REDUCING SOCIAL ISOLATION AMONG ELDERLY: A LITERATURE REVIEW

Budi Satria
Faculty of Nursing, Syiah Kuala University, Indonesia
E-mail: Satria_keperawatan@unsyiah.ac.id

ABSTRACT

The living alone for elderly is undesirable condition that they have to face in their later life. Elderly need a lot of assistance from others which becomes more complicated as their physical and mental conditions are getting degenerative because of aging. Mental health promotion has similarity with health promotion. Both aim to enhancement of well-being rather than on illness and addressing the population as a whole. Using a wide range of strategies such as communication, education, policy development, organizational change, community development and local activities, acknowledge and reinforce the competencies of the population encompass the health and social fields as well as medical services. The aim of this paper is to develop nursing care plan by using theoretical frame work of community nursing mental health promotion. The nursing actions and interventions will be developed based on the program from the existing study in term of reducing social isolation among elderly in community.

Keywords: Mental health, community, elderly.

INTRODUCTION

The living alone for elderly is undesirable condition that they have to face in their later life. This condition affected by some caused including social and historical caused. For instance the sex imbalance following the First World War, demographic affects such as the longer lifespan of women. Moreover, in the UK, 16% of the population is aged 65 years or over and according to the General Household Survey, 37% of people aged 65 years and over live on their own; 24% of all men and 47% of all women (Kharicha, Iliffi, Harari, Swift, Gillmann, & Stuck, 2007). Another issue is about sociological changes such as the individualization of society whether people busy with their own busines and less social interaction.

Elderly need a lot of assistance from others which becomes more complicated as their physical and mental conditions are getting degenerative because of ageing (Lai et al., 2009). The overall prevalence of impaired mental mood was comparable to levels of depression found in other urban surveys of older people. In this group of non-disabled older people living in a suburban area, those living alone do appear to have worse health status and health risk behaviours than those living with others (Kharicha, Iliffi, Harari, Swift, Gillmann, & Stuck, 2007). Those living alone attend outpatient and general practice less often even they have poorer self-reported health. Moreover, it need to concern for the older adult who live alone in the community for promoting their mental health.

Mental health promotion has similarity with health promotion. Both aim to enhancement of well-being rather than on illness and addressing the population as a whole. Using a wide range of strategies such as communication, education, policy development, organizational change, community development and local activities, acknowledge and reinforce the competencies of the population encompass the health and social fields as well as medical services (Centre for Addiction and Mental Health (CAMH), 2010).

The aim of this paper is to develop nursing care plan by using theoretical frame work of community nursing mental health promotion. The nursing actions and interventions will be developed based on the program from the existing study in term of reducing social isolation in the older adult in community.

STUDY LITERATURE

The following databases were used http://lib.med.psu.ac.th/libmedeg/ as the main channel to search related journals, articles, and other comprehensive reports including Pub Med, Cinahl, Proquest Medical Library, and Science Direct. The universal case entry website like Google-web and Google-scholar. The following keywords (MeSH and free-tex) were used to find information on mental

health program for reducing sosial isolation of elders people.

Reducing social isolation may give a positive contribution for elderly. The more frequent involvement in social engagement activities appears to be related to better self-perceived health, better mental health, and better physical functioning. Moreover, higher contact frequency and better appreciation of contacts with friends, family, and neighbors are related to better health. Remarkably, satisfaction about contacts with neighbors is most strongly related to health (Vlaming et al., 2010).

The satisfaction with social contacts was very close connected with feelings of loneliness. Therefore, a greater understanding for the meaning of having a good friend seems to be important in caring for elderly people. (Holmen, Furukawa, 2002). Moreover, there are several program related to reducing social isolation among elderly including: A participative community singing program (TSkingley, Clift, Coulton, rodrigouez, 20011) Complex intervention program (Vlaming, Haveman, Veer, deGroot, 2010) a friendship enrichment program (Stevens, 2001); the in good company program (Kocken, 2001).

2.1. A participative community singing program (TSkingley, et. al, 2011)

The health issue on this study is about social exclusion of elderly and the new innovation about the art that contribute to health of community and individual. This study provides the evidence in term of cost effective program. The program is called the silver song club which conducted by facilitators. Firstly, the facilitators were trained by Sing for Your Life (SFYL) organization. The next is the facilitator will conduct the silver club on each areas of study. The programs run for 12 weeks, 90 minute programs. The comprising song with different eras and variety genre were available. The participants have opportunity to request the song that he or she likes. To make sure the intervention run as procedure, this study involved professional supervisor from the SFYL organization. She or he has to observe the interventions during the programs were run. Furthermore, there is no explanation about the conceptual frame work of this study.

In term of methodology, this study provides strong evidence within RCT design. The sample size was 154 and adds 20 % to become 184 total groups in order to avoid the drop out. They provide the existing questionnaire for the evaluation. However, there is no result of the study because this is only the study protocol in order to provide strong evidence based for the singing program. Good in term of selecting the participant Using media campaign such as radio, local newspaper specific for areas involved, phone and email is available.

