

# UNLOCKING THE ESSENCE OF LONELINESS IN THE OLDER ADULTS: AN EXPLORATION THROUGH PARTICIPATORY RESEARCH

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**Abstract.** *In Lithuania's aging culture, aspects of older individuals' "loneliness" and social isolation are becoming increasingly relevant. Despite this, older adults frequently refuse to acknowledge these life's intricacies. Numerous studies indicate that older individuals link social isolation and loneliness to a life of failure and personal worthlessness. As a result, rather than finding solutions, people frequently choose to isolate themselves even more and refrain from discussing these issues with friends or family. The loneliness experienced by older people should be acknowledged, and steps to increase social inclusion will not only extend but also greatly enhance their quality of life.*

*Participatory research was employed to conduct the study. It is a systematic study in direct cooperation with persons for whom the research question is relevant, with the aim of acting or changing something. Participatory research favours collaborative research, where researchers and interested groups actively collaborate with sharing information and expertise. The study was conducted in a care institution providing social services. Every participant in the participatory research gave their consent to participate in the study, and they were informed about its goals, methods, and use of data. They were also given the choice to leave the study at any time if they felt it was inappropriate.*

*The study revealed that loneliness is discerned through the emotions and behaviours of older adults; an individual's loneliness is reflected in both mental and physical health. Emotions like indifference, rage, despair, boredom, needing attention, longing, and the want to speak are signs that someone is lonely. Older people sometimes openly express loneliness but loneliness can also be associated with depression. Concerning employee motivation for change, it was observed that employees displayed a keen interest in training, comprehending its necessity and benefits. Simultaneously, it was noted that some employees may exhibit passivity and a lack of motivation to embrace change and accept innovations. Therefore, the myth that older workers are less likely to change and innovate as well as to increase their knowledge and abilities has been partially validated by participatory studies.*

**Keywords:** *loneliness, older adults, participatory research.*

## **Introduction**

Lithuania's population is aging, as are most EU nations. There were 552.4 thousand senior persons (those 65 and above) in the population at the start of 2021, making up 19.8% of all residents. Every fourth lady and every seventh man were 65 years of age or older. Compared with the start of 2018, there were 0.6 thousand, or 0.1%, more older individuals. The age dependency ratio in 2019 was 30, it is gradually increasing over the years, in 2010 it was 26 (Official statistics portal, 2021; Statistical yearbook of Lithuania, 2021). The issues of older adults' social isolation and loneliness are growing more and more important in Lithuania's aging society. Although older individuals often hesitate to acknowledge these life difficulties. Numerous studies demonstrate that older adults link social isolation and loneliness to a failing life and a lack of personal worth. As a result, rather than finding solutions, people frequently choose to isolate themselves even more and refrain from discussing these issues with friends or family (Summary Report, 2021).

Loneliness is the perception of social isolation or the subjective feeling of being lonely (National Academy, 2020). This subjectivity of feeling means that people with a lot of social contacts may feel lonelier than those who are socially isolated, or that not everyone who experiences solitude feels lonely. Therefore, loneliness is more about a state of mind. Older adults are at increased risk of experiencing feelings of loneliness due to the changes in their social life (loss of friends, spouse or relatives) as well as health issues (chronic illness, weakening sight and hearing etc.) (Valtorta & Hanratty, 2012; Cacioppo & Cacioppo, 2014; Landeiro et al., 2016; Zemaitaityte et al., 2023). However, loneliness can also have a detrimental impact on older people's physical and emotional well-being. As noted by Tiwari (2013), loneliness may be a pathognomic factor for depression in later life.

According to older people's researchers (Ward et al., 2014), there is still a lack of effective methodologies to reveal the diversity and diversity of social exclusion in different cultural and legal contexts. Our capacity to determine risk factors and repercussions, gauge the frequency of social exclusion among older persons, and comprehend historical shifts in exclusion is hampered by the absence of such instruments. It also has a direct impact on society's capacity to confront the issue and create sensible laws and response strategies (Summary Report, 2021). The authors, who looked at older adults' risk of social isolation, offer their observations based on the study's findings. According to British researchers (Scharf and Bartlam, 2008; Ward et al., 2014), the difficulties of conceptualizing and operationalizing the phenomenon due to its complex nature in the case of

older people are exacerbated by different life experiences and different life deprivations.

