



The Effect of COVID-19 Outbreak on Older Adults' Hopelessness, Loneliness and Spiritual Well-Being in Turkey

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Abstract

The aim of this study was to determine the hopelessness, loneliness and spiritual well-being of older adults and the relationship between these three concepts during the COVID-19 pandemic. This research used a cross-sectional, descriptive approach. Data were collected between October 13 and November 13, 2020, with 476 individuals over 65 years living in three different cities in Turkey. Data were collected using a demographic information form, Beck Hopelessness Scale (BHS), Loneliness Scale (UCLA-LS) and Spiritual Well-being Scale (FACIT-Sp). During the COVID-19 outbreak, it was found that there was a significant negative relationship between hopelessness, loneliness and spiritual well-being of older adults. In this study, it was found that during the COVID-19 pandemic, the level of hopelessness and loneliness among older adults was below the average score, and their spiritual well-being levels were moderate. Based on the findings of the present study, it is recommended that practices which increase hope, strengthen social ties and spiritual support, should be implemented for older individuals during the COVID-19 pandemic period or any other times during which social distancing is mandatory.

Keywords COVID-19 · Older adults · Hopelessness · Loneliness · Spirituality

Introduction

COVID-19 was first detected in Wuhan, China, at the end of 2019 and spread to the whole world, causing a pandemic. More than 31 million people have been infected so far and approximately 900,000 people have died (World Health Organization, 2020).

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Studies have shown that the COVID-19 outbreak has the most serious consequences, especially for the older adult population (Lian et al., 2020; Liu et al., 2020; Niu et al. Niu, Jia, et al., 2020, Niu, Tian, et al., 2020). It has been reported that the virus causes higher mortality rates, especially in older adults compared to other age groups (Niu et al. Niu, Jia, et al., 2020, Niu, Tian, et al., 2020).

As in many countries, Turkey's government has also implemented nationwide isolation precautions to prevent the spread of COVID-19. Places where social interaction is widespread such as cafes, restaurants, gyms and courses were closed (Republic of Turkey, Ministry of Interior, 2020a). The older adults in Turkey were the first group who were encouraged to stay at home and were given more stringent directives in terms of social distancing (Republic of Turkey, Ministry of Interior, 2020b). Older adults were restricted from leaving their homes, staying in crowded environments and traveling by public transportation in order to protect them from the pandemic (Republic of Turkey, Ministry of Interior, 2020b). This global state of lockdown due to the COVID-19 outbreak resulted in individuals being exposed to an unprecedented stressful situation of unknown duration (Altena et al., 2020). Researchers have indicated that older adults who experience prolonged isolation may experience health effects that last longer than the time spent in quarantine (Morrow-Howell et al., 2020). However, the psychosocial problems that this situation may cause have not yet been fully determined (Morrow-Howell et al., 2020; Yang et al., 2020).

Factors such as social isolation, stress and changing lifestyle experienced by older adults during the COVID-19 outbreak can affect their mental state. (Jiménez-Pavón et al., 2020; Morrow-Howell et al., 2020). Mental health problems are known to increase susceptibility to infection (Coughlin, 2012). Studies conducted before the COVID-19 outbreak indicate that older adults are faced with mental health problems such as loneliness and hopelessness, as such, these negative outcomes are likely to be further exacerbated by mandated social isolation requirements (Akgül & Yeşilyaprak, 2018; Aydın & İşleyen, 2004). Although there are many studies investigating the psychological conditions of the uninfected general population who were isolated at home during the COVID-19 outbreak (Huang & Zhao, 2020; Roy et al., 2020), studies of older adults, who are a vulnerable group, are quite limited. (Jiménez-Pavón et al., 2020; Morrow-Howell et al., 2020; Wand et al., 2020; Yang et al., 2020). In addition, studies examining the COVID-19 outbreak among older adults mostly focus on the clinical characteristics of infected people (Lian et al., 2020; Liu et al., 2020; Niu et al. Niu, Jia, et al., 2020, Niu, Tian, et al., 2020). For this reason, it is thought that there is a need for studies examining factors that affect the emotional or psychological state of uninfected older adults.

