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THE SILENCE OF THE ELDERLY AND SOCIAL ISOLATION
A COMMUNITY INTERVENTION PROJECT

O SILÊNCIO DO IDOSO E O ISOLAMENTO SOCIAL
UM PROJETO DE INTERVENÇÃO COMUNITÁRIA

EL SILENCIO DE LOS ANCIANOS Y EL AISLAMIENTO SOCIAL
UN PROYECTO DE INTERVENCIÓN COMUNITARIA

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ABSTRACT

Introduction: Social isolation among the elderly is an increasingly frequent occurrence that goes unnoticed by the individual and society in general. The elderly often remain silent without showing any signs of this isolation. The ageing process leads to more people living alone, and there is a relation between living alone and the ageing process.

Objective: Contribute to reducing the risk of isolation in users who live alone, aged 65 or over, in the municipality of Almada.

Method: Health Planning Methodology, 32 users aged 65 years or older who live alone participated anonymously and voluntarily. Data were collected in person, in a nursing consultation or in a home visit through a socio-demographic questionnaire and the completion of the UCLA – Loneliness Scale and the LN Network Scale of Social Support Lubben (LSNS-6), scales validated for the Portuguese language and culture.

Results: The analysis of the results through the application of the UCLA and LSNS-6 scales, validated for the Portuguese language and population, demonstrates that most individuals in the sample find themselves with values indicative of negative feelings of loneliness (69%) or risk of social isolation (66%).

Conclusions: The results obtained should concern both health professionals and society in general, it is necessary to take preventive measures, establish networks between community partners, which enable intervention in order to contribute to reducing social isolation in the elderly.

Keywords: Community Nursing; Elderly; Healthy Aging; Social Isolation.

RESUMO

Introdução: O isolamento social no idoso é um acontecimento cada vez mais frequente e que passa despercebido ao olhar de cada um e da sociedade em geral. O idoso muitas vezes mantém-se silencioso, sem dar sinais deste isolamento. O processo de envelhecimento leva à existência de mais pessoas a viverem sós, existindo uma relação entre o viver sozinho e o processo de envelhecimento.

Objetivo: Contribuir para a diminuição do risco de isolamento nos utentes que residem sozinhos, com idade superior ou igual a 65 anos, numa área geográfica do Município de Almada.

Método: Metodologia do Planeamento em Saúde, participaram de forma anónima e voluntária 32 utentes com idade superior ou igual a 65 anos que residem sozinhos. Os dados foram recolhidos presencialmente, em consulta de enfermagem ou em visitação domiciliária me-

diante um questionário socio demográfico e o preenchimento da escala UCLA – Loneliness Scale e da escala, LN Network Scale of Social Support Lubben (LSNS-6), escalas validadas para a língua e cultura portuguesas.

Resultados: A análise dos resultados através da aplicação das escalas UCLA e LSNS-6, vem demostrar que a maioria dos indivíduos da amostra se encontra com valores indicativos de sentimentos negativos de solidão (69%) ou de risco de isolamento social (66%).

Conclusão: Os resultados obtidos devem preocupar tanto os profissionais de saúde como a sociedade em geral, é necessário tomar medidas de forma preventiva, estabelecer redes entre parceiros na comunidade, que possibilitem intervenção de forma a contribuir para a diminuição do isolamento social no idoso.

Palavras-chave: Enfermagem Comunitária; Envelhecimento Saudável; Idoso; Isolamento Social.

RESUMEN

Encuadramiento: El aislamiento social en las personas mayores es un hecho cada vez más frecuente que pasa desapercibido ante los ojos de los individuos y de la sociedad en general. Los ancianos suelen permanecer en silencio sin dar señales de este aislamiento. El proceso de envejecimiento lleva a que más personas vivan solas y existe una relación entre vivir solo y el proceso de envejecimiento.

Objetivo: Contribuir a reducir el riesgo de aislamiento en usuarios que viven solos, de 65 años o más, en el municipio de Almada.

Método: Metodología de Planificación en Salud, participaron de forma anónima y voluntaria 32 usuarios de 65 años o más que viven solos. Los datos fueron recogidos personalmente, en consulta de enfermería o durante visitas domiciliarias mediante un cuestionario sociodemográfico y completando la UCLA – Loneliness Scale y la LN Network Scale of Social Support Lubben (LSNS-6), escalas validadas para la lengua y la cultura portuguesa.

Resultados: El análisis de los resultados mediante la aplicación de las escalas UCLA y LSNS-6 muestra que la mayoría de los individuos de la muestra presentan valores indicativos de sentimientos negativos de soledad (69%) o riesgo de aislamiento social (66%).

