



# “A STUDY TO ASSESS DEPRESSION IN RELATION TO LONELINESS AND LIFE SATISFACTION WITH REFERENCE TO OLD AGE PEOPLE IN NAGAUR, RAJASTHAN”

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## **ABSTRACT:**

**Background:** Old age can be defined as the cumulating developmental event at a particular point of time in the life of an individual. Depression is a serious condition for people of all ages, but for older people depression is often associated with other co-morbid conditions, such as physical disability and anxiety that exacerbate the distress experienced by older people and their care takers. Depression is a disorder of mood, so mysteriously painful and elusive in the way it becomes known to the self- to the mediating intellect- as to verge close to being beyond description. It thus remains nearly incomprehensible to those who have not experienced it in its extreme mood, “The pain is unrelenting; one does not abandon, even briefly, one's bed of nails, but is attached to it wherever one goes. **Aims and objectives:** To find out the relationship with depression in relation to loneliness and life satisfaction among old age participants. **Methodology:** A correlational research design was adopted for the study conducted on 80 old age people after obtaining permission from the higher authorities at Nagaur, Rajasthan. The samples were selected by means of random sampling technique. The data regarding the depression in relation to loneliness and life satisfaction were collected by means of self-administered questionnaire and was analysed using descriptive and inferential statistics. **Results:** The study findings show

that the mean depression score is 26.75 and the average score of life satisfaction is 21.076, thereby interpreting that as life satisfaction decreases in old age, depression increases as well as whenever life satisfaction increases, depression as a result decreases in old age. **Conclusion:** The study concluded that loneliness is significantly and positively related to depression in old age. Thus, it is very much essential to provide some kind of diversional therapy as well as some kind of activities to the old age people so that their life satisfaction increases and thereby depression tends to decrease thus to live a happy life with satisfaction.

**KEY WORDS:** Depression, Life Satisfaction, Loneliness, Old age

## I.INTRODUCTION:

Depression is a very commonly used term in our daily life in order to express the feeling of sadness, grief and unhappiness due to varied unpleasant life experiences or events that occur throughout life time of an individual. It is well known clinically by various other terms such as major depressive disorder, major depression, clinical depression or unipolar depression. It is a collection of various symptoms and can be thought of as a very symbolic communication that there is something going wrong in an individual's ability to maintain a comfortable psychological balance of body and mind.

Depression is the common cold of psychopathology and has touched the life of many, however yet it is probably still the most less understood and more inadequately investigated condition comparatively to all the major forms of psychopathology.

Loneliness is a very common problem and an important public health issue that shows the predicting of low quality of life among the older adults. A sense of loneliness will be associated with a person's evaluation of their overall level of social interaction and it illustrates a deficit between the actual and desired quality and quantity of social engagement. It has been estimated that about 25% of the world's population experiences a couple of episodes of loneliness on a regular basis although the prevalence in the elderly population varies from 7% to 49%.

'Satisfaction' is a Latin word meaning to make or do enough. Satisfaction with one's life shows that contentment with or the acceptance of one's life circumstances or the fulfilment of a person wants and needs for the life as a whole. In the essence, life satisfaction is an overall subjective assessment of the quality of one's life.

Life satisfaction has been defined as one's subjective and global evaluation of the positivity of life as a whole or with specific life domains as they occur.

Thus, satisfaction with life is a mental feeling of wellbeing and fulfilment and it is also a subjective evaluation towards the self. It is a subjective overall comprehensive evaluation, as well as the subjective acknowledgment and feeling of the self with life status.

**Statement of the problem:**

“A study to assess depression in relation to loneliness and life satisfaction with reference to old age people in Nagaur, Rajasthan”

**Objectives:**

1. To find out the relationship of depression with loneliness among old age people
2. To find out the relationship of depression with life satisfaction among old age people
3. To find out the difference between gender among old age people with regard to depression, loneliness and life satisfaction
4. To find out the difference between old age people with their spouse alive / not alive with regard to depression, loneliness and life satisfaction

**Research Hypothesis:**

**RH<sub>1</sub>:** There will be no significant relationship between depression and loneliness as well as between depression and life satisfaction

**RH<sub>2</sub>:** There will be no significant difference between male and female participants with regard to depression, loneliness and life satisfaction

**RH<sub>3</sub>:** There will be no significant difference between participants with spouse not alive with regard to depression, loneliness and life satisfaction

