University of Kerbala
College of Nursing

Impact of Feeling Loneliness upon Depression among Elderly Residents in Nursing Home and Community: A Comparative Study

A Thesis submitted
By
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To the Council College of Nursing /University of Kerbala, in Partial Fulfillment of the Requirements for the Master's Degree in the Nursing Sciences

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وَقَضَىٰ رَبُّكَ أَلَّا تَعۡبُدُوٓاْ إِلَّآ إِيَّاهُ وَبِٱلۡوَٰلِدَيۡنِ إِحۡسَٰنًاۚ إِمَّا يَبۡلُغَنَّ عِندَكَ ٱلۡكِبَرَ أَحَدُهُمَآ أَوۡ كِلَاهُمَا فَلَا تَقُل لَّهُمَآ أُفّٖ وَلَا تَنۡهَرۡهُمَا وَقُل لَّهُمَا قَوۡلٗا كَرِيمٗا وَٱخۡفِضۡ لَهُمَا جَنَاحَ ٱلذُّلِّ مِنَ ٱلرَّحۡمَةِ وَقُل رَّبِّ ٱرۡحَمۡهُمَا كَمَا رَبَّيَانِي صغيرا

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سورة الأسراء اية رقم 23 و24

Supervisor Certification

I certify that this thesis, which entitled (**Impact of feeling Loneliness upon Depression among Elderly Residents in nursing home and community: A comparative study**), submitted by Walaa Yahya abed zed was prepared under our supervision at the college of nursing, university of Kerbala in partial fulfillment of the requirements for the degree of master in nursing sciences.

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After reviewing the thesis entitled (**Impact of feeling Loneliness upon Depression among Elderly Residents in nursing home and community: A comparative study),** we certify that it fulfills all the requirements for awarding the master's degree of science in nursing.

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Dedication

This work is dedicated to
Allah *who inspired me with knowledge and the ability to work*
My Father and Mother, who have dreamed to see me the best in this world.my uncle and aunt who always supported me
My brothers, sisters, and friends with all love and respect.
My husband and Children with all love.

Walaa

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Table of Abbreviations and Acronyms

Items	Meaning
ADL	Anti-Defamation League
AIDS	acquired immunodeficiency syndrome
DSM-5	The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition
EBV	Epstein-Barr virus
ELISA	Enzyme-linked immunosorbent assay
EPI	Epidemiological software tool info program
GDS	geriatric depression scale
MAOI	monoamine oxidase inhibitor
MDD	Major Depressive Disorder
MMSE	mini – mental state examination
MSPSS	multidimensional scale of perceived social support
NK	natural killer
NSAIDs	Nonsteroidal Anti-inflammatory Drugs

OAHs	in old age homes
PDD	persistent depressive disorder
PMDD	Premenstrual Dysphoric Disorder
PPD	Postpartum depression
PTSD	Post-Traumatic Stress Disorder
SAD	Seasonal affective disorder
SPSS	Statistical Package for the Social Sciences
U S	United States
UCLA Loneliness Scale	University of California Los Angeles Loneliness Scale
UN	United Nations
USA	United States of America
WHO	World Health Organization
LTCFs	long-term care facilities

Abstract

Loneliness and depression are serious public health concerns that could deteriorate their physical health quality of life and increase the risk of suicide

A descriptive correlation design was used in the current study from the period of 26th September 2022 to 16th July 2023 to assess elderly residents in nursing homes and the community for feelings of loneliness and depression, examine the impact of feelings of loneliness upon elderly people's levels of depression to compare the level of depression among elderly people living with their families and in nursing homes, and to find out how the level of depression varies among elderly people according to their age, gender, level of education, family income, and nursing home setting. A judgmental (non-probability) sample of 125 elderly selected from nursing home in middle euphorites in Iraq and from community according to specific criteria.

The data were collected through interview by using two scales that are University of California Los Angeles Loneliness Scale (20 items) geriatric depression scale (15 items). Data were analyzed and interpreted through use application of Statistical Package for Social Sciences (SPSS.26).

The results of the study demonstrate that depression is strongly associated with feeling of loneliness among elderly residents in nursing home and community by showing moderate level of feeling loneliness and depression the study reveals that elderly people in nursing home have higher level of depression than those in community.

The study concluded that elderly residents in nursing homes and communities experience moderate levels of loneliness and depression. Additionally, their depression is unaffected by their demographic characteristics (age, gender, marital status, monthly income, level of

education, or occupation) and is instead primarily and significantly influenced by their sense of loneliness

The study recommended by Providing social and health programs to support the elderly, as well as conducting awareness elderly for caregivers and families on how to take care of the elderly residents in nursing home and those living with their families.

Chapter one

Introduction

Introduction

Gerontology is a natural, multifaceted, and heterogeneous phenomenon that causes a range of psychological physical and functional changes. These changes are necessary for maturity and cannot be stopped or changed, but people can lessen the impact of these adverse changes, which may result in elderly people having a low level of life satisfaction (Reid et al., 2014).

The Arab world the elderly makes up 6.7% of the population show a 9.5% rise by 2030 the fastest population growth is anticipated among the elderly, whose average age is 80 (Sibai et al., 2018).

According to the international survey conducted by the Iraqi Health Department the proportion of people in Iraq who are 60 years and older rose from 3.4% to 5% between 2010 and 2015, and by 2050, it is expected to reach 7.2% (Ibrahim et al., 2019).

Elderly people living in urban areas are frequently institutionalized by their families which makes them feel abandoned and lonely because placement is frequently accompanied by feelings of losing control over one's own life and the inability to make decisions about daily matters, such living arrangements may have a negative impact on its residents' mental health such living conditions might be detrimental to the residents' mental health (Sridevi & Swathi, 2014).

Elderly people frequently experience stressful life events like the death of a loved one, deteriorating health that results in disability decreased mobility, persistent pain, frailty, or other medical conditions, as well as a drop in socioeconomic status brought on by retirement, make people more susceptible to emotional distress. due to the possibility that they may need long-term care as a result of a condition, a dependency, social isolation, loneliness, or psychological distress like anxiety or depression, seniors can

be considered a population at risk the younger generation now finds it challenging to deal with issues involving the elderly as a result of the population's rising life expectancy rate (WHO,2018).

Loneliness is a human phenomenon that affects people of all ages it is a negative, subjective emotion that is linked to the individual's personal experience of poor social relationships and their inability to establish healthy relationships their experience of loneliness defined as the difference between their actual and desired levels of social engagement as well as their total level of social contact are assessed (Richard et al., 2017).

Elderly residents of nursing homes are more likely to experience loneliness than those who live at home, lack of social interaction, gender, low socioeconomic status, and loneliness all predict poor health outcomes like cognitive decline and an increased risk of mortality additionally, nursing home residents had higher levels of loneliness (Bandari,2019).

Loneliness affects the elderly in a negative way and prevents them from successfully ageing when there is a disconnect between a person's expectations and their social network, loneliness is a subjective and unfavorable emotion (Aung et al.,2017).

The incidence of loneliness among the elderly is rising, and there are a number of factors that can exacerbate it, such as being 85 years of age or older, being unwell, having a condition, or being impaired in their sensory or cognitive abilities other contributing factors include singledom, loneliness, bereavement, divorce, and never getting married additionally, loneliness is linked to an unhealthy lifestyle and has a negative impact on physical and mental health (Higuchi, 2018).

Elderly people can experience loneliness even when they are surrounded by others everyone experiences loneliness differently, so there are no universally accepted criteria for identifying it in older people

however, it is frequently accompanied by signs like sleep issues a decline in social networking satisfaction, a loss of interest in social activities and weight gain (Pitkala,2016).

Depression is a prevalent psychiatric disease that affects One of the most common psychiatric disorders contributes to 24% of attempted suicides and raises the risk of suicide in the elderly the quality of life is also decreased, drug use is increased, and care costs are increased, among other social and financial problems elderly depression has been identified as the second factor contributing to disability life satisfaction and life expectancy can both suffer from depression People with a history of depression will deteriorate with time (Babazadeh et al.,2016).

The symptoms of depression include a sad mood, lack of interest or enjoyment, decreased energy, guilt or a sense of poor self-worth, disturbed sleep or food, and trouble focusing depression carries some of the signs of mental disease depression will be the second most prevalent cause of disability worldwide in 2020 and 2030 (WHO, 2016).

Depression expected to greatly increase the burden of disease gender of women and their poor financial situation there are numerous variables that increase one's risk of developing depressive symptoms, including lack of education, heredity, exposure to violence, being separated, divorced, or bereaved, and having chronic conditions (Avasthi & Grover,2018).

The lack of social interactions and access to family and friends for elderly people who residence in institutions may have an impact on their physical and mental health and contribute to the emergence of severe depressive symptoms (Chang Kao et al.,2018).

Somatic complaints anxiety, and irritability can result from depressive symptoms strong depressive symptoms can lead to feelings of

isolation, suicidal thoughts, and other risky behaviors (Saracino & Nelson,2019).

Depression carries a sizable burden of disease associated with mental health its effects also have a significant impact on public health because maternal depression has a negative impact on child development and growth, increases the risk of dementia, causes premature death from physical ailments, and increases the risk Alzheimer's disease (Reynolds & Patel, 2017).

1.2 Importance of the study

Elderly people in poorer health, those residing in care facilities or nursing homes as well as those who were otherwise isolated, were more likely to experience loneliness and depression (Ahmed et al., 2014).

There are greater rates of psychiatric morbidity in nursing homes for the elderly than in the general community, according to prior studies the results demonstrated that elderly in long-term care settings had prevalence rates of depression (11% to 85.5%) and loneliness (56% to 95.5%) which are frequently high among elderly residents in long-term care facilities (Elias, 2018).

Depression in elderly people can significantly lower life expectancy and lower one's level of satisfaction, loneliness and depression are serious public health concerns that could deteriorate their physical health ,quality of life and increase the risk of suicide numerous studies have looked at the connection between loneliness and depression in elderly according to a study, among elderly people 60 years and over , loneliness and depression are significantly positively correlated (Aylaz et al.,2012)**.**

Untreated psychiatric conditions in the elderly such as depression can lead to a decline in quality of life as well as the emergence of physical, cognitive, functional, and social impairments it is a further risk factor for

mortality that can be avoided, especially in cases of attempted suicide it was noted that knowledge of loneliness and depression is limited although nurses play a crucial, multifaceted role in assessing the bio psychosocial needs of the elderly and providing them with holistic care in light of the foregoing, this study has focused on the impact of feeling loneliness upon depression among the elderly in nursing homes and community (Sharan& Rai,2016).

1.3 Statement of the Problem

Elderly people who experience loneliness and depression are at an increased risk of suicide, which could worsen their physical health and quality of life (Domènech Abella et al., 2018).

Loneliness is a public health problem that is recognized globally and is one of the causes of people's welfare loneliness can have a significant impact on the mental, emotional health especially loneliness often leads to feelings of sadness, depression, and anxiety among the elderly they may experience a sense of emptiness, helplessness, and a lack of purpose in life Prolonged loneliness can contribute to cognitive decline and increase the risk of developing conditions like dementia on physical health loneliness can negatively affect physical health in several ways elderly individuals who feel lonely are more likely to have poor sleep patterns, experience fatigue, and have a weakened immune system they may also engage in unhealthy behaviors such as poor nutrition, sedentary lifestyles, and neglecting self-care, which can lead to various health issues loneliness also reduces quality of life, because can significantly diminish the overall quality of life for the elderly it can lead to decreased sense of happiness, life satisfaction, and overall well-being various psychosocial and biological mechanisms have been proposed to explain the relationship between loneliness and depression among the elderly

Psychosocial factors include reduced social support, diminished social engagement and a lack of emotional intimacy, which can contribute to feelings of loneliness and subsequently increase the risk of depression additionally, loneliness can trigger negative cognitive patterns such as rumination and self-criticism, which are associated with depressive symptoms (Conde-Sala et al., 2020).

the prevalence of loneliness and depression among the elderly population may due to factors such as the loss of a spouse, reduced social interactions, physical limitations, and living alone depression, characterized by persistent feelings of sadness, hopelessness, and a loss of interest in activities, is a common mental health issue among the elderly Loneliness and depression often coexist and can have a mutually reinforcing relationship, exacerbating the negative impact on overall well-being(Gilmour and Ramage-Morin, 2020).

Loneliness and depression are two significant challenges faced by the elderly population, particularly as they age and experience changes in their social networks and support systems understanding the relationship between loneliness and depression is crucial for developing effective interventions and support programs that can improve the mental well-being of elderly (Hegeman et al., 2018).

Understanding the complex relationship between loneliness and depression is critical to implementing effective interventions and support systems that enhance the mental well-being of older adults by overcoming loneliness and improving social relationships, health professionals and communities can contribute to the welfare and quality of life (Arifin& Rohan, 2023).

1.4 Objectives of study

1. To assess elderly residents of nursing homes and the community for feelings of loneliness and depression
2. Examine the impact of feelings of loneliness upon elderly people's levels of depression.
3. To Compare the level of depression among elderly people living with their families and in nursing homes.
4. Find out how the level of depression varies among elderly people according to their age, gender, level of education, family income, and nursing home setting.

1.5. Research Question:

1. Is the feeling of loneliness have impact upon depression level among elderly resident in nursing home and community?
2. What the difference in the level of depression among elderly resident in nursing home and community?

1.6. Hypotheses:

1.6.1. Null Hypothesis (H0): There is no impact of feeling loneliness upon depression illnesses among elderly residents in nursing home and community.

1.6.2. Alternative Hypothesis (H1): Loneliness have a significant positive impact upon the level of depression among elderly residents in nursing home and community.

1.6.3. Alternative Hypothesis (H2): Depression level among elderly resident in nursing is higher than elderly resident with their families.

1.7. Definition of the Terms:

1.7.1. Loneliness

1.7.1.a. Theoretical Definition:

The unpleasant experience of loneliness is defined as occurring when there is a subjective gap between desired and perceived social interaction availability and quality (Johnson et al.,2020).

1.7.1.b. Operational Definition:

Is a subjectively negative emotion linked to the elderly person's experience of inadequate social connections and the score obtained using the UCLA Loneliness Scale.

1.7.2. Depression:

1.7.2.a. Theoretical Definition:

Depression is an emotional disorder characterized by low mood, lack of interest and pleasure, and there is a group of emotional and physical problems caused by depression, which reduces the ability to work and perform household duties for the individual (Guo & Jen, 2019).

1.7. 2. B. Operational Definition:

A common and serious medical illness that negatively affects how you feel, the way you think and how you act fortunately, it is also treatable depression causes feelings of sadness and/or a loss of interest in activities you once enjoyed it can lead to a variety of emotional and physical problems and can decrease your ability to function at work and at home.

1.7.3.: Elderly

1.7.3.a. Theoretical Definition:

Persons who have passed the middle ages and are reaching senior years through the process of progressive change in the psychological

biological and social structures of persons surrounding the features of elderly persons or survival in later years (WHO, 2017).

1.7.3.b. Operational Definition:

Operationally defined as residents of nursing homes and the community who are 65 years of age and older.

1.7.4.: Nursing home

1.6.4.a Theoretical Definition:

Nursing home: ls residential care facility that offers 24hour care to people who are chronically ill or disabled this indicates that the residents need intensive nursing care because they are unable to care for themselves at home. (Kariuki, 2019).

1.7.4.b. Operational:

Is a residence for elderly people who require assistance with daily tasks.

Chapter two

Review of Literature

Review Of Literature

2.1. Overview of Geriatric Epidemiology and Aging

Early adulthood is the beginning of a gradual, ongoing process of natural change called aging many bodily processes start to gradually deteriorate in the early middle years the retirement age of the global population is increasing as a result of falling fertility rates and increasing life expectancies, which has a significant epidemiological impact on problems with social services and healthcare over the course of the 20th century, fertility rates declined in developed countries, and this trend started to spread to underdeveloped countries more than 30 years ago Population aging has frequently been significantly exacerbated by rising life expectancy male life expectancy increased by 66 percent and female life expectancy increased by 71 percent in developing countries over the course of the 20th century (Catic, 2017).

In the coming decades, geriatrics will grow significantly as people live longer despite the fact that only 4% of Americans were 65 or older in 1900, the proportion of the elderly has increased over the past century and is expected to continue to rise (9.8% in 1970, 13% in 2010, and 20% by 2050 (Gorman & Anwar, 2014). Between 2012 and 2050, the actual numbers are anticipated to increase from 43.1 million to 83.7 million (Ortman, 2014).

Aging is a global issue, not just one that affects the United States there were 901 million people worldwide who were 60 or older in 2015 this number is expected to rise to 1.4 billion in 2030, 2.1 billion in 2050, and 3.1 billion in 2100 (WHO,2019).

The majority of older residents and the most elderly populations are found in less developed countries, despite the fact that these oldest

population profiles are found in more developed countries approximately 25% more elderly people are anticipated in less developing countries between 2010 and 2050, compared to 71% more in developed countries (Colombo et al., 2012).

According to other sources, by 2050, the percentage of the population that is elderly is expected to double from 7.6% to 16.2% (Rabie and Klopper, 2015) and more people are surviving into their advanced years more than 85 years (Catic,2017).