Conclusión: Los resultados obtenidos deben preocupar tanto a los profesionales de la salud como a la sociedad en general, es necesario tomar medidas preventivas, establecer redes entre socios de la comunidad, que permitan intervenir para contribuir a reducir el aislamiento social en las personas mayores.

Descriptores: Anciano; Aislamiento Social; Enfermería Comunitaria; Envejecimiento Saludable.

INTRODUCTION

Worldwide, studies show that the number of elderly people living alone is growing, especially in single-person households[1]. According to Sousa[2], Portugal will be the most aged country in the European Community by 2050 because, according to the National Statistics Institute (INE), in the period 2018-2080 it is estimated that there will be 300 elderly people for every 100 young people. The number of elderly people (aged 65 and over) will reach 3.0 million, and the rate of ageing in Portugal will almost double by 2080[3].

According to the National Health Plan (PNS) 2021-2030, in the last decade ageing in Portugal has become more pronounced. The number of people aged 65 or over has increased by 350,028, while the number of young people has fallen by 221,008[4].

The fact that there are more elderly people in Portugal is due not only to the decrease in the birth rate, but also to the fact that life expectancy is steadily increasing. Improved living conditions and greater access to health care have contributed to an increase in average life expectancy, which translates in greater well-being and in active citizens for longer. Nowadays, the challenge is not just to live longer, but to live longer with quality of life[5].

According to the 2021 census[6], the ageing index in the municipality of Almada is 174.2 (per 100 young people), representing a considerable increase over the last 10 years (in 2011 it was 139.6). Compared to other areas, it is below the national index (182.1) but above the Lisbon Metropolitan Area index (150.9), and in its region it is only exceeded by two municipalities: Lisbon (179.4) and Barreiro (194.0).

Since the 2011 Census, the municipality of Almada has reversed its previous trend and now has more deaths than births. Over the past 10 years, the municipality has always had a higher number of deaths than births, and in 2021 this fact was more pronounced, with 1562 births and 2223 deaths, representing a difference of 661[7].

However, there is a lack of research in social exclusion among the elderly, and the lesser knowledge in this area compromises political intervention to mitigate this social isolation[8].

According to Walsh[8] there is an absence of research in ageing and social isolation, and there is also a lack of research about the social situation of the elderly, for example in relation to ethnicity, gender, disability or other vulnerability. Although there are several authors who define social exclusion, no one definition addresses gender, social class, sexuality or ethnicity, but rather how it affects individuals and groups.

Social isolation in old age involves exchanges of risk factors; this isolation varies in form and degree throughout life and, in old age, these are amplified by the vulnerability of the elderly. The ageing process leads to more people living alone. This doesn't mean that older people mostly live alone, but rather that the number of those who live alone increases with age, and there is a connection between living alone and the ageing process[9]. This isolation can lead to silence, where the elderly communicate less due to a lack of social interaction and emotional support[4].

Social relationships change throughout the life cycle, and this is also reflected in the use of time and one's identity. The lack of support from social relations and the impoverishment of these are associated with a less intense social life, which leads to isolation with repercussions on the mental and physical health of the elderly[9].

Living longer also means being more exposed to chronic non-communicable diseases, as well as a reduction or absence of personal and social relationships. A person's individual health is affected by the decline in their social life at any point in the life cycle, but the likelihood of developing chronic diseases increases with age. As the number of years increases, so do the problems of autonomy and the need for more family and social support. Although there is a decrease in functional capacity as a result of ageing, it is important to monitor this ageing in various contexts[9].

From the various articles researched and according to the literature consulted, social isolation has a negative impact on the mental health of the elderly population due to the exacerbation of negative feelings caused by isolation, so health professionals must be prepared to deal with these emotional disturbances[10].

Determinants such as gender or social class have an initial influence on the diversification, breadth and intensity of social relationships[9]. However, other factors, such as health status, can explain the withdrawal from relationships. On the other hand, associative and civic participation activities, and the existence of socializing spaces for the elderly appear to promote social relationships. It should be noted that the factors listed clearly contribute to placing the elderly in the public arena, promoting healthy and active ageing through policies that enable and provide for the involvement of the elderly in society[9].

In the context of health promotion and reducing the appearance of cases of social isolation, there was a need for specialized intervention by the Community and Public Health Nurse Specialist (CPHNS), aimed at combating social isolation, and it was necessary to identify the elderly at risk of social isolation in the geographical area of the selected study.

