The Role of Friends in Predicting Loneliness Among Older Women Living Alone

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ABSTRACT
This study examines the role of friends in predicting loneliness among 53 women age 65 and older who live alone. It was hypothesized that friends would be more important in predicting loneliness for those participants who did not have family living in close proximity than for those who had family nearby. However, this was not the case: Self-reported close friends were important for women living alone, regardless of whether they had family living locally. Nurses may want to use these findings to encourage older women to make social connections, even if they live close to their family.

Because of our rapidly growing aging population and the tendency for some older adults to be isolated, loneliness among this group is a societal concern. The ramifications of loneliness and social isolation in this population are serious (Adams, Sanders, & Auth, 2004) and include increased likelihood of dementia (Fratiglioni, Wang, Ericsson, Maytan, & Winblad, 2000), depression (Silveira & Allenbeck, 2001), and suicide (Rapagnani, 2002).

Although older adults in general are at risk for loneliness, the problem may be especially troublesome for older women. Thirty-eight percent of women older than age 75 feel significant loneliness compared with 24% of men of the same age (Holmén, Ericsson, Andersson, & Winblad, 1992). Older women may be lonelier than older men because they tend to outlive their husbands. Consequently, they are more likely to live alone in old age, which then increases their risk for experiencing significant loneliness (de Jong Gierveld, 1998). Some of these women encounter tremendous challenges in maintaining social support. The changes and losses experienced by older women, particularly those encountered in widowhood, may be particularly disruptive to a previously socially supportive network.

Older adults often turn to a network of friends in times of need. Some research suggests that friend contact may be more integral in preventing loneliness than family contact (Pinquart & Sörensen, 2001). Friendships among older women may hold special meaning (Aday, Kehoe, & Farney, 2006). Friends made at a senior center may substitute for family for some...
older women who live alone (Aday et al., 2006). These women indicate that these friendships make them more resilient to isolation and loneliness. It is not surprising that older women who self-report fewer friends also report higher levels of loneliness. In fact, research suggests that having five or fewer friends is related to increased loneliness in this population (Routasalo, Savikko, Tilvis, Strandberg, & Pitkälä, 2006).

Despite the important role of friendships among older women, friendship networks often decline over the life course (Kalmijn, 2003). These friendships may be disrupted due to health problems and relocation. A particularly important factor in the deterioration of these relationships may be the death of an older woman’s husband. Even women who previously had close friendships may feel their social support fade. Furthermore, women who have lost a husband to death may feel like an unwanted “fifth wheel” among coupled friends (Letvak, 1997).

Friends may be especially important for older women in today’s society because family members often live far from each other. The purpose of this study was to explore the relative effects of friends and family—and the interaction of these two factors—on loneliness among older women living alone. It was hypothesized that older women with more close friends would have lower levels of loneliness than older women with fewer close friends.

In addition, it was anticipated that this relationship would be stronger for women who do not have family (parents, siblings, children, or grandchildren) living within 50 miles. In other words, having family nearby could influence how the number of close friends living nearby affects loneliness.

**METHOD**

Participants were 53 women age 65 and older who lived alone in the local community. Women were recruited through flyers posted at senior centers, physical therapy clinics, physicians’ offices, urgent care clinics, community libraries, bookstores, and quilting stores. Interested participants were asked to call to determine their eligibility and set up an appointment for an in-home interview. Interviews lasted approximately 1 hour, and participants were compensated with a $15 gift certificate for their time. Data collection began in July 2007 and ceased in November 2007.

**Measures**

**Loneliness.** The UCLA Loneliness Scale, a frequently used 20-item tool, was used to measure loneliness (Russell, Peplau, & Cutrona, 1980). Scores range from 20 to 80, with higher scores indicating higher levels of loneliness. In addition, the measure has been validated for use with older adults (see Russell, 1996).

**Family Within 50 Miles.** Participants were asked to indicate how many family members lived within 50 miles of their home. For this item, family members included parents, siblings, children, and grandchildren.

**Close Friends Within 50 Miles.** Participants were also asked how many close friends they had living within 50 miles, whom they believed they could count on in a time of crisis.

**Interaction for Family and Friends.** A variable representing an interaction for family within 50 miles and close friends within 50 miles was created for use in analysis. The friend variable was used as a continuous variable in the interaction term, whereas the family variable was dichotomized to represent women who did and did not have family members within 50 miles.

**Plan of Analysis**

Preliminary analysis included calculating means and standard deviations for variables, as well as performing zero-order correlations. To test the hypotheses, a regression analysis was conducted with loneliness as the outcome variable. Predictor variables included number of family members within 50 miles and number of close friends within 50 miles. In addition, an interaction term for family members and friends was added to the model. Age was included as a covariate. Although 53 is a relatively small sample, Miller and Kunce (1973) argued that a 10-to-1 participant-to-predictor variable ratio is sufficient for multiple linear regression. In addition, Tabachnick and Fidell (1989) suggested a less conservative 5-to-1 ratio. (For a discussion of sample size in multiple regression, see Green, 1991.)