Additionally, the aging process had started in some of the Arab Region's subregions earlier than it had in the more developed regions. From 281 million in 2000 to almost 659 million in 2050, the total population of the Arab Region is projected to nearly double and a half with an increase of 60% over the 35 years from 2015 to 2050, this equates to 6.02% of the total global population in 2000 and 15.2% by 2050 (Chekir et al., 2017).

The concept of aging has evolved over time, and current definitions of elderly people take into account both chronological age and social and physical views of aging chronological age is one of the methods that is most frequently used to describe aging the majority of developing nations recognize the age of 65 as the definition of old age additionally, elderly people are those who are 65 years of age or older (Kariuki, 2019).

The chronological age of 75 or older has been found to be more appropriate due to the rise in life expectancy in most countries and the improvement in senior citizens' functional capacity as a result of their increased ability to live healthy lives without significant functional limitations Particularly older people who live alone have been said to be in worse health and wellbeing than younger people which causes the need for ongoing assistance to rise (Turjamaa,2014).

One in three people over the age of 75 and another person over the age of 85 require assistance every day major ideological shifts occurred in the gerontology field at the beginning of the 1960s old age and aging were no longer synonymous with illness, inactivity, and a general decline in growth (Cachioni et al., 2017).

The aging process brings with it a variety of health problems and functional deficiencies there is a link between this and a decline in physiological effectiveness at this stage of life, disabilities began to manifest (Sood & Bakhshi,2012).

Everyone ages and there is no way to stop it is a disorder of time management (Gorman &Anwar, 2014).

The unavoidable growth phenomenon known as aging is accompanied by a number of changes in the neurological, hormonal, physical, and social factors (Jena, 2018).

Ageing is defined as the regular changes that occur in mature genetically representative organisms living under harsh environmental conditions as they advance in chronological age in biology (Tandon,2017).

The accumulation of a person's changes over time is aging it alludes to a multifaceted phenomenon that involves changes in the social, psychological, and physical realms some aspects of aging change and grow over time, while others shrink the ability for physical, emotional, and social growth and development can continue into old age (WHO, 2019).

According to this new perspective on aging, the active and fruitful old are those who have had positive experiences without disabilities in terms of their health participation, and productivity and independence in older people, as well as intergenerational solidarity, while honoring the

nation's culture and adjusting to the challenges of aging (Molashahri & Abedi ,2015).

Age has historically been seen as a problem in people's lives, and this still holds true today the dependency of the elderly is increasing man's life becomes more precarious as he ages due to his declining wealth and occupations, as well as the ensuing decline in the status of his family and community consequently, improving overall quality of life for older people is necessary (Jena ,2018).

As the body's ability to function normally continues to deteriorate with age, old age is characterized by physiological deterioration poor hearing, poor vision, immobility, a decline in memory, an inability to eat and digest food properly, an inability to control bodily functions like continence, as well as chronic illnesses (Kariuki, 2019).

All body systems are thought to be affected by the physiological changes of aging, but unnecessarily at the same level lists the common issues faced by elderly people as dependency, declining health, retirement, financial obstacles, abuse, poverty, social marginalization, and systematic discrimination as examples of problems that may be influenced by an individual's social-cultural background Social support for the elderly can be provided in two ways formally through formal social legislation and laws and informally through regular daily interactions with family (Stanciu, 2012).

Although most people are able to deal with the changes and move through this stage of life with dignity, there are still many challenges associated with aging they take pride in both their families and their individual accomplishments they are able to see the contributions they made to others the best chance that someone will maintain the same level

of resilience as they age is for them to have learned to adapt to change throughout their lives (Gorman &Anwar, 2014).

To maintain the wellbeing of elderly people, it is imperative to prevent or reduce functional deficit at an early stage of risk have noted that self-management skills are particularly apparent in the presence of dysfunction to limit the detrimental effects of declines in these working domains on wellbeing, self-management abilities are necessary the capacity for self-management to manage a variety of resources or activities to achieve a specific dimension of well-being, such as having resources for intimacy in one's family friends, and siblings the main advantage of having a lot of resources is that there are opportunities to make up for losses due to their balanced role in ensuring wellbeing reduced balanced function to maintain well-being can result from declines in physical, social, and cognitive functioning some senior citizens experience declines in their physical, social, and cognitive abilities, which may impair their capacity for self-management (Crammet al., 2012).

Since 1964, gerontology has been studying the benefits of aging which are justified by the idea that quality of life and well-being should be maintained even in old age in this sense the term "successful ageing" has emerged, with one of its various definitions referring to those associated with good mental health psychological well-being, which includes environmental control, self-acceptance, purpose, positive relationships with others, autonomy, and personal growth, as well as a great deal of life satisfaction and specific functional domains subjective well-being, like social integration, health, activity, social relationships, sense of meaning of existence, and sense of control therefore, it is crucial to encourage wellbeing in later life (Sood and Bakhshi, 2012;Cachioni et al., 2017).

2.1.1. The ageing process and wellbeing

Growing old and becoming old is a lifelong process of aging. Conception is the beginning, and death is the end. In this sense, we have all aged since our birth when we are younger, aging goes by different names for instance, when we are young, we refer to aging as "growth and development we refer to aging as maturation when we are in our adolescent and young adult years our physical bodies start to deteriorate and lose functionality after age 30 Senescence is the term for this stage (Hom Nath Chalise, 2019).

Aging is linked to higher rates of depression, a decline in personal growth and a loss of purpose in life these results have been supported by the work of other researchers, which shows that psychological functioning has a highly differentiated profile across the adult life cycle age affects a person's wellbeing differently depending on whether they are mentally and physically healthy or not the varying states of wellbeing throughout life may be brought on by internal physiological changes as opposed to environmental factors (Hobbs, 2016).

2.1.2. Theories of aging

2.1.3. Disengagement theory:

According to a theory put forth in 1961, people begin to withdraw from society as they get older out of fear of dying this idea holds that people can enjoy their old age stress-free by ceasing to be involved in work and family obligations the argument that old age disengagement is neither normal, inevitable, nor advantageous has been made against this theory (Michael Totten, 2022).

2.1.4. Activity theory:

According to the theory of old age, societal restrictions on social

engagement cause old age disengagement rather than a desire for it has been criticized for failing to take into account the psychological changes that come with aging, as evidenced by decreased activity (Berk& Laura, 2010).

2.1.5. Continuity theory :

Most people attempt to maintain continuity with their youthful persona, activities and relationships despite the inevitable changes brought on by aging (Berk& Laura., 2010).

2.1.6.Socioemotional selectivity theory:

Demonstrates how people remain consistent throughout their lives this theory's main concern is continuity, which is maintained by social networks albeit networks that are constricted through deliberate action and external factors more harmonious connections are the option instances include distance and death-related relationship losses (Berk& Laura, 2010).

2.1.7: Dimensions of aging

There are four dimensions in aging: chronological, biological, psychological, and socialWattis and Curran add a fifth dimension developmental (Cohn Wattis, &Stephen Curran,2006; *Phillips Judith.et al., 2010).*

2.1.7.a. Chronological

The number of years from a person's birth to the present day is their chronological age its age is expressed in years, months, days, this is the most typical way to estimate someone's age**.**

2.1.7. b. Biologically

The gradual loss of a person's physiological capacity to meet demands over time is referred to as biological ageing the fundamental tenet of biological aging is that your body's numerous cells and tissues are

damaged as you age in contrast to chronological age which only takes into account the date of birth, biological age, also referred to as physiological or functional age, takes into account a number of additional factors.

2.1.7. c. psychological ageing

Psychological age is different from chronological age in that it refers to how old a person feels, acts, and behaves a person's psychological age may be greater than their chronological age if they are mature or at least feel older than their actual age.

2.1.7.d. Social ageing

The phrase "social aging" describes the ways in which society affects the perceptions and experiences of aging; social aging includes the expectations and presumptions of those around us about how we should behave, what we are like, what we can do, and what we should be doing at various ages.

2.1.8 Tips to Slow Aging

You cannot stop aging there are a number of things you can do to reduce the environmental influences on aging according to (Office of Disease Prevention and Health Promotion,2022).

2.1.8 a. Eat sensibly:

The body suffers damage from extra sugar, salt, and saturated fat, which raises the risk of hypertension, diabetes, and heart disease. Increase your consumption of fruits, vegetables, whole grains, low-fat dairy, lean meat, and fish to prevent these aging-related concerns.

2.1.8 b. Read labels:

If you purchase packaged foods for convenience, read the label to make sure you keep your daily sodium intake under 1,500 mg, your daily sugar intake under 25 mg, and your daily saturated fat intake under 10%.

2.1.8.c. Stop smoking:

Quitting smoking lowers your risk of cancer significantly while enhancing circulation and blood pressure there are effective cessation aids that can help, even though it frequently takes several attempts to finally break the habit.

2.1.8.d. Exercise:

The majority of adults do not exercise enough to maintain good health roughly 30 minutes of moderate to strenuous exercise 5 days per week however compared to not exercising 15 minutes of moderate activity per day can increase longevity (Reimers ,2012).

2.1.8.e. Socialize:

Socialization keeps us mentally active and may also have an impact on our longevity keep up healthy, positive relationships with other people keep in touch with the people you care about, and make an effort to get to know new people (Yang,2016).

2.1.8 f. Get ample sleep:

shorter lifespans and poorer health are associated with long-term sleep deprivation you may feel better and live longer by improving your sleep habits and getting 7 to 8 hours of sleep each night (Medic,2017).

2.1.8.j. Reduce stress:

Chronic anxiety and stress cause the release of the inflammatory stress hormone cortisol, which can be harmful to your body the indirect inflammatory pressure on cells may be reduced by learning to manage

stress through relaxation techniques and mind-body therapies (Chen &Lyga ,2014).

2.2: Over view of Loneliness

The first use of the word "loneliness in 1800 which is now under stood to be a painfully negative emotionality brought on by a sense of being socially isolated the closest concept before the term loneliness which simply meant being alone without the negative connotation of lack of emotion it is said that before, when God was present all the time, people were never truly alone however, loneliness has become widespread as a result of society's ongoing modernization the value placed on individualism, and the decline of religion according to research loneliness affects people from all walks of life, including those who are married, in other committed relationships, and who have successful careers most people will feel lonely at some point in their lives, and so many people will feel it frequently there are numerous effects of loneliness a greater emphasis on the quality of one's relationships is one of the positive effects of transient loneliness, which is defined as loneliness that lasts only briefly (Alberti,2022).

An unpleasant emotional reaction to feeling alone is loneliness Social pain, a psychological mechanism that drives people to seek out social connections, is another term for loneliness it frequently relates to a sense of intimacy and connection being lacking while overlapping with solitude, loneliness is separate from it Simply put solitude is the condition of being alone not everyone who experiences solitude feels lonely loneliness is a subjective emotion that people experience even when they are surrounded by others there is a difference between being alone and feeling lonely, so to speak state loneliness is a type of temporary loneliness

chronic loneliness it can be painful and intense in either scenario (Jianjun Gao, 2016; Holt-Lunstad,2017).

Loneliness affects the elderly in a negative way and prevents them from successfully ageing when there is a disconnect between a person's expectations and their social network, they experience the subjective and negative emotion of loneliness (Aung et al.,2017).

The prevalence of loneliness among the elderly is rising, and there are several factors that can make it worse, such as age 85 or older, being in poor health, living alone, social isolation, bereavement, divorce, or never having been married impairment in the sensory or cognitive systems Additionally, loneliness has a detrimental effect on health both physical and mental and is linked to an unhealthy lifestyle (Higuchi, 2018).

Chronic loneliness, or loneliness that lasts for an extended period of time, has been linked to a number of detrimental outcomes, such as an increased risk of obesity, substance use disorders, depression, cardiovascular disease, high blood pressure, and high cholesterol chronic loneliness is linked to a higher risk of passing away and suicidal thoughts (Leesiu Long, 2020).

2.2.1 The Distinction of Loneliness from Solitude and Social Isolation

It is crucial to distinguish loneliness from other related phenomena in clinical practice in contrast to loneliness, solitude is a positive experience in which a person chooses to be with self and avoids people contrast to loneliness, social isolation is understood to be a harmful physical state in which a person lacks social contact, and arises as a result of loss of mobility due to illness or disability, unemployment, or health issues the

socially isolated person has a small network of kin and non-kin relationships (Coyle & Dugan, 2012; Somes, 2021; Hipson et al., 2021).

Table (2-1) The Distinction OF Loneliness from Solitude and Social Isolation

Characteristics	***Loneliness***	***Solitude***	***Social Isolation***
Mental/Physical State	A negative state of mind	A positive state of mind	A negative physical state
Crowd	One can feel lonely even among a crowd, and emotionally connecting with people can alleviate loneliness	One needs to be physically isolated from others to feel solitude	Lack of contact with other people or having few or no people with whom to interact
Subjective/ Objective	Subjective		Objective
Company	Being without company	Prefer to be without company	
Reasons	Lack of satisfaction with relationships	Self-determined	Loss of mobility — due to illness or disabilities, unemployment or health issues
Emotional state or distress	Sad due to being alone	Peaceful and pleasant	Sadness, restlessness, loneliness
Consequences	Producing feelings of bleakness or desolation	Inner peace and quietness	

2.2.2. Theoretical Approaches of Loneliness

The various theories' explanations of loneliness reveal the various approaches taken to comprehend loneliness the most common methods are:

2.2.2.1 Cognitive Approach:

The foundation of this strategy is a model of the discrepancy between desired and actual social relations according to Peplue's theory, loneliness results from a mismatch between desired and actual levels of social contact, and cognitive processes have a meditative effect on loneliness experience according to this perspective, loneliness is a personal, unpleasant, and distressing phenomenon (Jung and Lee, 2018).

2.2.2.2 The Psychodynamic Approach:

According to this theory, loneliness has its roots in the infant's attachment to its mother and is a very unpleasant experience to drive through this attachment, the child learns social skills and emotional bonds, but when motherly affection and significant others are absent, the experience of loneliness is incredibly unpleasant and linked to the insufficient satisfaction of the need for human intimacy (Granceheim and Lundman,2010).

2.2.2.3 The Phenomenological Approach:

Rogers does not give credence to childhood influences but instead focuses on current forces that produce a feeling of loneliness Roger sees loneliness as a sign of poor adjustment and lies within the individual's self-concept (Jung lee, 2018).

2.2.2.4. The Sociological Approach:

According to the sociological perspective loneliness is a result of social forces and external factors other than an individual are its primary causes (Qualter et al., 2015).

2.2.2.5 the interactionist Approach:

This strategy is based on the idea that loneliness is multidimensional, created by the interaction of situational and personality factors depression's progression through time (Bourin, 2020).

According to this theory, loneliness develops when social interactions fall short of meeting basic needs, take into account both internal factors like logic or character and external ones like the circumstances that lead to loneliness in many cases, it is a reaction to the lack of a close, even intimate attachment being offered (Oluanaigh et al., 2012).

There are two main constructs: an affective component that encompasses the unpleasant emotional experience of loneliness and a cognitive component that encompasses the gap between achievement and desired social relationships this meant that the main theoretical approach was being constrained to theories that could be supported by data (Perlman,2016).

2.2.3. Epidemiology of Loneliness:

in terms of population, a survey shows a U-Shaped pattern in the age distribution of loneliness with high rates among the young and the elderly according to an epidemiological review of loneliness, the prevalence of chronic loneliness is between 10 and 15% across all age groups in the UK,10.5% in Germany and 18.3% in China (Jopling &Sserwanja, 2016; Lasgaard Friis& Shevlin, 2016; Achterbergh et al., 2020).

According to data, 54.3% of Bangladesh's oldest adults reported feeling lonely overall, while another 41% reported feeling lonely occasionally and 13.7% reported feeling lonely always compared to the general population, people with mental disorders experience loneliness much more frequently loneliness is associated with higher rates of morbidity and mortality, according to a growing body of research (Klein von dem Knesebeck, &Lüdecke, 2020; Rahman et al., 2020; Wang et al., 2020).

A recent review of studies that looked at the effect of loneliness on mental health discovered that it is linked to higher rates of personality disorder Sundstrom Adolfsson and Nordin found an increased risk of Alzheimer's disease, found an increased risk of depressive symptoms up to 40–50% of people with depression report feeling lonely most of the time, according to cross-sectional studies additionally, earlier research has demonstrated that loneliness may be a factor in the development of suicidal thoughts (Meltzer et al., 2017).

Loneliness is a major risk factor for poor physical and mental health outcomes, as well as suicidality, is emerging as the prevalence of loneliness rises overall and is particularly high in those with major depressive disorder (Stravynski & Boyer, 2001; Cacioppo et al., 2016).

2.2.4. Causes Of Loneliness

2.2.4.1. Existential

For a very long time, people have believed that everyone experiences loneliness to some degree according to this viewpoint, loneliness is unavoidable to some extent because no one can consistently satisfy their innate need for connection due to the constraints of human life (Benjamin Lazare Mijuskovic, 2012).

According to Wolfe, everyone believes they are lonely in a way that is distinctively their own even though everyone experiences loneliness on occasion even though they acknowledge that reducing loneliness can be beneficial, existentialists tend to doubt that such efforts will ever be fully successful because they believe that some degree of loneliness is inevitable and even advantageous because it can help people appreciate the joy of being with others (Vivek Murthy, 2020).