According to the Almada-Seixal Local Health Plan 2013-2016 (PLS AS) and the National Health Plan 2021-2030, this issue is mentioned as a need for this population. This study was designed to help identify and reduce social isolation among elderly people who live alone. The general objective was to contribute to reducing social isolation among the elderly.

In order to reduce social isolation, it is important to consider the determinants of health, highlighting for this project the socio-cultural context of individuals and the community in which they live.

Bearing in mind that socio-economic conditions and lifestyles are determinants of health, according to Regulation 428/2018 of the Order of Nurses, specialist nurses must consider their intervention in the community in order to improve the living conditions and well-being of the individual. It is extremely important to develop studies that allow us to understand the phenomenon of "Social Isolation", with a view to identifying strategies that improve health gains.

According to the National Health Service 24 (SNS), social isolation can be described as a lack of social contact, characterized by the absence or difficulty in accessing resources or services, the absence of contact with people and a lack of involvement in the community.

It is true that anyone can suffer from social isolation, however there are situations and conditions that can trigger this process: poor mobility and accessibility, the absence of company, namely: spouse (often after the death of one of the spouses), friends or colleagues, poverty, or being institutionalized. Other factors intrinsic to isolation pointed out by the DGS are: lifestyle, state of health or illness, mistreatment, being an informal caregiver[4].

According to the "Censos Sénior 2017" operation, the National Republican Guard (NRG) identified the elderly population living alone and/or in isolation throughout the country. 28,279 elderly people were identified as living alone, of whom 5,124 live in isolation and 3,521 live alone and in isolation. As the district of Setúbal is the closest to the reality under study, it identified 168 men and 391 women living alone, with 63 men and 94 women living alone and isolated[11].

Analyzing the magnitude of the aging index in the municipality of Almada, there is no doubt that the population is aging, and is above the regional and national averages[12,13]. This ageing imposes concerns about the population's state of health and accessibility to health care.

Non-communicable, long-term diseases, which due to their characteristics can lead to disability and become chronic, are one of the main causes of morbidity and mortality in the elderly, with high individual, family and social costs[14]. However, it is now known that most of the complications of these diseases can be delayed in their onset and their effects lessened.

According to Order 12427/2016, of October 17[15], "Portugal is thus faced with a double challenge: that arising from demographic aging and that resulting from the fact that older people have not yet reached desirable levels of health and well-being, which is reflected in high rates of dependence for self-care."

In old age, the difficulty of accomplishing various tasks becomes evident: distances seem longer, stairs more difficult to climb, winding streets reveal difficulties for the individual in crossing them. The elderly report feelings of insecurity, expressing fear of loneliness and fear of the world around them, sometimes feeling marginalized[16].

Older people live with a new reality associated with new lifestyles, adapting or trying to adapt to new conditions and limitations which have an impact on social networks in the ageing process[16].

MATERIALS AND METHODS

A simple descriptive study, more specifically a case series, with a quantitative approach.

The community intervention project "The Silence of the Elderly" focused on identifying situations at risk of social isolation and acting to promote health. In view of the above, the research question of this study was: Which elderly people are at risk of social isolation? The population was defined as individuals from a geographical area in the municipality of Almada. The target population was users registered on a list of users at a health unit who were aged 65 or over and who lived alone.

From this target population, a non-probabilistic, intentional sample was drawn of all the individuals living alone who made themselves available and gave their informed consent, at a nursing appointment at the health unit or at a home nursing appointment from December to January 2023. The inclusion criteria were age 65 or over and living alone in the geographical area of the municipality of Almada. The exclusion criteria were a diagnosis of mental illness.

Thirty-two users aged 65 or over and living alone participated anonymously and voluntarily.

All the participants in the study were contacted by telephone beforehand to find out about the study and arrange to meet them at the health unit or during a home visit, according to the participant's wishes. A favorable opinion was obtained from the ARSLVT Ethics Committee. The individuals who took part in the study signed the Free and Informed Consent

form; if they couldn't read, or had reading and perception difficulties, it was read out by the researcher; everyone was able to sign it.

Data was collected in person, during a nursing consultation at the health unit or at home, by means of a socio-demographic questionnaire and the completion of the UCLA-Loneliness Scale and the LN Network Scale of Social Support Lubben (LSNS-6), scales validated for the Portuguese language and culture. The following research principles were respected.

