NIGERIAN JOURNAL OF PSYCHOLOGY

Volume 23, No.2, 2023 ISSN: 0331-0574 (Print), 2635-3806 (Online)

Published by the Nigerian Psychological Association

NPA JOURNALS - www.npa-journals.org/njp

MODERATING ROLE OF HOPE IN THE RELATIONSHIP BETWEEN LONELINESS AND PSYCHOLOGICAL WELLBEING AMONG THE AGED

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ARTICLE INFO

Article History

Received: 20/08/2023

Revised: 24/10/2023

Accepted: 12/12/2023

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Keywords:

Aging

Hope

Loneliness

Mental health

Wellbeing

ABSTRACT

This study examined the mediating role of hope in the relationship between loneliness and psychological well-being among the aged. The cross-sectional survey method was adopted in which 100 aged people were purposively sampled. They were aged between 60-90 years with mean age of 68.58 (Std.=8.04). Data were collected using the Ryff's Scales of Psychological well-being, the UCLA Loneliness Scale as well as the Snyder's Adult Hope Scale. Analysis of the data was done using simple linear regression analysis and simple mediation analysis performed via Andrew F. Hayes' Process Macro. It was found that there is a significant negative influence of loneliness on psychological well-being of the aged R=.547, R^2=.299, F(1,98)=41.75, (β=-.547), p<.01. Findings further revealed that there is a significant positive influence of hope on psychological well-being of the aged R=.269, R^2=.072, F(1,98)=7.644, (β=.269), p<.01). Finally, it was found that hope partially mediated the relationship between loneliness and psychological well-being of the aged (β =-.1512, 95%CI(-.0225 to -.1200). It was concluded that loneliness creates negative emotions which lowers psychological well-being of the aged people. Therefore, it was recommended that the government and other capable private individuals should establish institutions for the elderly where the aged people can come together and form a community of the elderly to promote their level of social interaction.

Introduction

Psychological well-being as an important component of health has continued to attract the attention of psychologists and researchers globally. The rising interest in this concept has been linked to its benefits in the lives of individuals in terms of longevity (Zaninotto & Steptoe, 2019) and life satisfaction (Fatima et al., 2021). It is a positive psychology concept that means the cognitive and emotional evaluation of individuals from different domains and aspects of their life (Sabzi et al., 2015). Cognitive aspect of psychological well-being refers to the general judgment about life satisfaction while the emotional aspect is concerned with the experience of pleasant and unpleasant emotions (Bayat, 2017). Psychological well-being has been conceptualized as having six dimensions namely: self-acceptance (positive assessment of self and past life itself), personality development (feeling of growth and continuing growth in the person's position), having a goal in life (believing that life is meaningful), positive relationship with others (having a meaningful relationship with others), environmental domination (the effective management capacity of the individual and the surrounding world) and independence (the individual's sense of his decisions) (Stamp et al., 2014).

People with high sense of psychological well-being experience more positive emotions, have a positive assessment of their past, present, and future, and also describe themselves, others and events as pleasant. On the other hand, people with low sense of well-being assess them as inconvenience and experience more negative emotions (Jin, 2014). Research evidence (e.g. Cohen et al., 2016; DeSteno et al., 2013; Kok et al., 2013) has supported a causal relationship between greater psychological well-being and better overall health and improved disease-specific outcomes. Among the aged, psychological well-being is considered to play important role in successful aging, fostering physical health and longevity (Diener & Chan, 2011; Koopmans et al., 2010).

Psychological well-being of the elderly is premised on (i) self-acceptance, (ii) environmental mastery or ability to self-manage, (iii) positive relations with others, (iv) autonomy in decision making, (v) sense of purpose in life, and (vi) belief in personal growth (Galiana et al., 2020; Harling et al., 2020; Kovalenko, & Spivak, 2018; Ryff, 1989). Fulfillment across these six dimensions is associated with hedonic well-being (feeling of experiences of pleasure and enjoyment) and eudemonic well-being (experiences of meaning in life and purpose: González-Celiset al., 2016). In an illustrative analysis from the English Longitudinal Study of Ageing (ELSA), Steptoe, et al. (2015) reported that psychological well-being is associated with longer survival and healthy living. Therefore, promoting psychological well-being of the aged has emerged as a focal research issue among scholars (e.g. Dziedzic et al., 2021; Khan et al., 2023; Sreelekha & Sia, 2022), trying to understand the factors that facilitate psychological well-being of the aged. In the same direction, this study investigates the relationship between loneliness and psychological well-being among the aged.

Loneliness refers to a subjective negative feeling characterised by both emotional and social exclusion, which may occur even in the presence of other people (de Jong Gierveld et al., 2006). It is a negative psychological response to a discrepancy between the social relationships one desires and the relationships one has (Yanguas et al., 2018). Emotional loneliness is the absence of an attachment figure or 'significant others'; while social loneliness is the absence of a circle of people that allows an individual to develop a sense of belonging (Yanguas et al., 2018). Considering that individuals living alone are not necessarily lonely and lonely people are not necessarily socially isolated (De Jong-Gierveld & Havens, 2004; Prince et al., 1997) makes loneliness a very complicated concept for research. Living alone or having no family does not directly express the breakup of social relations (Zhang & Li, 2015), because the individual may have chosen to live alone as a way of life (Gallie & Paugam, 2000; Paugam & Russell, 2000).

