



Understanding and Intervening Loneliness in Elderly through a Case Study of a Nursing Home Resident

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Abstract

Loneliness is a commonly seen in individuals of all ages these days. Its growing ration in elderly is very huge as there are fewer opportunities of interaction and activities in daily routines. This makes them more prone to remain alone. Especially these cases come from nursing homes, even there is lot of people living together. Due to issues, life circumstances the increase in loneliness can also be witnessed. The paper shares a case study and overall encounter of an elderly resident at a community nursing home for elderly care. The paper will give you concept of what are the major connections where elderly are vulnerable to this very common problem. Theoretical concepts integrating to the client's case will help to know the basic reasons and needs that make attachment and interaction with other people difficult. There are potential interventions shared which can make it possible to bring a change. Many of these relate to the case scenario, where these were actually implemented as well. However, it is a difficult concept and tasks for care takers but it is possible to be resolved with suggested directions and strategies.

Keywords: Loneliness; Elderly; Nursing home; Care

Introduction

Loneliness is an apparent hardship of social contact, or absence of ability to share social and enthusiastic encounters. It may prompt physical and emotional illness related results and it is one of the fundamental elements prompting sadness and suicide among elderly people [1]. Many word meaning compositions, literally describe Loneliness as a feeling developed because of having no company, or living solitary [2]. The feeling is similar and common among all age groups and has variations in risk factors and results across life span. In this paper we focus on elderly as it relates the case scenario we encountered in a nursing home during our mental health clinical few weeks back. The scenario apparently describes presence of loneliness in an older male adult residing at a nursing home.

Case Presentation

The case study is of a 69 years old male with partial blindness post to cataract and has weakness in lower limbs. Separated from family, wife is in another nursing home and son is a drug addict. Because he was alone he was kept in the nursing home. He is alone and doesn't interact, on asking him relevant details he shared that because of physical issues he can't walk and can't see so what is the use of interaction. He is disappointed because of what happened in his life and he prefers death on living. He used to sit all the time at the room alone and lonely. His interaction was poor with other residents and most of the time it is even lesser with the staff of nursing home. With passage of time there is increase in his alone presence at his room, as noticed and shared by other residents and staff.

Discussion

Loneliness was identified in elderly was relating to poor mental alteration, disappointment with family and social connections. As age increases, the chance of loneliness also increases. Such misfortunes may obstruct the upkeep or obtaining of wanted connections, bringing about higher occurrence of loneliness. Numerous individuals encounter depression either because of living alone, absence of close family ties, diminished associations with their way of life of beginning or powerlessness to effectively take an interest in the neighborhood network exercises. At the point when this happens in mix with physical disablement, unsettling and sorrow are normal backups [3]. Presence of perceived loneliness contributed strongly to the effect of depression. The elderly regularly experience and feel alone and isolated. Situational factors like separation, moving to new

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Received Date: 23 Jan 2019

Accepted Date: 19 Feb 2019

Published Date: 21 Feb 2019

Citation:

Soomar SM, Raees R. Understanding and Intervening Loneliness in Elderly through a Case Study of a Nursing Home Resident. *Ann Clin Case Rep.* 2019; 4: 1608.

ISSN: 2474-1655

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area, separation or passing of companion (death), low confidence, absence of fearlessness brings loneliness and ultimately depression. It impacts physical and psychological well-being [4].

It may incorporate the risk of deep sorrow and suicide, cardiovascular sickness, expanded feeling of anxiety, poor sense of leadership, addiction, drug use syndrome or Alzheimer's [5]. A recent Pakistani literature highlighted that lack of social interaction in elderly and increased loneliness is common at community level where we have issues with elderly in homes, hospice or nursing residences [6]. Long term residents at elderly homes are more prone to loneliness as they are frustrated of the routines that are strictly followed and have nothing innovative to improve their motivations [1,5]. It was highly seen in researches that elderly living in nursing homes suggested by themselves that loneliness is also becoming a common component of their later is because the care givers or nurses lack sensitivity of connecting themselves to us and they really need to understand the real significance of social needs for elderly along with basic care [7].

It was logically suggested through a clinical experience of working with elderly in community that facilities are comparatively less and challenges are high in terms of improving elderly loneliness and enhancing their social wellbeing [6]. Thus on other hand Pakistan was highlighted as a state of opportunities for elderly that need to be looked own despite of its high challenging environment for elderly [8].

Theoretical Relation

Attachment theory was the foundation for an influential psychological theory of loneliness developed by the sociologist Robert S. Weiss. Weiss identified six social needs that, if unmet, contribute to feelings of loneliness. Those needs are attachment, social integration, nurturance, reassurance of worth, sense of reliable alliance, and guidance in stressful situations. As would be predicted by attachment theory, Weiss maintained that friendships complement but do not substitute for a close, intimate relationship with a partner in staving off loneliness [9].

Integrating the concepts of theory with client's status I can relate that there were issues of attachment as he was physiologically not coping to become part of the circle. Socially nonintegrated as he feels others are mentally retarded and I can't join them. Sense of reliability was missing because of improper environment of the nursing home thus creating worthless sense for client. Nurturance highlighted from patient's attitude of isolation reflecting his pre morbid personality. As a nurse we played our role in guiding him about the stressful situations.

Strategies and Interventions

Interventions are decided on individual need bases. As the elderly we were caring had visual impairment and walking difficulty. We read the newspaper for him and he felt better and gave positive response. In addition, we involved him in activities that require less standing so that he feels less pain in legs. As nursing students we were the witness of his situation and become advocate for him. We suggested his involvement with other elderly residents as well and encourage bringing him out of the room. An example for this kind of involvement would be playing chess. As playing chess will improve neuronal firing so elderly can prevent dementia, it requires sitting on chairs, and residents can participate with partial vision where require need nurse/nursing student can tell the position of the chess items.

Also few more examples will include Poetry or singing activities so that they can listen and participate and inclusion is promoted and loneliness in decreased. Bubble tub activities where all elderly can sit together and put feet in bubble tub so they can enjoy, interact and have pain free feet. Activities those promote sensory involvement like touching cards, smelling perfumes or viewing beautiful scenes of nature etc. Group laughter therapy with assistance is one of the good strategies for the elderly peoples to engage them with other peoples in senior citizens home. It improves the muscle strength and provides relaxation and decrease anxiety to prevent loneliness [10].

Elderly residing in nursing homes are occupied of human crowd but their personality and nature resists them of jiving with other residents or staff that is why befriending is unclear as an effective step in elderly loneliness. However, most common evidenced based and tested strategies around many nations includes working on education, health assessment and social support circle development for improving episodes of inclusion in elderly and preventing loneliness [11].

Recommendations

On individual level please don't judge elderly, support them, and improve nursing care and daily interaction with them. Take name of client so she/he feels familiar and involved and this reflects respect an inclusion thus giving sense of value and connectedness. On a group level work to create activities where all elderly can work together in a single group and support each other, create a system of group therapy so eating, dining, talking, working and leisure all would be in group and they feel less alone. Institutional level is a key level for promoting good education of nurses and care givers that directly affects elderly experiences at the nursing home. The institution must provide the infrastructure of nursing home that promote inclusion and social interaction like shared rooms and responsibilities, changing roles and leadership of elderly, inclusion of activities in groups using individual and group capacities of the residents.

Conclusion

The right to live and the right of inclusion is universal and thus elderly cherish the same. Residents in nursing homes are promoting to feel out of these rights like other individuals living in hospice care, homes or in community. As nurses and direct caregivers, we should work on preventing loneliness in elderly through our own capacity building.

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