

## ORIGINAL ARTICLE

# Loneliness and Coping Strategies Among Older Adults in Johor: A Qualitative Approach

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## ABSTRACT

**Introduction:** A wide range of strategies and activities have been implemented to combat loneliness among older adults. The research aimed to explore the coping strategies used by community-dwelling older adults with loneliness in Pontian, Johor, Malaysia. **Materials and methods:** This qualitative descriptive study consists of in-depth interviews guided by semi-structured questionnaires among eight respondents. Thematic analysis was used to analyse the data and identify the main themes and sub-themes from in-depth interviews, audiotaped, transcribed, and read repeatedly. **Results:** The four main themes developed into strategies for loneliness among older adults are religious practices, time use, keeping in touch with family and friends, and maintaining a healthy lifestyle. **Conclusion:** Successful loneliness interventions revolve around spiritual, physical health and social activities such as keeping animals. *Malaysian Journal of Medicine and Health Sciences* (2024) 20(5): 13-21. doi:10.47836/mjmhs20.5.3

**Keywords:** Older adults, Coping strategies, Loneliness, Elderly, Intervention

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## INTRODUCTION

Loneliness among older adults has become a global issue, though the prevalence pattern varies by country. While 35% of persons over 65 report feeling lonely, nearly a quarter of those living in the community are socially isolated (1). Recent analysis shows that one-third of the population in developed countries feels lonely, and one out of every 12 struggles (2, 3). In Malaysia, the reality is that loneliness is also a significant issue for older adults, with approximately one in every five older adults reporting frequent feelings of loneliness (4,5,6). According to recent studies, 37.2% of older people are lonely (7), with 32.6 percent experiencing social loneliness, 39.9 percent experiencing emotional loneliness, and 9.2 percent experiencing family loneliness (8). These figures are similar to those reported in the years 2009 (9), 2011 (10), and 2016 (5). In addition, less than 10% of Malaysian older adults experienced "often" loneliness (5).

Loneliness has significantly impacted older adults physically and emotionally (11,16). Almost four decades of research show that loneliness in later life is associated with an increased risk of suicide and hospital readmission (12,13). In that case, the consequences can be more severe, including increased blood pressure, depression, heart health, stroke, and coronary heart

disease (13,14,15). In a systematic review, Dahlberg (2022) identified several risk factors for loneliness among older adults, including the loss of next-of-kin, a limited social network, decreased social activity, and increased depression (17). However, older adults in Malaysia were not included in these reviews. Previous phenomenological approaches describe loneliness-related themes, including dwindling family and social networks, disability-related aging, and lack of social programs (18). Abshire et al. (2022) found that older adults living in suburban areas were less likely to experience loneliness than those living in urban areas (19). In contrast, Abshire et al. (2022) found that elderly Ugandans living in urban areas were more likely to experience high levels of loneliness than their rural counterparts (19). The results of this study do not match the results of previous studies, which found no significant relationship between the variables studied and the urban or rural characteristics of the area (20,21).

Early intervention strategies improve older adults' quality of life while preserving their social support networks (22,23,24,25). Previous studies have described loneliness decreasing when older adults are involved in group activities such as cognitive enhancement workgroups, adult day center attendance, and gender-based social groups. In addition, group activities like befriending and mentoring programs, social activities, or community development activities can also decrease loneliness (22,26). Psychosocial rehabilitation groups conducted in public facilities were reported to significantly reduce loneliness among older adults (24). This finding is comparable to religious group activities,

significantly reducing loneliness among older adults (27, 28). Elias et al. (2019) recently reported that spiritual reminiscence therapy significantly reduced loneliness scores in Malaysian older adults in residential care (29). This reminiscence therapy, based on Malaysian cultures, ethnicities, and religions, helped develop opportunities for older adults to connect with other group members (29). Those who participated in the spiritual reminiscence therapy program felt less lonely (29).