Research (Cacioppo & Hawkley, 2005; Murray et al., 2003) has shown that lonely individuals tend to form more negative social impressions of others, and their expectations, attributional reasoning, and actions toward others tend to be less charitable than shown by non-lonely individuals. It has been discovered that being married, having good relations with one's children and social contacts have a clear connection to subjectively perceived contentment in life (Helliwell, 2001; Mowbray et al., 2005). As people age, they tend to

experience loneliness to a greater extent either because of living alone or due to a lack of close family ties (Actor et al., 2002; Allen, 2008). Additionally, they experience reduced connections to community activities (Singh & Misra, 2009; Victor et al., 2009). Thus, loneliness is a likely problem faced by aged people and how loneliness impacts psychological well-being of the aged has generated curiosity.

Transient experiences of loneliness are believed to be adaptive as they provide motivation to form and maintain social connections in order to promote the survival of genes (Cacioppo & Hawkley, 2009; Hawkley & Cacioppo, 2010). However, sustained loneliness has been repeatedly linked to many negative psychological and physiological health outcomes across age groups. These outcomes include anxiety and depression (Barg et al., 2006; Cacioppo et al., 2010; Lee et al., 2021), suicidality (Stravynski & Boyer, 2001; Van Orden et al., 2010), maladaptive stress responses (Steptoe et al., 2004; Adam et al., 2006), cognitive decline and Alzheimer's disease (Wilson et al., 2007; Boss et al., 2015; Donovan et al., 2017), cardiovascular disease (Momtaz et al., 2012; Valtorta et al., 2016, 2018), malnutrition (Ramic et al., 2011), sleep quality (Yu et al., 2018), functional decline (Perissinotto et al., 2012) as well as increased risk of mortality (Holt-Lunstad et al., 2015). The researcher in this study attempts to understand how loneliness is related to psychological well-being among the aged people.

Also of interest to the researcher is the role of hope in the relationship between loneliness and psychological well-being of the aged. The positive psychology approach emphasises the cultivation of positive emotions and characteristics including hope as facilitators of mental health (Park & Chen, 2016). Snyder (2000) describes hope as the perceived ability to produce paths toward pleasing ends, with perceived motivation to use those paths to reach the target. In hope theory, Snyder (2002) made two categorisations of goals: positive or approach goals and negative or avoid goals. An approach goal refers to the achievement of a new goal with a positive outcome, sustaining a present positive goal or furthering a positive goal toward which progress has already been made. On the other hand, a negative or avoidance goal is aimed at delaying a negative goal outcome, or more ideally, preventing the arrival of that negative outcome altogether (Snyder, 2002). The pursuit of these goals is facilitated by two types of thinking aimed at cognitively appraising one's goal related capabilities: pathways thinking and agency thinking (Snyder et al., 1991). Pathways thinking refers to a person's ability to generate pathways to goal achievement, whilst maintaining a concomitant sense of confidence that the chosen pathway will lead to success (Snyder, 2002). Agency thinking is the motivational component in hope theory which involves utilising self-referential thoughts to produce the confidence and mental energy needed to begin and continue using a pathway throughout the various stages of goal achievement (Snyder, 2002). Agency thinking also helps channel the needed motivation to produce alternate pathways to goals in the event of a blockage (Snyder, 2002).

Whether hope can affect psychological well-being has been discussed among scholars around the world (Milona, 2020). There is empirical evidence supporting the notion that hope contributes to positive outcomes (Schiavon et al., 2017; Pleeging et al., 2021). As a catalyst for positive change, hope promotes overall mental health and may help heal specific conditions, including severe mental illness, suicidal ideation, depression, anxiety and trauma-related disorders (Gallagher et al., 2020; Tomasulo, 2020; Sari et al., 2021). Research shows that hope has strong associations with several psychosocial process and outcomes, including positive affect, emotional adjustment and illness-related coping, greater life satisfaction, enhanced perceptions that life is meaningful, a higher sense of purpose in life, quality of life, and social support (Corn et al., 2020; Long et al., 2020).

A large longitudinal study among older adults exploring the potential public health implications of hope for subsequent health and wellbeing outcomes revealed that a greater sense of hope was associated with: better physical health and health behavior outcomes (e.g., reduced risk of all-cause mortality, fewer chronic conditions, and fewer sleep problems), higher psychological wellbeing (e.g., increased positive affect, life satisfaction, and purpose in life), lower psychological distress, and better social wellbeing (Long et al., 2020, p. 1). Researchers believe that hope is needed to cope with uncertainty and difficulty (Parkins, 1997). High hope individuals have been found to have better treatment continuance than low hope individuals (Perley et al., 1971) and hope has proven to play an important role in recovery

from both physical and mental illness (Duncan et al., 2021; Park & Chen, 2016). Blake and Norton (2014) found that across studies, higher levels of hope were significantly associated with more secure attachment and less anxious and avoidant attachment. Studies examining agency thinking and pathways thinking as separate components of hope find similar associations between these components and types of attachment. The relationship between hope and life satisfaction has also been reported (Weis & Speridakos, 2011) while lack of hope is reported to be related to depression (Arnau, 2017). Chang et al., (2018) reported that hope predicts both depressive and anxious symptoms, with higher hope associated with lesser depression and anxiety.

