, especially the emotional level, provide education to other family members, and also carry out interventions such as group activities to provide opportunities for new social relationships for the elderly.

AUTHOR CONTRIBUTIONS

Substantial contributions to conceptualization, data curation, analysis: Sisma Yesi Yunnita, Hanny Rasni, and Fahrudin Kurdi. Supervision Writing-review & editing: Sisma Yesi Yunnita and Hanny Rasni. Manuscript revisions: Sisma Yesi Yunnita.

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CONFLICT OF INTEREST

The authors declare no conflict of interest for this publication.

DATA AVAILABILITY STATEMENT

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

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