

Available Online

Journal of Education and Social Studies

ISSN: 2789-8075 (Online), 2789-8067 (Print) http://www.scienceimpactpub.com/jess

LONELINESS, NEED TO BELONG, AND QUALITY OF LIFE AMONG OLDER ADULTS: A GENDER BASED ANALYSIS

Sarah Mahmood 1,*, Momna Qudoos 2 and Muhammad Ramzan 3

- ¹Assistant Professor, Department of Applied Psychology, Bahauddin Zakariya University, Multan, Pakistan
- ² MPhil Scholar, Department of Psychology, Government College University, Lahore, Pakistan
- ³ Consultant Psychiatrist, CMH Multan/CIMS, Multan, Pakistan

ABSTRACT

Global health policies have been changed and it has increased the life expectancy of the elderly population raising concerns about the elderly's well-being. Loneliness and the need to belong emerged as key influences on older adults' mental and physical health. This study aimed to investigate the interrelation of loneliness, belongingness, and life quality among the elderly in Pakistan with gender distinctions. Data from 210 participants 60 years and above were collected using the UCLA Loneliness Scale (Neto, 2014), the Need to Belong scale (Leary, 2013), and the Quality-of-Life Scale (Phillips et al., 2002). Results were analyzed using statistical methods such as correlation analysis, regression analysis, and t-test, which highlighted significant correlations between loneliness, need to belong, and quality of life. Regression analysis revealed the impact of loneliness and belongingness on quality of life. Gender-wise, older males felt more lonely, while females sought more belongingness and reported better quality of life. The findings suggest to address loneliness and increase social connectedness to improve the well-being of older people.

Keywords: Loneliness; Need to belong; Quality of life; Older population.

* Email: saramahmoodch@gmail.com

© The Author(s) 2024.

https://doi.org/10.52223/jess.2024.5205

Received: January 15, 2024; Revised: May 02, 2024; Accepted: May 10, 2024

This is an open-access article under the CC BY license (http://creativecommons.org/licenses/by/4.0/).

INTRODUCTION

In recent years, the worldwide population of older adults has grown significantly, prompting worries about their life quality and well-being generally (Noto, 2023). The World Health Organization (WHO) projects that by 2050, the worldwide population of persons aged 60 and more will outnumber the current two billion. However, just increasing the life expectancy of older people does not ensure an increase in their quality of life (QoL). Many people when get older start depending on psychiatric drugs (Hefner et al., 2021), which later results in consequences such as frequent worry about their health and wellness along with strong habituation and even addiction to psychiatric drugs (Kang et al., 2018). The World Health Organization has defined four dimensions that encompass the concept of QoL: physical health, psychological well-being, social relationships, and environmental factors, which include physical security, financial resources, home environment, and access to quality health and social care (Masthoff et al., 2005). The need to belong and loneliness have arisen as major problems that may seriously harm the mental and physical health of the elderly (Singh & Misra, 2009). The purpose of this research study is to investigate the relationship between loneliness, life quality, and the need to belong, and among older people based on gender differences. Loneliness is prevalent among senior citizens (Holaday et al., 2022), although its definition has been ambiguous and varied. According to some scholars, it is a person's subjective perception of a scarcity of pleasant human connections (Huxhold et al., 2022), meaning that feelings of loneliness may persist even while accompanied by others (Neves et al., 2019). Pakistan, like many other

countries, is witnessing demographic upheavals as a result of improved healthcare and higher life expectancy (Jayawardhana et al., 2023). Therefore, this demographic transformation necessitates the identification and management of specific aging-related requirements and difficulties (Van Orden et al., 2021). Loneliness, which is commonly characterized as a subjective sense of isolation or a lack of social connection, has been proven to have a deleterious influence on the psychological and physical well-being of older individuals (Donovan & Blazer, 2020). The need to belong is a fundamental human motivator that is critical in building an individual's sense of identity and purpose (Allen et al., 2021). Older adults, particularly those who have experienced life crises such as retirement or the loss of a loved one, may find it difficult to maintain or create meaningful social bonds, leading to an increased sense of loneliness and social isolation. The need to belong is a fundamental human urge that is increasingly important as an individual gets older (Alabri, 2022). Elderly people who have authentic and reliable social interactions along with a sense of belongingness, enjoy a quality life (Jothikaran et al., 2020). Strong connections either with family, friends, or societal groups, may provide emotional support, or lessen the feelings of loneliness. This improves overall satisfaction in the life of an individual (Chen & Feeley, (2014). Being a member of a group of friends or society provides older adults with a sense of purpose and identity (Jetten et al., 2014). Moreover, receiving respect and feeling included motivates people in involved and stay active as they age. This, however, leads to a much better, healthier, and more gratifying existence for older adults (Ten Bruggencate et al., 2018). Given the importance of improving the quality of life for older individuals, it is critical to discover components that positively contribute to their well-being while simultaneously studying variables that may impair their quality of life. The impact of loneliness and a lack of belonging is a complicated issue that affects their quality of life and requires further exploration (Arslantaş et al., 2015). Loneliness is one critical issue that has a detrimental influence on the quality of life of the elderly. Furthermore, loneliness can limit older people's engagement in social activities, access to healthcare facilities, and community life, therefore affecting their overall quality of life (Kang et al., 2018).