Moreover, loneliness among older adults has been significantly reduced with one-to-one activities, including home visits or telephone contact to provide support (23,26,30) and animal-assisted therapy (31). Teh, Tey, and Ng (2014) found the critical role of the family in alleviating loneliness among Malaysian older adults. In the meantime, social support from children and financial support emerged as factors influencing loneliness intervention for older adults. Indeed, this mutual support fosters intergenerational support between older adults and children (32). Previous studies also described maintaining interaction with a social network through in-person interactions, telephone calls, or email as an essential strategy to reduce loneliness (34,35,36). Even though internet surfing has made people less lonely, it only works briefly (35,37).

Additionally, the individual's perspective toward loneliness influenced the efficiency of the loneliness intervention (38,39). Lykee and Handberg (2019) highlighted that gatekeeping emotions, unspoken pain, resignation, and awaiting company had restrained older adults from coping with loneliness. Similarly, older adults in the Netherlands who are socially and emotionally alone are less likely to have self-management skills like having a positive attitude, being self-efficient, and making investments (39).

Furthermore, Muhammad, Siraj, and Hussin (2017) listed 16 self-coping managements proposed as intervention strategies to aid older Malaysian adults in coping with loneliness. The most influential factor in driving other self-management strategies among those 16 self-coping strategies is adequate knowledge about loneliness and acceptance of suffering loneliness (40). This self-coping management model is derived from input provided by experts such as academics, former lonely patients, and caregivers in nursing homes (40). Nonetheless, almost all studies conducted in Malaysia have been primarily concerned with determining the prevalence of loneliness among older adults (4,5,9,10). Because of this effect, the researchers decided to explore the methods by which older adults people deal with loneliness. For an effective strategy to prevent loneliness, it is crucial to know how older people deal with it differently.

## MATERIALS AND METHODS

### Study design

A qualitative descriptive study was conducted using in-depth semi-structured interviews among eight community-dwelling older adults in the Pontian District. This descriptive approach is one of the most relevant designs where information is needed directly from those who experience the investigated loneliness phenomenon (41,43). Therefore, it is widely used in health care or nursing-related phenomena. Indeed, this approach is advocated to provide an explanation that can be attributed to existing loneliness theories and is most suitable for the study's objective.

### Setting

This research was conducted in a rural village in the Pontian district of Malaysia. Pontian, the smallest district in Johor, Malaysia, is about 20 kilometers from the state capital and Singapore. Pontian has a total population of approximately 180,600, of which 7.5% are older adults. The majority of older adults still work in agricultural and fishing-related occupations. The researcher chose this district because it has a higher proportion of senior citizens than other districts in Johor. In addition, this district is close to Singapore, where most young adults have relocated to seek employment in more competitive sectors.

### Participants

Recruitment occurred through two volunteer organizations based in Pontian, a rural and multicultural village. The researchers were asked to identify individuals already familiar with them who met the following criteria for inclusion: 60 years of age or older and can speak Malay or English. Meanwhile, older adults with cognitive impairment, a history of chronic mental illness, or who reside in full-time nursing facilities are excluded. Nonetheless, one of the essential inclusion criteria was older adults who experienced loneliness during the data collection period. In this study, the Short Version of the Social and Emotional Loneliness Scale for Adults (SELSA-S) developed by DiTommaso and Spinner (1992) was used to determine the level of loneliness among older adults. The Short Version of the Social and Emotional Loneliness Scale for Adults (SELSA-S) consisted of 15 items with three domains of loneliness: emotional, social, and family loneliness (44). This instrument has Cronbach's alpha coefficient values of between 0.87 and 0.9. The test-retest scores for social, romantic, and family loneliness were 0.88, 0.83, and 0.91, respectively (44). On the other hand, the Cronbach alpha values for the translated version range from 0.87 to 0.90, indicating that the translated version has excellent internal consistency. Following an initial screening to

determine the level of loneliness experienced by older adults, participants with a high level of loneliness were invited to participate in this research.