On the role of hope as a mediator, Muyan et al., (2016) found that hope predicted additional variance in depression beyond that accounted for by loneliness and moderated the relationship between loneliness and anxiety (Muyan et al., 2016). Similarly, high hope reduces levels of depression and anxiety in a childhood cancer survivors (Yuen et al., 2014) and in patients suffering from end stage renal failure (Billington et al., 2008). A longitudinal study of college students found that hope played a buffering role against depressive symptoms in the wake of a collective tragedy and trauma, with greater hope predicting lesser depression and post-traumatic stress symptoms (Liu et al., 2013). Arising from this background, this research is focused on the mediating role of hope in the relationship of loneliness and psychological well-being among the aged.

Statement of the Problem

Reports from the World Health Organisation (2017) indicate that the world's population is ageing rapidly. Between 2015 and 2050, the proportion of the world's older adults is estimated to almost double from about 12% to 22%, which is an expected increase from 900 million to 2 billion people over the age of 60. Older people face both physical and mental health challenges which need to be recognized. Over 20% of adults aged 60 and over suffer from a mental or neurological disorder (excluding headache disorders) and 6.6% of all disability (disability adjusted life years-DALYs) among people over 60 years is attributed to mental and neurological disorders (WHO, 2017). These disorders in older people account for 17.4% of Years Lived with Disability (YLDs). The most common mental and neurological disorders in this age group are dementia and depression, which affect approximately 5% and 7% of the world's older population, respectively. Anxiety disorders affect 3.8% of the older population, substance use problems affect almost 1% and around a quarter of deaths from self-harm are among people aged 60 or above.

As people get older, their mental health is at high risk of deteriorating. For example, in Nigeria, it is reported that psychological wellbeing decreases with increasing age (Ibitoye, 2014), indicating that the aged people in Nigeria are at risk of poor psychological wellbeing. Perhaps this could be as a result of dwindling economic power following retirement from active service and decreased physical health with insufficiency of access to healthcare. Since poverty remains a major challenge in Nigeria, elderly persons, who have retired from the economic productive phase, are most vulnerable to experiencing economic hardship. Since the statutory age of retirement in Nigeria is the cut-off for being categorized as an elderly person, majority of these group of people are not socially and economically secure and are faced with the paradox of dwindling financial resources, increased health challenges and a geometric rise in medical expenses (Oladeji, 2011).

Considering the prevalent mental health challenges among aged people in Nigeria, it is imperative to understand the factors that are related to their mental health. Researchers believe that life-changing stressors or events including gains or losses of material possessions or social networks, death of a spouse, and decreased functional independence could create feelings of loneliness that could in turn, decrease psychological well-being of elderly persons in Nigeria (Akinyemi & Aransiola, 2010; Animasahun & Chapman, 2017). Consequently, research attention has been given to the relationship between loneliness and psychological well-being of aged people. However, whether this relationship is mediated by hope is left to be determined. Thus, this study is focused on providing answers to the following research questions:

i. To what extent is the direct relationship between loneliness and psychological well-being among the aged?
ii. To what extent is the direct relationship between hope and psychological well-being among the aged?

iii. What is the mediating role of hope in the relationship of loneliness and psychological well-being among the aged?

Purpose of the Study

The purpose of this study is to examine the mediating role of hope in the relationship of loneliness and psychological well-being among the aged in Makurdi, Benue State. Specifically, this study designed to:

i. Examine the direct relationship between loneliness and psychological well-being among the aged.
ii. Determine the direct relationship between hope and psychological well-being among the aged.
iii. Assess the mediating role of hope in the relationship between loneliness and psychological well-being among the aged.

Loneliness and Psychological Wellbeing

Chao et al. (2022) in their study concluded that loneliness was related to more depressive symptoms and lower life satisfaction. They examined the association of loneliness and lonely literacy with mental wellbeing during covid-19 for older institutional residents. Participants were 143 people aged 65 years and more living in the 13 long-term care institutions who were able to communicate. Mental well-being was measured by depressive symptoms and life satisfaction. Loneliness was measured by the 6-item UCLA loneliness scale. In addition, demographics, health status, active and passive coping strategies, social support from family and friends, social interaction changes after covid-19, loneliness change after covid-19, and worries about covid-19 were investigated. Linear regression and logistic regression models were conducted. Findings indicated that depressive symptoms were related to more loneliness while having high life satisfaction was related to less loneliness. This is an empirical evidence indicating that loneliness is a major precipitating factor in poor psychological well-being among the elderly. This study was however conducted among institutional resident aged people outside of Nigeria. The present study will build on this research by examining the relationship of loneliness and psychological wellbeing among community dwelling aged people.