Hopelessness is among the most important mental health problems among older adults (Aydın & İşleyen, 2004; Şahin, 2019). Hope is having positive expectations for the future. Hopelessness, on the other hand, emerges with symptoms such as uncertainty about the future caused by the loss of hope, aimlessness, a decrease in the will to live, pessimism and helplessness (Moore, 2005; Öz, 2010). Being hopeful facilitates the body's ability to fight against diseases and strengthens the immune system (Öz, 2010). However, studies among older adults in Turkey indicate that hopelessness levels range from above average to high relative to the general

population (Aydın & İşleyen, 2004; Şahin, 2019). Studies emphasize that high hope is associated with less anxiety, especially among older adults. (Koenig, 2018). In addition, it is reported in the literature that social support and spirituality are important concepts in increasing hope (Koenig, 2020; Armitage & Nellums, 2020). Therefore, it is thought that the level of hope is important in reducing the anxiety and stress among older adults.

Another important problem seen in old age is loneliness (Akgül & Yeşilyaprak, 2018; Khorshid et al., 2004). Loneliness refers to the incompatibility between individuals' real social relationships. The individual may feel alone while he/she is with other people or he/she may not feel lonely when there is no one around him/her (Cacioppo et al., 2015). Social isolation is an objective separation as it expresses a physical separation from other people, while loneliness is a subjective feeling of distress caused by separation (Cacioppo et al., 2015; Fakoya et al., 2020). However, the compulsory isolation brought by the pandemic process may lead to a subjective loneliness by reducing the social ties that the individual prefers to have (Wand et al., 2020). It was indicated that the quarantine and social isolation process can increase the loneliness levels of older adults (Morlett Paredes et al., 2021; Wand et al., 2020). It was emphasized that studies were needed to determine and reduce the levels of loneliness experienced by older adults during the process of COVID-19 outbreak (Brooke & Jackson, 2020; Morrow-Howell et al., 2020). It was emphasized that spiritual well-being was effective in coping with the problems of hopelessness and loneliness experienced by older adults (Bini' Matillah, 2018; Ekhtiari et al., 2018).

Koenig (2020) suggested that the use of religious belief resources and spirituality may be important for older adults who are isolated at home in dealing with COVID-19 (Koenig, 2020). It was stated that religious and spiritual practices can directly affect many biological systems, including the sympathetic nervous, endocrine and immune systems (Hill et al., 2017). Spirituality is an important resource for health and spiritual well-being. Spirituality is thought to be a way to support and encourage older adults (Koenig, 2020).

When the literature is examined, it can be said that the studies on hopelessness (Ironson et al., 2015), loneliness (Campagne, 2019) and spirituality (Black & Slavich, 2016; Hill et al., 2017) that can affect immunity of non-infected older adults are insufficient (Black & Slavich, 2016; Campagne, 2019; Hill et al., 2017). Scientific studies that deal with these components together have not been reached. It is thought that this research will provide important data on the concepts that can affect the mental state of the older adults who are not infected with COVID-19, but who experience a radical change in the way of life with strict isolation methods and will be a guide for interventional studies to improve the mental state. The aim of this study is to examine the relationship between hopelessness, loneliness and spiritual well-being levels of older adults during the COVID-19 process, unlike other previous studies in the literature.

Research Questions

1. There is a significant negative relationship between the spiritual well-being of older adults and their levels of loneliness,
2. There is a significant negative relationship between the spiritual well-being of older adults and their levels of hopelessness,
3. There is a significant positive relationship between the loneliness of older adults and their levels of hopelessness.

Methodology

This study used a cross-sectional research design and snowball sampling. Data collected between October 13 and November 13, 2020, with people over 65 years of age living in three different cities in the Eastern Anatolia region in Turkey. The study sample consisted of individuals with chronic diseases over the age of 65 who meet the criteria for inclusion between the specified dates.

The inclusion criteria for the present study are as follows: being 65 years or older, the absence of neurological disorders that prevent filling the research forms, not having a psychiatric diagnosis (depression, personality disorder, substance addiction, etc.), and having no communication problem and being open to cooperation.

Collection of Data

Older adults who live in three different city in the Eastern Anatolia region of Turkey and who filled the survey form online made up the universe of this study. The snowball sampling method was used, and 476 older adults participated in the study.