The respondents were chosen using purposeful homogeneous sampling. This type of sampling is often selected when the research question is specific to the characteristics of the subject of interest, which is then examined in depth (45). Each respondent selected is considered to have the necessary information and has experienced loneliness within six months of voluntarily participating in this study. The choice of purposeful sampling is in line with qualitative studies. It can represent the characteristics of the population represented by the sample and even allow researchers to obtain more and more meaningful data (45). Only 26 of the 81 older adults who volunteered to participate in this study had ever felt lonely (Table I). Regrettably, four participants were hospitalized during the study period and were excluded. However, due to cancellations, forgotten appointments, and the inability to communicate in Malay or English, only 11 interviews were conducted. Three of the resulting interviews must be more comprehensive to be included in the final dataset, leaving only eight participants. The interview was conducted until the data achieved saturation, with no new emergent themes (43,44).

**Table I: Level of loneliness among the respondent (n=81)**

Experience of Loneliness	Frequency (%)	Min ± SP
Yes	26 (32.1)	0.32 (±0.47)
No	55 (67.9)	

### Data collection

The interviews were conducted between December 2019 and March 2020. The first author (SZH) conducted a semi-structured interview with each participant in their homes. The interview was audio-recorded and lasted between 30 and 60 minutes. The first visit was to establish rapport with the older adults, and subsequent visits focused on the respondents' experiences with loneliness using semi-structured questionnaires. As a warm-up topic for the participants, a few general questions were asked, such as "How are you?" or "How are you feeling?". Warm-up discussions can help participants feel more at ease, especially when they are about to be asked about sensitive or stigmatizing topics, such as loneliness (41,43).

The same researcher (SZH) carried out all the interview sessions and interpretation of data to maintain sensitivity to non-verbal aspects and make observations during the interview session from one point of view. A note was taken directly after the interview session

to avoid interruptions or disturbances in the middle of the interview session. The interviewer was careful to watch out for participants' comfort levels and was prepared to change the topic if the content began adversely and visibly affecting the participant's mental well-being (although this did not happen in any of the interviews). The interviewer followed the guide from the semi-structured questionnaire. A semi-structured questionnaire with guidance such as;

1. Can you tell me about the loneliness you have experienced?
2. How do you describe your experience of loneliness?
3. Can you explain when you feel lonely?
4. How do you feel about the current situation?
5. How do you deal with it?
6. In your opinion, what is the best method to prevent loneliness among older adults?

### Data analysis

In-depth interview data was analyzed using Braun and Clarke's thematic analysis to identify themes and sub-themes. Braun and Clarke's thematic analysis consists of six steps (44). As a result, the researcher transcribes the audio recordings into field notes and repeatedly reads the transcripts. Since the current study was in Malay, the researcher translated the transcripts from Malay to English. A professional translator performed back translation to ensure the transcripts were accurately translated. The researcher and the translator discussed any translation discrepancies to produce the transcription, which validated the English version. Codes were created manually using highlighters from the validated English translation. Through an iterative process, codes were developed inductively from the data. The transcripts yielded initial codes (30 codes), which were then classified into potential subthemes (three subthemes) and finally combined into themes (four themes). The researcher discussed the themes with the research team to ensure a systematic and rigorous conclusion.

### Ethical approval

This study was carried out with the Universiti Kebangsaan Malaysia Research Ethics Committee ((UKMREC Project code: FF-2013-300) approval, according to guidelines established by the Declaration of Helsinki and the Pontian District office.

## RESULTS

### Demographic characteristics

Results of the study showed that all respondents were Malay, and most were widowers or divorcees (Table II). Most respondents are females, 'young-old,' living alone and experiencing a high level of loneliness.

**Table II: Socio demographic characteristics of participants (n=8)**

Respondent	Age	Gender	Ethnic	Marital Status	Occupation	Living Arrangement
1	78	Male	Malay	Widower	Farmer	Alone
2	74	Female	Malay	Widower	Housewife	With children
3	67	Female	Malay	Divorcee	Housewife	With children
4	67	Female	Malay	Divorcee	Tailor	Alone
5	69	Female	Malay	Divorcee	Housewife	Alone
6	68	Male	Malay	Widower	Farmer	Alone
7	66	Female	Malay	Single	Laborer	Alone
8	76	Male	Malay	Widower	Pensioner	With children

**Identified themes**

The data analysis revealed four major themes: 1) religious practice, 2) time use, 3) staying in touch, and 4) maintaining optimal health. Table III summarizes the identified themes and subthemes. Five sub-themes were identified within these themes.

