



## Examination of the Effect of Perceived Social Exclusion on Hopelessness in Elderly Individuals with Chronic Diseases Kronik Hastalığı Olan Yaşlı Bireylerde Algılanan Sosyal Dışlanmanın Umutsuzluk Üzerine Etkisinin İncelenmesi

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### ABSTRACT

**Purpose:** The research was conducted as a descriptive study to determine the relationship between the perceived social exclusion levels of individuals with chronic diseases in old age and the sense of hopelessness they feel.

**Materials and Methods:** The research was conducted between November 2022 and January 2023 with 147 patients over the age of 65 who were treated for their chronic diseases in the internal medicine intensive care clinic of a training and research hospital. Data were collected with the Personal Information Form, Beck Hopelessness Scale (BHS), Social Exclusion Scale (SES) and frequency, percentage, t test and ANOVA methods were evaluated.

**Results:** It was determined that 53.1% of the elderly individuals participating in the study were male, 49.7% were married, and the average length of hospitalisation was  $8.30 \pm 5.32$  days. The average BHS total score of the elderly was  $3.80 \pm 3.164$  and the SES total score average was  $64.17 \pm 17.903$ .

**Conclusion:** As a result of the study, it was determined that the level of social exclusion perceived by elderly individuals with chronic diseases was at a moderate level and they felt a moderate level of hopelessness. It was also determined that there was a significant relationship between the level of social exclusion and felt hopelessness.

**Keywords:** Chronic illness, elderly, social exclusion, hopelessness

### ÖZET

**Amaç:** Araştırma, yaşlılık dönemindeki kronik hastalığı olan bireylerin algıladıkları sosyal dışlanma düzeyleri ile hissettikleri umutsuzluk duygusu arasındaki ilişkiyi tespit etmek amacıyla tanımlayıcı olarak yapılmıştır.

**Gereç ve Yöntem:** Araştırma, bir eğitim ve araştırma hastanesinin dahiliye yoğun bakım kliniğinde kronik hastalıkları nedeniyle tedavi alan 65 yaş üstü 147 hasta ile Kasım 2022-Ocak 2023 tarihleri arasında yapılmıştır. Veriler, Kişisel Bilgi Formu, Beck Umutsuzluk Ölçeği (BUÖ), Sosyal Dışlanma Ölçeği (SDÖ) ile toplanmıştır ve frekans, yüzde, t testi ve ANOVA yöntemleri değerlendirilmiştir.

**Bulgular:** Araştırmaya katılan yaşlı bireylerin %53.1'inin erkek olduğu, %49.7'nin evli olduğu, yatış süresi ortalaması ise  $8.30 \pm 5.32$  gün belirlenmiştir. Yaşlıların BUÖ toplam puan ortalaması  $3.80 \pm 3.164$  ve SDÖ toplam puan ortalaması  $64.17 \pm 17.903$  tespit edilmiştir.

**Sonuç:** Çalışma sonucunda kronik rahatsızlığı olan yaşlı bireylerin algıladıkları sosyal dışlanma düzeyinin orta düzeyde olduğu ve orta düzeyde umutsuzluk hissettikleri tespit edilmiştir. Ayrıca sosyal dışlanma düzeyi ile hissedilen umutsuzluk arasında da anlamlı bir ilişki olduğu belirlenmiştir.

**Anahtar Kelimeler:** Kronik hastalık, yaşlılık, sosyal dışlanma, umutsuzluk.

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## INTRODUCTION

In today's world, the elderly population is gradually increasing with the increase in quality of life, medical and technological developments, decrease in infectious diseases, prolongation of life with chronic diseases and decrease in mortality rates (Santrock, 2015). As in the whole world, the elderly population is gradually increasing in our country. Old age is a period in which changes are experienced at various levels in biological, psychological, mental and social areas (Townsend, 2016). In this period, the decrease in the functional capacity of the body and the presence of accompanying chronic diseases cause emotional and social changes in the elderly (Beğer and Yavuzer, 2012; Kislaya, Santos and Gil, 2013).

With these developing and changing characteristics, elderly individuals are excluded from many areas such as economy, labour market, social, housing and health areas due to their difficulties in performing normal activities (Genç and Dalkılıç, 2013; Görgün, 2016). The excluded elderly individual is a multidimensional situation that includes different attitudes, perceptions, judgements, prejudices, behaviours and actions as a result of the decrease or loss of their abilities and competencies due to their age (Akdemir, Çınar and Görgülü, 2007; Cilingiroğlu and Demirel 2004).