Rationale

Older individuals may confront a variety of difficulties linked to health-related facilities, social connectedness, and overall care-providing services, which can have an influence on their overall well-being. Understanding the factors that influence quality of life is a challenge for policymakers and healthcare professionals to develop effective interventions and support systems. Moreover, understanding the link between loneliness, the need to belong, and quality of life in older individuals can help volunteers, prosocial workers, politicians as well as non-governmental organizations (NGOs), healthcare professionals, and community groups to better understand the special needs related to gerontology. By identifying the elements that have a negative influence on quality of life, relevant treatments to increase social support, reduce loneliness, and improve overall well-being may be designed for aged people. While there has been scarce research on loneliness and quality of life among older individuals, it has been found rather more limited when investigated with reference to the challenges faced by the older population in Pakistan. Therefore, this study aims to add to the literature by shedding light on how loneliness and the need to belong affect the quality of life of older adults/individuals in the country (Pakistan) based on an analysis of their gender roles.

Hypotheses

- 1. Loneliness significantly correlates with quality of life among older individuals.
- 2. Loneliness significantly correlates with the need to belong among older individuals.
- 3. The need to belong significantly correlates with the quality of life among older individuals.
- 4. Loneliness and the need to belong significantly predict the quality of life among older individuals.
- 5. Loneliness, the need to belong, and quality of life significantly differ concerning gender i.e., male and female older individuals.

Objectives

- 1. To study the correlation between loneliness and quality of life in older individuals.
- 2. To study the correlation between loneliness and the need to belong in older individuals.
- 3. To study the correlation between the need to belong and quality of life in older individuals.
- 4. To study the impact of loneliness and the need to belong on the quality of life in older individuals.
- 5. To investigate if the study variables i.e., loneliness, the need to belong, and quality of life differ in male and female older adults.

METHODOLOGY

The present study aimed to investigate the relationship between loneliness, the need to belong, and the quality of life among older adults along with analyzing the gender differences between them.

Participants

A sample of two hundred and ten (N=210) older adults with an age range of 60 and exceeded was approached using the snowball sampling approach from Multan, Pakistan. The sample included both male (n=111) and female (n=99) older adults. Table 1 presents the participants' characteristics i.e., frequency and percentage.

Table 1. Demographic characteristics of the individuals who participated in the study (N=210).

Variables	f	%
Gender		
Male	111	52.86
Female	99	47.14
Age		
60-69	86	40.95
70-79	79	37.62
80 or above	45	21.43
Employment status		
Employed	30	14.29
Unemployed	101	48.09
Retired	79	37.62
Marital status		
Single	8	3.81
Married	97	46.19
Separated/divorced/widowed	105	50.00

Measures

UCLA Loneliness Scale

Loneliness of older adults was assessed through using the short-form UCLA (University of California, Los Angeles) Loneliness Scale (ULS-6), which has 6 items (Neto, 2014). Higher scores indicate a reduced amount of experienced loneliness. Each question was reverse-scored on a Likert-type scale from 4 (never) to 1 (often). For the current study, Cronbach's alpha was .791.

Need to Belong Scale

In order to evaluate individual variations in the need for acceptance and belonging, the Need to Belong Scale (NTBS) (Leary, 2013) was created. The level of concurrence with each of the 10 items in this measure is graded on a scale on a scale varying from 1 to 5. Cronbach's alpha for the current investigation was .731.

The Quality of Life Scale (QOLS)

The Quality of Life Scale (QOLS-6) (Phillips et al., 2002), created by Phillips, was implemented. It consisted of six items that were used to gather the data from the target person's quality of life. It includes physical and mental well-being as well as employment situation, familial ties, and interpersonal interactions of individuals. Participants were asked to rate each item on a five-point Likert scale, with 1 being extremely poor, 2 being poor, 3 being fair, 4 being good, and 5 being excellent. A higher total score indicates a greater quality of life; the range is 6 to 30. For the current study, Cronbach's alpha of QOLS-6 was highly reliable i.e., .821.