Recognising loneliness in older adults is a challenging as well as an important task for social care professionals and caregivers. As we found out earlier, measurements of loneliness can be complicated by the complexity of the phenomenon, that is although loneliness is a common human feeling, every individual can experience it differently in life. It means that loneliness can be caused by different factors that may go hand-in-hand for some individuals but may not lead to feelings of loneliness for others. As a result, social care professionals and caregivers may not recognize the signs of loneliness due to a lack of training or awareness (Velloze et al., 2022). They need not only training on how to recognize signs of loneliness but also validated measurement tools. Different measuring instruments can be used by social workers and caregivers to identify social isolation and loneliness in older adults. Unfortunately, most tools like the ALONE Scale, the Lubben Social Network Scale and the Multidimensional Scale of Perceived Social Support, are limited in their concentration on evaluating different aspects of social connectedness and perceived support (National Academies, 2020; Manera, Smith, Owen, et al., 2022; Deol, Yamashita, Elliott, et al., 2022). There is also the de Jong Gierveld Loneliness Scale which consists of an 11-item questionnaire designed to assess both overall loneliness as well as social and emotional loneliness (National Academies, 2020). The Revised UCLA (R-UCLA) Loneliness Scale, however, is a commonly used standard tool that is intended to gauge an individual's subjective sense of social isolation and loneliness (National Academies, 2020). The scale is a 20-item questionnaire designed to measure older persons' perceived loneliness. Older adults together with service providers and housing associations were involved in the development of the UCLA scale (National Academies, 2020). When solving the complex problem of loneliness among older people, the measuring instruments must be validated in the national context, professionals and caregivers must be trained to recognize the signs of loneliness, and together with the clients, discuss their well-being and feelings as much as possible (Czaja et al., 2021).

The purpose of the article is to present a recognition of the loneliness screening tool from a personnel perspective. The research aims to evaluate the effectiveness and suitability of the loneliness screening tool for older persons. Staff who care for older people were asked to express their opinion and rate the loneliness screening tool, including its relevance, comprehensibility and practicality in identifying loneliness among older people.

## **Methodology**

The study employed a participatory research methodology. Participatory research in the social sciences, such as education and social work, is becoming more and more acknowledged as a means of achieving results that address the needs and preferences of the participants whose lives and activities are the subject of the study. Participatory research is an empirical research method where stakeholders, including academic researchers, clients, initiators, implementers, and users, participate in the research as participants. Participation is a defining principle throughout the research process. Knowledge is co-constructed with the individuals whose lives are the subject of the study (i.e., the interest group) in what is perceived as a relational process. It seeks to bring about specific adjustments or acts (What is participatory research?). The process of conducting research involves ongoing learning and reflection. According to Vaughn and Jacquez (2020), research is an ongoing process that involves learning, reflection, and action. Maximizing the participation of these individuals (referred to as "participants") by their needs and capacities is one of the key tenets of participatory research. When taking part in participatory research, participants are frequently called "co-researchers". Participatory research involves participants not as subjects but as active research participants (Brown, 2022). Ethical principles are important in all research, but in participatory research (where the distinction between academic researchers and participants is the least defined) it requires even more attention (Vaughn & Jacquez, 2020). The following ethical principles were considered in this participatory research project: mutual respect; personal integrity, which is characterized by each research participant acting in an honest, trustworthy, and transparent manner; striving for equal democratic input from all participants in all aspects of the project; active learning, which occurs when all participants view the research process as a mutual learning experience, sharing experiences, reflecting, and evaluating; collaborative, collective action, wherein participants (academic researchers and other relevant stakeholders) work together to achieve positive change (What is participatory research?). Participatory research is widely used in many countries, but this method is rarely implemented in Lithuania. One of the first articles on this kind of research was published in 2015, which discussed the opinion of researchers about the value of the method and challenges in conducting research in organizations (Jarašiūnaitė et al., 2015). Also, participatory research was conducted in four organizations (Varžinskienė et al., 2015) that provided short-term and long-term services to older adults, looking for possible changes in the organizations for better service delivery. For the presented research, this methodology was chosen to reveal more deeply the analyzed phenomenon, in particular the possibilities of applying technological tools to recognize the loneliness of older adults.