**Table III: Identified Themes**

Themes	Subthemes
1. Religious practices	Deeds of worship Recite the Quran
2. Use of time	Keeping animals Doing favorite activities Doing physical activities
3. Keep in touch	
4. Maintain an Optimum status of Health	

**Theme One**

**Religious Practices** All respondents stated that religious practices had reduced their loneliness in this study. They believe that practicing religious rituals regularly has given them the ability to hold fast to the strength of their faith and confidence in their destiny. As a result, they are willing to embrace the prospect of living alone. Since all respondents are Muslims, the religious practices described in this study are based on Islamic teaching.

*“We are old; we only believe and trust in God. Thus, we can easily accept our fate and destiny (‘qadha’ and ‘qadar’). Accepting the ‘qadha’ and ‘qadar’ with an open heart will make our lives more peaceful. For example, if we are destined to live alone in old age, we should accept it...”*

*(Respondent 5, 69, divorcee).*

*“This practice has made me able to survive until now. I do not know-how. If my faith were not strong, I probably would not be able to get through it. During a day, I spent much time praying. This practice really comforts me “*

*(Respondent 3, 67, widower).*

*“... when I feel insecure or empty, I do pray, no matter what time it is. Thank God, now the feeling of an empty*

*and unsettled soul has diminished “*

*(Respondent 3, 67, widower).*

In this study, older adults read spiritual books, such as the Al-Quran, a Muslim holy book, when they feel lonely. Reading the Quran alleviated loneliness and provided a sense of security and calm in their lives. They stated that these practices improved their mental health and self-esteem, which resulted in increased confidence and productivity in their lives. Meanwhile, three respondents recommended that other lonely older adults continuously pray and read the Quran to reduce their level of loneliness.

*“Apart from reciting, there is one more way I can reduce my loneliness: by reading the Quran and religious books. We should read the Quran to pass the time so that we don’t think of nonsense....”*

*(Respondent 3, 67, widower)*

*“ the most effective medicine for all diseases except death was in the al-Quran...”*

*(Respondent 6, 68, widower)*

*“... for older adults who are lonely, tell them to do the prayer. Surely, the soul and feelings of loneliness will subside. Believe me”*

*(Respondent 4, 67, Divorcee)*

**Theme Two: Time Use**

Five respondents preoccupied themselves by performing their favourite activities, such as caring for pets or planting flowers, which could distract them from thinking about life, thereby indirectly alleviating their loneliness. Meanwhile, two respondents stated that physical activity prevented them from experiencing loneliness.

*“... do any work that interests us. It can help us reduce the feeling of direction in our lives”*

*(Respondent 8, 78, married)*

*“Of course, I like cats, and they are significant in my life. I talked to him as I talked to a friend. He was the one*

*who accompanied me day and night. When I feel very lonely, I hug him and cry. I accept this mysterious and lonely condition of my life"*

*(Respondent 7, 66, single)*

*"... Feeding the chickens and cleaning the pens shifts my mind from thinking about being lonely. These activities keep me busy during the day."*

*(Respondent 1, 78, widower)*

Two respondents noted that their loneliness was reduced when they watched their family's favourite television broadcast. On the contrary, two respondents only watched television as a leisure activity to pass the time and did not watch it when experiencing severe loneliness.

*"I love to watch old movies such as P. Ramlee's stories. It reminded me of my late wife, so when I watch the movies, I feel like she is there, so I feel less lonely"*

*(Respondent 1, 78, widower)*

*"I like to watch television. However, when I feel very lonely, I switch off the television because I feel the audio of the television is very suffocating and noisy"*

*(Respondent 5, 69, divorcee)*

### **Theme Three: Staying in Touch**

The theme of 'keep in touch' was expressed in this study as a strategy to reduce and prevent loneliness among older adults. Five respondents stated that communicating with people who are important to them, such as relatives or close relationships, either face-to-face or over the phone, can reduce the loneliness that they experience. They also stated that loneliness is diminished when they remain connected with their family or friends. For older adults, a lasting communication relationship, whether through visits or phone calls, can help to alleviate the loneliness they experience. According to respondents, this relationship reassures them that they are still valued, loved, and needed by their family or friends.