Although this analysis meets these criteria, it should be acknowledged that few agree on the minimum sample size for multiple regression (Knofczynski & Mundfrom, 2008).

<table>
<thead>
<tr>
<th>Variable</th>
<th>Standard Beta</th>
<th>t-Test Value</th>
<th>p Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>−0.23</td>
<td>−1.84</td>
<td>0.07</td>
</tr>
<tr>
<td>Family members within 50 miles</td>
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<td>0.26</td>
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<td>Close friends within 50 miles</td>
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<td>Family and friends interaction term</td>
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RESULTS
The women ranged in age from 65 to 93 (mean age = 76.8; SD = 8.37 years). All participants identified themselves as White/European American. Forty participants (75.5%) were widowed, 9 (17%) were divorced, and 3 (5.7%) had never married. The remaining participant’s husband was in a nursing home with end-stage Alzheimer’s disease. Among the 40 widows, the mean number of years since being widowed was 12.1 (SD = 11.04, range = 0 to 53 years). The mean number of family members within 50 miles of the participants was 5.99 (SD = 11.21), and the mean number of close friends within 50 miles was 2.28 (SD = 3.06). On a scale of 20 to 80, the mean loneliness score for participants was 32.23 (SD = 7.30). Cronbach’s alpha coefficient for loneliness was 0.88. Not surprisingly, loneliness was negatively correlated with both number of close friends and family members living within 50 miles (r [52] = –0.44, p < 0.01 and r [52] = 0.28, p < 0.01, respectively). Although age and loneliness were negatively related, this correlation was not significant (r [52] = –0.20, p = 0.14).

The model including age, family, friends, and the interaction term accounted for 28% of the variance in loneliness (Table). Within the model, the only variable that was a significant predictor of loneliness was close friends within 50 miles (p < 0.05), although age approached significance. Interestingly, in the regression model, family members within 50 miles did not significantly predict loneliness. In addition, the interaction term was not significant, indicating that the relationship between close friends nearby and loneliness was not different for women who did not have family in close proximity.

DISCUSSION
This research is in agreement with Pinquart and Sörensen (2001), who suggested that friends may be more integral than family in preventing loneliness in this population. In fact, when friends were controlled for, family was not a significant predictor of loneliness in this study. When interpreting this finding, one should consider that perhaps proximity of family is a poor indicator of whether family is supportive or even has contact with an individual. Therefore, an older woman may have many family members living close by, but these family members may not be supportive and may play little to no role in preventing loneliness.

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Friends, in contrast to family, are chosen. If a close friend was no longer supportive, it is likely that a participant would no longer report them as a close friend.

The small sample (N = 53) used in this study is a major limitation. Results should be interpreted with caution for this reason. Additional research with larger and more diverse samples is needed. It was hypothesized there would be an interaction effect for family and friends on loneliness. Evidence was not found to support this hypothesis. However, with a larger sample, there is a possibility the null hypothesis may be rejected. In addition, an important limitation is the inability of this study to examine the quality of the relationships of the women in this study.

IMPLICATIONS FOR PRACTICE AND RESEARCH
What are the implications of this study for policy makers, nurses, and other professionals who work with older adults? Encouraging social activities among older adults, particularly women who live alone, may be a useful tool in preventing loneliness. Research suggests that formal interventions that focus on social connections among older adults can be effective (Cattan, White, Bond, & Learmouth, 2005). According to Cattan et al. (2005), effective interventions are programs that target a particular group, such as women or individuals who have recently lost a spouse. These programs may bring older adults together through a self-help group, an organized activity, or an educational session. To reach more isolated older adults, programs will need to address challenges such as lack of transportation and limited mobility.

Although 28% of the variance was explained by the regression model, it should be acknowledged that a constellation of factors unmeasured by this research affects loneliness in this population. In addition, social interventions targeting older adults need more rigorous research (Cattan et al., 2005). If nurses and other professionals refer older women to formal interventions that focus on social connections among older adults, programs will need to address challenges such as lack of transportation and limited mobility.

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CONCLUSION

This study points to the key role of friends for older women who live alone. Gerontological nurses may want to take note and encourage older women to make social connections, even if they have family in close proximity. Those who make visits to older women living alone (e.g., nurses, home health aids) should not assume their clients are not at risk for loneliness simply because they have family who live locally. Friends appear to be important in preventing loneliness, even for older women who live near family.

REFERENCES