Procedure

Permission for applying the assessment instruments was granted by the authors of the corresponding scales after they were requested to allow via sending them email(s). In order to collect information from the target populations' demographics, the researcher used snowball sampling, initiating by approaching and interacting with two older adults in Multan, Pakistan. Potential participants were then addressed and asked whether they would be interested in participating in the study. Those who gave their permission to participate in the study were asked to view the research questionnaires, read the instructions that were verbally given to them as well, and then fill out the survey form. The questionnaire form included instructions, guaranteed anonymity, and a clear explanation of the study's objectives. The demographics and evaluation questionnaires were filled out by the participants and later, the data analyses were conducted.

RESULTS AND DISCUSSION

Table 2. Correlation between loneliness, need to belong, and quality of life (N=210).

Variables	1	2	3	
Loneliness	-			
Need to belong	.67**	-		
Quality of life	45**	48**	-	

Table 2 shows correlations between study variables. Results revealed that loneliness significantly correlates with the need to belong and quality of life. Results also revealed that the need to belong significantly correlates with quality of life.

Table 3. Multiple regression analyses showing loneliness and the need to belong as predictors of quality of life (N=210).

Variable	В	SE	t	р	95% CI
Constant	.89***	1.02	.87	.000	[-1.12, 2.89]
Loneliness	35***	.06	5.26	.000	[.22, .48]
Need to belong	15***	.04	3.80	.000	[.07, .22]
R2	.267				

^{*}p<.05, **p<.01, ***p<.001

Table 3 shows the impact of loneliness and the need to belong on the quality of life among older adults. The R2 value of .267 revealed that the predictors explained a 26.7% variance in the outcome variable with F(1, 298)=25.11, p<.001. The findings revealed that loneliness (β =-.28, p<.001) and the need to belong (β =-.17, p<.001) negatively predicted quality of life.

Table 4. Differences in mean, standard deviations, and t-values along gender on loneliness, need to belong, and quality of life (N=210).

Variables	Male (n=111)	Female (n=99)	t(208)	p	95% CI		C.1 1
	M (SD)	M (SD)	_ ` ´		LL	UL	– Cohen's d
Loneliness	67.76 (5.31)	62.51 (17.47)	1.67	.000	89	5.51	.26
Need to belong	10.87 (2.84)	14.07 (5.74)	56	.000	-1.39	.78	.23
Quality of life	6.52 (3.74)	9.46 (5.81)	-3.79	.000	-2.71	85	.45

Table 4 shows the gender differences in loneliness, the need to belong, and quality of life. Results revealed that loneliness significantly differs concerning gender, i.e., males reported higher loneliness as compared to females. The need to belong significantly differs concerning gender, i.e., females reported more need to belong as compared to males. Quality of life also differs concerning gender, i.e., female older adults reported better quality of life as compared to male older adults.

Discussion

The study aimed to investigate the relationships between loneliness, the need to belong, and the quality of life among the older population in Pakistan, along with analyzing the gender differences and whether the difference in gender roles had any alternative effect on these variables. As hypothesized in the first hypothesis; loneliness significantly correlates with quality of life among older adults. Results supported the assumption and revealed that loneliness significantly correlates with quality of life which is therefore in line with the findings by Kang et al. (2018) proposing the interconnectedness among loneliness, perceived social support, quality of life (QoL), and physical activity in healthy older adults in South Korea. The second hypothesis proposed the assumption that loneliness significantly correlates with the need to belong. This notion has also been supported in the findings of the study, which are in line with the conclusions derived by Au and Zhu (2020) in a study stating that scarcity or even the lack of belongingness significantly correlated with the feeling of being alone. Results also supported the third hypothesis which stated that the need to belong significantly correlates with the quality of life. These results are in line with the findings by Cramm and Nieboer (2015) who reported a significant relationship between a sense of belonging and well-being in life among older people (see Table 2). Hypothesis 4 states that loneliness and the need to belong significantly predict the quality of life in the older population. To test the hypothesis, the study conducted multiple regression analyses, and the results revealed the significant impact of loneliness and the need to belong on quality of life amid the older population (see Table 3) as supported by the previous literature. The findings of Ekwall et al. (2005) stated that loneliness was the most important factor predicting low quality of life and Cramm and Nieboer (2015) stated that belonging predicted wellbeing and quality of life among older people. The last hypothesis stated that there will be significant group differences in loneliness, the need to belong, and quality of life between male and female older adults (see Table 4). Results revealed that loneliness significantly differs in terms of gender, i.e., males reported higher loneliness as compared to females in line with the findings of Savage et al. (2021) who reported that women feel lonelier than men. The need to belong significantly differs in terms of gender, i.e., females reported more need to belong as compared to males supported by the findings of Alabri (2022) that due to the fear of missing out, female older adults tend to report greater need to belong than men. Quality and well-being of living also differ in terms of gender, i.e., female older adults reported a better quality of life as compared to male older adults contradicted by the findings of Lee et al. (2020) in whom the results reported that male older adults reported a better QoL than female older adults in low- and middle-income countries (LMICs).