This program application should be tailored within other community areas. Some area may be sensitive related to the cultural and believing such as for Muslim people The Muslim elder may became unfamiliar with singing program because they prefer to perform pray or other spiritual activities.

2.2. Complex intervention program (Vlaming, et al., 2010)

The issue in this study is about an evaluation for a complex intervention program targeting loneliness in non-institutionalized elderly Dutch people using logical model of change. The first study is Quasi-experimental pre-test post-test design to evaluate the effectiveness of the overall intervention. A control community comparable to the intervention community was selected, with baseline measurements in 2008 and follow-up. The intervention uses the combined approach on the individual and on the environmental level which is assumed that the components of a complex intervention interact with and reinforce each other. The component involved the actions and activities at the individual level and at the social and physical environmental level.

The activities of the project group in first study are described according to first two phases using community organization model which consist of the community analysis phase and the intervention planning and initiation phase. The remaining three phases, the implementation phase, the maintenance and consolidation phase, and the dissemination and reassessment phase are beyond the scope of the second study (Vlaming, et al., 2010). The first phase comprises the community analysis, also called context analysis or needs assessment, in combination with a literature study to identify

the causes of loneliness and potential solutions to prevent or diminish loneliness. The community analysis includes in-depth analysis of local monitoring data and interviews with the elderly, organizations, and policymakers to discover the most important risk factors for loneliness in the local population and to generate ideas for an intervention strategy. The second phase in intervention planning is the design and initiation phase. In this phase, the project group formulates the overall of program's aim.

The second study is an evaluation design using quantitative and qualitative methods. It provides clear sample sizes which represent the prvious study. This part of the evaluation includes the inputs, activities, and outputs of the intervention are part of the process evaluation and include indicators for dose delivered, integrity, reach, dose received, and acceptability. Furthermore, the effect evaluation of the individual intervention components focuses on what has been achieved in the short term in terms of changes in behavioral determinants, behavioral intentions, and perceived further benefits. In addition, in-depth qualitative research conducted to understand the acceptability of the intervention activities to the target population. How ever there was no study result because this study stills a study protocol.

Finally, these first and second studies provide a clear conceptual frame work and sequential of study. For the intervention they used Community organization model (Bracht, 1999) and using logical framework for evaluation of loneliness prevention (Vlaming, et al, 2010). The intervention was involved the local policy maker, representative municipality, the regional community health service, the regional mental health service, and the local welfare organizationfor the elderly. Moreover, a project group was commissioned. This aims to the program can run well and sustainable in the community.

2.3.The in good company program (Kocken, 2001)

This study aims to prevent and eliminate the loneliness among older adult, age 55 years and above. The objective was to improve helping and corporation skills of intermediates such as professional worker and

volunteers. There are three neighborhoods were involved including neighborhood I and III in suburbs area and the II neighborhoods was in the centre of the city. The program activities and linkage strategies were difference of each neighborhood. The neighborhood I the activities including support group, social skills training, training course for intermediate, newsletter, and local work group. The Neighborhood II activities such as club house, contact service, collum in newspaper, newsletter local work group, and need assessment older adult. Neighborhood III activities include drop in bus, help desk, work group, need assessment intermediates, local action plan. The news letter activities and local work group are including in the three of the neighborhood. The different linkage approaches were used successively in the neighborhoods, varying from top down instrumental to bottom up democratic linkage strategies. This mean the program first came from the program designers but during the program implemented, the program will be changed to meet the community need.

This study result showed that the satisfactions was highest in the neighborhood where the intermediates were consulted most explicitly and where they had a clear voice in the design and organization of the intervention, using democratic linkage strategies. Satisfaction was clearly associated with the program success in the meeting target aimed at intermediates. The use of democratic linkage strategies, like need assessments, local action plans and two way communications between program designer and users, is essential for successful dissemination of health promotion activities.

2.4. A friendship enrichment program (Stevens, 2001)

The issue in this study is about older women who tend to be widowed and life alone than men and will increase vulnerability to loneliness. The aims of study are about promoting wellbeing and reduce loneliness. The study design is seem like a protocol study and case study, whereas no supported by data analysis. Moreover, the intervention is about educational program on friendship enrichment in 40 older women. It helps women clarify their needs in friendship, analyze their current social network, set goals in friendship and

develop strategies to achieve goals and reduction of loneliness.

The friendship program is an intervention designed to empower its participants. A basic assumption is that participants possess an expertise in relationships that is based on a lifetime of experience. The friendship program combines insights and methods from feminist counseling and re-evaluation counseling, a self-help method developed. Throughout the program, the importance of self-esteem is emphasized in planning and realizing goals related to friendship. Participants are encouraged to treat themselves as they would a best friend who is always available, whose wishes and desires form important guidelines for action, and who deserves the best possible social life. The programme consists of 12 weekly lessons offered to groups of eight to 12 women.