Similarly, Sreelekha and Sia (2022) investigated the relationship between loneliness and psychological well-being and further examined whether death anxiety mediates the association between loneliness and psychological well-being among community-dwelling elderly people in the Kerala state of India. A total of 209 participants (125 males and 84 females) were selected for the study through the convenience sampling method. SPSS (version 22) was used to estimate descriptive and correlational indices. Mediation analysis was conducted using Hayes Process macro-Version 3.5 and 5,000 bootstrapped sample-based analysis. Findings showed a significant indirect effect of loneliness on psychological well-being through the influence of death anxiety. It was thus concluded that lonely feelings among elderly people lower psychological well-being and death anxiety partially mediates the relationship of loneliness and psychological well-being. While this study established significant relationship between loneliness and psychological wellbeing, it failed to investigate hope as a mediator but rather considered death anxiety.

Also, Thompson et al. (2022) conducted an exploratory study to understand the relationship between number of friends and loneliness, depression, anxiety and stress in older adults. Data were obtained from 335 older adults via completion of an online survey. Measures included loneliness (UCLA Loneliness Scale version 3), depression, anxiety and stress (Depression Anxiety Stress Scales DASS-21). Participants also reported their number of close friends. Regression analyses revealed an inverse curvilinear relationship between number of friends and each of the measures tested. This finding demonstrates that loneliness in terms of lower number of friends is related to more depression, anxiety and stress which are components of poor psychological well-being. The study however failed to examine the mediating role of hope in the relationship between loneliness and psychological wellbeing.

Sharifi (2022) examined the moderating role of self-esteem in the relationship between psychological well-being and loneliness among university international students. The sample (n =

129) was drawn conveniently from university international students. The age range of the sample was 18 to 40 years. The Psychological Well-being scale, Rosenberg self-esteem Scale and UCLA loneliness scale were used to measure psychological well-being, self-esteem and loneliness respectively. Pearson correlation analysis was used to find significant positive relationship between loneliness and psychological well-being. Hierarchical regression showed that self-esteem did not moderate the relationship between loneliness and psychological well-being. Although the study succeeded in establishing relationship between loneliness and psychological wellbeing, it was conducted on the population of students and not aged people who are considered in the present study.

Dziedzic et al. (2021) on their part assessed the prevalence of anxiety, depressive symptoms, irritability and loneliness in the elderly aged 60 years and older as a group exposed to the negative impact of the COVID-19 pandemic, and to analyze the relationships between loneliness and mental health of the respondents and socio-demographic variables and chronic diseases. The study was conducted in Poland among 221 individuals aged 60+. The study material was collected using a socio-demographic questionnaire, Hospital Anxiety and Depression Scale (HADS-M) and a revised University of California Los Angeles loneliness scale (R-UCLA). Based on R-UCLA, moderate and moderately high sense of loneliness was present in 58.83% of the participants. Sense of loneliness was significantly correlated with the prevalence of depressive symptoms ($p < 0.001$). Individuals who displayed a higher level of loneliness also had a higher severity of anxiety level, depressive symptoms and irritability. This means that higher loneliness is related to poor psychological wellbeing among aged people. The study was however conducted during the covid-19 pandemic which came with different challenges that could account for the findings rather than the predictor of interest.

Lim and Kua (2011) examined the independent and interactive effects of living alone and loneliness on depressive symptoms (GDS score) and quality of life (SF-12 MCS score) in a prospective 2-year follow-up cohort study of 2808 community-dwelling older adults (aged ≥55 years) in Singapore, controlling for baseline covariates. In cross-sectional analysis, loneliness was a more robust predictor of GDS score than living arrangements; living alone, when controlled for loneliness, was not associated with GDS score. GDS score associated with living alone was worse for those who felt lonely than for those who did not feel lonely. Similar patterns of association were found in longitudinal analyses and for SF-12 MCS score, although not all were significant. Thus, though living alone predicted lower psychological well-being, its predictive ability was reduced when loneliness was taken into account and loneliness, a stronger predictor, worsened the psychological effects of living alone.

Hope and Psychological Wellbeing

Khan et al. (2023) examined: (1) the relationship between hope and health behaviors in older adults; (2) how this relationship may differ across different socio-demographic groups; and (3) how hope relates to perceived future selves among older adults. The study used cross-sectional data from 711 community-dwelling adults aged 55 years and more comprising 280 men and 431 women. Survey measures included the Snyder Adult Dispositional Hope Scale (ADHS) and the Herth Hope Index (HHI), a health behaviors checklist, self-reported health, and a future self-scale. Data were analyzed using bivariate and multiple regressions. Results showed that hope was positively associated with healthy behaviors in older adults. Participants with higher levels of hope also reported more positive future selves and better health. The associations were similar across different racial/ethnic groups. The positive relationship between hope and healthy behaviours indicates that aged persons with high hope have better psychological well-being.

Corrigan and Schutte (2023) conducted a meta-analytic study to consolidate the results of studies investigating the relationships between agency thinking and pathways thinking with depression and anxiety. They found that across studies both higher levels of agency and pathways thinking were associated with less depression and less anxiety. The effect size for the association of agency thinking with depression was substantially larger than the effect size for the association of pathways thinking for depression. Agency thinking and pathways thinking were both more strongly associated with depression than anxiety. The agency thinking association with depression and anxiety increased in strength with age, while pathways

thinking did not. The findings suggest that even though both pathways thinking and agency thinking as aspects of hope play important roles in relation to depression and anxiety, agency thinking may be especially pivotal.