The physical changes that occur as a result of aging and the features of the elderly losing their functionality also remove them from the labour market. Elderly people who cannot make a living with their pension or who cannot have a pension experience economic difficulties due to the society's perspective on old age, even though they do not experience loss of labour force. As a result of this, the elderly will have difficulties in meeting their basic needs and this situation will reduce the quality of life of the individual. As a result of the economic exclusion of the elderly, it can be expected that the society will be deprived of all resources (Genç and Dalkılıç, 2013; Feng, Jones and Wang, 2015).

With these social exclusion, the elderly individual loses his/her communication with others, the environment, relatives and society from time to time. In this process, it may be at an abstract level in the form of decreased support and interest of family members or interpreted in this way by the person, or it may be at a concrete level in the form of death of the spouse, separation of children from home (Bahar, 2005; Coşkun, 1998).

With the social exclusion and deteriorated communication experienced by the elderly individuals, they begin to question whether their lives are meaningful or not, with the thought that their lives are not good enough and that there are many things they cannot do, and with the thought of impending death. With these thoughts of the elderly, hopelessness emerges in

elderly individuals (Beck, Rawlins and Williams, 1984; Frisch and Frisch, 2002). When considered in this context, the individual falls into hopelessness with the social exclusion perceived by elderly individuals. In our study, the effect of perceived social exclusion on hopelessness in elderly individuals with chronic diseases will be examined within this framework.

## **MATERIALS AND METHODS**

### **Purpose and Type of Research**

The research was conducted as a descriptive study in order to determine the effect of perceived social exclusion on hopelessness of elderly individuals with chronic illnesses.

### **Population and Sample of the Research**

The population of the study consists of patients hospitalized in the internal medicine intensive care unit of a training and research hospital. The sample of the study consists of patients with chronic illnesses who were hospitalized between 25.12.2022 and 30.01.2023, who are 65 years of age and above, who can communicate and who volunteer to participate in the study. The research includes 147 patients.

### **Research Inclusion / Exclusion Criteria**

#### ***Inclusion Criteria***

- Patients aged 65 and over with chronic illnesses who were hospitalized in the internal medicine intensive care unit of the relevant hospital at the time the research was conducted,
- Do not have any hearing, speaking or understanding problems that would prevent communication when filling out the data collection tools,
- Individuals who volunteered to participate in the study were included in the study.

#### ***Exclusion Criteria***

- Patients who were not hospitalized in the internal medicine intensive care unit of the relevant hospital at the time the research was conducted,
- Patients who are not 65 years of age or older,
- Does not have a chronic disease,
- Those who have hearing, speaking and understanding problems that would prevent communication from filling out the data collection tools,
- Individuals who did not volunteer for the research were not included in the study.

## Data Collection

After interviewing the participants face to face and informing them about the purpose of the research, the data were collected using the "Sociodemographic Data Collection Form", the "Social Exclusion Scale (YSDS)" to determine the levels of social exclusion, and the "Beck Hopelessness Scale (BUS)" to determine the hopelessness levels and tendencies of social exclusion. was collected by applying It took approximately 20-25 minutes to collect the surveys.

## Data Collection Forms

**Personal Information Form:** The form, created by the researcher by reviewing the literature, includes questions aimed at identifying sociodemographic characteristics of individuals such as age, gender, educational status, marital status and economic status.

**Beck Hopelessness Scale (BHS):** Beck et al. developed by. Validity in our country and the reliability study by Seber et al. it was made by and the individual's future identifying negative expectations about it is used for. Later Durak scale worked on it; validity of the scale, more about its reliability and factor structure. Detailed information was obtained. BUO 20 consisting of items scored between 0 and 1 is the scale. When the scores received are high the hopelessness of the individual is high is assumed (Durak and Palabıyıkoglu, 1994; Savaşır and Şahin, 1997)

**Social Exclusion Scale (SES):** Social Exclusion Scale in the Elderly is a valid and reliable measurement tool to understand the social exclusion processes of the elderly. This scale consists of 22 items and 4 subscales. These dimensions; material deprivation, lack of informal social support, transportation and financial services, and environmental exclusion. The scale consists of 5-point Likert type items. Total score can be obtained from the scale, but evaluation can also be made by taking the average of the dimensions. The sum of the four sub-dimensions gives the "total score of social exclusion in the elderly". As the score increases, social exclusion also increases in the elderly. The reliability and validity study of the scale was conducted with data from 584 elderly individuals. Exploratory and confirmatory factor analyzes were used to determine the construct validity of the scale. Cronbach Alpha coefficients calculated to determine the reliability coefficients of the sub-dimensions of the scale vary between .71 and .89. In this study, which was conducted to understand the social

exclusion processes of the elderly living in rural areas, the Cronbach Alpha reliability coefficient of YSDS was calculated as (Apak and Apak, 2020).