2.2.4.2. Cultural

It is potential source of loneliness in two senses migrants who miss their native culture may experience loneliness according to studies, this effect can be particularly potent for students from Asian nations with a shared culture who attend universities in more individualistic English speaking nations, existential cultural loneliness (Ami Sha'ked , 2015).

2.2.4.3. Lack of meaningful relationships

For many people, their families of origin did not provide the ties based on trust necessary to create a reference that endures throughout one's lifetime and even in memory after a loved one has passed away this may be brought on by parental methods, cultural practices, mental health conditions, such as personality disorders, and dysfunctional family situations there is also occasionally religious rejection this affects people's capacity to understand themselves, value themselves, and relate to others or their ability to do so only very laboriously the typical medical or psychological counsel that advises to go meet friends, relatives, and to socialize overlooks all these aspects as well as many more this isn't always achievable when there isn't somebody around to relate to and when connecting without the necessary abilities and information is difficult due to repeated struggles, setbacks, or rejections brought on by a lack interpersonal skills, a person may eventually get disheartened or acquire apathy there is a need to create new ways to link individuals with one other, particularly at a time when a whole society is seeing a rise in loneliness, which affects people of all ages and is most severe in the elderly (Cotton et al.,2013).

2.2.4.4. Self-perpetuating

Long-term loneliness can lead to a variety of maladaptive social cognitions, including hypervigilance and social awkwardness, which can make it more difficult for a person to maintain existing relationships or

forge new ones although it doesn't always work for everyone, studies have shown that therapy aimed at addressing this dysfunctional cognition is the single most effective way to intervene to reduce loneliness (Mary et al.,2020).

2.2.4.5. Social contagion

Like a disease, loneliness can spread among social groups this is caused by the maladaptive cognition that frequently develops as a result of prolonged loneliness if a man loses a friend for any reason, this could make him feel more alone and lead to maladaptive thought patterns like excessive neediness or mistrust of other friends if he continues to drift apart from his remaining friends (Daniel Bzdok & Robin Dunbar, 2020).

This will result in a further loss of human connection these other friends now experience increased loneliness as well, creating a loneliness domino effect However, research has shown that this contagion effect is inconsistent the maladaptive cognition is not always brought on by even a slight increase in loneliness (Parker Pope ,2009). In addition, when a friend passes away, they will occasionally make new friends or strengthen existing friendships (Christakis et al.,2013).

2.2.4.6. Internet

Studies, particularly those that use data from the 1990s, before internet use became pervasive, have a tendency to find a moderate correlation between extensive internet use and loneliness studies examining whether the association is simply a result of lonely people being more drawn to the internet, or if the internet can actually cause loneliness, have found conflicting results according to the displacement hypothesis, some people made the decision to cut back on in-person interactions in order to spend more time online the ability of the internet to facilitate interaction

and empower people may outweigh the direct negative effects of excessive internet use on loneliness, anxiety, and depression (Sum Shima,2008).

According to some studies, using the internet can make some people feel lonely others have discovered that using the internet can significantly improve the feeling of loneliness (Lindsay et al.,2002).

There is a causal link between internet use and loneliness in both directions Overuse, especially if passive can make people feel more isolated while moderate use, particularly by users who interact with others rather than just consume content passively can increase social connection and reduce loneliness (Moretta & Buodo,2020; Christina Victor et al., 2018; Nowland et al.,2018).

2.2.4.7. Genetics

The heritability of loneliness was found to be between 14 and 27% in the first genome-wide association study of loneliness in 2016 genes therefore influence how lonely a person feels, but they have a smaller impact than personal experiences and environment However, earlier, smaller studies suggested that loneliness may be between 37 and 55% heritable (Jianjun Gao et al., 2016).

2.2.5. Types of loneliness

2.2.5.1. Social loneliness

Social loneliness is the loneliness people experience because of the lack of a wider social network. They may not feel they are members of a community, or that they have friends or allies whom they can rely on in times of distress (Weiss,1973)

2.2.5.2. Emotional loneliness

Emotional loneliness results from the lack of deep, nurturing relationships with other people. Weiss tied his concept of emotional loneliness

to attachment theory People have a need for deep attachments, which can be fulfilled by close friends, though more often by close family members such as parents, and later in life by romantic partners In 1997, Enrico DiTommaso and Barry Spinner separated emotional loneliness into Romantic and Family loneliness a 2019 study found that emotional loneliness significantly increased the likelihood of death for older adults living alone whereas there was no increase in mortality found with social loneliness (O'Súilleabháin et al., 2019)

2.2.5.3. Romantic loneliness

Romantic loneliness can be felt by teenagers and adults who do not have a close relationship with a romantic partner according to psychologists, developing a committed romantic relationship is a task that young adults must complete but that many put off until their late 20s or later if their relationship allows for emotional intimacy people in romantic relationships tend to report feeling less lonely than those who are single even in shaky or emotionally distant romantic relationships people can experience romantic loneliness (Lesch et al., 2016).

2.2.5.5. Lockdown loneliness

Lockdown loneliness refers to loneliness resulting because of social disconnection due to enforced social distancing and lockdowns during the COVID-19 pandemic and similar other emergency situations (Shah & Ghulam Sarwar,2020).

2.2.5.6. Others

There are numerous other classifications and forms of loneliness. other types of loneliness include cosmic loneliness existential loneliness, cultural loneliness, which is typically experienced by immigrants who miss their native culture (John G& Graw, 2010). Although less well studied than

the three categories of social romantic and family loneliness, these types can be helpful in understanding how certain subgroups of people who experience loneliness feel (Ben & Mijuskovic ,2012).

2.2.6. Typology of loneliness focuses on the time perspective

2.2.6.1. Transient loneliness

Even though they are unpleasant fleeting feelings of loneliness are occasionally felt by almost everyone and are not thought to have long-term negative effects some works from the early 20th century portrayed loneliness as a wholly bad phenomenon however, brief loneliness is now generally regarded as advantageous the ability to experience it, a healthy aversive emotion that encourages people to strengthen social bonds transient loneliness is sometimes compared to short-term hunger which is unpleasant but ultimately helpful as it encourages us to eat may have (Masi et al., 2010).

2.2.6.2. Chronic loneliness

Is a persistent state of sadness that can last indefinitely with no clear end in sight an example of this might include the heartache that results from the permanent loss of a loved one, including by death for exam can last from weeks to months and years the longer chronic loneliness persists, the more vulnerable an individual is to negative health outcomes may be perceived as a condition that is exclusive to elderly populations however, younger generations are not immune to this emotional state chronic loneliness may be experienced differently by the elderly and younger populations, but both groups are affected nonetheless (Valtorta and Hanratty,2012).

2.2.7. Effect of Loneliness on Elderly

2.2.7.1. Brain

Chronic loneliness has mostly negative effects on the structure and functioning of the brain according to studies however, some areas of the brain and particular cognitive processes such as the capacity to recognize social danger seem to be strengthened in a population-genetics study published in 2020, researchers looked for signs of loneliness in the morphology of grey matter, intrinsic functional coupling and fiber tract microstructure (Robin & Danilo, 2020).

The default mode network is a group of brain areas where the neurobiological profiles of loneliness converged compared to other cortical brain networks this higher associative network exhibits more consistent associations between loneliness and grey matter volume individuals who are alone show improved functional communication in the default network as well as improved fornix pathway microstructure the results are consistent with the possibility that as a way to fill the social void these neural circuits are up-regulated to support mentalizing, reminiscing, and imagination (Spreng et al., 2020).

2.2.7.2. Physical health

Chronic loneliness can be a severe potentially fatal medical condition. Although clear direct causal links have not yet been established, it has been found to be strongly associated with an increased risk of cardiovascular disease loneliness has been linked to higher rates of obesity high cholesterol, and blood pressure in its victims Studies have shown that loneliness weakens the effects of dopamine the hormone that makes people enjoy things, and raises the body's concentration of cortisol Long-term high cortisol levels can result in depression, anxiety, digestive issues, heart disease, sleep issues, and weight gain (Hawkley, 2010; Leigh et al.,2017).

Associational studies on loneliness and the immune system have found mixed results, with diminished Epstein-Barr virus (EBV), herpes, and influenza antibody response or decreased natural killer (NK) cell activity, but with either slowed or unaffected acquired immunodeficiency syndrome (AIDS) progression A study using the Enzyme-linked immunosorbent assay (ELSA) discovered that loneliness tripled the risk of dementia. Being without a partner single, divorcé, or widowed increased the risk of dementia by twofold but having two or three more close relationships cut the risk in half age-related dementia is predicted by loneliness but not social isolation (Rafnsson et al.,2020).

2.2.7.3. Death

There is a strong correlation between loneliness and higher mortality, according to a systematic review and meta-analyses from 2010 it was discovered that those with strong social ties had a 50% higher chance of surviving than those who were alone (odds ratio = 1.5) in other words chronic loneliness appears to be a greater risk factor for death than obesity or inactivity and on par with smoking other meta-studies with comparable results were found in a 2017 overview of systematic reviews however, conclusive evidence linking loneliness to early death has not yet been found (Julianne et al.,2010).

2.2.7.4. Mental Health

Since loneliness has been associated with depression it raises the risk of suicide loneliness was examined in a study based on more than 4,000 adults over 50 in the English longitudinal study of ageing within a year nearly one in five people who said they felt lonely showed signs of depression according Émile Durkheim described loneliness as the inability or unwillingness to live for others in adults' loneliness is a major risk factor

for depression and alcoholism (Marano & Hara,2012; Lee et al., 2020; Shelkova & Polina ,2010).

People who are socially isolated may experience poor sleep quality and reduced restorative processes loneliness has also been linked to a schizoid character type in which a person may have unusual perceptions of the world and feel like they are in exile it has been noted that people who are isolated or experience loneliness for a long period of time fall into a ontological crisis or ontological insecurity where they are unsure of whether they or their surroundings exist and if so, exactly who or what they are this causes torment, suffering, and despair to the point of palpability within the person's thoughts, even though the long-term effects of prolonged periods of loneliness are poorly understood (Craig Haney, 2019; Mark Berman, 2015).

Elderly people can also experience extreme loneliness which makes them contemplate committing suicide or harming themselves it can be challenging to pinpoint older people's suicides that are motivated by loneliness they frequently lack a confidant to whom they can express their loneliness and the despair it brings to hasten their demise and avoid having to deal with loneliness, they may stop eating change the dosage of their medications or decide not to treat an illness (Hunta, 2017).

2.2.8. Management of loneliness

Enhancing non-verbal communication abilities, speaking on the phone, giving and receiving compliments, and other social skills Increasing social support buddy-care programs, mentoring initiatives, and conference calls improving social contact opportunities social recreation intervention Cognitive behavioral therapy for maladaptive social cognition befriending interventions; psychological interventions; animal interventions;

reminiscence therapy, laughter therapy Tai Chi Qigong meditation Intervention for leisure and skill development : physical activity, computer training, video games, gardening, and general activities Social facilitation group discussions and videoconference programs (Somes ,2021)

2.3. Depression

Depression stress-related psychological symptoms these illnesses have a significant impact on mental health and interfere with the duties or professional roles that older people assume in geriatric homes for the elderly, depression is a common psychiatric disorder (Bekta et al., 2017).

One of the most prevalent psychiatric conditions, depression increases the risk of suicide in the elderly and accounts for 24% of attempted suicides it also lowers quality of life increases drug use and care expenses, among other social and financial issues, and accounts for 24% of completed suicides depression can significantly lower life expectancy and lower one's level of satisfaction with later years for elderly people, loneliness and depression are serious public health concerns that could deteriorate their physical health and quality of life and increase the risk of suicide numerous studies have looked at the connection between loneliness and depression in older adults according to a study among people 60 years and older, loneliness and depression are significantly positively correlated (Aylaz et al., 2012)**.**

Elderly aged 60 or older, depression was significantly correlated with emotional loneliness but not with social loneliness another study found a bidirectional relationship between loneliness and depression in elderly Taiwanese studies focusing on the association's older population living alone are still scarce Previous studies have looked into potential mediators of the link between elderly people's loneliness and depression

Social isolation and mental health seem to be related to physical health a growing body of research has shown that loneliness accelerates physiological aging and predicts negative physical health outcomes in elderly people, including poorer sleep and immune stress and which potentially lead to the onset and the persistence of depression (Swami et al., 2006; Collard et al., 2015;Asghar & Iqbal, 2019).

2.4. Epidemiology of depression

According to the United Nations (UN) health agency depression affects more than 300 million people worldwide, mostly women, children, and the elderly it is the most common cause of disability in the (Solomon ,2019).

Depression is a significant burden of disease related to mental health additionally its effects have a significant negative impact on public health including an increased risk of dementia, early physical illness-related mortality and effects of maternal depression on a child's growth and development in low- and middle-income nations, between 76% and 85% of those who are depressed go untreated inaccurate diagnosis, a lack of qualified healthcare professionals, social stigma, and a lack of resources are some of the obstacles to treatment (Reynolds & Patel, 2017;WHO,2019).

The stigma results from erroneous societal perceptions that those who suffer from mental illness are different from everyone else and can only decide to get better if they so desire more than half of depressed individuals do not receive treatment for their disorders because of the stigma people strongly value their privacy with depression disease trials have shown that implementing the program in primary care settings with limited resources and relying on lay health workers is possible (patel et al., 2014).

2.5. Theories of Depression:

Many theories of depression as following: Psychoanalytic theories of depression ,Attachment theory, Behavioral theories of depression, Cognitive theories of depression, and interpersonal theories (Gilbert, 2017).

2.5.1. Psychoanalytic theories:

Mourning and Melancholia and internally motivated aggression, Freud first explored depression and its relationship to aggression in 1917 according to Freud, the superego is the result of internal standards and values by which one judges oneself in response to the loss experience, he theorized, people may suppress their hostility or aggression unconsciously to avoid the negative effects of expressing it externally in doing so, they maintain their position in the family or society and this process results in internalized hostility that increases a person's propensity for depredation the relationship between depression and internally motivated aggression, as proposed by Freud is mediated by the superego (Haddad et al., 2008).

2.5.2. Attachment theory:

Attachment theory aims to understand the personal and intimate relationships that exist between parents, kids, and adults some researchers think that insecure attachment, whether it occurs with children, adolescents, or adults, is related to depression they also think that attachment can happen between friends and partners as well as between the mother and the child they displayed traits resembling those of a mother-child relationship it was discovered that adverse childhood experiences, such as parental divorce, abandonment, or other forms of abuse, are the root of insecure attachment, which has a strong correlation with severe depression in conclusion people who experience insecure attachment are more likely to experience depression (Guo & Jen, 2019).

2.5.3. Behavioral theories of depression:

Emphasize the part that unsuitable behavior plays in the development and maintenance of depression these theories are based on research on the early learning and conditioning principles with their studies on classical conditioning and operant conditioning, respectively, Ivan Pavlov and B. F Skinner are frequently credited with helping to establish behavioral psychology their combined research proved that some behaviors could be learned or unlearned, and these theories have been used in a variety of contexts, including abnormal psychology, depression specific theories place a strong emphasis on how people respond to their surroundings and how they create coping mechanisms (Ainsworth& Patricia ,2000; Wasmer Linda, 2010).

2.5.4. Cognitive theories of depression:

Pössel & Smith, (2020) Townsend, (2015) suggest that cognitive rather than affective disturbances are the main factor in depression according to the cognitive theory of depression these disturbances include dysfunctional attitudes, cognitive errors, and Beck's cognitive triad, which includes negative automatic thoughts, a negative view of oneself and the world, and a negative view of the future this dysfunctional attitude is relatively persistent and organizes structures that direct the processing of situational information for example, People will probably think less of me if I make a mistake stress can cause these elements to become active which can result in dysfunctional situations that cause extreme distortions in perception and thought last but not least, the findings show that negative thoughts are a perceptual symptom of depression.

2.5.5. Interpersonal theory:

Interpersonal theory for Coyne's (1976a, 1976b), who believed that interpersonal issues were caused by the confluence of depressive symptoms and an excessive need for validation depression patients may unintentionally counteract the benefits of social support one of the earliest theories to assert that individual behaviors can impact people's emotional wellbeing is Coyne's as an illustration of this theory, some people may experience increased depression as a result of a simple phone call (Pritchard, 2013).

2.6. Types of Depression

The primary mood disorders are major depressive disorder and bipolar disorder, there are other related disorders to depression Persistent depressive (dysthymic) disorder, disruptive mood dysregulation disorder, Cyclothymic disorder, Substance-induced depressive, Seasonal affective disorder (SAD), Postpartum or maternity blues is a mild, Postpartum depression, Postpartum psychosis, Premenstrual dysphoric disorder, Non suicidal self-injury (Videbeck, 2020).

2.6.1. Major depressive disorder:

Major depressive disorder (ADD) is a debilitating condition characterized by vegetative symptoms, such as irregular eating and sleeping patterns, poor cognitive ability, depression, and lack of interest furthermore, environmental factors like childhood abuse whether it was sexual, physical, or emotional have a strong correlation with ADD (Otte et al.,2016).

