

Facing the Challenge of Adapting to a Life 'Alone' and Nursing Shortage among the Empty Nest Elderly in Southwest China

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Abstract: The aim of this study is to explore the empty nest elderly's states to living a life characterized by aloneness, and the ways to cope with loneliness. A sample of 1200 empty nest elderly were surveyed using the University of California at Los Angeles Loneliness Scale (UCLA-LS), and the Yarnoz's loneliness classification for the evaluation of social and emotional loneliness in adults was used. Analyses revealed that the majority (93.9%) of empty nest elderly had moderate to high levels of loneliness. The level of loneliness showed significant differences in age, marital status and income. Income was negatively associated with loneliness, whereas being single was positively associated with loneliness for the empty nest group. In addition, the loneliness was mainly expressed by family loneliness and social loneliness, respectively, 84.3% and 15.7%. Family loneliness prevails among empty nest elderly. It may do great harm to the construction of harmonious society and individual harmony. To minimize the level of loneliness among the empty nest elderly, action must be taken in the care for the elderly, especially Senior Associations should be built to increase the chance to organize all forms of group activities suitable for the old people's participation, such as playing chess, painting, outings, group singing and dancing. On the other hand, these findings have implications for nursing in that nurses must seek to identify those who need help in managing their loneliness and give guidance and support. More research is needed to develop interventions that are effective in reducing loneliness among empty nest elderly.

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1. Introduction

Humans are social beings, and as such desire interdependency and intimate relationships. The loss or scarcity of such relationships can lead the individual to experience loneliness. Loneliness is a subjective and frequently painful and troubling feeling of being emotionally and/or socially isolated (Van Baarsen et al., 2001). Loneliness is often used interchangeably with related concepts, such as 'living alone' (household arrangement), 'being alone' (time spent alone), and 'social isolation' (level of integration with individuals and groups) (Victor et al., 2005). However, these are not identical terms and loneliness can be experienced both when being alone and when being together with others. Similarly, living alone and being alone does not necessarily mean that a person feels lonely. Some experience being alone as beneficial, while for others being alone may lead to loneliness (Grenade and Boldy, 2008; Routasalo and Pitkala, 2003).

Empty nest syndrome is a feeling of grief and loneliness. In china, empty nest syndrome does become a long-term issue. The number of empty-nest families, in which there is only an elderly couple or one aged person, is on the rise, particularly in some inland mountainous rural areas (Liu et al., 2007).

This occurrence is closely related to China's overall economic environment, due to the accelerated process of urbanization, the imbalance of economic development between the inland and coastal regions, and the flow of rural surplus labor to big cities on the eastern coast. Though some peasants have established their careers in those cities and become urban dwellers, their parents are still left behind in rural homes (Liu and Guo, 2008; Liu and Guo, 2007).

The main purpose of this study was to explore the empty nest elderly's states to living a life characterized by aloneness in Southwest China, and the ways to cope with loneliness.

2. Material and Methods

Questions regarding social demographics were designed by our research team, including age, sex, marital status, education level and economic condition.

Participants were recruited from 30 villages in Yilong County, Sichuan Province, Southwest China, during autumn of 2011 and spring of 2012. Eligibility criteria were: (1) residing in one of the 30 villages; (2) being aged 60 or older; (3) willing to provide oral informed consent; (4) not living with any of their children together; and (5) having no psychiatric disorder. A number of 1200 people who

met the eligibility criteria were all informed about the study and invited to participate, and all expressed agreement to participate. All people were interviewed by researchers who then wrote the answers in the questionnaire on their behalf. It took about 25 minutes to complete the questionnaire for each subject.

Permission to conduct this study was obtained from the civil affairs department in Yilong County, and verbal consent was obtained from each participant. All the empty nest elderly were informed of the purpose of the research. Participants were assured of their right of refusal to participate or to withdraw from the study at any time. Anonymity and confidentiality of participants were assured.

The UCLA Loneliness Scale (UCLA-LS) was developed to assess the subjective feelings of loneliness (Russell et al., 1980; Wang, 1995). It consists of 20 questions which are answered from 1 to 4 points (interval of the total score is from 20 to

80). Higher scores indicate more intense feelings of loneliness. According to Perry's loneliness classification scheme (Perry, 1990), a score of 50-64 indicates a moderately high degree, a score of 35-49 indicates a moderate degree, and a score of 20-34 indicates a low degree of loneliness.

Based on Yarnoz's loneliness classification (Yarnoz, 2008), The loneliness can be categorized as three types of loneliness: social loneliness (e.g. I don't have any friends who understand me, but I wish I did), family loneliness (e.g. I feel alone when I'm with my family), and romantic loneliness (e.g. I wish I had a more satisfactory romantic relationship).

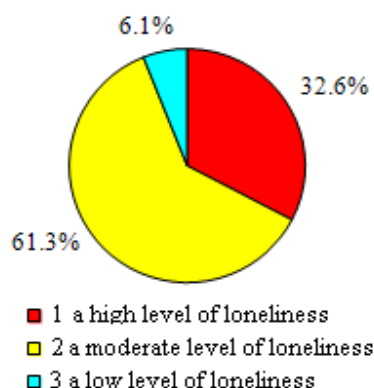
All data were analyzed with the SPSS 10.0 statistical analysis software package.

3. Results and Discussion

A number of 1200 participants received an interview. The mean age was 73, ranged from 60 to 98 years old. The characteristics of social demographics are shown in Table 1.

