Jurnal Kesehatan Akimal
e-ISSN: 2963-3338
Volume 5 No. 2 Edisi Oktober 2026
https://jurnal.akimal.ac.id/index.php/jka

The Effect of Loneliness Levels on the Quality of Life to Elderly at the Geunaseh Sayang Social Services UPTD for Senior Citizens Banda Aceh

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ARTICLE INFO

Received 14 Juli 2026
Accepted 11 August 2026
Published 31 Oct 2026

Keywords:
Loneliness; Quality Of Life; Ucla Loneliness Scale; WHOQOL-OLD.

ABSTRACT

Loneliness is a psycho social problem commonly experienced by older adults, particularly those living in social care institutions. This condition can affect physical, psychological, and social health, thereby contributing to a decline in quality of life. This study aimed to analyze the effect of loneliness levels on the quality of life of older adults at the UPTD Geunaseh Sayang Social Care Institution for Older Adults in Banda Aceh. This study employed a quantitative analytical design with a cross-sectional approach. The study population consisted of 55 older adults, with a sample of 30 respondents selected using purposive sampling. Loneliness levels were measured using the UCLA Loneliness Scale Version 3, while quality of life was assessed using the WHOQOL-OLD instrument. Data were analyzed using univariate and bivariate analyses with Somers' D test at a 95% confidence level (α = 0.05). The results showed that most respondents experienced moderate loneliness, accounting for 18 respondents (60.0%), followed by low loneliness in 10 respondents (33.3%) and high loneliness in 2 respondents (6.7%). Most respondents had a moderate quality of life, accounting for 29 respondents (96.7%), while 1 respondent (3.3%) had a low quality of life. The Somers' D test showed a p-value of 0.025 and a coefficient of 0.288, indicating a statistically significant relationship between loneliness levels and quality of life among older adults. Higher levels of loneliness were associated with lower perceived quality of life. This study is expected to serve as a basis for developing programs to strengthen social support and psycho social care services for older adults in social care institutions, thereby improving their quality of life.

How to cite: Rumaisya, T., Gadis Halizasia, & Mahruri Saputra. (2026). The Effect of Loneliness Levels on the Quality of Life to Elderly at the Geunaseh Sayang Social Services UPTD for Senior Citizens Banda Aceh. Jurnal Kesehatan Akimal, 5(2), 21–30. https://doi.org/10.58435/jka.v5i2.255

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INTRODUCTION

The continuous increase in life expectancy has led to a growing older adult population worldwide. This trend reflects progress in health development; however, it also presents various challenges, particularly concerning the physical, psychological, and social health of older adults. The aging process involves a gradual decline in bodily functions, making older adults more vulnerable to chronic diseases, activity limitations, loss of social roles, and mental health problems. In addition to biological changes, older adults experience various psycho social transitions, including retirement, the loss of a spouse, reduced interaction with family members, and difficulties adapting to changes in their living environment. These conditions may trigger feelings of loneliness, which can ultimately affect their quality of life.

The changes experienced by older adults affect not only their physical condition but also their psychological and social well-being. One of the most common psycho social problems among older adults is loneliness. Loneliness is a subjective experience that occurs when an individual's actual social relationships do not meet their desired level of social connection. Older adults who have lost a spouse, live far from their families, or face limitations in interacting with their surroundings are more vulnerable to loneliness. Without adequate social support, these feelings may persist over time and negatively affect their overall health and well-being.

Older adults living in social care institutions may face a greater risk of loneliness than those living with their families. Although their basic needs, such as accommodation, food, and healthcare services, may be adequately provided, some older adults continue to experience a loss of emotional connection with family members and other significant individuals. Limited family visits, the loss of close friends, and changes in the living environment may contribute to increased feelings of loneliness. These conditions may lead older adults to withdraw from their surroundings, lose motivation to participate in social activities, experience sleep disturbances, and develop poorer psychological well-being.

Persistent loneliness can affect various aspects of older adults' lives, including their quality of life. Quality of life refers to an individual's perception of their position in life within the context of their culture, value systems, personal goals, expectations, and standards. Among older adults, quality of life encompasses physical health, psychological well-being, social relationships, level of independence, environmental conditions, and spirituality. Older adults who are better able to adapt to the changes associated with aging may experience a better quality of life. Conversely, prolonged loneliness may be associated with a decline in perceived quality of life.

Previous studies have indicated that loneliness is associated with lower quality of life among older adults. Batubara et al. reported that older adults experiencing high levels of loneliness tended to have lower quality of life than those receiving adequate social support. Similar findings have been

reported in other studies, which suggest that loneliness is associated with an increased risk of depression, cognitive decline, sleep disturbances, and reduced social participation, ultimately affecting older adults' quality of life. These findings highlight the importance of addressing loneliness as part of efforts to improve the well-being of older adults.