The possible reason for this could be that in some societies, men might be expected to be the primary breadwinners, and their prominence to afford maximum financial responsibilities is usually higher than women, which could lead to increased stress and pressure as they age.

Limitations and suggestions

The sample size for the study, which included 210 elderly people from a particular area of Pakistan (Multan city only), was slightly small as compared to the vast phenomena related to gerontology, therefore a larger and somehow greater sample could have offered an improved understanding of the relationships examined. The study's cross-sectional design made it a bit challenging to prove the causal effect among the variables. To get a more in-depth knowledge of these relationships, future researchers may conduct research based on longitudinal designs to study the trajectories of loneliness, the need to belong, and quality of life through time. The fluctuating nature of loneliness, the need to belong, and quality of life across time may allow the researchers to gain insight from longitudinal studies as well as in-depth qualitative interviews based on their lived experiences. As the study targeted the older population from a specific region (Multan City) of Pakistan only, therefore could not find what cultural influences are essential in determining how people perceive loneliness, the urge to belong, and quality of life, therefore future crosscultural research on gerontology is highly recommended. This is because the present study's findings were unable to be generalized regarding different cultural settings.

Implications

The study emphasizes the necessity for focused intervention and measures to alleviate loneliness and the need for belonging in older persons. Also, the quality of life among the older population should be prioritized to be improved through initiating some group therapies, encouraging regular interpersonal interactions, an active engagement in society, and deep interrelated connections among them. Healthcare professionals need to be aware of older individuals' mental health, especially in light of loneliness and the possible adverse consequences it may impede on their overall well-being. Quality of life might definitely be improved when loneliness is addressed. Moreover, the variations observed on the measures of loneliness, the urge for belongingness, and a quality life due to gender differences in the study emphasize the value of designing some specific gender-sensitive strategies in order to alleviate loneliness and the need to belong. There may be better results if programs are specifically designed to satisfy the requirements of older persons based on the capabilities and tendencies relatable to both genders.

CONCLUSIONS

To conclude, this study effectively investigated the links between loneliness, the need to belong, and quality of life based on gender differences in older people of Multan, Pakistan. The findings added another empirical study to the existing literature filling the research gap by thoroughly studying loneliness and quality of life of the older adults while assessing their desire to belong as they age. All hypothesized statements were verified by the findings which helped to sum up those substantial relationships between loneliness, quality of life, and the need to belong do exist when people get older.

An important finding of the present research helped to conclude loneliness and the need to belong as strong predictors of quality of life which depicts that aging gracefully with a quality life improves overall well-being. Furthermore, the discovered gender disparities linked with the variations in experiencing loneliness, the need to belong, and quality of life highlighted the need to design some diverse gender-based helpful approaches and provision of regular counseling sessions in order to address the distinct needs of the male and female older population.

REFERENCES

Alabri, A. (2022). Fear of missing out (FOMO): The effects of the need to belong, perceived centrality, and fear of social exclusion. Human behavior and Emerging Technologies. https://doi.org/10.1155/2022/4824256.