Eight social workers and nurses participated in a focus group discussion during the study's initial phase. The study revealed that social workers and nurses try to recognize the loneliness of older adults, including the relatives of the clients. When naming how they recognize loneliness, the research participants indicated that they recognized loneliness from emotions, the behavior of older persons, and the state of health (mental and physical). Emotions like difference, rage, despair, boredom, needing attention, longing, and the want to speak are signs that someone is lonely. Older people occasionally admit to being lonely. Sometimes loneliness can be associated with depression. However, the research participants noted that they do not have the means, and especially the technological tools, for this. Therefore, in their opinion, it would be important to have such a tool that would facilitate their work. At the same time, care workers and social workers identified the difficulties in providing services to overcome loneliness, such as a heavy workload, increased control by authorities, suspension of activities, and a lack of help, when asked how they identify the loneliness of older people, what kind of help they receive, and who they turn to.

The loneliness recognition criteria identified during the focus group discussion were included in the development of a digital loneliness recognition tool. The tool developed during the project was presented to the employees of a social care institution, as well as training was conducted.

*Table 1 The Characteristics of the Respondents (the authors)*

| <b>Age</b>                           | <b>Gender</b> | <b>Duration of work in a social care institution</b> |
|--------------------------------------|---------------|--|
| 30 – 50 years - 29                   | Women - 39    | 1 – 2 years - 20                                     |
| > 51 years - 10                      | Men - 2       | 3 – 5 years - 5                                      |
| Did not answer about his/her age - 2 |               | > 5 years - 16                                       |

The digital tool for assessing the loneliness of older adults was developed during the project “*Digi-Ageing – Overcoming Loneliness*“ (No 2020-1-AT01-KA202-078084/PCR-28) and aimed to help health care professionals and social workers assess the risk of loneliness symptoms in older adults by offering a 3-stage assessment procedure. This assessment procedure includes a rapid singleness check; UCLA Loneliness Rating Scale; and Ecomap. After the three-stage screening, the specialist gets recommendations for prevention (prevention report) and intervention (intervention report). Based on this, the specialist can draw up an action plan together with the client.

After the training, social workers and nurses tested the tool in their activities. 41 employees of the social care institution participated in the training and used the digital loneliness assessment tool.

In the further phase of participatory research, quantitative research in the form of a questionnaire survey was chosen. Table 1 lists the characteristics of the responders.

### Research data analysis

When asked to rate the digital loneliness assessment tool (Fig.1), the respondents distinguished the overall assessment of the tool as very good and good (37 respondents). This tool helps to identify loneliness in clients, is effective (36) and suitable (34) for use by social workers and nurses of all ages.

According to the study, it's critical to take into account a variety of aspects while providing training and introducing new initiatives to staff members, including age, motivation for change, and specific circumstances like pandemics. Employee enthusiasm for training and their comprehension of its benefits should be taken into consideration when assessing employee involvement and desire for change. However, employees may also be passive and reluctant to adopt innovations. The survey data partially supported the stereotype that older workers are less inclined to innovate and adapt to technology, and they are also less likely to increase their knowledge and proficiency with digital tools.