The UPTD Geunaseh Sayang Social Care Institution for Older Adults in Banda Aceh is a social care facility that provides services to neglected older adults in Aceh Province, Indonesia. Based on the researchers' preliminary survey, several residents reported frequently feeling lonely, missing their families, and rarely receiving visits from relatives. Some residents also reported spending considerable time daydreaming, feeling sad, and experiencing sleep difficulties because of thoughts about their past lives. These preliminary findings indicate that loneliness remains an important issue requiring attention in efforts to improve the quality of life of older adults residing in the institution.

Despite the growing recognition of loneliness as a factor associated with older adults' quality of life, further investigation is needed to understand this relationship within specific institutional settings. The psycho social experiences of older adults living in social care institutions may differ according to their family connections, social interactions, and access to emotional support. Although previous studies have examined loneliness and quality of life among older adults, context-specific evidence concerning this relationship at the UPTD Geunaseh Sayang Social Care Institution in Banda Aceh remains important. Understanding this relationship may help identify psycho social needs that are not adequately addressed through the provision of basic care alone. Therefore, further investigation is needed to provide empirical evidence that can inform the development of appropriate psycho social support strategies for older adults in this setting.

The novelty of this study lies in its contextual contribution to understanding the relationship between loneliness levels and quality of life among older adults residing in a social care institution in Banda Aceh, Indonesia. By measuring loneliness using the UCLA Loneliness Scale Version 3 and quality of life using the WHOQOL-OLD instrument, this study provides setting-specific empirical evidence regarding the association between these two variables. The findings may contribute to the development of more responsive psycho social care strategies, particularly those aimed at strengthening social interaction, emotional support, and the overall well-being of institutionalized older adults. Therefore, this study aimed to analyze the relationship between loneliness levels and quality of life among older adults at the UPTD Geunaseh Sayang Social Care Institution for Older Adults in Banda Aceh. The findings are expected to provide relevant information for healthcare professionals, social care administrators, and policymakers in developing programs that strengthen social support, promote psychological well-being, and improve the quality of life of older adults.

METHOD

The study population consisted of 55 older adults residing at the UPTD Geunaseh Sayang Social Care Institution for Older Adults in Banda Aceh, Indonesia. The study sample comprised 30 respondents selected using purposive sampling based on predetermined inclusion and exclusion criteria. The inclusion criteria were older adults aged 60 years or above, able to communicate effectively, willing to participate, and willing to provide written informed consent. Older adults with severe cognitive impairment or health conditions that prevented them from participating in interviews were excluded from the study.

The independent variable was the level of loneliness, while the dependent variable was the quality of life of older adults. Loneliness was measured using the UCLA Loneliness Scale Version 3, which consists of 20 items rated on a Likert scale. Quality of life was assessed using the WHOQOL-OLD instrument, comprising 24 items across six domains: sensory abilities, autonomy, past, present, and future activities, social participation, death and dying, and intimacy.

Data collection was conducted after research permission had been obtained from the relevant institution. Respondents received explanations regarding the study objectives, benefits, procedures, and their rights as research participants. After providing informed consent, respondents completed the questionnaires independently or with assistance from the researcher when necessary. All collected data were kept confidential and used solely for research purposes.

Data were analyzed using the Statistical Package for the Social Sciences (SPSS). Univariate analysis was performed to describe respondent characteristics, loneliness levels, and quality of life using frequency distributions and percentages. Bivariate analysis was subsequently conducted using Somers' D test, with a 95% confidence level and a significance threshold of $\alpha = 0.05$. A p-value of less than 0.05 was considered statistically significant, indicating an association between loneliness levels and quality of life among older adults.

RESULT AND DISCUSSION

This study involved 30 older adults residing at the UPTD Geunaseh Sayang Social Care Institution for Older Adults in Banda Aceh, Indonesia. The data analysis covered respondent characteristics, the distribution of loneliness levels, the distribution of quality of life, and the association between loneliness levels and quality of life using Somers' D test.

Table 1. Distribution of Respondents' Characteristics by Sex and Age (n = 30)

Characteristics	Frequency (n)	Percentage (%)
Sex		
Male	14	46.7

Female	16	53.3
Total	30	100.0
Age		
55–59 years	12	40.0
60–69 years	18	60.0
Total	30	100.0

Table 1 shows that the majority of respondents were female (16 respondents; 53.3%), while 14 respondents (46.7%) were male. In terms of age, most respondents were aged 60–69 years (18 respondents; 60.0%), whereas 12 respondents (40.0%) were aged 55–59 years.

