**Social Science**


**Relationship between Voluntary Service, Social Support and Loneliness**

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**ABSTRACT**

This study investigated the feelings of loneliness felt by older adults in Keelung City as well as the relationship between demographic variables, voluntary service participation, social support, and the feelings of loneliness felt by older adults. This study looked at the predictive ability of demographic variables, voluntary service participation, and social support in predicting levels of loneliness. This was a cross-sectional study conducted on a population consisting of older adults aged 65 and above. Purposive sampling was used to obtain a valid sample of 364 people. Tools used include the UCLA Loneliness Scale and a structured questionnaire (prepared by the author) which factored in demographic variables, voluntary service participation, and social support. Statistical analysis of the data obtained was carried out using IBM SPSS Statistics 20 (Windows version). Significant differences were found for education level and self-perceived health status. Respondents who graduated from high school or above felt lower levels of loneliness compared to respondents who were illiterate or had only graduated from elementary school; respondents who perceived themselves as having poor health felt greater levels of loneliness compared to normal or healthy respondents. Voluntary service participation and social support were found to be significantly and negatively correlated to the level of loneliness, indicating that respondents felt lower levels of loneliness when they had stronger intentions of participating in voluntary service or received stronger levels of emotional and social support. Together, voluntary service participation, social support, education level, and self-perceived health status explained 36.4% of the variance in loneliness levels. Of these factors, voluntary service participation was the main predictor of loneliness, followed by social support.

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**Introduction**

Loneliness is a widespread social phenomenon which primarily affects older adults (Dykstra, 2009). Older adults feel greater levels of loneliness compared to other age groups (Andersson, 1998). Aging gradually weakens and hinders body functions, sometimes even taking away a person's ability to live independently and take care of himself or herself, it triggers feelings of unease, loneliness and sadness (Chen & Lin, 2006). Loneliness can lead to death and it is also a major risk factor for various diseases (Ye, Hawkley, Waite and Cacioppo, 2012). The older adult population is more prone to loneliness (Lin & Lin, 2007), which is a common experience among older adults (Hazer & Aydiner Boylu, 2010; Savikko, Routasalo, Tilvis, Strandberg & Pitkala, 2005). 40% of older adults had experienced periods of extreme loneliness which gradually affected their lifestyles, and 7% of these people reflected that they felt so much loneliness that it affected them all the time (Victor, Scambler, Bowling & Bond, 2005).

In the United States, 35% to 84% of older adults in the community complained about feelings of loneliness (Lauder, Mummery & Sharkey, 2006). 60.2% of older adults in the community felt moderate to severe levels of loneliness (Wang, Snyder & Kaas, 2001). Krohn and Bergman-Evans (2000) pointed out in their study that 66% of the older adults in nursing homes felt lonely.

Loneliness has already affected the health of at least 10% of the older adult population (Forbes, 1996). In Taiwan, a 2005 survey of older adults revealed that 21.8% of older adults in the community felt lonely. Hou (2003) looked at the levels of loneliness felt by older single veterans living in veterans homes, and the results showed that 71.6% of them felt moderate loneliness while 2% experienced strong levels of loneliness.

Feelings of loneliness can easily lead to physical and psychological symptoms such as headache, insomnia, loss of appetite, fatigue, low immune function (Brehaut et al., 2003), and even suicide (Copel, 1988; Lee & Bak, 2001; McNis & White, 2001; Rurup et al., 2011). Feelings of loneliness increase the likelihood of developing depression (Cacioppo, Hawkley & Thisted, 2010). Within the context of depression, loneliness is a unique risk factor, among the potential variables (such as loneliness, social support, stress, and demographic characteristics), it is loneliness that interacts with depression after some time has passed, and robs older adults of their happiness (Cacioppo et al., 2006). Loneliness can make some people contemplate suicidal thoughts. Older adults who develop suicidal thoughts are not necessarily affected by mental illness or depression; instead, those feel strong levels of loneliness are more prone to frequent suicidal thoughts (Rurup et al., 2011). People affected by loneliness often shy away from social activities, which affects their
health and makes them particularly prone to cardiovascular diseases (Shankar, McMunn & Banks, 2011). Loneliness has become an important factor that can cause one’s health to decline, and for people affected by severe loneliness, it can lead to death (Rurup, Deeg, Poppelaars & Kerkhof, 2011). Failure to appropriately deal with loneliness can easily lead to feelings of hopelessness (Hicks, 2000). The lonelier a person is, the more likely life may be perceived negatively (Copel, 1988; Ribeiro, 1989; Zhang & Yang, 1999; Yang, 2001) and feelings of loneliness may increase which can affect health, interpersonal relationships, and lifestyles (Beal, 2006).

In summary, feelings of loneliness affect the physical and mental health of older adults, particularly when it comes to mental illnesses such as depression, hypochondriasis, and even suicide. Loneliness may also give rise to negative emotions such as emptiness, isolation, meaninglessness (life), and loss of self-worth. There is thus an urgent need for us to gain an in-depth understanding of the loneliness problem that is affecting older adults at a personal and practical level. The objectives of this study were as follows:

1. Understand the distribution of the participants’ socio-demographic variables, voluntary service participation and social support, as well as their level of loneliness.
2. Investigate the relationship between the participants’ level of loneliness and their socio-demographic variables, voluntary service participation, and social support.
3. Investigate the predictive ability of the participants’ socio-demographic variables, voluntary service participation, and social support with respect to their levels of loneliness.