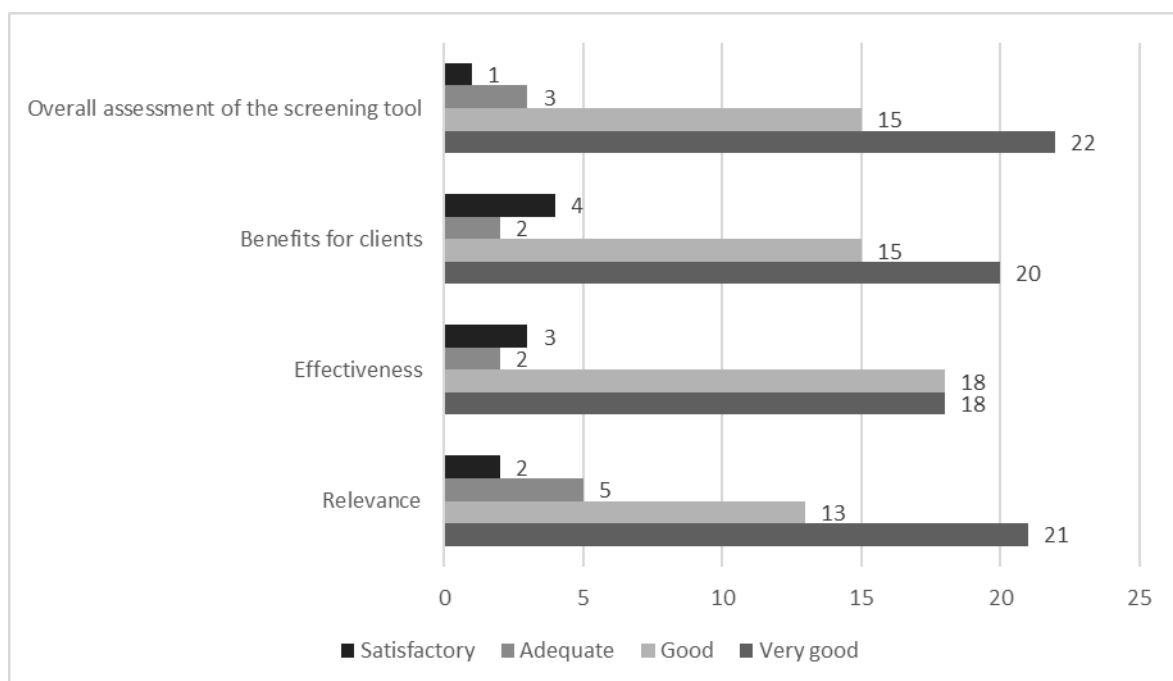


Figure 1 Assessment of the Screening Tool (the authors)

In response to the usability of the Loneliness Screening Tool, research participants indicated that they found it easy to use the digital tool (39). 37 respondents noted that this older people's loneliness assessment tool was easy to

integrate into their daily work and this digital tool was useful for their clients (Fig.2).

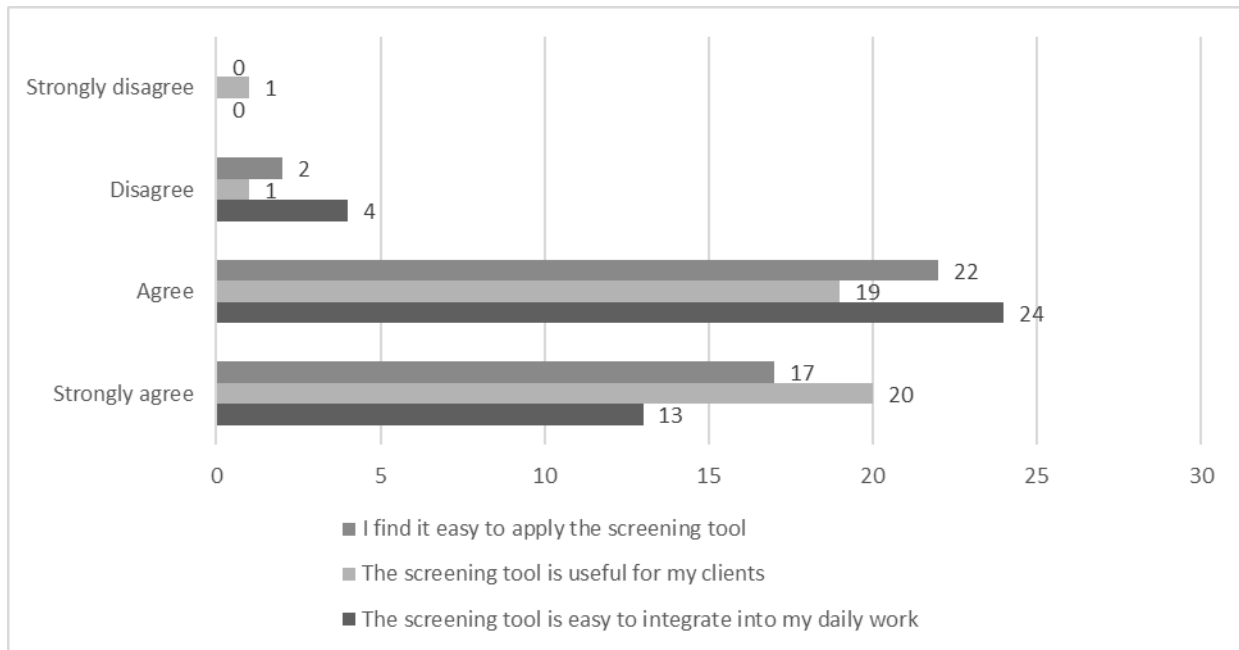


Figure 2 Adaptability of the Screening Tool (the authors)

