

Depression, Loneliness, Social Support and Quality of Life among Elderly Adults

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ABSTRACT

The present study aimed to examine depression, loneliness, social support, and quality of life among elderly individuals, with particular reference to their living arrangements. In light of the increasing prevalence of nuclear family systems and the growing number of old age homes, understanding the psychological well-being of older adults has become a pressing concern. A comparative research design was employed, and data were collected from 352 participants aged 60 to 80 years. Standardized instruments were utilized, including the Geriatric Depression Scale (GDS), the UCLA Loneliness Scale, the Multidimensional Scale of Perceived Social Support (MSPSS), and the WHOQOL-BREF. Data analysis was conducted using SPSS, applying descriptive statistics, reliability testing, group comparisons, and multivariate analysis of variance (MANOVA). The findings revealed that elderly individuals residing in old age homes experienced higher levels of loneliness, whereas those living with family reported greater social support and better quality of life. Significant differences between the two groups indicate that living arrangement plays a crucial role in influencing psychological well-being. The study highlights the importance of emotional bonding, social interaction, and supportive environments in promoting the mental health of elderly individuals, and emphasizes the need to strengthen support systems, particularly in old age homes.

Keywords: *Depression, Loneliness, Social Support, Quality of Life, Elderly, Living Arrangement*

Population ageing is increasing globally, and India is also witnessing a rapid rise in its elderly population. With advancing age, individuals encounter several challenges, including declining physical health, reduced social roles, and heightened psychological vulnerability. Among these, depression and loneliness have emerged as major mental health concerns that significantly affect the well-being of older adults (World Health Organization, 2023; National Academies of Sciences, Engineering, and Medicine, 2020). Depression, as defined by Beck (1967), involves negative beliefs about the self, the world, and the future. It is one of the most common mental health problems in old age and is influenced by factors such as illness, loss of independence, reduced social interaction, and

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Depression, Loneliness, Social Support and Quality of Life among Elderly Adults

changes in living arrangements. Research consistently shows that elderly individuals living alone or in old age homes report higher levels of depression compared to those living with families (Xu, Liu, Mu, Ye, & Xu, 2022; Pathak & Patel, 2024; Sahoo & Khan, 2024; Pathak & Srivastava, 2023).

Living arrangement plays a key role in shaping mental health outcomes. Traditionally, Indian joint families provided strong emotional and social support, but modernization and urbanization have led to an increase in nuclear families and institutional living. Elderly individuals in old age homes often experience reduced emotional connection and greater psychological distress (Parmar & Patel, 2024; Srivastava, Gope, & Gupta, 2020). Loneliness, defined by Peplau and Perlman (1982) as a discrepancy between desired and actual relationships, is another significant issue in later life. It is strongly linked with depression and poor mental health outcomes (Singh & Misra, 2009; Domènech-Abella, Lara, Rubio-Valera, Olaya, Moneta, Rico-Urbe, Ayuso-Mateos, Mundo, & Haro, 2017; Adams, Sanders, & Auth, 2004). Social support serves as a protective factor, with Cobb (1976) defining it as the perception of being cared for, valued, and part of a network of mutual obligations. Higher levels of social support reduce depression and loneliness and enhance resilience (Ozbay, Johnson, Dimoulas, Morgan, Charney, & Southwick, 2007; Chen, Kuai, & Wen, 2022; Al-Zubi & Al-Khatib, 2025), while lack of support increases distress (Rana & Kumar, 2024; Chan, Procter-Gray, Churchill, Cheng, Siden, Aguirre, & Li, 2020).

Quality of life is another important dimension of successful ageing. According to the World Health Organization (1995), it refers to an individual's perception of their position in life within their cultural and value context, and in relation to their goals, expectations, and concerns. Evidence suggests that depression and loneliness negatively affect quality of life, whereas social support enhances it (Hussenoeder, Riedel-Heller, & Conrad, 2021; Shrestha, Ojha, Dhungana, & Shrestha, 2020; Ahadi & Hassani, 2021). Comparative studies indicate that elderly individuals living with families generally report better quality of life, emotional well-being, and social functioning compared to those in old age homes (Soni & Lodha, 2024; Nair & Kumar, 2023; Sujata & Shradha, 2016). Moreover, higher levels of social support have been directly linked to improved quality of life among elderly individuals (Shen, Li, Hu, Li, & Wei, 2022; Chruściel, Błędowski, & Tobis, 2020; Rimaz, Abolghasemi, & Seraji, 2015).

Although previous studies have examined depression, loneliness, social support, and quality of life individually, there remains a need for integrated research comparing these variables across different living arrangements. Understanding these interrelationships is essential for developing effective interventions to improve the psychological well-being of elderly individuals. Therefore, the present study aims to compare depression, loneliness, social support, and quality of life among elderly adults living in family settings and old age homes.