Additionally, respondents stated that their children's attitudes showed that they cared for the respondents, even if they only received a short phone call. This can make them feel like they are not forgotten and are still needed. Besides, support from children or friends, including emotional or financial support, can reduce loneliness among older adults. Meanwhile, three respondents chose to stay in touch with their peers as a way to overcome their loneliness.

*"... the best way to avoid loneliness is to stay in touch and communicate with others."*

*(Respondent 8, 78, married)*

*"Loneliness can be avoided by visiting a children's home regularly or hanging out with people around you"*

*(Respondent 3, 67, widower)*

*"When I felt very lonely, I went to my nephew's house and spent a few nights with them. I talk about anything with her and enjoy playing with her children"*

*(Respondent 6, 68, widower)*

*"I feel delighted when my close friend comes, and we only watch television together or sing traditional songs. If not because of our friendship, maybe I have already died alone"*

*(Respondent 1, 78, widower)*

### **Theme Four: Maintain Optimal Health**

The thematic analysis results in this study found that maintaining optimum health is one of the respondents' frequently mentioned strategies to prevent or reduce loneliness. In this study, optimum health included maintaining physical health with light exercises and sound sleep, spiritual care through worship practice, and compliance with medical treatments. Five respondents believed maintaining optimal health, particularly physical health, helped decrease loneliness among older adults. Besides, two respondents believed maintaining spiritual health empowered their inner souls; as a result, they did not experience loneliness and could help other older adults prevent or reduce loneliness.

*"If our body is healthy, our minds are healthy, and our souls are healthy too. That is why I must take medication, follow the doctor's instructions, and go for follow-up at the health clinic"*

*(Respondent 6, 68, widower)*

*"...by joining the religious group made me healthier, especially my inner soul and physical"*

*(Respondent 5, 69, widower)*

## **DISCUSSION**

This study explored coping strategies older adults adopt to overcome and reduce loneliness. In this study, the thematic analysis showed that religious practices are most effective in lowering loneliness, and practicing religious activities prevents older adults from feeling lonely. In this study, the participants acknowledged that practicing religious activities and reciting a spiritual book like the Quran are the most effective strategies for reducing loneliness. They believe that the continuous practice of religious activities can indirectly form a positive mind set where they are open-minded to accept any event in life, whether positive or negative. These findings were congruent with previous studies, which reported that older adults who participated in religious activities in the local community significantly reduced loneliness and improved their quality of life (27,28,40,45). Instead, these activities also allowed them to exchange information and better understand one another, especially in support groups with identical religions or beliefs (24,32,38,39).

In addition, spiritual therapy intertwined with religion

and culture significantly reduced loneliness scores among Malaysian elderly living in nursing homes (30,31). These community-based programs reduced loneliness among older adults and motivated them to socialize, improving their sense of belonging and helping them feel more connected with their families and friends (23,24,30). The results of this study stated that the 'time use' had reduced loneliness among older adults. According to the respondents, using time indirectly diverts their minds from thinking about loneliness through physical activities, farming, and pet ownership. Most of these older adults who keep pets reside alone, so they regard their pets as their chat friends, in which case these conversations help reduce their loneliness. As the older adults' pets are often by their side, they act as loyal companions to them. The previous researcher found that human-animal relationships functioned only as a mediator of loneliness; however, this human-animal relationship increased the level of health status among older adults (33). In contrast, some studies show no significant differences between the relationship with pets and a decrease in the level of loneliness among older adults (35).

In this study, the theme of "staying in touch" is one of the strategies to reduce and prevent loneliness among older adults. Maintaining relationships with family members or friends, either with frequent visits or by telephone, has lowered the loneliness of the older adult. According to the respondents, relationships with family or friends reassured them that they were still valued, loved, and needed. Indeed, children who live with their parents can meet their parents' companionship needs and provide physical, financial, and emotional support (4). Teh, Tey, and Ng (2014) discovered that family is critical to alleviating loneliness among older Malaysian adults. The frequency of home visits and social relationships over the phone, whether from family members, relatives, or friends, significantly reduced loneliness among older adults (14,25,27,37,39). Thus, the disconnection of relationships in social networks is the leading cause of loneliness-related negative emotions. Unfortunately, in this study, the reaction between feeling unappreciated and loneliness has not been studied.