- Allen, K. A., Kern, M. L., Rozek, C. S., McInerney, D. M., & Slavich, G. M. (2021). Belonging: A review of conceptual issues, an integrative framework, and directions for future research. Australian Journal of Psychology, 73(1), 87-102.
- Arslantaş, H., Adana, F., Ergin, F. A., Kayar, D., & Gülçin, A. C. A. R. (2015). Loneliness in elderly people, associated factors and its correlation with quality of life: A field study from Western Turkey. Iranian Journal of Public Health, 44(1), 43.
- Au, R. K., & Zhu, C. (2020). Unmet need for belonging and loneliness in determining life satisfaction of mainland Chinese new immigrants in Hong Kong. Psychologia, 62(3-4), 270-288.
- Chen, Y., & Feeley, T. H. (2014). Social support, social strain, loneliness, and well-being among older adults: An analysis of the Health and Retirement Study. Journal of Social and Personal Relationships, 31(2), 141-161.
- Cramm, J. M., & Nieboer, A. P. (2015). Social cohesion and belonging predict the well-being of community-dwelling older people. BMC Geriatrics, 15, 1-10.
- Donovan, N. J., & Blazer, D. (2020). Social isolation and loneliness in older adults: review and commentary of a national academies report. The American Journal of Geriatric Psychiatry, 28(12), 1233-1244.
- Ekwall, A. K., Sivberg, B., & Hallberg, I. R. (2005). Loneliness as a predictor of quality of life among older caregivers. Journal of Advanced Nursing, 49(1), 23-32.
- Hefner, G., Hahn, M., Toto, S., Hiemke, C., Roll, S. C., Wolff, J., & Klimke, A. (2021). Potentially inappropriate medication in older psychiatric patients. European Journal of Clinical Pharmacology, 77, 331-339.
- Holaday, L. W., Oladele, C. R., Miller, S. M., Dueñas, M. I., Roy, B., & Ross, J. S. (2022). Loneliness, sadness, and feelings of social disconnection in older adults during the COVID-19 pandemic. Journal of the American Geriatrics Society, 70(2), 329-340.
- Huxhold, O., Suanet, B., & Wetzel, M. (2022). Perceived social exclusion and loneliness: Two distinct but related phenomena. Sociological Science, 9, 430-453.
- Jayawardhana, T., Anuththara, S., Nimnadi, T., Karadanaarachchi, R., Jayathilaka, R., & Galappaththi, K. (2023). Asian ageing: The relationship between the elderly population and economic growth in the Asian context. Plos One, 18(4), e0284895.
- Jetten, J., Haslam, C., Haslam, S. A., Dingle, G., & Jones, J. M. (2014). How groups affect our health and well-being: The path from theory to policy. Social Issues and Policy Review, 8(1), 103-130.
- Jothikaran, T. A. J., Meershoek, A., Ashok, L., & Krumeich, A. (2020). Older adults in traditional and modern living arrangements in southern India: The importance of maintaining a sense of belonging and positive intergenerational exchanges. Journal of Aging Studies, 54, 100867.
- Kang, H. W., Park, M., & Wallace, J. P. (2018). The impact of perceived social support, loneliness, and physical activity on quality of life in South Korean older adults. Journal of sport and health science, 7(2), 237-244.
- Leary, M. R. (2013). Need to Belong Scale (NTBS) [Database record]. APA PsycTests. https://doi.org/10.1037/t27154-000.
- Lee, K. H., Xu, H., & Wu, B. (2020). Gender differences in quality of life among community-dwelling older adults in low-and middle-income countries: results from the Study on global ageing and adult health (SAGE). BMC Public Health, 20, 1-10.
- Masthoff, E. D., Trompenaars, F. J., Van Heck, G. L., Hodiamont, P. P., & De Vries, J. (2005). Validation of the WHO Quality of Life assessment instrument (WHOQOL-100) in a population of Dutch adult psychiatric outpatients. European Psychiatry, 20(7), 465-473.
- Neto, F. (2014). Psychometric analysis of the short-form UCLA Loneliness Scale (ULS-6) in older adults. European Journal of Ageing, 11, 313-319.

- Neves, B. B., Sanders, A., &Kokanović, R. (2019). "It's the worst bloody feeling in the world": Experiences of loneliness and social isolation among older people living in care homes. Journal of Aging Studies, 49, 74-84.
- Noto, S. (2023). Perspectives on Aging and Quality of Life. Healthcare, 11(15), 2131. https://doi.org/10.3390/healthcare11152131.
- Phillips, M. R., Yang, G., Zhang, Y., Wang, L., Ji, H., & Zhou, M. (2002). Risk factors for suicide in China: a national case-control psychological autopsy study. The Lancet, 360(9347), 1728-1736.
- Savage, R. D., Wu, W., Li, J., Lawson, A., Bronskill, S. E., Chamberlain, S. A., ... & Rochon, P. A. (2021). Loneliness among older adults in the community during COVID-19: a cross-sectional survey in Canada. BMJ Open, 11(4), e044517.
- Singh, A., & Misra, N. (2009). Loneliness, depression and sociability in old age. Industrial Psychiatry Journal, 18(1), 51.
- Ten Bruggencate, T. I. N. A., Luijkx, K. G., & Sturm, J. (2018). Social needs of older people: A systematic literature review. Ageing & Society, 38(9), 1745-1770.
- Van Orden, K. A., Bower, E., Lutz, J., Silva, C., Gallegos, A. M., Podgorski, C. A., ... & Conwell, Y. (2021). Strategies to promote social connections among older adults during "social distancing" restrictions. The American Journal of Geriatric Psychiatry, 29(8), 816-827.