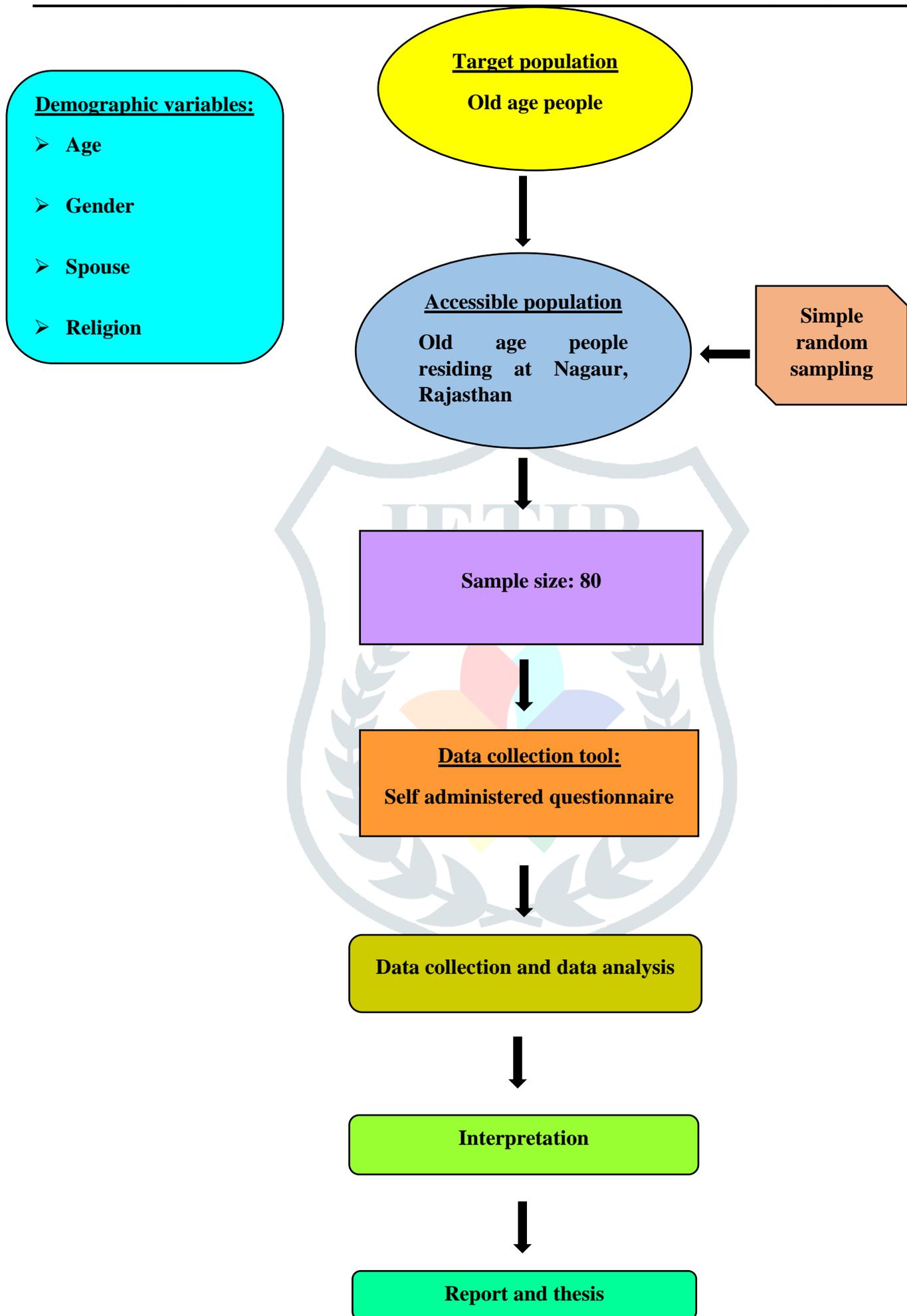
**Assumptions:**

1. The old age people may experience some kind of depression due to varied reasons.
2. The old age people may not be able to overcome certain life experiences that may result in depression

**II.MATERIALS AND METHODS:**

The present study was undertaken at Nagaur, Rajasthan due to geographical proximity, feasibility of the study and the availability of the samples. The target population comprised of all old age people and the accessible population consisted of old age people of the selected setting.

The samples consisted of 80 old age people who fulfilled the inclusion criteria for the study. The inclusion criterion for the sample was old age people who were willing to participate in the study and the exclusion criterion comprised of the samples who were not available on the day of study. Simple random sampling technique was chosen considering the limited time frame and the availability of the samples. The research variables were depression among old age people and the demographic variable such as age, gender, religion and spouse.



**Description of the tool:**

The tool used for the present study comprised of two sections:

**Section A: Demographic data** consisted of 4 Items for obtaining information about the selected demographic factors of old age people such as age, gender, spouse, religion.