Participant Demographic Characteristics (Ağırman & Gençer, 2017; Akyıl et al., 2018; Şahin & Özçetin, 2020), Beck Hopelessness Scale (BHS), Loneliness Scale (UCLA-LS) and Spiritual Well-being Scale (FACIT–Sp) were used in data collection. The survey was launched on October 13 and data were collected until November 13, 2020.

Instruments

Participant Demographic Characteristics: The personal information form prepared by the researcher (including age, gender, education level, working status, occupation status, marital and economic status) consists of 7 questions in total.

Beck Hopelessness Scale (BHS)

Beck Hopelessness Scale was developed by Beck et al. (1974). It was adapted to Turkish by Seber et al. (1993). Beck Hopelessness Scale is a scale that measures individuals' negative perspectives about the future. Scores that range from 0–3 are considered as normal range of hopelessness, 4–8 are mild hopelessness, 9–14 are moderate hopelessness, and > 15 are considered as severe hopelessness. As the score obtained from the scale increases, the level of hopelessness of the individual increases. It consists of 20 items in total. Answers are given as “yes” and “no” to the questions. Eleven of these items (2, 4, 7, 9, 11, 12, 14, 16, 17, 18 and 20) are given 1 point for the option “yes”, 9 of them (1, 3, 5, 6, 8, 10, 13, 15 and 19) are given 1 point for the “no” option. The scale is evaluated over 20 points in total. BHS has 3 sub-dimensions. These are expectations about the future (1, 3, 7, 11, 18), loss of motivation (2, 4, 9, 12, 14, 16, 17, 20) and hope (5, 6, 8, 10, 13, 15, 19). Cronbach's alpha values of the Turkish adaptation of the BHS were found as 0.86 (Seber, 1991). In this study, however, the BHS Cronbach's alpha value was found to be 0.91.

UCLA-Loneliness Scale (UCLA-LS)

It was developed by Russell et al. (1980). The Turkish form of the scale was adapted to Turkish in 1989 by Demir. The scale was developed to determine the general loneliness level of individuals. The total score for each individual is obtained by summing the scores obtained by the individuals from all items. The scale consists of one-dimensional 20 items such as “How often do you feel that you lack companionship?” and “How often do you feel that there is no one you can turn to?”, etc. The higher the score is, the higher the level of loneliness is. The items containing positive statements (1, 5, 6, 9, 10, 15, 16, 19, 20. items) were scored as follows: never 4, rarely 3, sometimes 2, often 1 point. On the contrary, the items containing negative expressions (2, 3, 7, 8, 11, 12, 13, 14, 17, 18. items) were scored as follows: never 1, rarely 2, sometimes 3, often 4 points. The scale is 4-Likert type graded. The lowest score obtained from the scale is 20 and the highest score is 80. The Cronbach's alpha coefficient of the scale is 0.96, and it was found as 0.83 in this study.

Spiritual Well-Being Scale (FACIT–Sp)

This research utilized the Functional Assessment of Chronic Illness Therapy–Spiritual Well-Being Scale (FACIT–Sp). The Turkish form of the scale was adapted to Turkish in 2017 by Aktürk et al. It is a scale consisting of 12 items which evaluates spiritual well-being. The scale was originally developed with two components or factors and a total (overall) score: a four-item faith component and an eight-item meaning/peace component. More recent work isolated three components or factors: the four-item faith subscale and separate four-item subscales each for meaning and peace. Even more recent research has shed new light on the topic, demonstrating that the three-factor model yields a better fit (Bredle et al., 2011; Canada et al.,

2008; Haugan, 2015; Murphy et al., 2010; Whitford & Olver, 2012). The scale has three sub-dimensions: meaning, peace and faith activities. The concept of spirituality is defined as an experience people have about meaning, peace and faith in life in the scale. For this reason, FACIT-Sp evaluates the concepts of finding a meaning in life, having a purpose in life, and feeling peaceful. The items in the scale are responded on a five-point Likert-type scale as "none" (0 point), "very little" (1 point), "a little" (2 points), "quite" (3 points) and "very much" (4 points). The higher the scale score, the better the spiritual well-being (Aktürk et al., 2017). In the present study, the Cronbach's Alpha internal consistency coefficient of FACIT-Sp was found to be 0.78.