2.6 .2. Bipolar disorder:

Characterized by mood swings between the extremes of mania and or depression Mania is defined as a distinct period during which mood is abnormally and persistently elevated, expansive, or irritable unless a person

receives medical attention, this period lasts for about one week, though it may last longer in some cases two types of bipolar disorders exist: Bipolar I disorder is characterized by at least one manic or mixed episode and at least one major depressive episode Bipolar II disorder is characterized by at least one major depressive episode and at least one hypomanic episode (Videbeck, 2020).

2.6.3. Persistent depressive (dysthymic) disorder:

Persistent depressive (dysthymic) disorder (PDD) it is a type of chronic depression present for more days than not for at least two years it can be mild, moderate, or severe People might experience brief periods of not feeling depressed, but this relief of symptoms lasts for two months or less while the symptoms are not as severe as major depressive disorder, they are pervasive and long-lasting (Diagnostic and statistical manual of mental disorders 5th ed).

2.6.4. Disruptive mood dysregulation disorder:

Disruptive mood disorder is a constant anger or mood disorder characterized by outbursts of anger that are not commensurate with the size of the situation, beginning before age 10 this disorder is comparatively uncommon after early childhood it is often associated with other psychiatric disorders, and meets common standards for psychiatric casernes children with severe levels of emotional and behavioral dysregulation may identify with this disorder, disruptive mood dysregulation disorder briefly called mood dysregulation disorder with dysphoria (Copeland et al., 2013; Videbeck, 2020).

2.6.5. Cyclothymic disorder:

It is a primary mood disorder characterized by many ambiguities and controversies it is characterized by episodes consisting of hypomanic and

depressive symptoms that do not meet all criteria for bipolar or major depressive disorder this disorder has diagnostic features shared by other disorders so it is unclear it falls into the category of bipolar mood disorder Cyclothymic is sometimes like a personality disorder because its onset is early, chronic, and pervasive (Van & Youngstrom, 2020).

2.6.6. Substance-induced depressive:

Substance-induced depressive or bipolar disorder is characterized by a significant disturbance in mood that is a direct physiological consequence of ingested substances such as alcohol, other drugs, or toxins (Videbeck, 2020).

Instead of the prosaic euphoria experienced while inebriated or the "hangover" the next day some people will become manic or go into a state of depression mood disorders that occur only in association with substance use are specified as substance-induced affective disorders that can precipitate in the context of substance use include both bipolar and related disorders and depressive disorders depression and bipolar disorder commonly occur with substance use disorders (N & V, 2020).

2.6.7. Seasonal affective disorder (SAD):

Seasonal affective disorder (SAD): is a recurrent major depressive episode pattern that typically occurs in the fall or winter and clears in the spring SAD can affect anywhere between 1.5% and 9% of people A non-drug treatment called phototherapy involves exposing patients to artificial light the way that light is delivered and its shape differ (Nussbaumer-Streit et al., 2019).

Seasonal affective disorder comes in two forms One, also known as the "winter blues" or fall SAD is characterized by an increase in appetite, sleepiness, and carbohydrate cravings, as well as weight gain, interpersonal

conflict, limb heaviness that starts in late autumn and lessens in the spring and summer, and irritability the second type, which is less frequent, is known as Spring onset SAD and lasts from late spring or early summer to early fall its symptoms include weight loss, insomnia, and lack of appetite (Videbeck, 2020).

Because SAD frequently goes unreported and undiagnosed, prevalence rates for the condition can be challenging to determine in regions farther from the equator it is more prevalent for instance, estimates indicate that SAD affects 1% of Florida's population in Alaska, that percentage rises to 9% (Horowitz,2008).

2.6.8. Postpartum or “maternity” blues:

Low mood and mild depressive symptoms, which are temporary and self-limiting and extremely prevalent during the perinatal period are described as the postpartum blues after giving birth symptoms typically start to appear two to three days later peak the next few days, and go away on their own two weeks later in the first few weeks after giving birth it is thought that 50% or more of women will experience postpartum blues women who experience postpartum blues are about 4 to 11 times more likely to develop major postpartum depression (Chasanah et al., 2019).

2.6.9. Postpartum depression:

Postpartum depression (PDD) One of the most typical side effects of pregnancy is postpartum depression a mentally ill condition that can be crippling but is also treatable if the onset of mood symptoms happens during pregnancy or within four weeks of delivery postpartum depression is classified as a major depressive episode with peripartum onset even if a depression does not fully meet the criteria for a major depressive episode or

begins more than four weeks after delivery state that it may still be harmful and necessitate treatment (Stewart and Vigod 2016).

Postpartum depression can range from an ongoing feeling of sadness and drowsiness that needs to be treated to postpartum psychosis, a condition in which the mood episode is accompanied by confusion, hallucinations, or delusions the illness may persist for up to a year if untreated (Fitelson,2010).

2.6.10. Postpartum psychosis:

This disorder appears a few weeks after birth and is in the form of episodes these episodes are in the form of severe mania or depression accompanied by psychosis, which they consider a life-threatening emergency, can have a significant negative effect on the mother, the baby and the which family the postpartum psychosis is stall Controversial; however, evidence indicates most episodes to be manifestations of bipolar disorder and vulnerability to a puerperal trigger (Perry et al., 2021).

2.6.11. Premenstrual dysphoric disorder PMDD:

Premenstrual dysphoric disorder (PMDD) includes psychological and somatic symptoms and functional impairment that are at the severe end of the Premenstrual symptoms continuum this disorder results from hormonal change symptoms must be present during the last week before the onset of menstruation, and the symptoms begin to be better within some days after menstruation it should decrease or disappear in the weeks following menstruation and should be present in most cycles for the past year at least 5 symptoms must be present, including one core symptom marked affective lability, irritability, depressed mood or anxiety (Lanza & Pearlstein, 2017).

2.6. 12. Non suicidal self-injury:

Self-injury that is not an attempt at suicide includes people who intentionally harm their bodies by cutting, burning, hitting, or using any other physical method it also includes people who interfere with the healing of wounds the people who self-injure also known as self-mutilate claim that they do so to relieve negative emotions, punish themselves, get attention, or get out of a sticky situation Some claim that the influence of peers or the desire to fit in is a contributing factor (Videbeck, 2020).

2.6.13. Atypical Depression

Atypical depression is a type of depression that deviates from what was once thought to be the typical presentation of the disorder current terminology refers to this as depressive disorder with atypical features atypical depression is distinguished by a particular set of symptoms that are actually more prevalent than the name might suggest a monoamine oxidase inhibitor (MAOI), which is a type of antidepressant, may be more effective for treating atypical depression patients than it is for treating other types of depression (Henderson, 2014).

2.7. Models that Shaping the Relationship Between Loneliness and Depression

2.7.1 Diathesis-stress model:

The vulnerability–stress model is a psychological theory that attempts to explain a disorder, or its trajectory as the result of an interaction between aperids positional vulnerability the diathesis, and stress caused by life experiences a diathesis can take the form of genetic, psychological, biological, or situational factors (Ingram, R. E. & Luxton, D. D,2005) .

The diathesis, or predisposition, interacts with the individual's subsequent stress response stress is a life event or series of events that

disrupt a person's psychological equilibrium and may catalyze the development of a disorder (Oatley et al., 2006).

The diathesis-stress model serves to explore how biological or genetic traits diatheses interact with environmental influences (stressors) to produce disorders such as depression, anxiety, or schizophrenia, the diathesis-stress model asserts that if the combination of the predisposition and the stress exceeds a threshold, the person will develop a disorder (Lazarus, 1993).

2.7.2. Transactional model of stress and coping

The transactional model of stress and coping theory is a framework which emphasizes appraisal to evaluate harm, threat and challenges, which results in the process of coping with stressful events the level of stress experienced in the form of thoughts, feelings, emotions and behaviors, as a result of external stressors, depends on appraisals of the situation which involves a judgement about whether internal or external demands exceed resources and ability to cope when demands exceed resources the level of stress experienced in the form of thoughts, feelings, emotions and behaviors, as a result of external stressors, depends on appraisals of the situation which involves a judgement about whether internal or external demands exceed resources and ability to cope when demands exceed resources, the degree of stress experienced depends on how much of a stake a person has in the outcome of the event if there is no relevance to the person, and no threat, there will be no stress if their stake is high, the encounter will pose a threat or challenge, triggering a stress reaction believed that stress is a major factor which not only affects people's lives, but also has an impact on their mental and physical health (Lazarus & Folkman, 1984; Hobfòll, 1989).

2.7.3. Learned helplessness theory:

In the 1970s, Seligman extended the concept of learned helplessness from nonhuman animal research to clinical depression in humans and proposed a learned helplessness theory to explain how people become vulnerable to depression according to this theory, people who are repeatedly exposed to stressful situations beyond their control develop an inability to make decisions or engage effectively in purposeful behavior subsequently researchers have noticed that this learned helplessness theory is similar to posttraumatic stress disorder (Ackerman, 2022).

Learned helplessness is a common subject of interest in the field of education in particular, educators are interested in how early academic failure or low academic self-esteem can impact later success and how the relationship can be influenced to enhance chances of success learned helplessness in students creates a cycle where those who feel they are unable to succeed are unlikely to put effort into schoolwork this, in turn, decreases their chances of success, leading to even less motivation and effort (Firmin, Hwang, Copella, & Clark, 2004).

2.7.4. Social interaction model:

The model of social interaction (MSI) is designed for occupational therapists to guide practice in social interactions within the context of activities of self-care, work, and play leisure it views individuals as an open system, who are influenced by actions and events within a variety of social and cultural environments, through a process of intake, throughput, output, and feedback each person’s internal makeup consists of three hierarchically arranged systems, including volition, habituation, and social performance. Social processing consists of three internal, non-observable processes, such as reception, interpretation, and planning, which enable individuals to take

in and develop an action plan during the social processes, each process is influenced and or interacts with other variables during the reception process, it interacts with the person's volition and affected by the sensory organs during the interpretation process, it is affected by the person's volition, interactive style, and cognitive abilities during the planning process, it is influenced by the person's interactional style after the social processing stages, a motor plan is executed before the social output. The social output of the process is socially-oriented occupational behavior the output will effect a change in the environment and the change servers as feedback to the person, who can then modify the social behavior from the feedback received by sensory organs deficits in any of the variables or any process may contribute to impaired social interaction this model is used use a guide for occupational therapists in assessing and planning effective interventions in facilitating social participation in important domains of occupation (Doble & Magill-Evans,1992).

2.8 Previous study

First study

Saeid Jokar, (2018) A Comparison of Loneliness of the Elderly Residing in Nursing Homes and Those Living with their families in Yasuj: A Case Study a group of emotions that include responses to the lack of intimacy and social needs is referred to as loneliness elderly people who experience it frequently exhibit social isolation the current study compared elderly people living with their families and those in nursing homes about how lonely they felt in Yasuj, Iran the current comparative descriptive cross sectional study involved 70 elderly people in Yasuj who were aged between 60 and 90 (31) of whom were nursing home residents and 39 of whom were living with their families at the time two parts of a

questionnaire were used to gather the data. The first section contained demographic information, and the UCLA Loneliness Scale researchers' survey of the elderly served as the second section's measurement Chi square, t-test, one-way, and two-way ANOVA tests were used in the statistical analysis carried out by SPSS software Findings: Overall, mean loneliness scores showed that both elderly people living with their families and those who were in nursing homes experienced a significant sense of loneliness according to the findings, nursing home residents significantly scored lonelier on average than seniors living at home with their families. ($P < 0.001$) while there were no statistically significant differences in the demographic characteristics of the two groups when comparing loneliness scores, men residing in nursing homes had significantly higher scores than women. Conclusions: according to the study's findings, elderly residents of nursing homes experience more loneliness than those who live with their families as a result, nursing home administrators should pay attention to the needs of the elderly and offer general training to strengthen the tradition of elder care provided by families.

Second Study

Study concluded by Eman Baleegh et al., (2019) Relationship between Social Support, Loneliness, and Depression among Elderly People ageing is a delicate time in a person's life so it is crucial to pay attention to their needs and problems the purpose of this study was to examine the connections between elderly people's social support, loneliness, and depression methods: the research design was descriptive correlation 150 elderly people were the subjects, and they were chosen based on inclusion and exclusion criteria from 23 villages connected to Egypt's El-Mansoura District, one village (El Badala) was chosen at random for the study the

UCLA loneliness scale, a multidimensional scale of perceived social support (MSPSS), the geriatric depression scale (GDS), the mini-mental state examination (MMSE) and socio-demographic and clinical data structured interview schedule were all used as data collection tools results: 80% of elderly people reported moderate social support, 86% of them reported a mild sense of loneliness, and 56% of them reported mild depression Conclusion: there was a negative correlation between social support and depression and a positive significant correlation between the degree of loneliness and depression create an educational program on the value of social support for seniors in order to lessen their sense of isolation and depression.

Third study

Naga Malli et al., (2019) a comparative study to assess the level of depression among elderly residing at old age home and within family in selected area of Vizianagaram anther Pradesh with a view to develop informational book let even with the best nutrition and medical attention, aging is a normal, universal, and unavoidable change it is a change related to time that happens all through life every living species experiences the effects of aging, which include the graying of hair, wrinkling of skin, hardening of objects, aches and pains in joints, and deterioration of vision in humans the way older adults respond to age-related changes depends on the individual for some, adaptation and adjustment are relatively simple, but for others, it may be necessary to seek support from family, friends, and medical professionals objectives: to determine the extent of depression among elderly people living in nursing homes and in families , to assess the level of depression among elderly people living in family and nursing homes and to link the demographic factors they chose to study with the

level of depression among elderly people living in nursing homes and in families the study's approach was the degree of depression in both the family and old age homes was evaluated using a comparative design the non-probability sampling technique was used to select a total of 60 people including 30 elderly people in nursing homes and 30 families to gauge the severity of depression, researchers used the Geriatric Depression Scale Statistics descriptive and inferential were used to analyze the data Results showed that 73.3% of elderly people living in nursing homes had mild depression 3.3% of people had major depression while living in a family, 50% of people experienced mild depression on average in 23,3% of cases, the other 23,3% experienced severe depression the relationship between sociodemographic factors and depression severity among elderly people living in nursing homes and with their families was examined using the chi square test, which found a statistically significant relationship between receiving an old age pension at a level of 0.01 and having hobbies at a level of 05 or higher among those living in nursing homes an association between age and receiving an old age pension among elderly people living in their families was statistically significant at the 0.05 level Conclusions: H1 is rejected, and H2 is only partially accepted Conclusions the majority of elderly people in both old age homes and families were suffering from mild depression.

Fourth study

Mona Barakat, (2019) Depression, Anxiety and Loneliness among Elderly Living in Geriatric Homes the number of elderly people living in old age care homes is growing, and they are more vulnerable to

psychological stressors like depression, anxiety, and loneliness the purpose of this study was to evaluate elderly residents of nursing homes for signs of depression, anxiety, and loneliness this study used a descriptive exploratory research design the study was conducted in two nursing homes, one in Tanta City, Gharbiya Governorate, and one in Benha City, Kaluobia Governorate Sample: a carefully selected sample of 50 elderly both male and female residents of nursing homes was used tools for studying structured interview questionnaire Schedule: Beck's Depression Inventory; Geriatric Anxiety Scale (GAS) and UCLA Loneliness Scale are the first three tools results: the majority of the elderly population in the study experience loneliness and approximately three quarters of them experience depression and more than two thirds anxiety less than two thirds of people have severe depression, and more than one third have both severe and moderate anxiety the majority of the sample under investigation has a high level of loneliness total loneliness and overall depression have a highly statistically significant correlation (p value 0.001) and total geriatric anxiety and overall depression have a statistically significant correlation (p value 0.05) according to the study's findings, elderly people living in geriatric facilities experienced higher levels of depression, anxiety, and loneliness recommendations: interventions, management strategies, or help elderly residents of geriatric facilities manage their anxiety, depression, and loneliness.

Fifth study

Deepthi Karini, (2019) A comparison of depression in elderly residents of old age homes and the community in Visakhapatnam, India depression is a newly recognized public health problem that has a negative

impact on older people's quality of life and increases morbidity because it is not yet acknowledged as a public health issue, elderly depression is gravely underdiagnosed and undertreated. The physical and social environment of older people has a big impact on their mental health as a result, the current study was carried out to assess and contrast the prevalence of depression among elderly people residing in old age homes (OAHs) and the community the purpose of the study was to compare and contrast elderly residents of communities and those living in OAHs for depression methods:100 elderly people were the subject of a cross-sectional study between October and December 2016 50 of them were nursing home residents and the other 50 lived in the neighborhood selected by the house. A short form, externally validated geriatric depression scale (GDS-15) is applied after receiving informed consent in the local tongue. Results: a statistically significant difference (p=0.003) was found between the prevalence of depression in older people's homes (80%) and the general population (52%) the presence of a chronic illness and marital status were found to be sociodemographic factors that were associated with depression in elderly community members correlated with depression in a significant at p (0.05), the sociodemographic characteristics of elderly residents of nursing homes did not however, significantly correlate with depression Conclusions: it is important to screen seniors for depression given the high prevalence of the condition in the population under study.