### Evaluation of Data

While evaluating the data obtained in the study, descriptive statistical methods (Mean, Standard deviation) as well as Anova and t test were used for comparison between groups. Additionally, correlation analysis was performed for the relationship between concepts. Significance for the results was evaluated at the  $p < 0.05$  level.

### Ethical Principles of Research

After the research was planned, ethics committee and relevant institution permissions were obtained.

## RESULTS

As a result of the analyses, data on some sociodemographic and personal characteristics are included in Table 1. It was revealed that 57.1% of the elderly who participated in the study were between the ages of 75-84 and were  $8.30 \pm 5.32$  during the hospitalization period. It was determined that 53.1% of the elderly included in the research were male and 53.7% had a medium level economic status. It was determined that 21.8% of the elderly in the study had chronic diseases such as COPD and 50.3% would be treated healthily every three months. It was determined that 59.9% showed improvement during the treatment compliance process and 77.6% perceived their health to be at a moderate level.

**Table 1: Elderly Individuals Distribution of Socio-Demographic Characteristics**

Demographic Characteristics	Min. - Max	Mean±Sd
Number of children	0 - 17	7.16 ± 3.93
Duration of the medical treatment in hospital	2 - 28	8.30 ± 5.32
	Categories	S
Age	65-74	45
	75-84	84
	85 and above	18
Education	Illiterate	30
	Primary education	107
	High school	10
Gender	Woman	69
	Man	78

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Financial status	Poor	32
	Middle	79
	Good	36
People with living	Alone	30
	Partner	47
	Wife and child	25
	With children	38
	Organisation	7
Chronic disease	DM	26
	HT	28
	Coroner Arter Dis	29
	Chronic Kidney Dis.	19
	COPD	32
	Prostate	13
Frequency of visiting the hospital	Once in a month	57
	Quarterly	74
	Once in a six month	19
Treatment adaptation	Adaptated	88
	Not ad aptated	59
Perception of own health	Poor	3
	Middle	114
	Good	30

As a result of the analysis, the scores obtained by the participants from the scale and subscale scores are shown in Table 2. It was determined that the SES total score of the elderly individuals participating in the study was  $64.17 \pm 17.903$  and the BUS total score average was  $3.80 \pm 3.164$ . It was observed that the average scores of elderly individuals were at the border.

**Table 2: Mean of YSDS and BHS in Elderly Individuals with Chronic Diseases**

Scales	X±SD	Max and Min Points of Participants	Median
SES	$64.17 \pm 17.903$	28- 102	62.00
BHS	$3.80 \pm 3.164$	0 – 15	3.00

The correlation analyzes performed are given in Table 3. According to the correlation analysis, it was determined that the relationship between the social exclusion perceived by elderly individuals with chronic diseases and the loneliness they felt was statistically significant. Accordingly, as the social exclusion individuals perceive increases, the hopelessness they feel also increases.

**Table 3: Relationship Between SES and BHS**

BHS	SES
	0,278**
	<b>p=0,000</b>

In line with the analyses, information about the relationship between some characteristics of elderly individuals and the BHS and SES scales is given in Table 4. As a result of the analysis, it was determined that women, those with poor economic conditions, those who were not compliant with treatment, and those who lived in an institution rather than with their family felt more hopeless and excluded.