Table 1. Distribution and ANOVA analysis of sociodemographic data on loneliness ($N = 1200$)

Variables	N (%)	Mean \pm SD (UCLA-LS)	F -value	P -value
Sex			0.72	0.45
Male	764 (63.7)	43.15 \pm 8.69		
Female	436 (36.3)	42.62 \pm 8.94		
Age (years)			3.99	0.03
60–69	556 (46.3)	42.21 \pm 8.54		
70–79	492 (41.0)	43.25 \pm 8.73		
\geq 80	152 (12.7)	45.21 \pm 9.56		
Education level			1.68	0.21
Illiterate	582 (48.5)	44.56 \pm 9.23		
Primary school	350 (29.2)	44.22 \pm 9.06		
Middle school and above	268 (22.3)	43.96 \pm 8.87		
Marital status			3.66	0.001
Married	1166 (97.2)	42.67 \pm 8.76		
Single (never married,	34 (2.8)	47.43 \pm 7.32		
Personal income/1 year			6.73	0.001
\leq 1500	560 (46.6)	44.25 \pm 9.13		
1500-2500	218 (18.2)	43.34 \pm 8.76		
\geq 2500	422 (35.2)	41.12 \pm 9.24		

Table 2. Distribution of loneliness ($N=1200$)

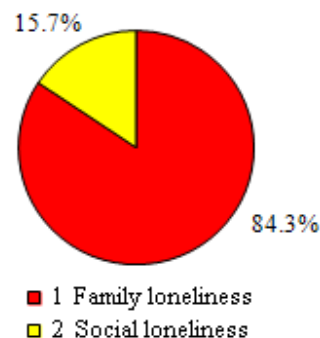
During the interviews, the participants paid significant attention to their loneliness, and almost all of them described themselves as lonely. The standardized score of loneliness was 54.76, which indicates a moderately high level of loneliness. Based on Perry's loneliness classification scheme (Perry, 1990), almost 32.6% of the participants indicated a high level of loneliness, 61.3% indicated a moderate degree, and the remaining 6.1% indicated a low level (Table 2).

Participants of different age, marital status and income levels had different scores of loneliness. Participants aged 70 or over had distinctly higher loneliness than others; single men had significantly higher loneliness than married men; income was negatively associated with loneliness. In addition, the distinct differences were not observed among sex and education level of the empty nest elderly in loneliness.

The loneliness has become a social problem, and a population-based study in Finns found that up to 39.4% of the aged suffered from loneliness (Routasalo et al., 2006). Loneliness always increases with age, not because of age itself, but because of increasing disability and decreasing social integration (Jylha, 2004). This situation was strongly supported by findings of the current study, which showed 93.9% of the empty nest elderly having a moderate to high level of loneliness. Moreover, the mean scores on the loneliness for the empty nest elderly were even higher than the result (36.4) found in a study of patients with cancer (Perry, 1990).

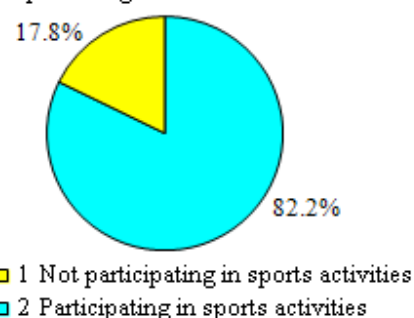
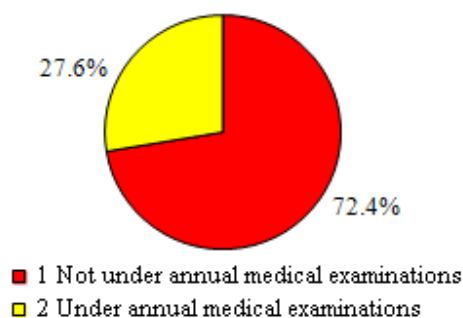
Yarnoz (2008) thought there were three aspects of loneliness: social loneliness, family loneliness, and romantic loneliness. In the study, we found that the loneliness were mainly expressed by family loneliness and social loneliness, respectively, 84.3% and 15.7% (Table 3), because the empty nest elderly were living without their children and having less social support, which may be associated with their poor mental health. On the other hand, this reflects that the Chinese have traditionally been

happy with big-sized families, which often place several generations under one roof.

Table 3. Distribution of social loneliness and family loneliness ($N=1200$)

In addition, it is important to recognize that most of the empty nest elderly, pertaining a low level of loneliness, often take part in sports activity, such as walking, running, outings, group dancing, especially playing mahjong (Table 4). Therefore, it is concluded that loneliness may be dispelled through regular sports activities.

Table 4. Distribution of sport population among the empty nest elderly pertaining a low level of loneliness

Table 5. Distribution of routine medical examinations provided by the government ($N=1200$)

The most striking finding in the study is that nursing care has not been paid more attention, and the nurses are short and maldistribute. During the interviews, almost 72.4% of the participants have never been under annual medical examinations

provided by the local government, while 27.6% of them did at their convenience, living in the relatively wealthy town, because the local government had the ability to provide and organize the primary care service (Table 5).

4. Conclusion

This study suggests that the loneliness has become a social problem in china. Family loneliness prevails among the empty nest elderly, and it may do great harm to the construction of harmonious society and individual harmony. To minimize the level of loneliness among the empty nest elderly, action must be taken in the care for the elderly, especially for the empty nest elderly. The government should encourage everyone, especially the family members, to give more support to the empty nest elderly. Rural Community Health Service Centers should be developed to provide physical and psychological evaluation and treatment. Senior Associations should be built to increase the chance to organize all forms of group activities suitable for the old people's participation, such as playing chess, painting, outings, group singing and dancing.

On the other hand, the findings have implications for nursing. The specific descriptions presented in the findings may help us to identify lonely older people in need of help and to develop targeted interventions to alleviate loneliness. Nurses need be aware of older peoples' experiences of the loneliness associated with the ageing process. In particular, paying attention to changes in commitment to activities and connections to other people might help identify older people in need of more directed care to cope with loneliness in late life.

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