Data Analysis

Statistical Package for the Social Sciences 24 was used to analyze the data. Number, mean, percentage distributions and Pearson correlation analysis were used for these evaluations. All decisions on the statistical significance of the findings were made using a criterion alpha of 0.05. While calculating the correlation strength in this study, the following ranges were taken as a reference: very weak correlation ($r=0-0.25$), weak correlation ($r=0.26-0.49$), moderate correlation ($r=0.50-0.69$), strong correlation ($r=0.70-0.89$) and very strong correlation ($r=0.90-1.0$) (Gürbüz & Şahin, 2014).

Ethical Aspect of the Research

Approval was obtained from ethics committee for the research (Number: E-10879717-050.01.04 11758). The individuals participating in the study were informed about the purpose of the research, the method, the time they would spend for the research that participating in the study would have posed minimal risk of harm and that the participation was completely voluntary, and their written consent was obtained.

Results

Characteristics of the participants included in the study are reported in (Table 1). The average age was 72.51 ± 8.77 years, 56.3% were female, 57.8% were literate, 54.6% were married, 62.6% of them were unemployed, 45.4% of them were homemaker, and 74.6% of them had moderate economic status (Table 1).

Older adults had 43.56 (SD=8.94) mean scores on loneliness. The mean scores of sub-dimension of hopelessness were 1.71 (SD=1.74) in emotions and expectations about the future, 3.48 (SD=2.35) in motivation loss, 2.96 (SD=2.30) in hope and 8.15 (SD=5.71) in total. The mean scores of spiritual well-being subscale were determined to be 8.40 (SD=2.40) in meaning subscale, 8.31 (SD=2.31) in peace subscale, 12.24 (SD=3.24) in belief subscale and 30.00 (SD=6.69) in total scores (Table 2).

Table 1 Participant demographic characteristics

Variables	(n=476)	
	Number	%
Age		
65–71	249	52.3
72–77	107	22.5
78 and above	120	25.2
Gender		
Female	268	56.3
Male	208	43.7
Education		
Literate	275	57.8
Primary school	81	17.0
Secondary school	67	14.1
High school and above	53	11.1
Marital status		
Married	301	63.2
Single	175	36.8
Working status		
Yes	178	37.4
No	298	62.6
Occupation status		
Retired	181	38.0
Housewife	216	45.4
Self-employed	79	16.6
Economic status		
Good	76	16.0
Moderate	355	74.5
Bad	45	9.5

When the relationship between loneliness, hopelessness and spiritual well-being scores of individuals over the age of 65 is examined (Table 3), it was determined that there was a moderately significant negative correlation between the loneliness ($r(476) = -0.604$) and hopelessness ($r(476) = -0.641$) total average scores and the spiritual well-being total average scores ($p < 0.000$). It was determined that there was a moderately significant positive correlation between the hopelessness total average scores and the loneliness total average scores of the participants ($r(476) = 0.629$, $p < 0.000$). In this study, it was found that as the spiritual well-being levels of individuals over 65 years of age increased, their loneliness $r(476) = -0.604$ and hopelessness $r(476) = -0.604$ levels decreased ($p < 0.000$) (Table 3).

Table 2 Distribution of the lowest and highest scores and total average scores of older adults over the age of 65 on loneliness, hopelessness and spiritual well-being

Scale		Min	Max	Average score
Hopelessness	Loneliness	26.00	68.00	43.56 ± 8.94
	Feelings and Expectations for the Future	0.00	5.00	1.71 ± 1.74
	Loss of Motivation	0.00	8.00	3.48 ± 2.35
	Hope	0.00	7.00	2.96 ± 2.30
	Total	0.00	20.00	8.15 ± 5.71
Spiritual well-being	Meaning	2.00	12.00	8.40 ± 2.40
	Peace	2.00	14.00	8.31 ± 2.31
	Faith	1.00	16.00	12.24 ± 3.24
	Total	7.00	43.00	30.00 ± 6.69

Table 3 Relationship between loneliness, hopelessness and spirituality average scores of older adults over the age of 65