RESULTS

This study is based on the responses obtained from 32 individuals, users of a family health unit in the area covered by the "A Outra Margem" Community Care Unit (UCC). The sample was characterized through a sociodemographic questionnaire which included the following variables: gender, age, marital status, profession, education, salary and type of housing. The risk of social isolation and affinities were analyzed using the UCLA scale and social isolation using the LSNS-6 scale. The data presented in this subchapter was processed using the SPSS (Statistical Package for the Social Science) program.

The sample consisted of a group of 32 people living alone, aged between 65 and 92, 5 males (22%) and 27 females (78%).

In terms of occupation, the sample members, as working people, are represented in various sectors, with the most representative occupations being housekeepers/cleaners – 6 (19%), seamstresses – 5 (16%), housekeepers – 5 (16%) and cooks/kitchen assistants – 4 (13%). These 4 professions represent most of the sample (20-63%).

When dealing with the sample of people who live alone, it is important to understand why they are in this condition. Most of the sample (24 individuals representing 75%) is widowed, and the rest is separated/divorced (5-16%) or single (3-9%)

The education level of the sample is very low, with 3 (9%) individuals not being able to read/write, most of the sample (19-59%) having a 1st cycle education, 4 (13%) a 2nd cycle education and another 4 (13%) a 3rd cycle education.

In terms of income, the project sample is made up of a retired population with low pensions, with the majority (18-56%) receiving monthly amounts below €500. Of the remainder, 12 (38%) receive between [€501 - €1,000] and only 2 (6%) receive between [€1,001 - €1,500].

After the demographic characterization of the sample, which is important for understanding the target population, it is time to understand how the sample behaves in terms of social isolation, affinities and negative feelings of loneliness. To this end, two scales were used, UCLA[17] and LSNS-6[18,19], both validated for this type of target population.

The Portuguese version of the UCLA scale consists of 16 items; it has two dimensions (social isolation and affinities); it has high internal consistency and an overall score of >32 indicates negative feelings of loneliness.

The items that make up the UCLA scale are questions that aim to analyze individuals' feelings and relationships, through answers with four levels: often (4), sometimes (3), rarely (2) and never (1). The sum of the answers given by the individuals is indicative of negative feelings of loneliness and the risk of isolation[17].

As shown in Table 1↗, 11 individuals (34%) had a total score of over 32 on the UCLA scale, indicating negative feelings of loneliness, and there were a further 8 (25%) cases of values close to the borderline: 2 records with a score of 30 (6%) and 4 records with a score of 31 (13%) and 2 records with a score of 32 (6%). Considering all the individuals with scores higher than 32 and those in the borderline region (UCLA scale scores between 30 and 32), i.e. scores equal to or higher than 30 in our sample, 20 individuals (59%) had negative feelings of loneliness.

The Lubben Short Social Network Scale (LSNS), usually referred to by the initials LSNS, is a popular instrument in research on elderly populations because it is easy to apply. The scale's authors recently proposed a revision of its psychometric characteristics, resulting in a reduced version of just six questions – the LSNS-6, three relating to relationships with family and three relating to relationships with friends. The scale consists of a questionnaire with 6 questions that can be answered on 6 levels representing the number of people (family or friends) with whom individuals have relationships or trust.

In order to classify the elderly in relation to their social networks, namely the risk of social isolation, the original authors of the scale determined a cut-off point of 12, below which there is social isolation[19].

The results obtained by applying the LSNS-6 Scale, transcribed in Table 2↗, served as the basis for analyzing the risk of social isolation in the sample (elderly people living alone aged 65 or over).

When the LSNS-6 scale was applied to our sample, 21 (66%) of the participants scored below 12, indicating social isolation. A further 3 (9%) individuals can be considered to be very close to the cut-off value of 12, indicating a risk close to social isolation. Considering these borderline values, the sample has a risk of social isolation of around 75% (24 individuals).

DISCUSSION

The results obtained are in line with what would be expected, according to the sociodemographic characteristics of the population, including place of residence, type of housing, literacy and being an aging population.

According to the European Health Equity Status Report by WHO-Europe, in 2019 the five health determinants that most contributed to self-reported health inequalities in Europe were the following: financial insecurity (35%), poor quality of housing and neighborhood environment (29%), social and human capital (19%), quality of healthcare (10%) and employment and working conditions (7%)[4].

According to the results of the Survey of Living Conditions and Income in Portugal, the rate of poverty or social exclusion in 2020 was 19.8%. This same survey also revealed higher rates of poverty or social exclusion among women (20.9%), children (21.9%), the population aged 65 and over (21.4%), the population with basic education or less (27%), and the elderly alone (32.1%), among other groups such as the unemployed (54.2%), other inactive people (38%) and the self-employed (30.4%)[6].