**Section B: Self administered questionnaire on depression**

The self administered questionnaire consisted of three sub sections that is as follows....

**a) Beck's Depression Inventory:**

It is a 21-item self-report depression screening measure. Each item is rated on a 4-point Likert-type scale ranging from 0 to 3, with higher scores indicating higher levels of depression. The measure asks respondents to endorse statements characterizing how they have been feeling throughout the past 2 weeks. The maximum total score for all 21 items is 63.

**The interpretation of the score is ....**

- ❖ Minimal depression: 0 - 13
- ❖ Mild depression :14 - 19
- ❖ Moderate depression: 20 - 28
- ❖ Severe depression: 29 - 63

It is positively correlated with the Hamilton depression Rating Scale with a Pearson r of 0.71. The test was also shown to have a high one-week test- retest reliability (Pearson r = 0.93), test also has high internal consistency ( $\alpha=0.91$ ).

**b) Satisfaction with life scale which is a 7 point rating scale:**

It is a 5-item scale which allows the individuals to rate their degree of agreement or disagreement on a 7-point Likert type scale for the stated questions. It does not focus on specific areas, as it is intended to measure the general/global satisfaction. It has been shown to detect change with regards to life satisfaction during clinical interventions. Participants are instructed to rate each of the five statements of the on a 7-point scale (1 =strongly disagree to 7=strongly agree). The maximum score is 35 with the degree of life satisfaction increasing as the score increases.

**The interpretation of the score is ....**

- ❖ Extremely dissatisfied: 5 -9
- ❖ Slightly dissatisfied :15 - 19
- ❖ Slightly satisfied: 20 - 25
- ❖ Satisfied: 26 – 30
- ❖ Extremely satisfied: 31 - 35

. The scale has a good convergent and discriminant validity. Reliability has been demonstrated in terms of high internal consistency with a value of 0.87 and stability overtime with a test-retest coefficient of 0.82.

**c) The 4-point UCLA loneliness scale:**

It is the University of California, Los Angeles (UCLA) scale. It was developed by researchers M.L. Ferguson, Daniel Russell and Letitia Anne Peplau .It is a 20-item scale, designed to measure one's own subjective feelings of loneliness as well as feelings of social isolation. Participants rate each item on a scale from 1 (Never) to 4 (Often). The minimum score on the UCLA loneliness scale scored by a participant is 20 and the maximum score is 80. Out of 20 items, 9 items (1, 5, 6, 9, 10, 15, 16, 19, 20) are scored in a reverse way and vice versa.

The measure is found to be highly reliable, both in terms of internal consistency (coefficient a ranging from 0.89 to 0.94) and test-retest reliability over a time period ( $r = 0.73$ ). Convergent validity for the scale was indicated by significant correlations with other measures of loneliness. Construct validity was supported by significant relations with measures of the adequacy of the individual's interpersonal relationships and by correlations between loneliness and measures of health.

**Data collection procedure:**

A formal written permission was obtained from the higher authorities of Nagaur district, Rajasthan. The data collection was done within the given time frame among the old age people who fulfilled the inclusion criteria. After a brief out on the process, oral consent was obtained from the samples. The depression was assessed by administration of self-administered questionnaire. The data was entered into excel sheet and analysed through Statistical Package For Social Science/ PC + Ver 23.0

**Ethical considerations:**

The study was conducted after the approval of the Ethics committee of the college of nursing, permission was obtained from the higher authorities of Nagaur district, Rajasthan. The researcher adhered to all the ethical principles i.e., informed consent, principle of beneficence, justice, privacy and confidentiality.

**III.RESULTS:**

The data collected were grouped and analysed using descriptive and inferential statistics.

The analysis of demographic variables revealed that majority of samples, 43.75% were in the age of 71 – 75 years, 50% male and 50% females, 50% were Hindus and 66.25% were with their spouses living.

**Table 1: Variable wise frequency percentage of old age people on the assessment of depression****N = 80**

S. No	Demographic data	F	%
1.	<b>Age:</b>		
	a)60 - 65 years	20	25
	b)66 - 70 years	25	31.25
	c)71 – 75 years	35	43.75
2.	<b>Gender:</b>		
	a) Male	40	50
	b) Female	40	50
3.	<b>Religion:</b>		
	a) Hindu	40	50
	b) Christian	15	18.75
	c) Muslim	25	31.25
	d) Others	0	0
4.	<b>Spouse:</b>		
	a) Living	53	66.25
	b) Dead	27	33.75

Table 1 shows the variable wise frequency of old age people on the assessment of depression in which in the age group of 71 – 75 years scored highest frequency 43.75%, in the aspect of gender both were equal of 50% male and female respectively, in terms of religion, Hindus were 50% and in case of spouse 66.25% were living with their spouses.