On the other hand, internet surfing and smartphone applications have become a medium of communication for all ages, bringing togetherness, especially in long-distance relationships (46). Previous studies found that browsing websites like Facebook is one of the most cost-effective intervention strategies to decrease loneliness in older adults (36,37,38,46,47). In this study, only one of the eight participants had a personal computer connected to the internet. Regrettably, the respondent did not know how to operate the computer and said that his son used the computer. Indeed, he did not intend to use the computer in the future. In the researcher's opinion, the use of computers or high-tech gadgets among this study's respondents may be influenced by

numerous factors, including low computer literacy, low socioeconomic status, and the inability to purchase a computer. Additionally, the limitations of internet network coverage and computer literacy among older adults who live in rural areas have become significant obstacles to social relations. As a result, the Malaysian government should develop technology-based initiatives to lessen the elderly's loneliness.

The use of technology helps older adults engage and expand their social networks, but there are still limitations that need to be overcome, including the difficulty of using computers (18). Ojembe and EbeKalua (2018) reported that older adults had mixed emotions about using cell phones to combat loneliness. Meanwhile, smartphone applications have been shown to reduce loneliness in adolescents and adults, but unfortunately, the use of smartphones was not mentioned by older adults in this study. Moreover, the effectiveness of smartphones in reducing loneliness among older adults remains debatable.

Furthermore, maintaining optimum health is one of the coping strategies often mentioned by respondents as strategies to prevent or reduce loneliness. In this study, optimum health included maintaining physical health with light exercises and sound sleep, spiritual care via worship, and compliance with medical treatments. The views or opinions of respondents to this study are supported by past studies where loneliness includes a negative relationship with the physical and mental state (28). Many studies have found that decreased levels of loneliness have a significant relationship with chronic diseases and physical limitations, depression, and reduced cognitive functioning in older adults. In addition, good mental health and positive thinking, such as purpose in life, are likely to reduce the potential for loneliness among at-risk older adults (25). However, some researchers argue that a decline in health, especially physical health caused by aging, will likely alter the body's structure, restricting their movements or physical ability. Thus, this decline in health results in increased loneliness among older adults, but some argue that loneliness could be the reason behind the decline in health.

These findings have several implications for the field of public health, especially in clinical nursing, because they are uniquely positioned to identify loneliness, as they are the front-liner in healthcare services. In addition, enhancing understanding of the phenomenon of loneliness and its prevention strategies, this article can help health care providers recognize the significance of loneliness as one of the leading health issues affecting the elderly. Moreover, this study gives a clear view of older adults who had experienced loneliness and how they overcame their loneliness. Thus, the results of this study can be used as references in planning the prevention of loneliness programs for older adults.

However, this study had a few limitations related to the language barrier. Most respondents are not fluent in Bahasa Malaysia and English because their mother tongues are Javanese or Buginese. Therefore, the accuracy of the findings may be limited. The effect of this situation was that the verbatim process and data analysis were delayed. Moreover, all the participants are older Muslims, and Muslims seem to be very close to their religion, especially in old age. As a result, the findings of this study cannot be applied to other situations involving multi-ethnic groups in Malaysia.

Lastly, an evaluation study is recommended to evaluate the effectiveness of loneliness intervention, especially a study on technology-based intervention to reduce loneliness among older adults. Moreover, a longitudinal study is recommended to explore the phenomenon of loneliness among older adults.

## CONCLUSION

Although several studies have been conducted on loneliness among older adults, significant gaps in knowledge limit our ability to conduct effective strategies to reduce loneliness among older adults, particularly those who live independently in rural communities in Malaysia. In conclusion, the key to successful loneliness interventions starts with older adults. In this study, older Malaysian adults use general strategies to reduce loneliness, including performing religious activities, using time effectively, maintaining connections, and maintaining optimal health and well-being. These strategies may be considered in formulating loneliness reduction and prevention strategies.

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