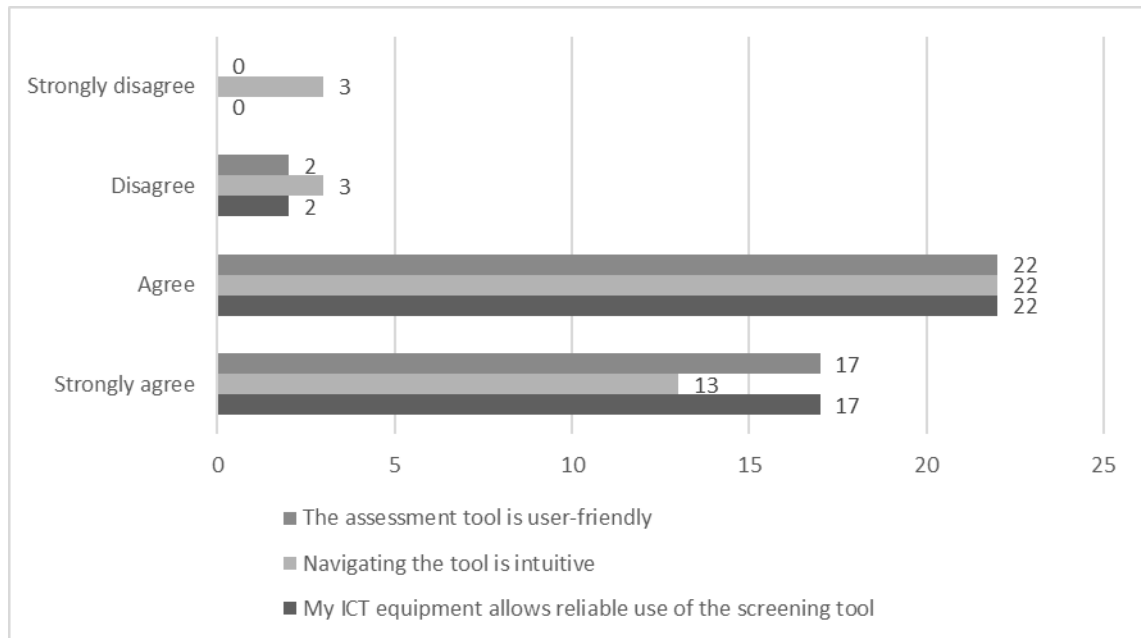


Figure 3 Technical aspects of the Screening Tool (the authors)

The research participants added that when using the digital loneliness assessment tool, clients willingly answered the questions presented, expanding the answer options provided by memories.

When asked to evaluate the technical aspects of the digital loneliness screening tool, the study participants again distinguished that the tool was easy to use (39) and that the information and communication technology equipment available to the staff allowed reliable use of the digital loneliness assessment tool for older adults (Fig.3).

During the oral group discussion, it was added that the reliability was related to the Personal Data Protection requirement, when using the new assessment tool, the confidentiality of the older adult's data was fully ensured.

## Conclusion

In conclusion, the initial phase of the study, conducted through participatory research with social workers and nurses, illuminated the challenges they face in recognizing loneliness among older adults. The identified criteria were instrumental in the development of a digital loneliness recognition tool, presented and tested in a social care institution. The subsequent quantitative research, involving a questionnaire survey with 41 participants, demonstrated a positive reception of the tool. Research participants found the tool effective, suitable for all age groups, and easy to integrate into their daily work. The study emphasized how crucial it is to take into account variables like employee age, change motivation, and external circumstances like the pandemic while implementing new tools. It also supported the myth to some extent that older workers are less likely to use digital tools. The positive feedback on usability and technical aspects, coupled with the emphasis on data protection, underscores the potential value of the digital loneliness assessment tool in enhancing the well-being of older adults while ensuring the confidentiality of their personal data.

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