Objective of The Present Study

1. To compare the levels of depression among elderly adults living in old age homes and those living in family settings.
2. To compare the levels of loneliness among elderly adults living in old age homes and those living in family settings.
3. To compare the levels of social connection among elderly adults living in old age homes and those living in family settings.

Depression, Loneliness, Social Support and Quality of Life among Elderly Adults

4. To compare the quality of life among elderly adults living in old age homes and those living in family settings, while controlling for gender differences.

Significance of The Present Study

The present study holds significant value in understanding the psychological well-being of elderly adults living in two different settings—family homes and old age homes. With rapid demographic changes and increasing life expectancy in India, the mental health needs of older adults are becoming increasingly critical. This research provides important insights into how living arrangements influence depression, loneliness, social connection, and quality of life. The findings will help determine whether institutional living or family living contributes more to emotional distress or reduced well-being. Such information is particularly useful for caregivers, family members, social workers, and mental health professionals in designing effective support systems for the elderly.

In addition, the study contributes to existing literature by highlighting the psychological challenges faced by older adults in different environments. The results offer guidance for policymakers and NGOs in developing programs that encourage social engagement, emotional support, and improved quality of life for the elderly population. Overall, this research provides an evidence-based understanding that can inform mental health interventions, strengthen support networks, and promote healthier aging for elderly adults in both family and institutional settings.

Hypotheses

Based on the briefly reviewed literature and objectives following hypotheses were formulated.

1. Elderly individuals living in old age homes will report significantly higher levels of depression and loneliness compared to those living with their families.
2. Elderly individuals living with their families will report significantly higher levels of social support and better quality of life compared to those living in old age homes, after controlling for gender.

METHODOLOGY

Participants and Research Design

This study employed a comparative cross-sectional research design to explore the impact of living arrangements on depression, loneliness, social support, and quality of life among elderly individuals. A total of 352 participants, aged between 60 and 80 years, were recruited using a convenience sampling method. The sample was evenly divided into two groups based on their living settings: 176 participants residing in family homes and 176 participants living in old age homes.

To ensure gender balance, each group included 88 males and 88 females, thereby allowing for a meaningful comparison of psychological well-being across both living environments and gender lines. This balanced design strengthened the robustness of the study and provided a clearer understanding of how living arrangements and gender together influence the mental health and quality of life of older adults.

Tools

- **Geriatric Depression Scale (GDS-15):** This scale was developed by Sheikh and Yesavage in 1986 to screen for depression specifically in older adults. It consists of

Depression, Loneliness, Social Support and Quality of Life among Elderly Adults

15 items where participants provide "Yes" or "No" answers to describe how they have felt over the past week.

- **UCLA Loneliness Scale (Version 3):** Developed by Daniel Russell in 1996, this 20-item scale is designed to measure a person's subjective feelings of loneliness and social isolation. Respondents rate each statement on a 4-point Likert scale ranging from "Never" to "Always."
- **Multidimensional Scale of Perceived Social Support (MSPSS):** This 12-item instrument was created by Zimet, Dahlem, Zimet, and Farley in 1988 to assess how individuals perceive support from family, friends, and significant others. It uses a 7-point Likert scale for answers, ranging from "Very Strongly Disagree" to "Very Strongly Agree."
- **WHO Quality of Life-BREF (WHOQOL-BREF):** The World Health Organization introduced this 26-item scale in 1996 as a shorter version of the original assessment to measure quality of life across physical, psychological, social, and environmental domains. Participants answer using a 5-point Likert scale that measures the intensity, capacity, or satisfaction related to each item.

Reliability of Tools

Cronbach's alpha coefficients were calculated to assess the internal consistency of the measures used in the study. The results demonstrated strong reliability across all scales. Specifically, the Geriatric Depression Scale (GDS) showed values ranging from $\alpha=.80$ to $.90$, the UCLA Loneliness Scale ranged between $\alpha=.89$ and $.94$, the Multidimensional Scale of Perceived Social Support (MSPSS) reported values from $\alpha=.85$ to $.91$, and the WHO Quality of Life-BREF demonstrated reliability between $\alpha=.70$ and $.90$.

Procedure and Ethical Considerations

Data collection was carried out offline through direct visits to various old age homes and private family settings to ensure diverse representation of the elderly population. In line with ethical standards, informed consent was obtained from each participant after the study's purpose was explained, and participants were assured of their right to withdraw at any time without penalty. All responses were treated with strict confidentiality and anonymity, with no personal identifiers linked to the data to safeguard privacy.

Each session was conducted in a quiet and comfortable environment, averaging 20 minutes per participant. This approach ensured that data collection was thorough while minimizing fatigue, thereby maintaining both the quality of responses and the well-being of participants throughout the process.