Sixth study

Ola Zaher &Abdel Aleem, (2020) study about The Relationship between Loneliness, Anxiety Level and Depressive Symptoms among Elderly in old age many people suffer from mental and psychological disorders like loneliness, depression, and anxiety the goal of this study was

to evaluate the connection between elderly people's depressive symptoms, anxiety level, and loneliness the analysis used a descriptive correlational design. The study was carried out in geriatric nursing homes in Berket EL Sabba and Alsadat City 53 elderly people who fit the inclusion and exclusion criteria were conveniently sampled from a geriatric nursing home loneliness Scale, Geriatric Anxiety Scale, and Patient Health Questionnaire depression scale were the three instruments used to complete the survey according to the study's findings, a high level of loneliness affected nearly half of the sample, one-third of the sample had moderate depressive symptoms, and half of the sample had mild levels of anxiety additionally, there was a link between loneliness, anxiety, and depressive symptoms. according to the study's findings loneliness, anxiety, and depressive symptoms are all positively correlated therefore, it is advised that screening programs be implemented for early detection of mental health issues, intervention programs be implemented to lessen elderly people's feelings of isolation, anxiety, and depression, and training programs be implemented to increase community awareness of these issues.

Seventh study

Grover S,(2022**)** study about (Loneliness Among the Elderly: Amini Review) the concept of loneliness is that it is a painful negative emotion. Since it was first discussed in psychiatric literature in 1959, our understanding of loneliness has significantly advanced today, it is recognized as a distinct issue from others like social isolation, solitude, and depression on how loneliness is generally defined, there is still no agreement. Likewise, various aspects of loneliness have been discussed in the literature it can be described in terms of temporary, situational, or chronic loneliness, state versus trait loneliness, and the idea of one-

dimensionality-versus-multidimensionality evidence from metanalysis suggests that the reported prevalence of moderate loneliness ranges from 31 to 100% with a mean of 61%, and there are wide variations in the reported prevalence of loneliness throughout the literature, with estimates for severe loneliness ranging from 9 to 81% and a mean prevalence of 35% among the elderly loneliness is linked to serious negative effects on their mental and physical health, including dementia, depression, anxiety, cardiovascular disease, stroke, diabetes mellitus, arthritis, and even problematic internet use the (UCLA-LS) Loneliness Scale, and the single item direct measure of loneliness have all been developed over time to measure loneliness in the elderly according to some interventions, people who are lonely might gain from developing their social abilities, increasing their access to social support, increasing their chances for social interaction, and addressing their maladaptive social cognition.

Eighth study

Araz Mohammed, (2022) impact of feeling loneliness upon suicide Ideation among patients with major depressive disorder attending the psychiatric clinic at al Kamal consultation center in Sulaimania major depressive disorder is the most common mental disorder, and it is the third leading cause of disease worldwide feeling of loneliness is considered high among depressive patients it has been suggested that feeling of loneliness is a risk factor for influencing suicidal ideation ratings as it is a problematic issue in patients with major depressive disorder however it has not been a particularly prominent focus of research and has not been sufficiently explored aim: the study aims to assess loneliness and suicidal Ideation levels as baseline data and to investigate the impact of the feeling of loneliness on suicidal ideation among outpatients with major depressive

disorder Methods: a quantitative cross-sectional study was carried out at a psychiatric clinic in Ali-Kamal consultation center in Sulaimani city a non-probability, purposive sample size of 250 outpatients with major depressive disorder was selected using epidemiological software tool info program (EPI) the data were collected during the period November 1st, 2020, to March 10th, 2021 using constructed questionnaire and utilization of the face-to face interview method the questionnaire consisted of four parts, the sociodemographic and psychiatric history characteristics Loneliness Scale, and the suicidal ideation scale the validity of the questionnaire was achieved through a panel of experts and reliability was determined by computation of intraclass correlation which was statistically acceptable data analysis was applied by statistical package for social science version 25 through the application of descriptive and inferential statistical analyses ethical consideration and verbal agreement of patients in the study were achieved and the prevention measures against COVIED-19 have been applied result: among 250 studied patients 150 (60%) were female and 100 (40%) were male, with and mean age of 38.7± 12.4 years The total prevalence of feelings of loneliness was determined to be 62.8% and 37.2% of patients ranged from frequent to severe levels respectively Suicidal ideation was present in 64.4% of them in moderate, 24% in severe, and 11.6% in mild levels a high prevalence (53.8%) of patients with a severe feeling of loneliness had severe suicidal ideation compared with 6.4% of patients with a frequent feeling of loneliness ($P< 0.001$) the binary logistic regression analysis indicated that severe feeling of loneliness is a significant independent predictor of impact on suicidal ideation, which was 11 folds increase suicidal ideation severity ratings (OR=10.944, $P< 0.001$). in addition, divorce and widows were found to be significant predictors

impact of suicidal ideation, which increases suicidal ideation severity rating 5 folds (OR= 5.415, P< 0.001). Other demographic and psychiatric history characteristics did not impact suicidal ideation Conclusions: this study illustrated that feeling of loneliness is associated with suicidal ideation. The significant effect of the feeling of loneliness seems to play important role in the levels of severity of suicidal ideation in Kurdish outpatients with major depressive disorder, who seeking treatment in a psychiatric clinic at Ali-Kamal consultation center in Sulaimani City recommendation: further future research will be required to involve psychoeducation programs for depressed community living patients that aim to improve the feeling of loneliness and decrease suicidal ideation**.**

Ninth study

Nandita Gautam, (2022) Assessment of depression among elderly living in old age homes and within family set up in Bareilly city: A cross sectional the aging population has significantly increased, despite the fact that aging is a natural process socially this stage is regarded as the culmination of one's life materials and procedures 200 people were included in the sample, with 100 in each group the study only included participants who were at least 60 years old and would be willing to cooperate the same subject's depression was tracked using GDS Chi-square and ANOVA tests were carried out after the data were entered into an excel sheet and transferred to SPSS V21 for statistical analysis while depression was more common among elderly people living in old age homes than in families (22% mild, 14% moderate, and 10% severe) Results: in old age homes, the prevalence of depression was 36% mild, 26% moderate, and 8% severe, compared to 22% mild, 14% moderate, and 10% severe in elderly people living in families an analysis of depression in elderly people living

in family settings and old age homes found a statistically significant difference between the 2 groups (p 0.001) as a result of this study we discovered that elderly residents of nursing homes generally had higher rates of depression compared to men, older women are more likely to experience it.

Tenth study

Olena Kovalenko, (2022) study about (Loneliness of the old age and ways to overcome it) examines elderly loneliness and its characteristics it is established what isolates loneliness from the other three there are various forms of loneliness, as well as direct and indirect causes, described analysis is done on the findings of numerous studies on elderly people's levels of loneliness and how those levels relate to various social traits it is discovered that a person's level of loneliness depends on his or her sex, characteristics of their social environment, and factors in their daily lives like where they live what they study and what kind of work they do it is discussed how loneliness among the elderly affects social and psychological well-being it has been determined how to deal with loneliness in old age in order to solve the issue, social policy tasks are developed at the national and regional levels.

Eleventh study

Young Mi Lim, (2022) (Association between Loneliness and Depression among Community-Dwelling Older Women Living Alone in South Korea: the mediating effects of subjective Physical health, resilience, and social support the two main risk factors for depression in later life are social isolation and loneliness physical and mental health are more at risk for older adults who live alone and are socially isolated this study aims to investigate the mediating roles of subjective physical health, resilience, and

social support on the relationship between loneliness and depression in the elderly female population living alone in South Korea we comprised a total of 308 elderly women, 60 years of age or older, who live alone in a South Korean medium-sized city between November 2015 and April 2016 a parallel mediation model was used to test whether factors such as resilience, social support, and physical health could have mediated the link between depression and loneliness the results of this study demonstrated that loneliness was both directly and indirectly linked to depression through its connections to the subjective physical health, adaptability, and social support of the older female population living alone as a means of reducing loneliness and averting depression our findings point to the significance of funding community-based initiatives aimed at enhancing the physical and mental health of elderly.

Chapter three

Methodology

Methodology

This chapter describes the research methods, including the design, administrative arrangements, ethical considerations, setting of the study, instrument of the study, validity and reliability of the questionnaire and pilot study, sample of the study, selection criteria for the sample, data collection, data analysis, and study limitations.

3.1. Design of the Study:

A quantitative descriptive comparative study was done to ascertain the Impact of Feeling Loneliness Upon Depression Among Elderly Residents in Nursing Home and Community: A comparative study: during the period of the study from 26th September ,2022, to 16thJuly, 2023.

3.2. Administrative Arrangement:

An official Permission was obtained from the Directorate of Labor and Social Affairs nursing homes at Middle Euphrates in order to interview each respondent personal agreement also has been obtained from the elderly themselves after the researcher has informed them of the study's purpose and obtained their informed consent and providing a respect for participants' privacy and making participation in the survey voluntary. (Appendix C)

3.3. Ethical Consideration:

The Ethical Committee of Research at the University of Kerbala College of Nursing provided ethical approval concerning confidentiality and participants’ anonymity he participants also had full information about the current study its aims and before taking the information of any participant, his or her oral consent was obtained in order to participate in the study there is a note also on the questions stating the following: dear if you agree to participate in this research, with respect you can fill out questionnaire at your disposal in addition, the privacy of the data collected

from the elderly participants ,minimizing psychological harm, respect for autonomy and avoid stereotype and stigmatization.

3.4. Setting of the Study:

The study covers the elderly residents at nursing homes in middle Euphrates (Holly Kerbala, AL Najaf, Babylon and AL Diwaniya) and from elderly living with families, the settings are traditional nursing homes that are run by administrators who keep schedules and adhere to a regular management style the nursing homes harbor individuals according to certain criteria such as those who are no longer able to live independently does not have permanent residence does not have contagious diseases and mental disorders facilities, such as a kitchen and bathrooms and sometimes dormitories are shared by all the residents regarding the environment factors the geographical location of nursing homes in each governorate is far from the city center and the noise around it is less each room contains 2 – 3 persons also the homes are responsible for preparing meals for the elderly regularly.

3.5. Instrument of the Study:

The questionnaire consisted of 3 parts which are used to achieve the objectives of the study as in the following:

Part 1: was built in accordance with the requirements of the study, it consists of demographic characteristics for respondents (Age, gender, marital status, educational attainment, monthly income, previous occupation, current residence, length of stay in a nursing home, and whether they have family or not among the 11 variables having a child and satisfy with your life right now. (Appendix A).

Part II: Elderly loneliness is measured using the UCLA (University of California, Los Angeles) Loneliness Scale, which was created by Russell, Peplau, and Cutrona in (1980) There are 20 items in all, responses were graded on a likert scale with 4 being always 3 being often 2 being some times and 1 being never the range of the score was 20–80 when there were

negative items (1,5,6,9,10,15,16,19, and 20). There are more causes of loneliness the higher the number of points increases the sensation of loneliness low loneliness (20–40), moderate loneliness (41–60), and high loneliness (61–80) were the three categories into which the total score was split. Arabic language translation validity is obtained for the scale.

Part III: The short Form of the Geriatric Depression Scale (GDS) it was used to achieve the object of study created in 1986 by Sheikh and Yesavage and has 15 questions it was validated, tested, its reliability was determined to be (r=71) negative responses to the remaining questions (questions 1, 5, 7, 11, and 13) also suggest depression when 10 of the 15 items are correctly answered, depression is present. Scores of 0–4 are considered normal 5-8 mild, 9–11 moderate and 12–15 severe respectively.

Elderly people with short attention spans who are physically ill, mildly to moderately demented, and easily tired may find it simpler to use the short form the completion time is between five and seven minutes (Sherry,2012).

target audience: older adults who are in good health, have a medical condition, or have mild to moderate cognitive impairment can make use of the GDS in acute, long-term, and community care settings, it has been widely used when measured against diagnostic standards, it was discovered that the GDS had a 92% sensitivity and an 89% specificity Sheikh and Yesavage (1986).

Strength and limitation: A diagnostic interview led by a mental health professional is necessary and cannot be replaced by the GDS, it is a useful screening instrument for determining depression in older adults in the clinical setting, especially when initial measurements are compared to subsequent results in this study, suicide attempts are not assessed.

It is urgent to get help for depression right away to track depression over time, the GDS can be applied in all clinical settings, a comprehensive

psychological assessment and suicidality assessment should be conducted for any positive GDS Short Form score greater than 5.

3.6. Validity:

The questionnaire was sent to 11 experts in the problem-related specializations from various colleges in Iraq despite the fact that the scales are valid in order to increase the questionnaire's validity through the use of content validity (3) Professors from the University of Baghdad, College of Nursing, (4) Academicians from the University of Kerbela nursing college (2) Professors from the University of Babylon, College of Nursing (1) Professors from the University of Kufa College of Nursing, (1) Professor from the University of Qadisiya College of Nursing. by asking the expert to review the study instruments' contents and look into the appropriateness, clarity and relevancy of the questionnaires, the researcher establishes the content validity of the study.

The questionnaire was adequate, relevant, and valid after some changes were made in accordance with the experts' suggestions, according to the validity results, which were clear and easy for the participants to understand. (Appendix B)

3.7. Pilot Study:

A pilot study has been conducted on the purposeful sample of 8 elderly people who reside in nursing homes in the middle Euphrates and 8 elderly people who live in the community to determine the dependability of the study tool it is not included in the study's initial sample the researcher carried out the pilot study between 10 February and14 February 2022.

The purposes of the pilot sample study were:

1. To know the time taken by the participants of filling out the study instruments.
2. To know the nature of the difficulties facing the participants of the study and following the best approach for the purpose of solving them.

3. To verify the content of the study instruments, and to modify the points that need to be modified.

4- To identify the reliability of the study instruments.

After conducting the pilot study, all these purposes have been achieved.

3.8. Reliability:

The accuracy stability dependability, and consistency means reliability m of the research tool the internal consistency of the questionnaire of this study was determined through alpha Cronbach was applied to determine the reliability of the questionnaire application of the SPSS 26 statistical package for social science program the outcome of the reliability is r=0.719 for the loneliness scale r= 0.711 for GDS, which is acceptable statistically which means that the questionnaire had an adequate level of consistency and equivalent (Warner, 2020**).**

3.9. Sample of the study:

A non-probability sample made up of 125 elderly people utilizing the judgmental method includes: 52 elderly people selected from nursing home in the middle Euphrates and 73 elderly people selected from elderly living with their families in the middle Euphrates the sample is gathered between 15 January 2022 and 18 February 2023 the researcher provides an explanation of the sample that was chosen from the overall population of elderly citizens residing in nursing home in the middle Euphrates as shown in table (3.1).

Table (3-1): sample from the total number of elderly residents at nursing homes in middle Euphrates

Governorate	The total number of elderlies	The selected sample
Holly Kerbala	35 persons	12 persons
AL-Najaf	29 persons	11 persons
Babylon	31persons	17 persons
AL Diwaniya	30 persons	12 persons

The researcher has documented these numbers by reviewing the medical records and assisting the homes managers in knowing the total

sample size in addition a pilot study has chosen from the total number of samples.

3.10. Sample Selection Criteria

3.11. Criteria for inclusion:

1. Elderlies 65 years of age and above.
2. Elderly individuals' resident in nursing homes and those living with their families
3. Participants who have cognitive ability

3.12. Criteria for exclusion:

1. Elderly people with hearing impairments who are unable to follow instructions.
2. Elderly who have severe physical or mental illnesses, like psychosis dementia, and stupidity.

3.13. Data Collection Methods:

The manager of the geriatric home for the elderly and family gave their official written consent for the study to be conducted The study' sample collection period was from 15 December 2022 to 18 January 2023 All members who could and wanted to participate in the data collection process were used the researcher seated the participants in a comfortable position before introducing herself, outlining the study's objectives, and speaking with each individual to receive open and honest responses, confidentiality was guaranteed the respondents were thanked for their willing cooperation last but not least appreciation is extended to the managers for their support and for granting permission.

3.13. Statistical Data Analysis:

Analysis of Data

The data were analyzed and understood using the Social Sciences Statistical Package (SPSS.26).

Descriptive Statistical Tests

-A metric known as standard deviation: The levels of depression and loneliness are assessed using means and standard deviations.

Inferential Statistical Tests is a difference that is statistically significant compares the means of two unrelated groups**.** Called the independent t-test (Leard Statistics,2019). It was used for determine the significant differences in depression among elderly people with regard to their gender and setting**.**

ANOVA: A class of statistical models used to compare (test) the statistical difference of three or more means (groups or variables). It is used to find out the difference in the level of depression.

According to their characteristic (age, gender, marital status, level of education, monthly income, and occupation (previous), current housing, length of stay in a nursing home, having a family having a child and satisfy with their current situation.

Pearson A statistical: Method known as the correlation coefficient determines whether there is any association or connection between two continuous variables it used to determine the correlation between loneliness and depression among elderly people.

3.14. Limitations of the study:

1- The size of the sample is small because the number of elderly people in the nursing home is small, so the sample size taken from the community is also small for the purpose of comparison in the study.

2- The difficulty of dealing with the elderly, as well as the difficulty of reaching the elderly, since the sample of the study includes the elderly who are in nursing homes in different areas of the middle Euphrates.

Chapter four

Results

Results Of Study

In this chapter the sample's descriptive analysis of the socio demographic traits is presented elderly people at nursing home and community and describes their levels of feeling loneliness and depression. In addition, compares between the levels of depression among elderly in nursing home and those in community this chapter also determines the differences in level of depression with regard to their socio-demographic characteristics.