**Table 2: Variable wise relationship, Mean, Standard deviation and Pearson correlation coefficient between depression, loneliness and life satisfaction among old age people:**

N= 80

S. No	Variable	N	Mean	SD	Pearson Correlation coefficient
1.	<b>Depression vs loneliness:</b>				0.45
	a) Depression	40	26.75	11.16	
	b) Loneliness	40	43.02	26.76	
2.	<b>Depression vs life satisfaction:</b>				0.72*
	a) Depression	40	26.75	11.16	
	b) Life satisfaction	40	21.07	6.39	

\*\*Significant at 0.01 level, \*Significant at 0.05 level

Table 2 reveals that the mean scores for depression is 26.75 and SD is 11.16 whereas for loneliness mean scores is 43.02 and SD is 26.76 and the Pearson correlation coefficient is 0.45 which is lesser than the table value and it is not significant. The means scores for depression is 26.75 and SD is 11.16 whereas the mean scores for life satisfaction is 21.07 and SD is 6.39 and the Pearson correlation coefficient is 0.72 which is more than the table value and it is significant at the level of 0.01. Thus, indicating that  $RH_1$  hypothesis is accepted.

**Table 3: Variable wise relationship, Mean, Standard deviation and t – test selected variables and gender among old age people**

N= 80

S. No	Variable	N	Mean	SD	t – test
1.	<b>Depression</b>				
	a) Male	40	25.82	8.20	1.51
b) Female	40	26.67	14.11		
2.	<b>Loneliness</b>				
	a) Male	40	40.15	10.88	4.03*
b) Female	40	45.88	15.88		
3.	<b>Life satisfaction</b>				
	a) Male	40	19.26	6.13	5.53*
b) Female	40	22.88	6.64		

\*Significant at 0.01 level, \*\*Significant at 0.05 level

Table 3 shows that in case of depression variable the mean scores for male is 25.82, SD is 8.20 whereas for females it is 26.67 and SD is 14.11 and the calculated t- test value is 1.51 which is less than table value, thus it is not significant. In case of loneliness variable, the mean scores for male is 40.15, SD is 10.88 whereas for females it is 45.88 and SD is 15.88 and the calculated t- test value is 4.03 which is more than table value at the level of 0.01, thus it is significant. In terms of life satisfaction, variable the mean scores for male is 19.26, SD is 6.13 whereas for females it is 22.88 and SD is 6.64 and the calculated t- test value is 5.53 which is more than table value at the level of 0.01, thus it is significant.