2.5. Community nursing planning on reducing social isolation among older adult in community (Vlaming, Haveman, Veer, deGroot, 2010).

The frame work is used the community organization model has five-stage process including community analysis, planning and initiation, implementation, consolidation, and dissemination and durability (Vlaming, Haveman, Veer, deGroot, 2010).

DISCUSSION

Loneliness, or emotional isolation, was defined as the subjective, unwelcome feeling of lack or loss of companionship, while social isolation was considered to be the objective absence or limited contacts and interactions between an older person and a social network (Cattan, White, Bond, & Learmouth, 2005). Moreover, loneliness is described as a discrepancy between the desired and realized social contacts of an individual. This negative experience may be related to the absence of a partner or close relative, called emotional loneliness, or due to minimal social integration and the absence of friends with common interests (Vlaming, Haveman, Veer, deGroot, 2010)

Nowadays, the perception of living alone being problematic continues to drive policy and practice, and primary care practitioners may be encouraged to use lone status as a trigger for further attention and

assessment (Kharicha et. al, 2007). Therefore, the health promotion services and activities are needed to reduce social isolation and loneliness among older people. It has long been considered important in providing support to develop, improve and maintain social contacts and mental wellbeing (Cattan, White, Bond, & Learmouth, 2005). Therefore, promoting successful aging is need to address mental health problems among elderly with social isolation and exclusion in order to maintaining active life-style-physically, mentally and socially (Skingley, Clift, Coulton, Rodrigouez, 20011). The frame work is used the community organization model has five-stage process including community analysis, planning and initiation, implementation, consolidation, and dissemination and durability (Vlaming, Haveman, Veer, deGroot, 2010). The five stages of community model including: (1) conducting community analysis which provides an accurate profile of community that blends health and illness statistics with demographic, political, and socio-cultural factors. Analysis is a critical first step in shaping the design of program interventions, (2) designing and initiating of a program identification of local priorities, the design aspects for a collaborative community program begin to emerge. A core group of citizens and professionals (with both public and private sectors represented) will usually begin the process of establishing a permanent organizational structure and making preliminary decisions about program objectives and interventions, (3) program implementation translating a mission into an effectively operating program. At this stage, organizations and citizens are mobilized and involved in the planning of a sequential set of activities aimed at accomplishing program objectives, (4) program refinement and consolidation both successes and problems in implementation are reviewed. Task forces of the local citizen organization need to determine any new directions or modifications for the program, including activities to maintain high levels of volunteer involvement, (5), dissemination and durability strategic dissemination of information on project results and the finalization of plans for the durability of intervention efforts are the key considerations. Communities and citizens need to receive clear; succinct messages

describing what has been accomplished and what continuing effort may be required.

CONCLUSIONS

Reducing social isolation may give a positive contribution for elderly. The more frequent involvement in social engagement activities appears to be related to better self-perceived health, better mental health, and better physical functioning. Moreover, higher contact frequency and better appreciation of contacts with friends, family, and neighbors are related to better health. The satisfaction contacts with neighbors are most strongly related to health among elders. Therefore, promoting better health for elderly need to address mental health problems such as social isolation to maintaining active both mental and physical health. Therefore, the health promotion services and activities are needed to reduce social isolation and loneliness among older people. This paper suggested to used the community organization model for the intervention wich is consist of community analysis (in depth analysis, local monitoring data and interview), planning initiation, implementation and development maintenance and consolidation, dissemination and reassessment.

REFERENCES

Cattan, M., White, M., Bond, J., & Learmouth, A. (2005). Preventing social isolation and loneliness among older people: A systematic review of health promotion interventions. *Aging and Society*. 25, 41-67.

CAMH. (2000) Best practice guidelines for mental health promotion programs: Older adults 55+, Toronto. Retrieved from https://knowledgex.camh.net/policy_ health/mhpromotion/mhp_older_adults/ Documents/mhp_55plus.pdf.

Kharicha, K., Iliffe, S., Harari,D., Swift,C., Gillmann, G., & Stuck, A.E. (2007). Health risk appraisal in older people 1**:** Are older people living alone an 'at-risk' group?. *British Journal of General Practice. 271-276.*

Kocken, P. (2001). Intermediates' satisfaction with a loneliness intervention program aimed at older adults: Linkage of program plans and user' needs. *Patient Education and Counseling*. 43. 189-197.

Lai, W. W. L., Chan, J. P. Y., Choi, P. K. K., Ngai, L. C. T., Mar, C. S. F., Chan, E. Y. L., et al. (2009). Occupational therapy in the integrated elderly and community support services for the elderly in Hong Kong. *Hong Kong Journal of Occupational Therapy, 19*, 27-30.

Stevens, N. (2001). Combating loneliness : A friendship enrichment program for older women. Ageing and Society, 21, 2, 183-202.

Vlaming, R., Haveman, A., Veer, P. V., deGroot, L. (2010). Evaluation design for a complex intervention program targeting loneliness in non-institutionalized elderly Dutch people. *BMC Public Health*. 10, 1-9.