In an analysis focusing on the results of the 2011 Census, in comparison with the two previous censuses (1991 and 2001), a series of studies were carried out in which the subject studied was people living alone. In Portugal, single-person households have gradually increased in recent decades, according to the same source, with the number of people living alone almost doubling. Also based on the results of this study and according to the 2011 Census, the majority of single people (46.9%) were aged 65 or over. This group was mostly female, with low levels of education and mainly retired widows. Although the information available relates to the 2021 Census, we think we can assume that this trend has continued in the decade since the 2011 Census[4].

In 2011, the geographical area of the health unit under study had 169 men aged 65 or over living alone and 494 women aged 65 or over living alone.

According to the same document, the municipality of Almada had 1860 men aged 65 or over living alone and 5986 women aged 65 or over living alone[20].

As important as the fact that they lived alone, it was important to understand whether these individuals were at risk of social isolation. The study tried to understand this reality and show that the risk does exist and is real.

The sociodemographic characterization of the study sample is similar to that described by the National Institute of Statistics, since 68% of the population studied had a low level of education (equal to or less than the 1st cycle), 75% lived alone because they were widowed, 56% had a low income (less than €500/month) and the majority were female (78%).

Analysis of the results using the UCLA and LSNS-6 scales shows that most of the individuals in the sample have scores indicating negative feelings of loneliness (69%) or risk of social isolation (66%).

Analysis of this study also showed that being elderly, together with exclusion from society, contributes to feelings of sadness and loneliness.

The limitations of this study include the fact that a convenience sample was used, restricted to a geographical area, compromising the generalizability of the results to the elderly population of the municipality. The questionnaires were often administered by the researcher and not only by self-completion, due to the high level of illiteracy and difficulty in understanding the questions, which could lead to some bias in the response.

However, these limitations do not prevent the researcher from concluding that intervention strategies are needed to combat social isolation.

CONCLUSION

The study carried out on this population confirms that aging is a risk factor for social isolation and that it is important to act at the level of primary prevention, namely health promotion, in order to reduce the risks of this isolation.

Social isolation is responsible for difficulties in communicating with others, as well as access to resources. We can't sit back and listen to news of elderly people who end up dying alone and who remain for days, months or years without anyone knowing about them.

There must be mechanisms in place in the community that allow us to identify these elderly people and go to them. “Are we prepared for this new reality in society?”

Often the elderly remain “silent”, alone, without support, without knowing who to turn to or how to turn to them.

It's a challenge for health professionals, local authorities and the community in general to create and energize support groups in the community to respond to this need in the population.

Leisure and cultural activities should also be part of the daily lives of the elderly so that they can occupy their free time.

As well as trying to respond to a problem found in the community, this article also aims to encourage society to reflect on social isolation and its relationship with ageing. All of us citizens have a role to play in this problem. Health professionals, particularly nurses, can play a key role in combating isolation and can help to reduce social isolation, giving these elderly people a voice and not letting isolation silence them.

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LN: Study coordination, study design, data collection, storage, and analysis, review and discussion of results.
EC: Study design, data analysis, review, and discussion of results.
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Table 1 – Results of the UCLA Questionnaire.

Questionnaire Results	Number of People	Percentage	
15	1	3.13%	
16	1	3.13%	
17	1	3.13%	
20	3	9.38%	
22	1	3.13%	40.6%
23	1	3.13%	
24	1	3.13%	
25	2	6.25%	
26	1	3.13%	
28	1	3.13%	
30	2	6.25%	
31	4	12.50%	25.0%
32	2	6.25%	
33	1	3.13%	
35	1	3.13%	
37	1	3.13%	
38	1	3.13%	
42	1	3.13%	34.4%
43	1	3.13%	
44	2	6.25%	
46	1	3.13%	
55	1	3.13%	
60	1	3.13%	
Total:	32	100%	

Table 2 – Results of the application of the LSNS-6 Scale.

Questionnaire Results	Number of People	Percentage	
2	1	3.13%	65.6%
4	3	9.38%	
5	3	9.38%	
6	1	3.13%	
7	5	15.63%	
8	1	3.13%	
9	1	3.13%	
10	3	9.38%	
11	3	9.38%	
12	1	3.13%	9.4%
13	2	6.25%	
14	2	6.25%	25.0%
17	1	3.13%	
19	2	6.25%	
21	2	6.25%	
23	1	3.13%	
Total:	32	100.0%	