Scales	Spiritual well-being	Loneliness	Hopelessness
Spiritual well-being	1	$r = -.604^*$ $p = 0.000$	$r = -.641^*$ $p = 0.000$
Loneliness	$r = -.604^*$ $p = 0.000$	1	$r = .629^*$ $p = 0.000$
Hopelessness		$r = -.641^*$ $p = 0.000$	$r = .629^*$ $p = 0.000$

* $p < 0.01$ significant

Discussion

There is not enough information about the mental health problems experienced during COVID-19 outbreak by older adults, who are a vulnerable group (Morrow-Howell et al., 2020; Yang et al., 2020). It is thought that this research will provide information about the hopelessness, loneliness and spiritual well-being of older adults and will contribute to studies aimed at improving mental health. Findings obtained from the study were discussed in accordance with the relevant literature.

In this study, it was found that the hopelessness levels of the older adult population who were not infected during the outbreak period were below the middle level. Sarin et al. (2016) found in their study that the hopelessness level of older adults was moderate, Şahin et al. (2018), Choi et al. (2016) stated that older adults have high levels of hopelessness. The fact that this research was conducted during the COVID-19 outbreak is thought to have an impact on the level of hope. It can be thought that the fact that most of the older adults spend their time with family members at home during the outbreak process reduces the level of hopelessness. In addition, it is reported that during the outbreak period, social ties strengthen and the tendency

toward religion increases (Yağlı, 2020; Coyne et al., 2020; Koenig, 2020). It can be said that these components, which are known to be effective on hope, are also effective in increasing hope.

In this study, it was determined that the loneliness level of older adults was below the middle level. In Turkey, older adults reported moderate levels of loneliness (Ünal & Bilge, 2005; Akyıl et al., 2018; Kaçan et al., 2015). The studies conducted before the outbreak period and the findings obtained from this study differ. This situation shows that there is a decrease in the sense of loneliness experienced by older adults during the outbreak period. Tull et al. (2020) reported that spending time at home and perceived high social support during the COVID-19 process are associated with low loneliness. Losada-Baltar et al. (2021) emphasize that communicating with family members during the COVID-19 outbreak can reduce loneliness. These results are similar to our study. Palgi et al. (2020) stated that loneliness is the main risk factor for depression, anxiety and especially comorbid diseases. It is emphasized that older adults are more resistant to psychiatric disorders associated with the COVID-19 outbreak. In addition, it is stated that adults over the age of 60 have more effective emotional regulation and more experience, and they experience less stress levels against life-threatening situations. Frenkel-Yosef et al. (2020) reported that a small number of face-to-face interactions and lack of regular activities in older adults will lead to an increase in loneliness. Luchetti et al. (2020) emphasize that older adults who live alone and have chronic diseases feel more alone. Morrow-Howell et al. (2020) emphasized that family and intergenerational relationships developed during the outbreak period and that the pandemic was effective in strengthening social ties (Morrow-Howell et al., 2020).

The spiritual well-being level of the older adults in the study was found to be above the middle level. In Turkey, in the studies conducted by Gürsu and Ay (2018), and Doğan (2018) with older adults, it was found that the spiritual well-being levels were above average levels. The results of this research are similar to previous studies. Koenig (2020) stated that older adults may turn to religion and spirituality to alleviate the anxiety they experienced during the COVID-19 outbreak. They can use spirituality as a coping strategy (Hiçdurmaz & Oz, 2013; Klavuz & Klavuz, 2016). The outbreak process is thought to support the spiritual well-being of older adults.

In this study, it was determined that there is a positive significant relationship between hopelessness and loneliness. Zhang et al., and Niu et al. in their study with older adults, emphasized that there is a meaningful relationship between loneliness and hopelessness levels, and loneliness and hopelessness can be reduced by using social support systems (Niu et al. Niu, Jia, et al., 2020; Niu, Tian, et al., 2020; Zhang et al., 2017). These findings are similar to our study.