Ahmadi and Ramazani (2020) carried out a study to determine the relationship between hope and psychological well-being among the students of Farhangian University using a descriptive correlational research method. All students of Farhangian University of Zanjan province in the academic year of 2018-19 were considered and 324 of them were selected as the research sample. Hope scale Schneider (1991) and psychological well-being scale of Ryff (1989) were used as research tools. Using SPSS 21 software, Pearson correlation coefficient test, stepwise regression, ANOVA and independent t-test were used to analyze the data. The results showed that there was a significant relationship between hope and psychological well-being and this includes their components too ($p < 0.01$). There is no significant difference between hope and psychological well-being among students based on gender ($P > 0.05$). Also, the results of stepwise regression indicated that hope and motivational hope could predict psychological well-being.

Dilmaç and Kocaman (2019) examined the correlation between hope and the psychological well-being in a group of adults in terms gender, working–non-working, age and marital status. The study group consisted of 448 individuals aged between 20 and 50 years who were employed in the Sarıyer district of Istanbul working or non-working, married and unmarried. In the study, it was aimed to examine the corelation between hope and psychological well-being variables and analyzed. In order to collect the necessary data in the study, a Personal Information Form developed by the researcher was used to collect data about age, gender, study and marital status of individuals. In order to determine the level of hope of individuals, the Integrative Hope Scale (IHS), which was developed by Schrank, Woppmann, Sibitz and Lauber (2011), adapted into Turkish by Hakan Sarıçam and Ahmet Akın, was used.The Psychological Well-being Scale (PWBS), which was developed by Diener (2009-2010) and carried out by the Turkish adaptation study Telef (2011; 2013), was used to measure the Psychological Well-Being Levels of individuals. The data were analyzed with SPSS software. According to the findings obtained from the study, a positive and significant corelation was found between the subscales of the Integrative Hope Scale and the sub-dimensions of the Psychological Well-being scale.

Nezamdoust et al. (2018) concluded that in order to improve psychological wellbeing of older people, more attention should be paid to their attitude towards death and the factors influencing it. In a study involving 309 community-living older people in Tehran, they tested the effect of hope and sense of coherence on the psychological well-being of older people with the mediating role of attitude toward death using the descriptive-correlational design for modeling. The participants completed the Snyder's Hope Scale, Antonovsky's Sense of coherence scale, the Death Attitude Profile- Revised (DAP-R), and The Ryff's scale of Psychological well-being. Results from Structural Equation Modeling indicated significant positive relationships between hope and death avoidance, hope and approach acceptance and approach acceptance with psychological well-being, and significant reverse relationships between sense of coherence and fear of death, sense of coherence and approach acceptance, sense of coherence and escape acceptance, and fear of death and escape acceptance with Psychological well-being. A sense of coherence led to psychological well-being with the mediating role of fear of death and escape acceptance. This study shows that hope positively predicts psychological well-being of adults through death anxiety.

Hope as a Mediator between Loneliness and Psychological Wellbeing

Akdeniz and Ahç (2023) examined whether hope mediated the relationship between loneliness and psychological adjustment problems and whether cognitive flexibility moderated this mediation effect of hope in the relationship between loneliness and psychological adjustment problems during the COVID-19 pandemic curfew in Turkey. A total of 512 Turkish students and young adults completed UCLA Loneliness Scale, Brief Psychological Adjustment Scale, Dispositional Hope Scale, and Cognitive Flexibility Inventory. They found that loneliness had a significant and positive predictive

effect on the psychological adjustment problems and that this relationship was partially mediated by hope.

Schaffer (2022) examined hope as a mediator between trauma exposure and negative affective conditions in 490 college students. Hope agency, but not hope pathways, mediated some of the association. Trauma exposure maintained a significant association with negative affective conditions.

Satici (2020) investigated the mediation impact of stress on subjective vitality via hope and loneliness. Participants included 417 undergraduates (211 females and 204 males) from 2 universities in Turkey. A proposed theoretical model was explored and tested using structural equation modeling which indicated that the effects of stress on subjective vitality were fully mediated by hope and loneliness. Several alternative models provided support for the proposed theoretical model. In addition, bootstrapping procedure supported the indirect effect of hope and loneliness between stress and subjective vitality. The findings not only shed light on the mediation impact of stress on subjective vitality via hope and loneliness, but also provide new insight into the difference in strength of the indirect effects.

Ahmed and Moneam (2019) investigated the relationship between loneliness and social dysfunction among Egyptian community dwelling elders and to explore the mediating effect of hope on this relationship. The study was carried out in the Health Insurance Outpatient Clinics of Gamal Abd El-Naser Hospital, Alexandria, Egypt. Subjects comprised a convenience sample of 200 elders. Tools of data collection were; 1) Socio-demographic Data Structured Interview Schedule for elders, 2) Revised UCLA Loneliness Scale (Version 3), 3) Social Dysfunction Rating Scale (SDRS) and 4) Herth Hope Index (HHI). Results revealed that 48.0% of the studied elders had mild level of loneliness and 60.0% had mild level of social dysfunction, While 72.0% of elders had high level of hope. A statistically significant positive correlation was noted between loneliness and social dysfunction. Both loneliness and social dysfunction were negatively and significantly correlated with hope. It was evident that hope mediates the relationship between loneliness and social dysfunction. It can be concluded that high level of loneliness can predict high level of social dysfunction. As well, high levels of hope can predict and contribute to low levels of both loneliness and social dysfunction, so hope acts as a mediator of the relationship between loneliness and social dysfunction among elders. Specific confirmation should be located on the ongoing assessment of hope, developing and implementing nursing interventions to maintain and enhance hope among elders and evaluating the effectiveness of rehabilitative programs on elders' loneliness and social dysfunction through improving their level of hope are recommended.