**Table 4: Charecteristic of Elderly People with Chronic Diseases Relationship with Total Scores with SES and BHS**

Variables	Categories	Total SES ±SD	p	Total BHS ±SD	p
<b>Gender</b>	Male	68.16 ± 18.62		2.75 ± 2.53	
	Female	60.64 ± 16.52	<b>p=0.011</b>	4.73 ± 3.38	<b>p=0.000</b>
<b>Age</b>	65-74	64.73±20,03		4.27± 3.58	
	75-85	63.15±17.12	p=0.629	3.75± 3.04	p=0.289
	85 and above	67.50±16.27		2.89±2.44	
<b>Education</b>	Illiterate	61.57±14.44		3.80± 2.36	
	Primary education	65.84±18.58	p=0.189	3.62±3.18	p=0.113
	High school	56.20±18.49		5.80±4.44	
<b>Financial Status</b>	Poor	76.53±17.03		3.13± 2.49	
	Middle	65.92±16.08	<b>p=0.000</b>	3.51± 2.94	<b>p=0.019</b>
	Good	49.33±11.42		5.06±3.82	
<b>Chronic disease</b>	DM	63.77±18.07		3.58± 2.75	
	HT	65.68±18.85		4.00± 2.89	
	Coroner Arter Dis	68.79±18.33	p=0.566	3.86±2.93	p=0.975
	Chronic Kidney Dis.	60.79±10.86		3.37±3.76	
	COPD	62.97±21.03		3.84±3,71	
	Prostate	59.31±14.48		4.23 ±3.05	
<b>Frequency of visiting the hospital</b>	Once in a month	62.98±15.94		3.41± 2.64	
	Quarterly	67.18±18.05	<b>p=0.039</b>	3.32± 2.76	<b>p=0.000</b>
	Once in a six month	55.84±20.38		6.79±4.34	
<b>Treatment adaptation</b>	Adaptated	61.43 ±18.02		4.27 ± 3.5	
	Not ad aptated	68.25 ±17.07	<b>p=0.023</b>	3.1 ± 2.44	<b>p=0.027</b>
<b>People with living</b>	Alone	63.83±17.30		3.57± 2.80	
	Partner	65.32±16.81	<b>p=0.014</b>	3.72± 3.38	<b>p=0.008</b>
	Wife and child	56.64±19.65		5.64±3.51	
	With children	64.55±17.30		3.32±2.71	
	Organisation	82.71±11.91		1.43±.78	

<b>Perception of own health</b>	Poor	57.67±19.03	<b>p=0.026</b>	10.67± 7.50	<b>p=0.000</b>
	Middle	62.31±17.07		3.88± 2.92	
	Good	71.90±19.30		2.83±2.69	

## DISCUSSION

Loneliness, recognised as a serious public health issue globally can be described as an unpleasant feeling arising out of a mismatch between the levels of social connectedness that an individual desires and what individual has (Sarin, Sethi and Nagar, 2016). As a public health issue, it is associated with various suicidal behaviours such as depression and hopelessness and its prevalence ranges between 28 and 63% among elderly adults in high income countries from a report by the United Kingdom (Sarin, Sethi and Nagar, 2016). Elderly individuals feel a sense of hopelessness and social exclusion as they are not able to continue their socially interactive roles. From our findings there is a strong correlation between perceived social exclusion among elderly individuals with chronic diseases and the hopelessness they feel. This suggests a link between social exclusion, loneliness, and feelings of hopelessness among elderly individuals with chronic diseases as espoused by the Social Identity Theory. Role replacement (Yılmaz, Calikoglu and Kosan, 2019) is the description given to explain this state of life for the elderly. Chronic diseases among elderly individuals serve as a barrier toward social interaction, as their health inhibits them from active socialisation. Elderly individuals with physical limitations and chronic restrictions are unable to participate in social engagement giving rise to social alienation (Yılmaz, Calikoglu and Kosan, 2019). Social engagement, the basis of social relationships provides a sense of bonding. However, these elderly individuals resort to solitary lives as they are unable to socialise. The aftermath of this is depression and other mental health conditions. The institutionalisation of elderly homes, a concept that seeks to change one's residence makes the elderly feel "uprooted" (Huen, Ip, Ho and Yip, 2015) from their original homes exacerbating this feeling of hopelessness and exclusion as they lose touch with their children and grandchildren. Again, concomitant challenges such as different life style pattern, surroundings and environment at their new home, is a source of stress.

Changes in family structure and the social culture of filial piety have weakened adult children's sense of obligation to provide family support to older people (Biggs, Brough and Drummond, 2017). This modern practice turns to put a lot of psychological stress on the elderly. For instance, research has revealed that about 25.94% of physically ill elderly residents of nursing home have substantially higher levels of depression compared with their counterparts living at home (Huen, Ip, Ho and Yip, 2015). This is because they are forced to



adapt to a new environment. Nursing home environment appears to reinforce passive, apathetic, and dependent behaviour, which lead to motivational and affective problems (Huen, Ip, Ho and Yip, 2015). The studies of Asiamah (Niu et al., 2020) state that permanent residence influences the elders to remain more socially engaged since they have continuous support from the peer members. So the home that has been established for the elderly denies them from this family support leading to hopelessness. Hopelessness is defined by Beck et al. as a system of negative cognitive expectancies concerning oneself and one's future life (Gum, Shiovitz-Ezra and Ayalon, 2017). Hopelessness is related to adverse health outcomes for older people including cardiovascular morbidity and mortality. As a stronger predictor of suicide, hopelessness is a strong predictor of suicidal intent (Zhang, Liu, Tang ve Dong, 2018). Social support, especially from family, is essential for helping elderly individuals with chronic diseases achieve wellness. Positive support from persons closer them, such as a spouse, can reduce depression among elderly individuals with chronic conditions (Yılmaz, Calikoglu and Kosan, 2019). Notwithstanding the burden on family members, older adults with chronic diseases need assistance from a family caregiver.