RESULTS AND DISCUSSION

Statistical Analysis of Variables

GROUP ANALYSIS

Table 1 Group Differences in Study Variables Based on Living Arrangement

Living Arrangement	Pillai's Trace	0.686	187.119^b	4.000	343.000	0.000
	Wilks' Lambda	0.314	187.119 ^b	4.000	343.000	0.000
	Hotelling's Trace	2.182	187.119 ^b	4.000	343.000	0.000
	Roy's Largest Root	2.182	187.119 ^b	4.000	343.000	0.000
Partner Status	Pillai's Trace	0.007	.644 ^b	4.000	343.000	0.632
	Wilks' Lambda	0.993	.644 ^b	4.000	343.000	0.632
	Hotelling's Trace	0.008	.644 ^b	4.000	343.000	0.632
	Roy's Largest Root	0.008	.644 ^b	4.000	343.000	0.632
Living Arrangement * Partner Status	Pillai's Trace	0.010	.895 ^b	4.000	343.000	0.467
	Wilks' Lambda	0.990	.895 ^b	4.000	343.000	0.467
	Hotelling's Trace	0.010	.895 ^b	4.000	343.000	0.467
	Roy's Largest Root	0.010	.895 ^b	4.000	343.000	0.467

MANOVA

Table 2 Tests of Between-Subjects Effects

Source		Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	Depression	1009.133 ^a	5	201.827	98.826	0.000
	Loneliness	185043.833 ^b	5	37008.767	992.818	0.000
	Social Support	206965.052 ^c	5	41393.010	1149.075	0.000
	Quality of Life	250508.712 ^d	5	50101.742	630.207	0.000
Intercept	Depression	1358.861	1	1358.861	665.379	0.000
	Loneliness	7034.168	1	7034.168	188.703	0.000
	Social Support	5781.525	1	5781.525	160.496	0.000
	Quality of Life	17715.693	1	17715.693	222.838	0.000
Gender	Depression	11.198	1	11.198	5.483	0.020
	Loneliness	165.078	1	165.078	4.428	0.036
	Social Support	53.474	1	53.474	1.484	0.224
	Quality of Life	1335.753	1	1335.753	16.802	0.000
Age	Depression	0.036	1	0.036	0.018	0.895
	Loneliness	1.043	1	1.043	0.028	0.867
	Social Support	19.758	1	19.758	0.548	0.459
	Quality of Life	6.379	1	6.379	0.080	0.777
Living Arrangement	Depression	110.995	1	110.995	54.350	0.000
	Loneliness	13333.152	1	13333.152	357.683	0.000
	Social Support	14998.067	1	14998.067	416.348	0.000
	Quality of Life	19244.598	1	19244.598	242.069	0.000
Partner Status	Depression	4.075	1	4.075	1.996	0.159
	Loneliness	3.812	1	3.812	0.102	0.749
	Social Support	2.966	1	2.966	0.082	0.774
	Quality of Life	10.940	1	10.940	0.138	0.711
Living Arrangement * Partner Status	Depression	1.621	1	1.621	0.794	0.374
	Loneliness	0.709	1	0.709	0.019	0.890
	Social Support	24.240	1	24.240	0.673	0.413
	Quality of Life	65.840	1	65.840	0.828	0.363
Error	Depression	706.614	346	2.042		
	Loneliness	12897.664	346	37.276		
	Social Support	12463.922	346	36.023		

Depression, Loneliness, Social Support and Quality of Life among Elderly Adults

Source		Type III Sum of Squares	df	Mean Square	F	Sig.
Total	Quality of Life	27507.149	346	79.500		
	Depression	173981.000	352			
	Loneliness	973349.000	352			
	Social Support	978775.000	352			
	Quality of Life	2519151.000	352			
Corrected Total	Depression	1715.747	351			
	Loneliness	197941.497	351			
	Social Support	219428.974	351			
	Quality of Life	278015.861	351			

Hypotheses Testing and Interpretation

Hypotheses 1

For Hypotheses 1 testing, it was stated that elderly individuals living in old age homes will report significantly higher levels of depression and loneliness compared to those living with their families.

To examine this, a Multivariate Analysis of Variance (MANOVA) **along with** Tests of Between-Subjects Effects were conducted. The results indicated that living arrangement had a statistically significant effect on both depression and loneliness.

For depression, the obtained value was $F(1, 346) = 54.350, p < .001$, indicating a significant difference between the two groups. For loneliness, the obtained value was $F(1, 346) = 357.683, p < .001$, also reflecting a highly significant difference. The findings revealed that elderly individuals residing in old age homes reported significantly higher levels of loneliness compared to those living with their families. However, contrary to expectations, elderly individuals living in family settings reported higher levels of depression than those residing in old age homes.