Rustøen, Cooper and Miaskowski (2010) evaluated the relationships between demographic and clinical characteristics, health status, hope, psychological distress, and life satisfaction and evaluate whether hope mediated the relationship between psychological distress and life satisfaction in a community-based sample of cancer patients. Participants (n=194) completed a demographic and clinical questionnaire, a single item of self-assessed health, the Herth Hope Index, Impact of Event Scale, and a single-item rating of satisfaction with life. Structural regression models were examined to evaluate the interrelationships among these variables, with life satisfaction as the primary outcome. Participants were primarily women with breast cancer. In the final structural regression model that explained 60% of the variance in life satisfaction, poorer health status, lower hope, and higher psychological distress were significantly related to lower satisfaction with life. Hope was found to mediate the relationship between psychological distress and health status, such that the direct association between distress and health status was no longer significant with hope in the model. Finally, hope partially mediated the association between psychological distress and life satisfaction.

Muyan, et al. (2016) examined the role of hope in understanding the link between loneliness and negative affective conditions (viz., anxiety and depressive symptoms) in a sample of 318 adults. As expected, loneliness was found to be a significant predictor of both anxiety and depressive symptoms. Noteworthy, hope was found to significantly augment the prediction of depressive symptoms, even after accounting for loneliness. Furthermore, we found evidence for a significant Loneliness x Hope interaction effect in predicting anxiety. A plot of the interaction confirmed that the association between

loneliness and anxiety was weaker among high, compared to low, hope adults.

Bloore and Joshanloo (2020) in their study sought to determine whether hope, an important protective factor against depressive symptoms, might mediate and moderate the relationship between happiness aversion and depression. In a dataset of 588 undergraduate psychology students, evidence was found that hope functioned as a mediator as well as a buffer in the relationship between happiness aversion and depression. In addition, exploratory analysis of a small longitudinal dataset (N = 74) suggested that hope also played the same roles in the relationship between fear of happiness and depression over time. These findings suggest that interventions that create hope can be effective in disrupting the relationship between happiness aversion and depressive symptoms.

Hypotheses

i. There will be no significant direct relationship between loneliness and psychological well-being among the aged.
ii. There will be no significant direct relationship between hope and psychological well-being among the aged.
iii. There will be no significant mediating role of hope in the relationship between loneliness and psychological well-being of the aged.

Method

Participants

The participants for this study shall comprise 100 aged people (60 years and above) to be taken from the population of aged people. They will comprise of both males and females who are capable of reading and answering the questionnaire, most of whom will be retired civil servants.

Instruments

The instruments for data collection in this study include: The Ryff's Scales of Psychological wellbeing; The UCLA Loneliness Scale; and, Snyder's Adult Hope Scale (AHS). This are explained below:

The Ryff's Scales of Psychological Well being (RSPWB)

The 42-item Ryff's Scales of Psychological Well-Being (RPWB) will be used to measure psychological wellbeing of the aged people in this study. It is a widely-used instrument designed by Ryff (1989) to measure six dimensions of psychological well-being which include (i) Autonomy**:** made up of items 1,7,13,19,25, 31, 37, (ii). Environmental mastery: items 2,8,14,20,26,32,38, (iii). Personal Growth: items 3,9,15,21,27,33,39, (iv). Positive Relations: items: 4,10,16,22,28,34,40, (v). Purpose in life: items: 5,11,17,23,29,35,41, and (vi). Self-acceptance: items 6,12,18,24,30,36,42.

The RSPWB is scored on a 4-point likert scale of strongly agree=4; agree=3; disagree=2 and strongly disagree=1. The total score for each respondent is arrived at by summing up sores for each item. High scores on the total scale indicate that the respondent records high psychological wellbeing while low scores indicate the respondent records low psychological wellbeing. The RSPWB was originally validated on a sample of 321 well-educated, socially connected, financially-comfortable and physically healthy men and women (Ryff, 1989). The internal consistency coefficients were quite high (between 0.86 and 0.93) and the test-retest reliability coefficients for a subsample of the participants over a six week period were also high (0.81-0.88) indicating that the instrument is valid and reliable.

The UCLA Loneliness Scale

The University of California, Los Angeles Loneliness Scale (UCLA Loneliness Scale) will be adapted for use in this study to measure loneliness among aged people. The UCLA Loneliness Scale is a 20–item self-assessment scale designed by Russell, Peplau, and Ferguson (1978) to measure one's subjective feelings of loneliness as well as feelings of social isolation. In the present study, participants will be asked to indicate how often each of the statements on the scale is descriptive of them using a 4-point rating scale ranging from 1=I often feel this way, 2=I sometimes feel this way, 3=I rarely feel this way, 4=I never feel this way. In his evaluation of the psychometric properties of the UCLA Loneliness Scale using data from prior studies of college students, Russell (1996) reported high reliable for the instrument, both in terms of internal consistency (Cronbach's alpha ranging from .89 to .94) and test-retest reliability over a 1-year period (r = .73).