Figure 1: Variable wise mean scores in relation to spouse among old age people

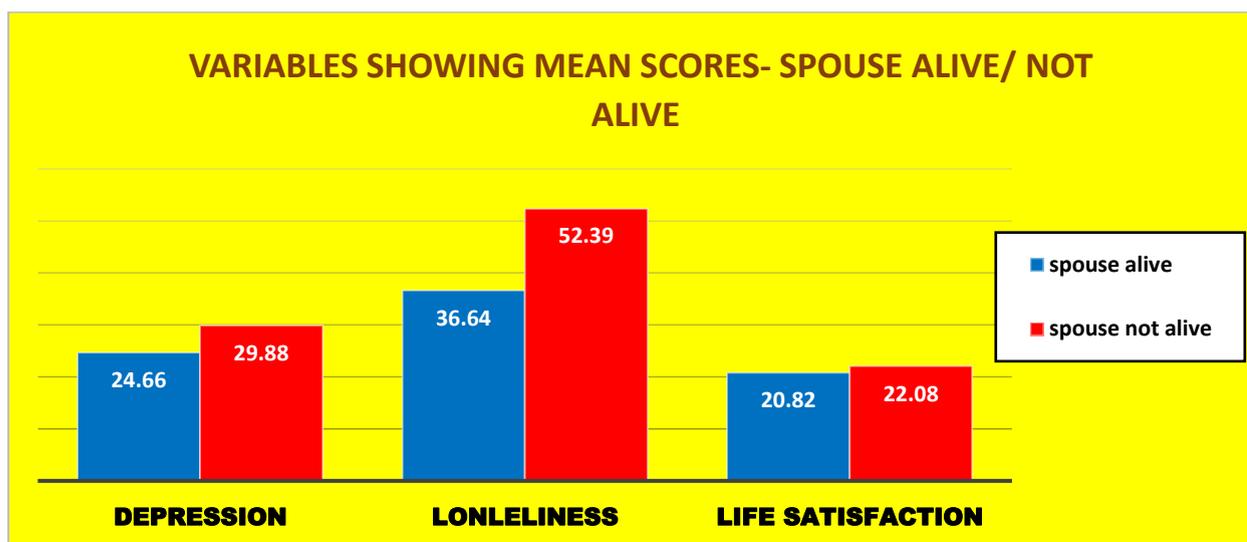


Figure 1 reveals that in case of depression among old age people the mean scores is 24.66 have spouses alive whereas 29.88 have spouses not alive. In terms of loneliness the mean scores is 36.64 have spouses alive whereas 52.39 have spouses not alive. In respect to life satisfaction the mean scores is 20.82 have spouses alive whereas 22.08 have spouses not alive.

Table 4: Variable wise relationship, Standard deviation and t – test and spouse among old age people

N= 80

S. No	Variable	N	SD	t – test
1.	<b>Depression</b>			
	a) Spouse alive	53	10.00	4.33*
b) Spouse not alive	27	13.73		
2.	<b>Loneliness</b>			
	a) Spouse alive	53	10.00	13.04*
b) Spouse not alive	27	14.12		
3.	<b>Life satisfaction</b>			
	a) Spouse alive	53	6.52	10.87*
b) Spouse not alive	27	6.81		

\*Significant at 0.01 level, \*\*Significant at 0.05 level

Table 4 interprets that in case of depression among old age people the SD is 10.00 have spouses alive whereas 13.73 have spouses not alive and the calculated t- test value is 4.33 which is more than the table value indicating significance at the level of 0.01. In terms of loneliness the SD is 10.00 have spouses alive whereas 14.12 have spouses not alive and the calculated t- test value is 13.04 which is more than the table value indicating significance at the level of 0.01. In respect to life satisfaction the SD is 6.52 have spouses alive whereas 6.81 have spouses not alive and the calculated t- test value is 10.87 which is more than the table value indicating significance at the level of 0.01. Thus, interpreting that the stated  $RH_2$  hypothesis is rejected.

#### IV.DISCUSSION:

Aging is a series of processes that begin with one's life and continues throughout the life cycle of an individual. It represents the closing period in the lifespan of an individual, it is the time when the individual looks back on life, lives on the past accomplishments and tries to begin to complete his life course. Adjusting to the various changes that accompany during the old age, it requires that an individual is flexible and develops the new coping skills to adapt to the varied changes that are common during this time in their lives. Depression or the occurrence of the depressive symptomatology is a very prominent condition amongst the older people, having a significant impact on the well-being and the quality of life they live with.

The investigator has undertaken the present study to assess the level of depression in relation to loneliness and life satisfaction among old age people through one group pre test method only. Data is analysed with the help of descriptive and inferential statistics.

In the total samples, majority of samples were 35 (43.75%) were in the age group of 71-75 years, 40 (50%) each were belonging to male and females respectively, 40 (50%) were Hindus and 53 (66.25%) had alive spouses.

The Pearson correlation coefficient computed between depression vs loneliness was 0.45 and the scores for depression vs life satisfaction was 0.72. Depression was assessed in terms of gender where the t test value was calculated and only in terms of loneliness value being 4.03 and in case of life satisfaction was 5.53 interpreting significance at the level of 0.01.

Since the assessment of depression was calculated through means of various variables like depression, loneliness and life satisfaction by t test indicating that the stated  $RH_1$  hypothesis is accepted and since there is significant association between other variables indicating that the stated  $RH_2$  hypothesis is rejected.

Finally it can be concluded that depression might be experienced by old age people due to varied reasons and this may have an influence on the life satisfaction coupled with loneliness, but as a result of various kinds of measures we can try to help them cope and live a better life.

## V. CONCLUSION:

This research project has provided an in-depth experience for the researcher and thus helped to realise the need to understand the level of depression, their causes and concerns and try to help the old age people in overcoming it. Therefore, it will be safe to conclude that growing older is something that everyone faces and the process changes us, mentally as well as physically, but with some courage and optimistic attitude we can handle old age and its upcoming dynamic effects in a perfect manner.

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**VIII.CONFLICT OF INTEREST:** None Declared

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**X.CONTRIBUTORS:**

**RM:** Conceptualization of the study, collection, analysis of the data, writing of the manuscript, finalization of the manuscript and will act as the guarantor of the paper.

**LA:** Conceptualization of the study, analysis of data, writing the manuscript, finalised the manuscript, edited and critically evaluated the manuscript.