To analyze the outcomes of the current study, statistical techniques were used. The outcomes were then arranged and interpreted depended on the sample responses to study instrument those conclusions were reached.

Table (4-1): Participants' distribution based on their socio-demographic characteristics

List	Characteristics		F	%
1	**Age (years)**	65 – 69	45	36
		70 – 74	38	30.4
		75 – 79	27	21.6
		80 ≤	15	12
		Total	***125***	***100***
2	**Sex**	Male	69	55.2
		Female	56	44.8
		Total	***125***	***100***
3	**Marital status**	Unmarried	20	16
		Married	57	45.6
		Divorced	20	16
		Widowed/er	28	22.4
		Total	***125***	***100***

f: Frequency, %: Percentage

Table (4-1): Continued

List	Characteristics		F	%
4	**Level of education**	Doesn't read & write	51	40.8
		Primary school	38	30.4
		Secondary school	28	22.4
		Higher studies	8	6.4
		Total	***125***	***100***
5	**Occupation**	Housewife	46	36.8
		Farmer	7	5.6
		Free work	27	21.6
		Employee	1	.8
		Retired	36	28.8
		Unemployed	8	6.4
		Total	***125***	***100***
6	**Monthly income**	Sufficient	35	28
		Barely sufficient	82	65.6
		Insufficient	8	6.4
		Total	***125***	***100***
7	**Current housing**	Community	73	58.4
		Nursing home	52	41.6
		Total	***125***	***100***
8	**Duration of staying in nursing home (years)**	< 1	4	7.7
		1 – 3	15	28.8
		4 – 6	17	32.7
		7 – 9	9	17.3
		10 – 12	4	7.7
		13 ≤	3	5.8
		Total	***52***	***100***

%: Percentage ,: Frequency

Table (4-1): Continued

List	Characteristics		F	%
9	**Having family?**	Yes	59	47.2
		No	66	52.8
		Total	***125***	***100***
10	**Having offspring?**	Yes	91	72.8
		No	34	27.2
		Total	***125***	***100***
11	**Are you satisfied with your current situation?**	Yes	58	46.4
		No	67	53.6
		Total	***125***	***100***

%: Percentage, f: Frequency

According to Table 4-1, the highest percentage refers to age group of 65 – 69 years as reported among 36% of elderly people concerning gender, 55.2% of elderly people are males and remaining are females (44.8%). The marital status refers that 45.6% of elderly people are married and 22.4% of them are widowed/er. The highest percentage in terms of education level relates to doesn't read and write among 40.8% of them. According to their occupation, 36.8% of them are housewives and 28.8% are retired, while 21.6% are working free works regarding monthly income, 65.6% of elderly people perceive insufficient monthly income. The current housing refers that 58.4% of elderly are from community while 41.6% of them are from nursing home. The duration of staying in nursing home refers to "4-6 years" among 32.7% of elderly people. More than half of elderly people are reported they haven't family (52.8) while remaining reported they have (47.2%). 72.8% of them reported they have children. More than half of elderly people are responding they are not satisfied with their current situation (53.6%).

Table (4-2): Assessment of the levels of Feeling Loneliness among Elderly People in Nursing Home and Community:

Levels	Nursing home				Community			
	F	%	M	SD	F	%	M	SD
Low	0	0	50.81	4.334	0	0	49.75	5.044
Moderate	52	100			72	98.6		
High	0	0			1	1.4		
Total	***52***	***100***			***73***	***100***		

Percentage % M: Mean of the entire score, Descriptive statistic, f: Frequency, Standard Deviation : High=60.1–80; Moderate=40.1–60; low=20–40

This table shows that elderly at nursing home and community show moderate level of feeling loneliness as reported by all (100%) elderly people in nursing home (M±SD=50.81 ± 4.334) and among 98.6% of elderly in community (M±SD=49.75 ± 5.044).

Table (4-3): Assessment of detailed descriptive of Feeling Loneliness Items among Elderly People at Nursing Home and Community

List	Loneliness	Nursing home (N=52)			community (N=73)		
		Mean	SD	Assess.	Mean	SD	Assess.
1	How often do you feel that you are "in tune" with the people around you?	2.87	.908	Moderate	1.70	.701	Low
2	How often do you feel that you lack companionship?	2.04	1.137	Moderate	2.67	.817	Moderate
3	How often do you feel that there is no one you can turn to?	1.77	.942	Low	3.16	.834	High
4	How often do you feel alone?	1.69	1.058	Low	2.55	.929	Moderate
5	How often do you feel part of a group of friends?	3.33	.810	High	2.64	.823	Moderate
6	How often do you feel part of a group of friends?	3.38	.889	High	2.05	.832	Moderate
7	How often do you feel that you are no longer close to anyone?	2.29	1.016	Moderate	3.25	.894	High
8	How often do you feel that your interests and ideas are not shared by those around you?	2.06	.978	Moderate	2.48	1.002	Moderate
9	How often do you feel outgoing and friendly?	2.62	1.032	Moderate	1.70	.739	Low
10	How often do you feel close to people?	2.83	.857	Moderate	1.63	.717	Low

11	How often do you feel left out?	2.38	1.087	Moderate	3.45	.625	High
12	How often do you feel that your relationships with others are not meaningful?	1.92	1.007	Low	3.15	.794	High
	How often do you feel that no one really knows you well?	1.71	.957	Low	2.88	.897	Moderate
14	How often do you feel isolated from others?	2.32	1.041	Moderate	3.12	.763	High
15	How often do you feel you can find companionship when you want it?	2.77	.899	Moderate	2.23	.808	Moderate
16	How often do you feel that there are people who really understand you?	3.40	.748	High	1.77	.755	Low
17	How often do you feel shy?	2.85	.916	Moderate	2.58	.865	Moderate
18	How often do you feel that people are around you, but not with you?	1.58	.936	Low	3.19	.908	High
19	How often do you feel that there are people you can talk to?	3.25	.883	High	1.55	.668	Low
20	How often do you feel that there are people you can turn to?	3.85	.364	High	2.00	2.380	Moderate

Low=1 to 2, Moderate=2 to 3, and High=3 to 4, SD: Standard Deviation, Assess: Assessment

In this table show items of feeling loneliness; the findings indicates that elderly in nursing home shows moderate among most of items (1, 2, 7, 8, 9, 10, 11, 14, 15, and 17), and show high among items 5, 6, 16, 19, and 20 while show low among items 3, 4, 12, 13, and 18. Those in the community show moderate among items 2, 4, 5, 6, 8, 13, 15, 17, and 20; show low among items 1, 9, 10, 16, and 19; and show high among items 3, 7, 11, 12, 14, and 18.

Table (4-4): Assessment of the levels of Depression among Elderly People in Nursing Home and Community

Levels	Nursing home				Community			
	F	%	M	SD	F	%	M	SD
Mild	3	5.8	8.35	1.702	21	28.7	6.39	1.713
Moderate	44	84.6			51	69.9		
Severe	5	9.5			1	1.4		
Total	***52***	***100***			***73***	***100***		

SD Standard deviation f: Frequency, M: Mean of total score, %: Percentage
Mild= 0 – 5, Moderate= 5.1 – 10, Severe= 10.1 – 15

table (4-4) reveals that elderly people associated with moderate level of depression as reported among 84.6% among elderly at nursing homes (M±SD=8.35 ± 1.702) and among 69.9% of elderly in community (M±SD=5.88 ± 1.554).

Table (4-5): Detailed descriptive of the level of Depression Among Elderly Residents of Nursing Homes and the Community.

List	Depression	Nursing home (N=52)			community (N=73)		
		Mean	SD	Assess.	Mean	SD	Assess.
1	Are you basically satisfied with your life?	.25	.437	Low	.67	.473	Moderate
2	Have you dropped many of your activities and interests?	.90	.298	High	.48	.503	Moderate
3	Do you feel that your life is empty?	.83	.382	High	.12	.331	Low
4	Do you often get bored?	.83	.382	High	.64	.482	Moderate
5	Are you in good spirits most of the time?	.13	.345	Low	.70	.462	High
6	Are you afraid that something bad is going to happen to you?	.65	.480	Moderate	.51	.503	Moderate
7	Do you feel happy most of the time?	.19	.398	Low	.22	.417	Low
8	Do you often feel helpless?	.79	.412	Moderate	.55	.501	Moderate
9	Do you prefer to stay at home, rather than going out and doing new things?	.58	.499	Moderate	.58	.499	Moderate
10	Do you feel you have more problems with memory than most?	.63	.486	Moderate	.53	.502	Moderate
11	Do you think it is wonderful to be alive now?	.31	.466	Low	.74	.442	High
12	Do you feel pretty worthless the way you are now?	.69	.466	High	.14	.346	Low
13	Do you feel full of energy?	.29	.457	Low	.38	.490	Moderate
14	Do you feel that your situation is hopeless?	.62	.491	Moderate	.04	.200	Low

15	Do you think that most people are better off than you are?	.65	.480	Moderate	.15	.360	Low

Standard Deviation, and Evaluation Low=0–0.33, Moderate=0.34–0.67, and High=0.8–1

The table 4-3 presents the items of depression; the findings of elderly in nursing home indicates low mean score among items 1, 5, 7, 11, and 13; moderate among items 6, 8, 9, 10, 14, and 15; and high among items 2, 3, 4, and 12. The finding of those in the community indicates low mean scores among items 3, 7, 12, 14, and 15; moderate mean scores among items 1, 2, 4, 6, 8, 9, and 10; and high among items 5, 11, and 13.

Table (4-6): Association between Feeling Loneliness and Depression among Elderly People at Nursing Home and Community

Setting	Scales	Pearson correlation	p-value
Nursing home	Feeling loneliness	.438	**0.001**
	Depression		
Community	Feeling loneliness	.188	**0.032**
	Depression		

This table reveals that depression is strongly associated with feeling loneliness among elderly at nursing home as indicated by significant positive correlation at p-value= .001, and there is significant association between depression and feeling loneliness among elderly at community at p-value=.032.

Table (4-7): the difference in Level of Depression with regard to Elderly people in Nursing Home and Community

Depression \ Housing		M	SD	T	Df	p≤ 0.05	Sig
Level of depression	Nursing home	8.35	1.702	8.090	114	.001	**H.S**
	Community	5.83	1.638				

Sd Standard deviation, df degree of freedom, ,p for probability, M for mean, T for T-test , n s not significantly, S significantly.

In table (4-7) reveals that elderly people at nursing home have higher level of depression than those in community as indicated by with a p-value of.001, there is a significant difference among the depression levels in elderly residents in nursing home.

Table (4-8): the difference in Level of Depression among Elderly People according to their Age

Age / Depression	Source of variance	Sum of Squares	Df	Mean Square	F	Sig.
Nursing home	Between Groups	8.227	3	2.742	.943	.427
	Within Groups	139.542	48	2.907		
	Total	147.767	51			
Community	Between Groups	11.017	3	3.672	1.264	.294
	Within Groups	200.462	69	2.905		
	Total	211.479	72			

F-statistic, Sig: Significance df: Degree of freedom

According to this table, there are no significant difference in depression levels according to elderly resident in the nursing home and community with regard to their age.

Table (4-9): the difference in Level of Depression among Elderly People with regard to their Gender

Gender / Depression		M	SD	T	Df	p≤ 0.05	Sig
Nursing home	Male	8.10	1.398	-1.224	50	.227	N.S
	Female	8.68	2.033				
Community	Male	6.69	1.734	1.592	71	.116	N.S
	Female	6.06	1.650				

Sig: Significance M: Mean, SD: Standard deviation, p Probability value, N.S: Not t: t-test, df: Degree of freedom, N.S: Not: s Significant, H.S: High significant

According to this table, there are no significant differences among the elderly people resident in nursing home and community with regard to their gender

Table (4-10): the differences in depression Levels with regard to Marital Status among elderly People

Marital / Depression	Source of variance	Sum of Squares	Df	Mean Square	F	Sig.
Nursing home	Between Groups	3.409	3	1.136	.378	.769
	Within Groups	144.361	48	3.008		
	Total	147.769	51			
Community	Between Groups	4.958	3	1.653	.552	.648
	Within Groups	206.521	69	2.993		
	Total	211.479	72			

F: F-statistic, Sig: Significance df: Degree of freedom

According to this table, there are no significant differences among elderly people in nursing home residents and community with regard to their marital status

Table (4-11): the difference in Level of Depression among Elderly People with regard to their level of education

Education / Depression	Source of variance	Sum of Squares	Df	Mean Square	F	Sig.
Nursing home	Between Groups	4.444	3	1.481	.496	.687
	Within Groups	143.325	48	2.986		
	Total	147.769	51			
Community	Between Groups	13.296	3	4.432	1.543	.211
	Within Groups	198.184	69	2.872		
	Total	211.479	72			

Sig: Significance ,F: Fstatistic, df: Degree of freedom

This table shows that there are no significant differences in the levels of depression among elderly residents of nursing homes and community with regard to their level of education

Table (4-12): the difference in Level of Depression among Elderly People with regard to their occupation

Occupation / Depression	Source of variance	Sum of Squares	Df	Mean Square	F	Sig.
Nursing home	Between Groups	11.276	3	2.819	.971	.433
	Within Groups	136.484	48	2.904		
	Total	147.769	51			
Community	Between Groups	25.330	3	5.066	1.823	.120
	Within Groups	186.150	69	2.778		
	Total	211.479	72			

F: F-statistic Sig: Significance df: Degree of freedom

This table shows that there are no significant differences in the levels of depression among elderly residents in nursing homes and community with regard to their occupation

Table (4-13): the difference in Level of Depression among Elderly People with regard to their Monthly income

Income / Depression	Source of variance	Sum of Squares	Df	Mean Square	F	Sig.
Nursing home	Between Groups	11.199	3	5.600	2.009	.145
	Within Groups	136.570	48	2.787		
	Total	147.769	51			
Community	Between Groups	3.923	3	1.308	.435	.729
	Within Groups	207.556	69	3.008		
	Total	211.479	72			

F: F-statistic, df: Degree of freedom , Sig: Significance

According to the table there are no significant differences in depression levels among elderly people resident in nursing home and community with regard to their monthly income

Table (4-14): the difference in Depression Levels Among Elderly People with regard to Having Family

Family / Depression		M	SD	T	Df	p≤ 0.05	Sig
Nursing home	Yes	8.25	1.807	-1.224	50	.269	N.S
	No	8d.39	1.678				
Community	Yes	6.33	1.796	.425	71	.672	N.S
	No	6.50	1.614				

M Mean, SD is for Standard Deviation, N.S. is for "Not Significant, t-test, and df is for "degree of freedom." Significant, Probability, Highly Significant, and Sig are all abbreviations for statistical significance.

According to the table (4-14) there are no significant differences in depression levels among elderly resident in nursing home and community with regard to their having family

Table (4-15): the difference in Level of Depression among Elderly People with regard to Having Offspring

Offspring / Depression		M	SD	T	Df	p≤ 0.05	Sig
Nursing home	Yes	8.13	1.773	1.190	50	.240	N.S
	No	8.70	1.559				
Community	Yes	6.39	1.781	.076	71	.940	N.S
	No	6.43	1.453				

Significantly, Highly Significantly ,M: Mean, SD stands for Standard Deviation, p for Probability, N.S Not notably, df: degree of freedom, Sig: significance, t: t-test

This table demonstrates that there are no significant differences among elderly resident in nursing home and community with regard to their having children.

Table (4-16): Significant Difference in Level of Depression among Elderly People with regard to Satisfaction with Life

Satisfaction / Depression			SD	T	Df	p≤ 0.05	Sig
Nursing home	Yes	8.36	1.859	.038	50	.970	N.S
	No	8.34	1.682				
Community	Yes	6.47	1.666	.472	71	.630	N.S
	No	6.27	1.823				

df: Degree of freedom, t-test, M: Mean, SD: Standard deviation, Sig stands for significance, p for probability, not significantly, significantly, and highly

This table shows that there are no significant differences in depression levels among elderly residents in nursing home and community with regard to their life satisfaction.

Chapter five

Discussion

Discussion

This chapter deals with a systematic interpretation and discussion of the present study results concerning the impact of feeling of Loneliness upon Depression among elderly residents in Nursing home and Community: A comparative study.

Part: I The distribution of participants according to their socio-demographic traits is shown in Table 4-1

According to the sample's age distribution in this study, table 1 shows that 36% of the participants are over 65 and fall into this age group. This result was consistent with those of studies of Yeung et al., (2013) Al-Amari., (2015) Sultan et al., (2017), and Abd-El Aziz et al., (2018) which found that the average age of their sample was 65–70 years older. According to the current findings, the gender distribution of the study's sample revealed that there were more than half (55.2%) of older men. El Kady and Ibrahim, (2013) reported that 64.7% of the elders represented in their study were male, who is consistent with the present results other studies support the finding of study conducted by Grover et al., (2018); Vasilopoulos et al., (2018); Heidari Arefi and Amiri., (2019) this result may be explained by the fact that the social culture of Iraqi citizens rejects the status of women in such a setting and may be a sign of the longer life expectancy of males than females; as a result, there were more male residents of the nursing home than female residents within age group (65-75).