The Adult Hope Scale (AHS)

The Adult Hope Scale is a 12-item measure of a respondent's level of hope developed by Snyder, *et al*, (1991). In particular, the scale has two subscales that comprise Snyder's cognitive model of hope: (1) Agency (i.e., goal-directed energy) and (2) Pathways (i.e., planning to accomplish goals). Of the 12 items, 4 make up the Agency subscale and 4 make up the Pathways subscale. The remaining 4 items are fillers. Each item is answered using an 8-point Likert-type scale ranging from Definitely False to Definitely True. Items 2, 9, 10, and 12 make up the agency subscale. Items 1, 4, 6, and 8 make up the pathway subscale. In the present study, the researcher will combine the two subscales to form a total hope scale.

Procedures

The procedure for data collection shall involve coming face-to-face with the respondents and administering the questionnaire to them. In order to achieve this, the researcher will first of all obtain a letter of introduction from her institution for the purpose of identification. An informed consent letter will also be prepared and presented to the respondents before administering the questionnaire to them. The researcher will print 100 copies of the questionnaire for distribution to the respondents who will be visited in their homes, in social gatherings such as churches, banks and parks. Given that aged people are a special population and gathering them for random selection is difficult, the researcher will adopt convenience sampling technique in which aged people who are available and capable of reading and answering the questionnaire will be asked to participate in the study.

Design/Statistics

This study will employ the use of a cross-sectional survey design. This is the design that involves the collection of data from a relatively large number of participants to make inferences about a population of interest at one point in time. This method is most suitable for this research because, it allows the researcher to sample a large number of aged people, collect data from them through questionnaire and make inferences about their psychological wellbeing and its relationship with loneliness also examine the mediating role of hope.

To test the hypotheses, firs, regression analysis will be performed to test the relationship of loneliness and hope with psychological wellbeing. Thereafter, mediation analysis will be performed via Andrew F. Hayes' PROCESS macro version 3.4 to ascertain the mediating role of hope in the relationship between loneliness and psychological wellbeing among aged people. The entire data analyses will be performed using the Statistical Package for Social Sciences (SPSS) version 23.

Results

The results from this study are presented in this chapter. First and foremost, the inter-correlational matrix is presented to check for multi-colinearity among the study variables followed by the results from testing of the three hypotheses.

Table 1: Inter-correlations among the study variables

	Variable	$\bar{X}$	SD	N	1	2	3
1	Psy wellbeing	174.58	24.12	100	-		
2	Loneliness	50.36	16.37	100	-.547**	-	
3	Hope	87.65	6.49	100	.269**	-.236*	-

The results of inter-correlation matrix in Table 4.1 showed that there is a significant negative relationship between loneliness and psychological well-being $r(98)=-.547$, $p<.01$ meaning that higher loneliness leads to lower psychological well-being among the aged. It also revealed that hope has a significant positive relationship with psychological well-being $r(98)=.269$, $p<.01$, and negative relationship with loneliness. This means that the higher the hope of an aged person, the higher his/her psychological well-being and the higher the hope of an aged person, the lower the impact of loneliness.

Hypothesis 1: This hypothesis stated that there will be no significant direct relationship between loneliness and psychological well-being among the aged. It was tested using simple linear regression analysis and the results obtained are presented in Table 4.2.

Table 2: Simple linear regression analysis showing relationship between loneliness and psychological well-being among the aged

Predictor	R	R^2	df	F	*β*	T	*P*
Constant						32.62	.000
Loneliness	.547	.299	1, 98	41.75	-.547	-6.462	.000

The results presented in Table 4.2 revealed that there is a significant influence of loneliness on psychological well-being of the aged R=.547, R^2=.299, F(1,98)=41.75, p<.01). The influence of loneliness on psychological well-being is observed to be negative (*β*=-.547) meaning that the aged who experience high loneliness are likely to suffer poor psychological well-being. Based on this finding, the null hypothesis that there will be no significant direct relationship between loneliness and psychological well-being among the aged is rejected and the alternative hypothesis accepted.

Hypothesis 2: This hypothesis states that there will be no significant direct relationship between hope and psychological well-being among the aged. It was tested using simple linear regression analysis and the results obtained are presented in Table 4.3.

Table 3: Simple linear regression analysis showing relationship between hope and psychological well-being among the aged

Predictor	R	R^2	df	F	*β*	T	*p*
Constant						2.739	.007
Hope	.269	.072	1, 98	7.644	.269	2.765	.007

The results presented in Table 4.3 revealed that there is a significant influence of hope on psychological well-being of the aged R=.269, R^2=.072, F(1,98)=7.644, p<.01). The influence of hope on psychological well-being is observed to be positive (*β*=.269) meaning that the aged who have high hope experience better psychological well-being. Based on this finding, the null hypothesis that there will be no significant direct relationship between loneliness and psychological well-being among the aged is rejected and the alternative hypothesis accepted.