Research and methods

Research framework

The research framework (Figure 1) was proposed for this study based on the research objectives and literature review in this study. This study was primarily an investigation of the relationship between the participants’ level of loneliness and their socio-demographic variables, voluntary service participation, and social support.

Participants and sampling

In light of time, manpower, and resource-related considerations, older adults aged 65 and above in Keelung City were the population of this study. Purposive sampling was used to select a sample which consisted of older adults who received influenza vaccination at health centers in Keelung City. These people were interviewed by a trained interviewer who collected data via individual interviews.

Research tools

1. UCLA Loneliness Scale: This study used the UCLA Loneliness Scale Version 3 (Russell, 1996) to determine the level of loneliness felt by respondents. The scale comprises 20 questions, each graded on a scale from 1 to 4: “I never feel this way” (1 point), “I rarely feel this way” (2 points), “I sometimes feel this way” (3 points), “I often feel this way” (4 points). The total score for the scale ranges from 20 to 80 points with a higher score representing a greater level of dissatisfaction with society; i.e., greater sense of loneliness (for questions 1, 5, 6, 9, 10, 15, 16, 19, and 20 the scores are reversed; i.e., 1 point = 4 points, 2 points = 3 points, 3 points = 2 points, 4 points = 1 point).

2. Emotional and social support scale: Professor Chang-Ming Lu’s Chinese version of the Emotional and Social Support Scale was used as the social support scale in this study. It primarily evaluates the degree to which participants feel about the actual level of helpfulness of emotional support. This scale consists of six questions; each question is scored using a four-level scale, with the lowest and highest scores being 6 and 24 points, respectively. The higher the total score, the more social support a participant has. Conversely, a lower score means that the participant had received less social support. This scale, which is in Chinese, offers a good level of reliability and validity. It was used by Kuo (1982) to evaluate women in rural areas and by Yeh (2007) to evaluate women who had abnormal pap smear test results. The Cronbach’s α in this study was 0.98.

3. Participation in voluntary services: The transtheoretical model for the phases of behavioral change was used to break the voluntary service behavior into five phases: 1. precontemplation: no plans to become a volunteer within the next six months; 2. contemplation: plans to become a volunteer within the next six months; 3. preparation: plans to participate in voluntary services on a weekly basis within the coming month; 4. action stage: already participating in weekly voluntary services (for fewer than six months); 5. maintenance stage: has been participating in weekly voluntary services for at least six months. The model was scored on a scale from 1-5 with a higher the score indicating a stronger intent to participate in voluntary services.

4. Demographic variables: gender, age, marital status, education level, self-perceived health status, number of children, number of chronic diseases. Tools: Revised and prepared according to research framework and the relevant literature.

Data collation and analysis

Data archiving

The collected data was encoded and entered into the computer after being checked for errors. Statistical analysis was carried out using IBM SPSS Statistics 20.0.0 (Windows version).
As a participant's intention to participate in voluntary services correlated with less loneliness level, were analyzed. During the analysis of significant differences, Scheffé's method was used to carry out post-hoc comparisons. Dunnnett's T3 was used to conduct post-hoc tests whenever variance heterogeneity occurred.

In the analysis of the relationship between socio-demography and loneliness (Table 3), only education level and self-perceived health status produced statistically significant differences. Participants who graduated from high school or higher education felt less lonely compared to those who were illiterate or had only received elementary school education. Those who perceived themselves to be in poor health felt a greater sense of loneliness compared to the normal and healthy groups.

Voluntary service participation was further analyzed by dividing and analyzing the sample; the sample was divided into a group consisting people who participated in voluntary services and a group consisting those who did not. The results indicated that those who participated in voluntary services felt less lonely. When voluntary service participation was broken down into the five phases and analyzed, it was shown that as a participant progressed from the “precontemplation” to the “participating for six months or more” phase, he or she would feel (Table 4)

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months or more” phase, his or her level of loneliness would decline as well, indicating that participating in voluntary services would encourage an older adult to make changes to his or her personal life, which can not only reduce feelings of loneliness, but also strengthen one's sense of self-worth, as a result, these older adults will be more inclined to continue participating, which creates a virtuous circle.

The research results revealed that voluntary service participation, emotional social support, education level, and self-perceived health status, explained 36.4% of the variance in loneliness levels. Of these factors, voluntary service participation was the primary predictor of loneliness, followed by emotional social support. With regard to standardized regression coefficients, participants who only received elementary school education felt higher levels of loneliness, hence this group requires special attention and care. Voluntary service participation is the main predictor of loneliness. Through their participation in voluntary services, older adults are able to gain many meaningful experiences, which will expand their social networks and resources, raise their sense of self-worth and self-efficacy, and therefore allow them to gain the emotional satisfaction that will reduce their loneliness. And the longer one's participation in voluntary services, the less lonely one feels. The results also confirm that as involvement in volunteering progressed from “precontemplation” to “participating for six months or more”, older adults’ levels of loneliness declined; this finding is consistent with those discussed in the literature review (Lin & Lin, 2007; Russell, 1996; Forbes, 1996; Pinquart & Sorenson, 2003).

References