The present study revealed that 45.6% of the sample was married. This finding was consistent with Saeed's, (2017); and Basha and co., (2021) who found that married people had a high prevalence rate.

Several previous studies are disagreed with the present finding such as Holwerda et al., (2014); Abdul Ridha et al., (2016); Hussain, (2016) and Abd-ElAziz et al., (2018) in their studies they found that the high percentage of elderly were widowed. Table 1 displays the highest percentage of education level relates to doesn't read and write among 40.8% of them. This finding was consistent with Atiyah A et al., (2015); Al-Amari, (2015) and Abdul-Mohsin, (2018) which found that half of the elderly sample are illiterate.

The result of present study show high percentage of sample (36.8%) is housewives, is related to the status of a housewife who might be remaining unemployed this finding was consistent with (Trivedi et al., 2013 and Darwish, 2016).

The highest percentage of the study sample (65.5%) is within the insufficient monthly income level these findings of the study are consistent with study which found that the average of elderly has an income that is 50% below the poverty line (El Kady and Ibrahim, 2013 and Ahmad et al., 2016).

The current study reveals that the highest percentage of elderly who stayed 1-6 years in the nursing homes (32.7%), this result is supported by Sangar et al., (2015) who mentioned that the longest duration of stay of elderly (68%) in nursing home was between one to six years length of stay in long-term care facilities (LTCFs), both longer and shorter, linked to systematic review of factors that determined shorter lengths of stay correlated with older age, a male gender, cancer diagnosis, receipt of oxygen therapy, shortness of breath and residence in an LT CF administering nursing care. In particular the review revealed stronger evidence for the association of shorter lengths of stay and poor physical functioning compared with cognitive functioning (Collingridge et al., 2020).

The result of current study, show more than half of elderly people claim to have no family (52.8%) numerous studies was agree with current finding showed that living alone increased the risk of depression compared to living with family (Rashid et al., 2010; Majdi et al., 2011).

The Present study showed that 72.8% of participants reported they have children a result from a cross-sectional study conducted in China supported the study's finding that losing a spouse may increase the risk of mental health issues like loneliness and depression (Chase et al.,2018).

The study of Abdul Manaf et al., (2016) reveals that elderly people who live alone or with others tend to experience more stress, anxiety, and depression the elderly being denied the freedom to spend time as they please, having to take care of the house and do housework, receiving insufficient financial and emotional support, not having their needs attended to, and even experiencing domestic violence can all contribute to an increase in depression, anxiety, and stress in elderly people who only live with their children or with others.

The result of current reveals more than half of elderly people is responding they are not satisfied with their current situation (53.6%).

A study conducted in Turkey that was conducted to support the current finding low life satisfaction was associated with a reduction in one's capacity to perform household duties this is also connected to Orem's theory's deficit in self-care in order to maintain one's own life, well-being, and health, self-care is the act of starting and finishing tasks on one's own behalf (Mollaolu et al., 2010; Dorothea Orem’s theory of self-care deficit, 2018).

Part II**: Assessment of Feeling Loneliness among Elderly People in Nursing Home and Community in table (4-2)**

The result of present study displays that elderly at nursing home and community show moderate level of feeling loneliness as reported by all (100%) elderly people in nursing home (M±SD=50.81 ± 4.334) and among 98.6% of elderly in community (M±SD=49.75 ± 5.044).

According to a recent systematic review and meta-analysis, elderly residents with their families and in nursing care facilities are more likely to experience loneliness and the prevalence of moderate loneliness among those living in these facilities more than half 61% (Gardiner et al., 2020).

A study by Kim et al., (2009) Vakili, (2017) support the finding that elderly people frequently experience moderate to severe levels of loneliness.

According to a study of Al-Ameri, (2019) about elderly residents of nursing homes in Baghdad City, roughly half of them experience high levels of loneliness, while a third was experienced moderate levels, and only a fifth of them had low levels.

These findings are in consistent with current result of study elderly residents in nursing homes are more likely to experience loneliness than elderly residents of their own homes (Bandari, 2019).

Loneliness is associated with insufficient social interaction, in addition to other negative health consequences, such as cognitive deterioration and a greater mortality risk, gender and low socioeconomic position were combined, loneliness was more prevalent among elderly resident in nursing home who live with their families reported loneliness as well (Hosseini et al., 2017).

The psychological issue occurs in the lives of those elderly people who must assume the role of perpetually guilty person, elderly people

frequently experience loneliness within the family when discussing their family problems with strangers, these elderly people frequently communicate enthusiastically and well, but they frequently struggle to find solutions when speaking with their relative (Olena Kovalenko ,2022).

Part III: Assessment of Depression among Elderly People in Nursing Home and Community in table (4-4).

In table (4-4) reveals that elderly people associated with moderate level of depression as reported among 84.6% of elderly resident at nursing homes (M±SD=8.35 ± 1.702) and among 69.9% of elderly resident in community (M±SD=5.88 ± 1.554).

This finding shows similar result to the studies by (Sarukhan et al., 2018; Mohammed tahania et al., 2020) which found that elderly had moderate level of depression.

The prevalence of mild to moderate depression, which showed a prevalence of 27%, and moderate to severe depression, which showed a prevalence of 12% (Papadopoulos et al.,2005).

According to the two studies that carried out in Taiwan, the majority of study subjects had moderate level of depression and other suffering from severe depression (Lin et al.,2010; Chang et al., 2011).

Part IV: Association between Feeling Loneliness and Depression in table (4-6)

in table (4-6) reveals that depression is strongly associated with feeling loneliness among elderly at nursing home as indicated by significant positive correlation at p-value= .001, and there is significant association between depression and feeling loneliness among elderly at community at p-value=.032.

For elderly people, loneliness and depression are serious public health concerns that could deteriorate their physical health and quality of life and increase the risk of suicide (Wang et al., 2015; Domènech-Abella et al., 2018). The current findings are in line with those of earlier studies by (Aylaz et al., 2012; Corey et al., 2013; Desai et al., 2016 and Hsueh et al., 2019) that suggest loneliness may increase the severity of depression and be a risk factor for the development of depression.

Another study by Mona Barakat, (2019) demonstrates the highly statistically significant relationship between depression and loneliness. According to the researcher, this could be because the elderly live in nursing homes are separated from their families, which makes them feel lonely and depressed.

Part V: the difference in Level of Depression with regard to elderly people in Nursing Home and Community in table (4-7)

in table (4-7) reveals that elderly people at nursing home have higher level of depression than those in community as indicated by with a p-value of.001, there is a significant difference between the depression levels of elderly nursing home residents.

Various study conducted by (Nagaraj AKM et al., 2011; Ghimire et al.,2012; Qadir F et al.,2014 and Karini D et al.,2019) revealed that prevalence of the levels of depression was higher among elderly residents in nursing home than elderly.

Part VI: The differences in Level of Depression with regard to demographic characteristic

According to the current study, there are no statistically significant differences in the level of depression with regard to demographic

characteristic this finding is consistent with finding made by (Abdul-Rahman and Jabber, 2010; El Kady and Ibrahim, 2013; Thilak et al., 2016 and Bhattarai &Poudyal, 2018) who found no correlation between elderly depressive symptoms and socio-demographic traits.

Chapter six

Conclusions

&

Recommendations

Conclusions and Recommendations

6.1. Conclusions

The results of the current study show that elderly residents of nursing homes and communities experience moderate levels of loneliness and depression. Additionally, their depression is unaffected by their demographic characteristics (age, gender, marital status, monthly income, level of education, or occupation) and is instead primarily and significantly influenced by their sense of loneliness.

6.2. Recommendations

1. The study population's moderate prevalence of depression highlights the need to concentrate on raising public awareness of depression and ensuring that appropriate healthcare services are accessible and readily available for the early detection of depression and its treatment.
2. Address these issues loneliness and depression and enhance the quality of life for elderly people, a multifaceted approach is necessary along with gentle love, care, and special attention to address these issues, regular counseling sessions by qualified professionals are especially necessary for old age home residents to encourage them to be more active.
3. Providing social and health programs to support the elderly, as well as conducting awareness sessions for caregivers and families on how to take care of the elderly residing in the nursing home or residing with their families.
4. Social and health programs about the value of family support for the elderly in our community must be offered to caregivers in nursing home Regular physical and recreational activities, such as sports and exercise, should be encouraged for both institutionalized and non-

institutionalized seniors to improve their physical, social, and psychological wellbeing.

5. Elderly residents of geriatric homes in Iraq should have access to specialized gerontological mental health nurses.
6. More research on large populations of elderly people in various geographical locations is required in order to generalize findings.
7. Combining elderly care facilities and families to lessen loneliness and depression in the elderly.
8. The implementation of policy Practice: In order to combat loneliness, a variety of interventions have been created, including community-based programs, individual, group, and technology-focused interventions (such as social media groups, video conferencing, and artificial intelligence) (Al).
9. Teach and train community volunteers and family caregivers who regularly interact with elderly people how to spot those who may be at risk for loneliness or social isolation.
10. Education: Various strategies must implement to help community-adults who experience loneliness make better social connections.
11. To promote the health and wellbeing of elderly, health care professionals are essential it's critical that medical professionals have more knowledge about the impact of loneliness on elderly health.
12. Further future research will be required to involve psychoeducation for depressed community patients that aim to improve the feeling of loneliness.

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Appendices

Appendix A
Questioners

رقم الاستبانة

الجزء الاول: الصفات الديموغرافية والاجتماعية

يرجى وضع علامة (√) في المربع المناسب وإعطاء إجابات حيثما تم تحديد ذلك.

ت	الصفة	الاستجابة			
1.	**العمر(السنوات)**				
2.	**الجنس**	ذكر		أنثى	
3.	**الحالة الزوجية**	أعزب		متزوج	
		مطلق		أرمل	
4.	**التحصيل الدراسي**	لا يقرأ ولا يكتب		خريج ابتدائية	
		خريج ثانوية		خريج جامعة فأكثر	
5.	**المهنة (السابقة)**	ربة بيت		فلاح	
				موظف	
		كاسب		عاطل عن العمل	
		متقاعد			
6.	**الدخل الشهري**	يكفي		بالكاد يكفي	
		لا يكفي			
7.	**السكن الحالي**	مجتمع		دار المسنين	
8.	**مدة البقاء في دار المسنين**	اشهر		سنوات	
9.	**هل لديك أسرة؟**	نعم		لا	
10.	**هل لديك اولاد؟**	نعم		لا	
11.	**هل انت راض عن وضعك الحالي؟**	نعم		لا	

الجزء الثاني: مقياس الشعور بالوحدة

يرجى وضع علامة (√) في المربع المناسب حول الاجابة التي تصف حقًا شعورك فيما ياتي مجموعة من العبارات التي قد تشعر بها. **يجب الإجابة على جميع الاسئلة**.

الرقم	العبارة	دائما	غالبا	أحيانا	ابدا
.1	تشعر بأنك متفاهم مع من حولك من الناس؟				
.2	تشعر بأنك تفتقد إلى الأصدقاء؟				
.3	تشعر أنه لا يوجد أحد؟				
.4	شعرت بالوحدة؟				
.5	تشعر أنك جزء من مجموعة من الاصدقاء؟				
.6	تشعر بأنك تشترك مع الناس المحيطين بك في كثير من الأشياء				
.7	شعرت بأنك لم تعد قريبًا لأي أحد؟				
.8	تشعر أن اهتماماتك وأفكارك لا يشاركك فيها اشخاص من حولك؟				
.9	تشعر بالود والصداقة مع الآخرين؟				
.10	تشعر أنك قريب من الناس؟				
.11	تشعر بأنك مستبعد؟				
.12	شعرت أن علاقاتك مع البعض الآخر ليس لها معنى؟				
.13	شعرت أن لا أحد يعرف حقًا إنك بخير؟				
.14	تشعر بالعزلة عن الآخرين؟				
.15	تشعر بأنك تستطيع أن تجد الرفقة عندما ترغب بذلك؟				
.16	تشعر ان هناك أناس يفهمونك حقا؟				
.17	تشعر بانك خجول؟				
.18	تشعر بوجود أناس من حولك ليس معك؟				
.19	تشعر بأن هناك أناسًا لك يمكنك التحدث إليهم؟				
.20	تشعر بأن هناك أناسًا لك يمكنك الاعتماد عليهم؟				

الجزء الثالث: مقياس الاكتئاب

يرجى وضع علامة (√) في المربع المناسب امام الاجابة التي تصف حقًا شعورك لمرض الكآبة لدى كبار السن **يجب الإجابة على جميع الأسئلة**.

الرقم	العبارة	نعم	لا
.1	أنت راضٍ بشكل أساسي عن حياتك؟		
.2	تخليت عن الكثير من أنشطتك واهتماماتك؟		
.3	تشعر أن حياتك فارغة؟		
.4	تشعر بالملل في كثير من الأحيان؟		
.5	أنت في حالة معنوية جيدة معظم الوقت؟		
.6	تخشى أن يحدث لك شيء سيء؟		
.7	تشعر بالسعادة معظم الوقت؟		
.8	تشعر بالعجز في كثير من الأحيان؟		
.9	تفضل البقاء في المنزل (دار رعاية المسنين) على الخروج والقيام بأشياء جديدة؟		
.10	تشعر أن لديك الكثير من المشاكل في الذاكرة في كثير من الأحيان		
.11	تعتقد أنه من الرائع أن تكون على قيد الحياة		
.12	تشعر بانه لا قيمة لك في وضعك الحالي		
.13	تشعر أنك مليء بالطاقة؟		
.14	تشعر أن وضعك ميؤوس منه؟		
.15	تعتقد أن معظم الناس أفضل منك؟		

Appendix B

	أسم الخبير	اللقب العلمي	التخصص	مكان العمل
.1	د. عبد المهدي عبد الرضا	أستاذ	تمريض الصحة النفسية والعقلية	**كلية التمريض/ جامعة بابل**
.2	د. سجاء هاشم محمد	أستاذ	تمريض الصحة النفسية والعقلية	**كلية التمريض/ جامعة بابل**
.3	د. معن حميد إبراهيم	أستاذ مساعد	تمريض الصحة النفسية والعقلية	**كلية التمريض/ جامعة بغداد**
.4	د. سلمان حسين فارس	أستاذ مساعد	تمريض صحة مجتمع	**كلية التمريض/ جامعة كربلاء**
.5	د. قحطان قاسم محمد رضا	أستاذ مساعد	تمريض الصحة النفسية والعقلية	**كلية التمريض/ جامعة بغداد**
.6	د حسام مطشر زان	أستاذ مساعد	تمريض الصحة النفسية والعقلية	**كلية التمريض/ جامعة الكوفة**
.7	د. صافي داخل نوام	أستاذ مساعد	تمريض الصحة النفسية والعقلية	**كلية التمريض/ جامعة كربلاء**
.8	د. غزوان عبد الحسين عبد الواحد	أستاذ مساعد	تمريض صحة مجتمع	**كلية التمريض/ جامعة كربلاء**
.9	د. حسن علي حسين الزيدي	أستاذ مساعد	تمريض الصحة النفسية والعقلية	**كلية التمريض/ جامعة بغداد**
.10	د. حيدر امير جبر	أستاذ مساعد	تمريض الصحة النفسية والعقلية	**كلية التمريض/ جامعة القادسية**
.11	د. حقي إسماعيل منصور	مدرس	تمريض صحة مجتمع	**كلية التمريض/ جامعة كربلاء**

Appendix C

Opinion of Statistical

Republic of Iraq
Ministry of higher education & scientific research
University of Kerbala
College of Nursing

جمهورية العراق
وزارة التعليم العالي والبحث العلمي
جامعة كربلاء
كلية التمريض
الدراسات العليا

اقرار الخبير الاحصائي

اشهد بان الرسالة الموسومة :

(اثر الشعور بالوحدة في الاكتئاب بين كبار السن في دور التمريض والمجتمع: دراسة مقارنه)