It's also been established that the kind of relationship shared or established also impacts the individual at the old age homes. Those with positive relations tend to be less affected by the challenges of daily problems and they have a greater sense of control. Those without become isolated, ignored and depressed (Huen, Ip, Ho and Yip, 2015). Older people who remain connected with others and have strong relationships are likely to have a better quality of life, be more satisfied with their life, and have a lower risk of dementia and mental decline. Elderly people tend to have friendships largely with those in the same age group, but as they advance in age, they are more likely to lose their friendship (Niu et al., 2020). As a result of ill-health, constrain in mobility due to aging related pains, they are unable to continue with the frequent interactions with their pals and so lose out on their social relations.

Their inability to attend such events like wedding, funerals, parties due to mobility challenges make it impossible to have fun and hence they are likely to go into depression. This is because Social engagement is the basis of social relationships that provides a sense of bondin (Bahtiar, Sahar and Wiarsih, 2020). Therefore elderly who have been socially disengaged at this time of their lives invariably misses out on socialisation. A study undertaken by Singh and Misra on loneliness, depression and sociability in old age explains the family and social networks of the elderly. It is further noted that many elders experience an increased amount of loneliness as a result of lonely living, reduced family ties and social connectivity (Niu et al., 2020). Beneficial health outcomes are often associated with meaningful social

engagement for elderly adults and social integration within acquaintances that have similar social activities help in ameliorating loneliness.

Economic conditions also contribute to the well-being of elderly adults. Those who are able to engage in some form of economic ventures benefits from the tantrums of loneliness; additionally, they also earn some little income to sustain themselves. This takes the financial stress off their minds putting them in sound mind frame. They do not therefore relay on their children and families for financial support to cater for their health bills and daily expenses. There was a statistically significant difference in both socioeconomic status and levels of hopelessness between participants who have adapted to treatment and those who have not, implying that treatment adaptation may play a role in influencing both socioeconomic status and levels of hopelessness among the participants. The finding suggests that individuals who have successfully adapted to treatment may experience better socioeconomic outcomes and lower levels of hopelessness compared to those who have not. This espouses the importance of considering not only the efficacy of medical treatments but also the ability of individuals to adapt to and adhere to these treatments in achieving positive health outcomes and well-being.

Old age is a stage in life where all those who are privileged to attain, faces the challenges associated with that stage of life. However, certain remedial measures can be taken to reduce the severity of these challenges and still help the older individuals to feel a sense of well-being. Not every older adult feels the sense of community in the institutionalised homes and as such families should be minded when taking a decision to send older adults there. Psychological education such as meditation and mindfulness training can be given to these older individuals to help cope with emotional and psychological aspects of aging. However, those who still have some little energy in them can be provided some economic activities which does not only provide a sense of purpose but maintain a healthy mind. Overall, implementing all these measure will pave the way for optimum functionality of the older adult until his last day on earth.

### **Limitations of the Research**

Patients aged 65 and over with chronic diseases who were hospitalized in the internal medicine intensive care unit of a training and research hospital were included in the study. The strength of this study is that the patients participating in the study answered all questions and answered sincerely. A limitation of the study is that the results cannot be generalized to

all people aged 65 and over with chronic diseases, as it was conducted only in one clinic of the hospital.

## CONCLUSION AND RECOMMODATIONS

As a result of the study, it was determined that the hopelessness levels and social withdrawal levels of elderly individuals with chronic diseases were significantly related. In addition, it has been determined that the elderly's gender, economic status, frequency of hospitalization, treatment compliance, people/place they live with and the way they perceive their health are important indicators of both social withdrawal and hopelessness levels. In this context, elderly people with chronic diseases;

- Conducting psychosocial evaluations during treatment,
- Determining areas of need and
- It is thought that it is important to plan and implement interventions specific to these needs.

### Research Statement

**Ethical Approval:** The study does not require ethical approval.

**Conflict of Interest:** The authors declare that there is no conflict of interest for the study.

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