Hypothesis 3: This hypothesis stated that there will be no significant mediating role of hope in the relationship between loneliness and psychological well-being of the aged. It was tested using mediation analysis and the result obtained is presented in Table 4.4.

Table .4: Summary of mediation analysis showing the mediating role of hope in the relationship between loneliness and psychological well-being of the aged

Relationship	Total effect	Direct effect	Indirect effect (*ab*)	BootSE 95% CI		t-statistics
				LLCI	ULCI	
Loneliness-> Hope-> PWB	-.9033 (p<.01)	-.7521 (p.<01)	-.1512	-.0225	-.1200	-5.94

The results presented in Table 4.4 show the mediation effect of hope in the relationship between loneliness and psychological well-being of the aged. The results revealed a significant indirect effect of loneliness on psychological well-being through hope (β =-.1512, 95%CI(-.0225 to -.1200). The result is significant because the lower and upper limits of the bootstrapped confidence interval have no zero within their realm, with all the values below zero, indicating a negative indirect effect. With this result, it can be said with 95% confidence that hope significantly lowers the effect of loneliness on

psychological well-being among the aged. The result further indicates a partial mediation since the direct effect (β =-.7521, p<.01) is also significant. Based on the finding, hypothesis the null hypothesis that there will be no significant mediating role of hope in the relationship between loneliness and psychological well-being of the aged is therefore rejected while the alternative hypothesis is accepted.

Discussion of Findings

Findings from the first hypothesis showed that there is a significant influence of loneliness on psychological well-being of the aged and the influence was found to be negative. This means that aged people who experience loneliness are likely to suffer poor psychological well-being while those who experience no feelings of loneliness have better psychological well-being. This further indicates that loneliness is a key factor in lack of psychological well-being among the aged. This is because, feelings of loneliness can lead aged people to having negative emotions and consequent depression which are indicators of poor psychological well-being. This finding is…

Also, findings from the second hypothesis revealed that there is a significant influence of hope on psychological well-being of the aged. The influence of hope on psychological well-being is observed to be positive which means that the aged who have high hope experience better psychological well-being. Indeed, people with high hope have less worries and anxiety which are triggers of negative emotions that are capable of ruining one's psychological well-being. Having hope therefore, is important factor in enjoying good psychological well-being. This finding….

The third finding of this study showed that there is a significant mediating role of hope in the relationship between loneliness and psychological well-being of the aged. This finding indicates that hope has the potential to cushion the effect of loneliness on psychological well-being of the aged people. When aged people have hope, their feeling of loneliness reduces and therefore, its effect on psychological well-being also reduces. This finding…

Implications of the Study

This study has implications for both theory and practice. First, the findings from this study have provided researchers with additional empirical evidence demonstrating the debilitating role of loneliness on psychological well-being of the aged people and the buffering effect of hope. It implies that aged people who feel lonely probably due to less functional social and economic life are at high risk of suffering poor psychological well-being. Therefore, practicing clinicians and caregivers need to develop strategies for building hope among the aged. Giving them hope could cushion the effect of loneliness on psychological well-being which many of the aged people suffer.

Limitations of the Study

One of the limitations of this study lies in the sampling size and technique. Considering that many of the aged people are either sick or dementia and have less capacity to respond to the questionnaire on their own, the researcher resorted to purposive sampling in which the participants were selected based on the researcher's judgment of their ability to respond to the questionnaire without interference and their willingness to participate. Moreover, the sampling size was relatively small and may not be representative enough to warrant generalization. Because of the weaknesses observed in the method of the research, no cause-effect relationship could be established. However, the research is able to provide a picture of the relationship that exist (both direct and indirect) among the study variables.

Recommendations

The following recommendations are made based on the findings of the study:

i. The government and other capable private individuals should establish institutions for the elderly where the aged people can come together and form a community of the elderly. In this way, their level of social interaction will increase, loneliness can be reduced and psychological well-being enhanced.
ii. Clinicians should endeavor to develop strategies for building hope for the aged people. This could be done by introducing them to different ways of coping with loneliness and nurturing positive emotions.

Suggestion for Further Research

Future research of this nature should endeavor to compare community dwelling aged people with those who are institutionalized to establish which living arrangement is better for their psychological well-being. Future research should also assess the role of caregivers in promoting psychological well-being of the aged people. Furthermore, future research in this area should consider some demographic features of the aged people such as marital status, number of living children, socio-economic status, etc. and their role in psychological well-being of the aged people.

Summary/ Conclusion

This study investigated the mediating role of hope in the relationship between loneliness and psychological well-being of the aged. In a cross-sectional survey, 100 aged people were sampled and administered questionnaire. Analysis of data was done using simple linear regression analysis as well as simple mediation analysis. The following findings emerged from the study:

i. There is a significant negative influence of loneliness on psychological well-being of the aged;
ii. There is a significant positive influence of hope on psychological well-being of the aged; and,
iii. There is a significant mediating role of hope in the relationship between loneliness and psychological well-being of the aged.

It is therefore concluded that loneliness creates negative emotions which lowers psychological well-being of the aged people. Building hope in the aged people stimulates positive emotions which counter the effect of loneliness and enhances psychological well-being of the aged people.

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