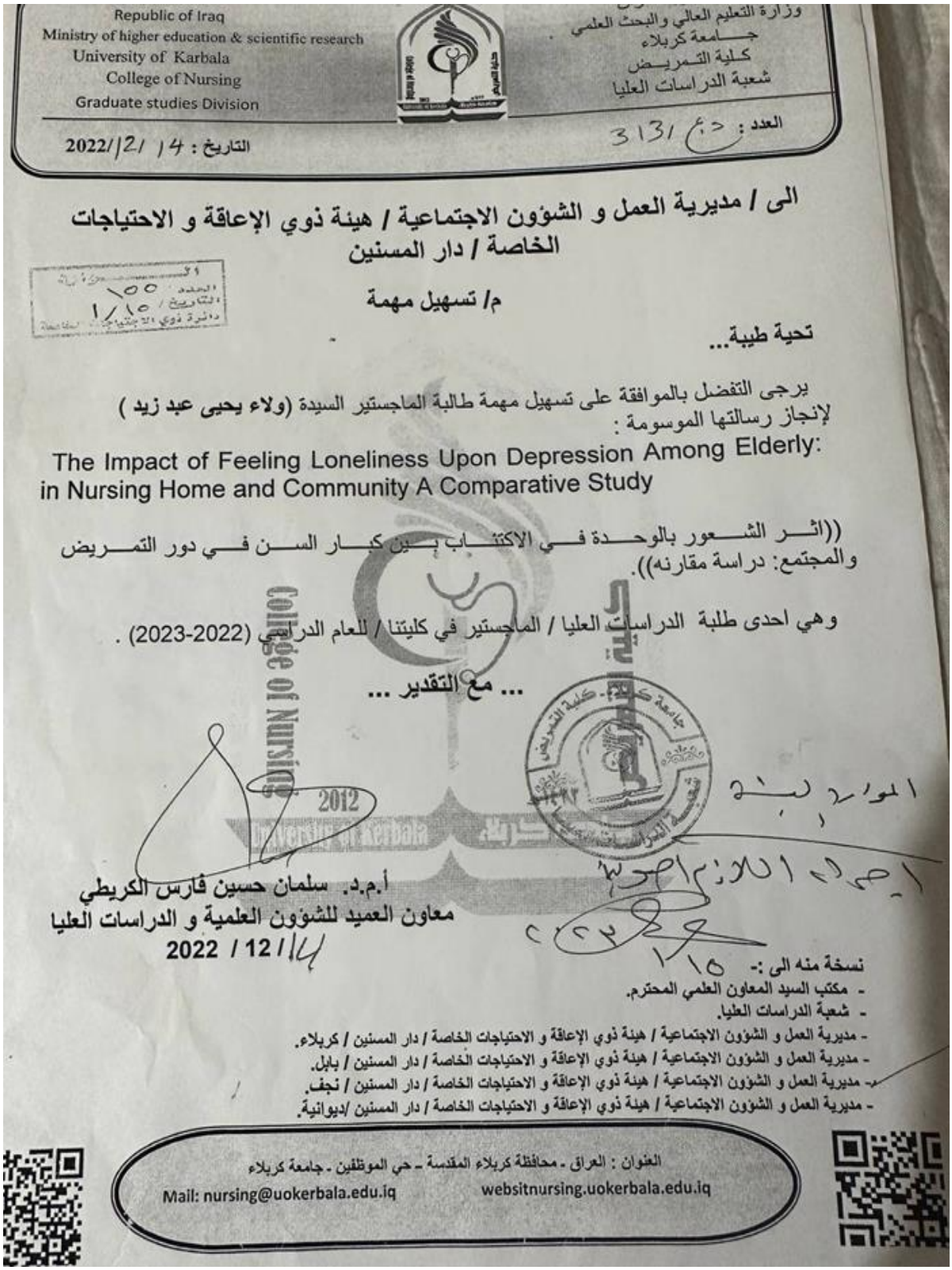
(The Impact of Feeling Loneliness Upon Depression Among Elderly in Nursing Home and Community :A Comparative Study)

قد تم الاطلاع على الاسلوب الاحصائي المتبع في تحليل البيانات واظهار النتائج الاحصائية وفق مضمون الدراسة ولأجله وقعت.

توقيع الخبير الاحصائي:
الاسم واللقب العلمي: ا.م.د. عباس عبد الحسين
الاختصاص الدقيق:
مكان العمل: جامعة كربلاء / كلية
التاريخ: 15 / 5 / 2023

العنوان : العراق - محافظة كربلاء المقدسة – حي الموظفين - جامعة كربلاء
Mail: nursing@uokerbala.edu.iq website: nursing.uokerbala.edu.iq

Appendix D



Republic of Iraq
Ministry of higher education & scientific research
University of Karbala
College of Nursing
Graduate studies Division

وزارة التعليم العالي والبحث العلمي
جامعة كربلاء
كلية التمريض
شعبة الدراسات العليا

العدد : ج ع / 3131
التاريخ : 14 / 12 / 2022

الى / مديرية العمل و الشؤون الاجتماعية / هيئة ذوي الإعاقة و الاحتياجات الخاصة / دار المسنين

م/ تسهيل مهمة

تحية طيبة...

يرجى التفضل بالموافقة على تسهيل مهمة طالبة الماجستير السيدة (ولاء يحيى عبد زيد) لإنجاز رسالتها الموسومة :

The Impact of Feeling Loneliness Upon Depression Among Elderly: in Nursing Home and Community A Comparative Study

((اثر الشعور بالوحدة في الاكتئاب بين كبار السن في دور التمريض والمجتمع: دراسة مقارنه)).

وهي احدى طلبة الدراسات العليا / الماجستير في كليتنا / للعام الدراسي (2022-2023) .

... مع التقدير ...

أ.م.د. سلمان حسين فارس الكريطي
معاون العميد للشؤون العلمية و الدراسات العليا
2022 / 12 / 14

نسخة منه الى :-
- مكتب السيد المعاون العلمي المحترم.
- شعبة الدراسات العليا.
- مديرية العمل و الشؤون الاجتماعية / هيئة ذوي الإعاقة و الاحتياجات الخاصة / دار المسنين / كربلاء.
- مديرية العمل و الشؤون الاجتماعية / هيئة ذوي الإعاقة و الاحتياجات الخاصة / دار المسنين / بابل.
- مديرية العمل و الشؤون الاجتماعية / هيئة ذوي الإعاقة و الاحتياجات الخاصة / دار المسنين / نجف.
- مديرية العمل و الشؤون الاجتماعية / هيئة ذوي الإعاقة و الاحتياجات الخاصة / دار المسنين /ديوانية.

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Labour and Social Affairs
D irectorate in the holy city
of karbala

جمهورية العراق
محافظة كربلاء المقدسة
مديرية العمل والشؤون الاجتماعية
في كربلاء المقدسة
هيئة رعاية ذوي الاعاقة و الاحتياجات
الخاصة في كربلاء المقدسة

العـــدد: ٤٩
التاريخ: ١٦/١/٢٠٢٣

الى / دار رعاية كبار السن / كربلاء المقدسة

م / تسهيل مهمة

تنسب تسهيل مهمة طالبة الماجستير (ولاء يحيى عبد زيد) المنسوبة الى جامعة كربلاء / كلية التمريض بموجب كتابهم المرقم (٣١٣) في ٢٠٢٢/١٢/٤ لغرض اكمال بحثها (اثر الشعور بالوحدة في الاكتئاب بين كبار السن في دور التمريض والمجتمع :دراسة مقارنة)

.... مع التقديـــر

ثـــورة مهدي عبد الـــرزاق
مدير هيئة رعاية ذوي الاعاقة والاحتياجات الخاصة
في كربلاء المقدسة
١٦/١/ ٢٠٢٣

محافظة كربلاء المقدسة
هيئة رعاية ذوي الاعاقة والاحتياجات الخاصة

جمهورية العراق
محافظة بابل
هيئة رعاية ذوي الإعاقة والاحتياجات الخاصة
فرع محافظة بابل

العدد / ٤١ ٢٢
التاريخ / ٧ / ٦ / ٢٠٢٢

((من بابل الحضارة نصنع الحياة))

إلى / دار رعاية المسنين

م / تسهيل مهمة

أطيب تحية ...

استنادا الى كتاب جامعة كربلاء / كلية التمريض / شعبة الدراسات العليا ذي العدد (د.ع/٣١٣) في ٢٠٢٢/١٢/٤ والمرفقة صورة منه طيا
تنسب تسهيل مهمة الطالبة (ولاء يحيى عبد زيد) لغرض البحث العلمي كونها طالبة ماجستير رجاءا .

المرفقات :-
* صورة كتاب

المعاون / للتفضل بالاطلاع ...

إجراء اللازم ومساعدة الباحثة في حصر العينة للبحث العلمي

يوسف رياض كاظم
المدير
٢٠٢٢ / ١٢ / ٢١

هيئة ... الإدارة

موافقة الباحثة ومساعدتها للعمل

صورة عنه إلى
****
❖ الاضبارة المختصة.

The Republic of Iraq
Diwaniyah Governorate
e Authority for the Care of People
ith Disabilities and Special Needs
Diwaniyah branch

هيئة رعاية ذوي الإعاقة والاحتياجات الخاصة
فرع الديوانية

العدد: ٢٧١٢٧
التاريخ: ٢٠٢٢/١٢/٢٨

محاربة الفساد خطوة مهمة لبناء المستقبل

إلى / دار كبار السن

م/ تسهيل مهمة

نرافق لكم ربطا كتاب جامعة كربلاء /كلية التمريض /الدراسات العليا ذي العدد ٣١٣١ في ٢٠٢٢/٢/١٤ نرجو تسهيل مهمة طالبة الماجستير (ولاء يحيى عبد زيد) لغرض جمع العينات المتعلقة ببحثها الموسوم (اثر الشعور بالوحدة في الاكتئاب بين كبار السن في دور التمريض والمجتمع :دراسة مقارنة)

لاتخاذ مايلزم لطفا

المرافقات
- كتاب

محافظة الديوانية
الصادرة
هيئة رعاية ذوي الإعاقة والاحتياجات الخاصة / فرع الديوانية

الدكتور
سامر محمد علي كاظم
مدير هيئة رعاية ذوي الإعاقة والاحتياجات الخاصة/
فرع الديوانية
٢٠٢٢/١٢/٢٨

نسخة من الى :
- محافظة الديوانية /الإدارة العامة/٣/ للتفضل بالاطلاع مع التقدير
- التخطيط مع الأوليات
- الصادرة

REPUBLIC OF IRAQ
AL-NAJAF AL-ASHRAF GOVERNORATE
DEPARTMENT CARE OF SPECIAL NEEDS

جمهورية العراق
محافظة النجف الاشرف
مديرية العمل والشؤون الاجتماعية
دائرة رعاية ذوي الاحتياجات الخاصة

محافظة النجف الأشرف

العدد: ٨٨
التاريخ ١٥/ ١ / ٢٠٢٣

إلى / دار رعاية كبار السن

م / تسهيل مهمة

تحية طيبة ...

تنسب توجيهكم بضرورة تسهيل مهمة طالبة الماجستير (ولاء يحيى عبد زيد) المنسوبة الى جامعة كربلاء / كلية التمريض بموجب كتابهم المرقم (د.ع /٣١٣ في ٢٠٢٢/١٢/١٤) لغرض اكمال بحثها (أثر الشعور بالوحدة في الاكتئاب بين كبار السن في دور التمريض والمجتمع :دراسة مقارنة)

..... مع التقدير

المهندس الاقدم
علي كاظم عيدان
المدير وكالة
٢٠٢٣/ ١/ ١٥

صورة عنه الى //
- جامعة كربلاء / كلية التمريض كتابكم المشار اليه في أعلاه / للتفضل بالعلم ... مع التقدير
- اضبارة كبار السن ... مع الاوليات

النجف الاشرف – شارع الكوفة – قرب الوقف الشيعي
البريد الالكتروني : neednajaf@gmail.com
ADNAN

Appendix E

Ministry of Higher Education and Scientific Research
University of Karbala / College of Nursing
Scientific Research Ethics Committee

وزارة التعليم العالي والبحث العلمي
جامعة كربلاء / كلية التمريض
لجنة اخلاقيات البحث العلمي

استمارة اخلاقيات البحث العلمي

عنوان مشروع البحث	
The Impact of Feeling Loneliness Upon Depression Among Elderly in nursing home and community A comparative Study: اثر الشعور بالوحدة في الاكتئاب بين كبار السن في دور التمريض والمجتمع	
بيانات عن الباحث الرئيسي	
مستوى الدراسة	الاسم الثلاثي للطالب
طالبة دراسات عليا /ماجستير	ولاء يحيى عبد زيد
بيانات الباحث او الباحثين المشتركين	
اللقب العلمي	الاسم الثلاثي للأستاذ المشرف
أستاذ	أ.د علي كريم خضير

(Importance of the research and its objectives) اهمية موضوع البحث واهدافه

Loneliness is part of the human condition that affects all ages. It is a subjective negative feeling related to the person's own experience of deficient social relations. Loneliness is more common among elderly in nursing homes than those living at their homes. Loneliness is related to inadequate social contact, gender, low socioeconomic status. Residents in nursing homes were also associated with higher degree of loneliness. the psychiatric nurse has an important role in alleviating loneliness in elderly and subsequently depressive symptoms by several interventions that divided into social and psychosocial intervention.

Objective - Assess the feeling loneliness and depression among elderly in nursing homes and community Examine the impact of feeling loneliness among elderly upon their level of depression , Compare between the level of depression among elderly residing in nursing homes and those residing with their families .Find out the difference in the level of depression in elderly with regard to their demographic characteristics of age, gender, income, level of education, and social status

Time and Setting of the Research (الاماكن المقترحة لأجراء البحث فيها) وقت ومكان اجراء البحث

Time of stufy from 26/9/2022 to 19/9/2023. Elderly will participate in study from nursing home in Karbala, Babylon and community,

(Methodology) منهجية البحث

Study design: non -experimental descriptive design

Sample of the study عينة الدراسة

A non probablity sampling a variable elderly residents in nursing home in kerbala, Babylon and community

(Ethical consideration during research) الاعتبارات الاخلاقية خلال اجراء البحث

التعهد

- اني الموقع ادناه ..... اتعهد بان اقوم باجراء البحث وفقا لما ذكر في البروتوكول اعلاه وان التزم باتباع القوانين والتعليمات فيما يخص اجراء البحوث والالتزام بأخلاقياتها , كما واتعهد باخذ الموافقة من افراد العينة للمشاركة في الدراسة واخذ موافقة من ولي أمر المشارك الشرعي في حال كون عمر الشخص المشارك اقل من ١٨ سنة، او كونه غير قادر على الفهم , وان اقدم الإيضاحات و المعلومات الخاصة بالدراسة لافراد العينة للمشاركين في حال طلبها. وان اتعامل بسرية تامة مع بيانات افراد العينة.

اسم وتوقيع الباحث

ولاء يحيى عبد زيد

توصية لجنة اخلاقيات البحث العلمي في الكلية

قرار اعضاء لجنة اخلاقيات البحث العلمي حسب جلستها المنعقدة بتاريخ / / ٢٠٢ :

☑ الموافقة على اجراء البحث ☐ عدم الموافقة على اجراء البحث

رئيس اللجنة — عضو — عضو — عضو — عضو

المستخلص

تعتبر الوحدة والاكتئاب من المخاوف الصحية العامة الخطيرة التي يمكن أن تؤدي إلى تدهور صحتهم البدنية ونوعية حياتهم وزيادة خطر الانتحار

تم استخدام تصميم الارتباط الوصفي في الدراسة الحالية في الفترة من 26 سبتمبر 2022 إلى 16 يوليو 2023 لتقييم كبار السن المقيمين في دور رعاية المسنين والمجتمع فيما يتعلق بمشاعر الوحدة والاكتئاب، ودراسة تأثير مشاعر الوحدة على مستويات الشعور بالوحدة لدى كبار السن. الاكتئاب لمقارنة مستوى الاكتئاب بين كبار السن الذين يعيشون مع أسرهم وفي دور رعاية المسنين، ومعرفة كيف يختلف مستوى الاكتئاب بين كبار السن حسب العمر والجنس ومستوى التعليم ودخل الأسرة وإعدادات دار رعاية المسنين. عينة حكمية (غير احتمالية) مكونة من 125 مسناً تم اختيارهم من دار رعاية المسنين في منطقة النشوة الوسطى في العراق ومن المجتمع وفق معايير محددة
تم جمع البيانات من خلال المقابلة باستخدام مقياسين هما مقياس الشعور بالوحدة بجامعة كاليفورنيا لوس أنجلوس (20 فقرة) ومقياس اكتئاب الشيخوخة (15 فقرة). وتم تحليل البيانات وتفسيرها من خلال استخدام تطبيق الحزمة الإحصائية للعلوم الاجتماعية (SPSS.26).
أظهرت نتائج الدراسة أن الاكتئاب يرتبط بقوة بالشعور بالوحدة لدى كبار السن المقيمين في دار رعاية المسنين والمجتمع من خلال إظهار مستوى معتدل من الشعور بالوحدة والاكتئاب، كما كشفت الدراسة أن كبار السن في دار رعاية المسنين لديهم مستوى اكتئاب أعلى من أولئك الموجودين في المجتمع.
وخلصت الدراسة إلى أن كبار السن في دور رعاية المسنين والمجتمعات يعانون من مستويات معتدلة من الوحدة والاكتئاب. بالإضافة إلى ذلك، فإن اكتئابهم لا يتأثر بخصائصهم الديموغرافية (العمر أو الجنس أو الحالة الاجتماعية أو الدخل الشهري أو مستوى التعليم أو المهنة) وبدلاً من ذلك يتأثر بشكل أساسي وبشكل كبير بإحساسهم بالوحدة. وأوصت الدراسة بتوفير برامج اجتماعية وصحية لدعم كبار السن، وكذلك القيام بتوعية كبار السن لمقدمي الرعاية والأسر حول كيفية رعاية كبار السن المقيمين في دار رعاية المسنين والمقيمين مع أسرهم.

جامعة كربلاء/كلية التمريض

أثر الشعور بالوحدة على الاكتئاب لدى كبار السن المقيمين في دار رعاية المسنين والمجتمع: دراسة مقارنة

رسالة تقدمت بها

ولاء يحيى عبد زيد

الى مجلس كلية التمريض/ جامعة كربلاء وهي جزء من متطلبات نيل درجة الماجستير علوم في التمريض

بإشراف

أ.د. علي كريم خضير

يونيو– 2023 م **1445 ذو الحجة- هـ**