In this study, it was found that there is a significant relationship between hopelessness and spiritual well-being of older adults. Safitri et al. (2019), Hirakawa et al. (2019) found that hopelessness and spiritual well-being are related to different studies with older adults (Hirakawa et al., 2019; Safitri et al., 2019). Koenig stated that spirituality is a powerful source of hope and is effective in reducing despair (Koenig, 1994). Considering the negative effects of hopelessness on the immune system, it is thought that supporting older adults spiritually may reduce the long-term mental consequences of the COVID-19 outbreak (Şahin et al., 2018; Koenig, 2020).

In this study, a significant relationship was found between loneliness and spiritual well-being. In the study by Okamoto (2013) and Dashtbozorgi et al. (2016), it was stated that spirituality and loneliness were related (Okamoto, 2013; Dashtbozorgi et al. 2016). In another study, it was stated that spirituality significantly affects the reduction of loneliness and that increasing the level of spiritual well-being is an important factor that reduces loneliness (Turan & Cekiç, 2018; Gallegos & Segrin, 2019; Sadegh et al., 2018). Older adults realize that they are attached to a spiritual being or power and feel that they are not alone (Okamoto, 2013; Dashtbozorgi et al. 2016). It can be said that spirituality is effective in reducing the loneliness of older adults.

In the pandemic period, Turkey has implemented social isolation for the protection of older adults. Their daily living needs, home needs and medicines were taken to their homes. All needs of older adults at risk were met (Republic of Turkey, Ministry of Interior, 2020b). During the pandemic period, it is recommended that practices such as social policy practices and older adult service centers should be reorganized according to the scientific research results to meet current needs. It is thought that the data of the study will provide data to researches and social policy practices aimed at improving the mental health of older adults during the pandemic process.

In this study, it has been found that there is a significant relationship between the hopelessness, loneliness and spiritual well-being levels of older adults during the COVID-19 pandemic. It is thought that the data of the study will provide data for future research to improve the mental health of older adults during the outbreak process. In addition, it is thought that spiritual care will take a stronger place in the scope of gerontological social services in reducing the hopelessness and loneliness of older adults.

Study Limitations

FACIT-Sp was applied to assess the spiritual well-being of older adults participating in this study. FACIT-Sp is intertwined with concepts such as the purpose of life, meaning and feeling at peace. Significant differences can be seen among older adults in their perception of the purpose and meaning of life. Therefore, it may not be possible to generalize the results of the study to all older adults. In addition, since FACIT-Sp evaluates the concept of spirituality through positive mental states such as meaning in life, finding purpose and feeling peaceful, it is an expected result that the scale will be associated with positive emotions such as hope. This is one of the limitations of the study as it may cause bias in the research findings.

The data of this research was carried out through e-mails obtained from older adults living in three different cities. The fact that the researchers could not reach the older adults who cannot fill online questionnaires can be considered as the limitations of this study. Moreover, the researchers did not have information about whether any of the participants' relative was diagnosed with COVID-19 or died during this period can be considered as limitation of this study.

Conclusion

In this study, it was found that during the COVID-19 outbreak, the hopelessness and loneliness levels of older adults were below the middle level, and their spiritual well-being levels were moderate. In addition, it was determined that there was a relationship between hopelessness, loneliness and spiritual well-being levels of older adults during the COVID-19 outbreak. As a result of this study, it is recommended to implement initiatives that increase hope, strengthen social ties and spiritual support for older adults during the COVID-19 outbreak. It might be beneficial for older adults who are in isolation during the pandemic period to receive quality health care services and increased telephone counseling practices might also help to prevent mental problems. Therapeutic practices can be offered online during the pandemic to improve mental health care. In addition, phone and video conference calls can be offered to individuals with the people they love and with voluntary institutions.

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Author contribution MD contributed to the design, conducted the searches, screening and data extraction and contributed to the analysis and write-up of the manuscript. ZÖ conducted the searches and screening and contributed to write-up of the manuscript.

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Declarations

Conflict of interest The authors declare that they have no conflict of interest in this study.

Ethical standard Approval was obtained from Muş Alparslan University Scientific Research and Publication Ethics Committee for the research (number: E-10879717-050.01.04 11758). Verbal consent to participate in the research was obtained from the individuals by giving information about the purpose of the research, the method, the time they would spare for the research, and by declaring that participating in the research would not do any harm and that the participation was completely voluntary.

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