The present findings partially align with previous research. The higher level of loneliness among elderly individuals living in old age homes is consistent with earlier studies, which suggest that institutional living often leads to reduced family interaction, limited social networks, and increased social isolation. Studies by Domènech-Abella et al. (2017) and Srivastava et al. (2020) emphasized that lack of meaningful social connections significantly contributes to loneliness among older adults. Similarly, findings from the World Health Organization (2023) highlight that social isolation is a major risk factor affecting the mental health of elderly populations.

However, the finding that depression was higher among elderly individuals living with families contradicts many earlier studies, which generally report higher depression levels among institutionalized elderly (Xu et al., 2022; Pathak & Patel, 2024; Pathak & Srivastava, 2023). A possible explanation for this unexpected result is that depression is not solely determined by living arrangement but is strongly influenced by the quality of interpersonal relationships and perceived social support. Even within family environments, factors such as neglect, lack of emotional bonding, interpersonal conflicts, and feelings of being a burden may increase depressive symptoms.

This interpretation is supported by Ahadi and Hassani (2021), who found that depression is closely linked with perceived loneliness and emotional support rather than just physical

Depression, Loneliness, Social Support and Quality of Life among Elderly Adults

living conditions. Additionally, research on social networks and mental health suggests that poor-quality relationships can have a stronger negative impact than physical isolation itself (Domènech-Abella et al., 2017; Chan et al., 2020). Thus, it can be inferred that while institutional living increases loneliness due to reduced social interaction, family living does not necessarily guarantee better emotional well-being, especially when the quality of relationships is poor.

Therefore, **Hypothesis 1 is partially accepted**, as the results supported the hypothesis for loneliness but not for depression.

Hypotheses 2

For Hypotheses 2 testing, it was stated that elderly individuals living with their families will report significantly higher levels of social support and better quality of life compared to those living in old age homes, after controlling for gender.

To examine this, a **Multivariate Analysis of Variance (MANOVA)** was conducted while controlling for gender. The results revealed a statistically significant effect of living arrangement on both social support and quality of life.

For social support, the obtained value was $F(1, 346) = 416.348, p < .001$, indicating a significant difference between the groups. For quality of life, the obtained value was $F(1, 346) = 242.069, p < .001$, also reflecting a significant difference. The findings showed that elderly individuals living with their families reported significantly higher levels of social support and better quality of life compared to those living in old age homes. Additionally, gender showed a significant effect on depression, loneliness, and quality of life ($p < .05$), but no significant effect on social support. Age and partner status did not show any significant effect ($p > .05$), and no significant interaction effect was found.

The present findings are consistent with existing literature, which emphasizes the importance of family-based support systems in enhancing the well-being of elderly individuals. Higher social support among elderly living with families can be attributed to stronger emotional bonds, frequent interaction, and the availability of care within the family environment. Studies such as Ahadi and Hassani (2021) have highlighted that social support plays a crucial role in improving quality of life among older adults. Similarly, research by Soni and Lodha (2024) and Nair and Kumar (2023) suggests that elderly individuals residing with families generally report greater life satisfaction and well-being compared to those in institutional settings.

Furthermore, findings from the World Health Organization (2023) indicate that supportive social environments, particularly family involvement, significantly contribute to better psychological health and overall quality of life in old age. Additional evidence also shows that higher perceived social support is strongly associated with improved quality of life among elderly individuals (Shen et al., 2022; Chruściel et al., 2020; Rimaz et al., 2015). The non-significant effect of age and partner status suggests that living arrangement plays a more dominant role in determining social support and quality of life than these demographic variables.

Therefore, **Hypothesis 2 is accepted**, as the results fully support the stated hypothesis.

CONCLUSION

The present study set out to examine the complex relationship between living arrangements, mental health, and overall well-being among 352 elderly individuals. Findings revealed that living arrangement had a statistically significant impact on psychological outcomes, with those in old age homes reporting significantly higher levels of loneliness ($F = 357.683, p < .001$) and lower levels of social support ($F = 416.348, p < .001$) compared to those living with their families. These results highlight that the physical environment and social setting are closely tied to the emotional state and perceived support systems of the elderly.

Interestingly, while the results strongly support that family living generally leads to better quality of life and social support, the study also indicates that living arrangement plays a more dominant role in determining these outcomes than other demographic variables such as age or partner status. This suggests that for today's elderly population, the nature of their daily social environment functions as the primary driver of psychological health and environmental mastery. At the same time, the findings imply that simply living with family does not guarantee emotional well-being if the quality of relationships is poor, underscoring that the strength of social bonds remains a nuanced challenge. To truly enhance the well-being of older adults, interventions must focus on improving the quality of social interactions and fostering supportive environments in both institutional and family settings.

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Depression, Loneliness, Social Support and Quality of Life among Elderly Adults

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Depression, Loneliness, Social Support and Quality of Life among Elderly Adults

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Conflict of Interest

The author(s) declared no conflict of interest.

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