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“Loneliness and Solitude in the Context of Nursing Home Residents’ Quality of Life”

Introduction. Over the last several decades a slowdown in the demographic development can be observed in Poland, followed by the process of aging society. This is the result of lengthening of human life, low fertility rate, and increased emigration of young people. Undoubtedly, “greying” of Polish society requires a change in functioning of individuals and families. It is already known that many families will not be able to take care of the elderly. The number of solitary seniors as well as the role of informal relationships will increase. The burden of care will be on public and private medical facilities, which should particularly be concerned about residents’ comfort of living. We should remember that old people face many problems, including greater medical, therapeutic and rehabilitation requirements, growing needs of social care and support, as well as feelings of loneliness and exclusion from family and social life. The problem of solitude in the aging society seems to be more and more important as it is closely related to the quality of life of this age group.

Objective. The purpose of the study was to evaluate loneliness and solitude among nursing home residents and to examine the relation between sense of loneliness and the quality of their lives.

Material and methods. Research was conducted among 250 nursery home residents in the Mazovian region from April 2018 to June 2018.

The method of diagnostic survey was applied and the research techniques involved surveys. The following research tools were used:

- Hodgkinson’s Abbreviated Mental Test Score. This screening test serves to assess mental state and consists of 10 questions. It was used for the purpose of initial qualification for the project.
- Katz’s Activities of Daily Living Scale. The scale is used to assess 6 basic daily activities such as: getting dressed and undressed on one’s own, ability to control hygiene, mobility, and controlling basic physiological functions.
- De Jong Gierveld Loneliness Scale. The tool consists of 11 statements. A subject is asked to indicate to what degree the statements reflect his/her present situation and feelings.

- WHOQOL-BREF Questionnaire, consisting of 26 questions which enable assessment of life in four areas: physical, psychological, social, and environmental. The tool contains two more questions: the first concerning general perception of the quality of life and the other general perception of one's health.
- Basic Hope Questionnaire (BH I-12) – 12 statements measuring the level of basic hope, which increases readiness to take up new challenges and build a new order in your world.
- Satisfaction With Life Scale (SWLS) - 5 statements; a tested person evaluates how each of them refers to their own life.
- Acceptance Scale (AIS) – 8 statements describing negative consequences of poor health. The higher the assessment, the better adaptation to an illness-related situation.
- The authors' survey questionnaire containing a set of sociological questions as well as questions about a respondent's expectations of reducing their sense of loneliness. In the last two open questions, a respondent is supposed to write what he or she defines as solitude and loneliness.

Statistical Analysis of the results was carried out using the statistical package Statistica 10PL.

Results. Among residents of the institutions surveyed, almost every fourth woman and fifth man felt lonely to a high degree. Women felt more lonely than men both in the social and emotional areas. The residents had a reduced quality of life. The environment was the domain was best assessed by both sexes. Women scored minimum in the psychological, whereas men in the social domain. Men adapt to their new illness situation slightly better, yet women showed a little more basic hope. More than 40 % of those queried were within limits of low life satisfaction.

It has been proved that there are inversely proportional relations between the above mentioned psychometric scales and loneliness which are statistically significant. The residents, despite feeling lonely, do not want any changes to home equipment, work of staff or organization of their home.

Conclusion. Solitude and loneliness are felt by the population studied. The factors which affect these feeling are: relationship with family, level of mobility, extent of illness acceptance, the degree of basic hope and satisfaction with life. Quality of the surveyed residents' life is described as average and loneliness is indicated as a factor having significant influence, which means that the higher the sense of loneliness, the lower quality of life. A majority of nursing home residents do not want any changes to the institutions where they stay.