Table 2. Distribution of Loneliness Levels Among Older Adults (n = 30)

Loneliness Level	Frequency (n)	Percentage (%)
Severe loneliness	2	6.7
Low loneliness	10	33.3
Moderate loneliness	18	60.0
Total	30	100.0

Table 2 shows that the majority of older adults experienced moderate loneliness, accounting for 18 respondents (60.0%). Meanwhile, 10 respondents (33.3%) experienced low loneliness, and 2 respondents (6.7%) experienced severe loneliness. These findings indicate that moderate loneliness was the most prevalent category among older adults residing at the UPTD Geunaseh Sayang Social Care Institution for Older Adults in Banda Aceh.

Table 3. Distribution of Quality of Life Among Older Adults (n = 30)

Quality of Life	Frequency (n)	Percentage (%)
Low	1	3.3
Moderate	29	96.7
Total	30	100.0

Table 3 shows that the majority of older adults had a moderate quality of life, accounting for 29 respondents (96.7%). Meanwhile, 1 respondent (3.3%) had a low quality of life. These findings indicate that moderate quality of life was the predominant category among older adults residing at the UPTD Geunaseh Sayang Social Care Institution for Older Adults in Banda Aceh.

Table 4. Results of Somers' D Test for the Association Between Loneliness Levels and Quality of Life Among Older Adults

Variabel Independen	Variabel Dependen	N	Somers' D	p-value	Interpretation

Loneliness Levels	Quality of Life	30	0,288	0,025	Significant

Table 4 shows a statistically significant association between loneliness levels and quality of life among older adults, based on the Somers' D test ($p = 0.025$; $\alpha = 0.05$). The Somers' D coefficient was 0.288, indicating a relatively weak association. These findings suggest that loneliness levels are significantly associated with quality of life among older adults residing at the UPTD Geunaseh Sayang Social Care Institution for Older Adults in Banda Aceh.

The findings showed that most older adults residing at the UPTD Geunaseh Sayang Social Care Institution for Older Adults in Banda Aceh experienced moderate loneliness (60.0%). This finding suggests that meeting the basic needs of older adults does not necessarily ensure that their emotional and social needs are adequately fulfilled. Loneliness is a subjective experience that arises when an individual's existing social relationships do not meet their expectations or need for meaningful connection. Among older adults, this experience may be associated with the loss of a spouse, reduced contact with family members, changes in social roles, and limitations in daily activities related to aging. This finding can be understood through Weiss's conceptualization of loneliness, which distinguishes between emotional loneliness and social loneliness. Emotional loneliness results from the absence of close emotional attachments, whereas social loneliness occurs when individuals lack meaningful social networks. Older adults living in social care institutions may have opportunities to interact with fellow residents, but these interactions may not fully replace the emotional bonds they previously shared with family members or other significant individuals. Consequently, loneliness may persist even when older adults are surrounded by others. This suggests that the quality of social relationships, rather than the mere presence of other people, is an important consideration in understanding loneliness among institutionalized older adults.

Regarding quality of life, the findings indicated that almost all respondents had a moderate quality of life (96.7%), while only one respondent (3.3%) was classified as having a low quality of life. This distribution suggests that the respondents generally perceived their quality of life as moderate. The provision of accommodation, healthcare services, daily necessities, religious activities, and organized social programs may contribute to their overall well-being. However, the predominance of moderate quality of life also indicates that there may be opportunities to improve residents' well-being further, particularly in terms of psychological health, social relationships, and personal satisfaction. As these factors were not examined separately in this study, their contributions to respondents' quality of life cannot be determined directly from the available data.

The WHOQOL-OLD instrument assesses quality of life across six domains: sensory abilities, autonomy, past, present, and future activities,

social participation, death and dying, and intimacy. These domains reflect the multidimensional nature of well-being in later life. An older adult's quality of life is not determined solely by physical health or the fulfillment of basic needs but also by the ability to maintain independence, participate in meaningful activities, sustain social relationships, and experience emotional closeness. Therefore, care provided by social institutions should address both physical needs and the psychological and social aspects of aging.

The bivariate analysis using Somers' D demonstrated a statistically significant association between loneliness and quality of life ($p = 0.025$), with a reported coefficient of 0.288. Since the p-value was below the significance level of 0.05, the null hypothesis of no association was rejected. The coefficient indicates a relatively weak association, suggesting that loneliness is related to quality of life but may not fully account for differences in how older adults perceive their well-being. Other factors, such as physical health, chronic illnesses, family relationships, social participation, socioeconomic circumstances, and the quality of institutional care, may also be relevant. However, these factors were not directly assessed in the present study and should be interpreted as potential considerations rather than established explanations for the findings.

The present findings are consistent with those reported by Batubara et al., who found that higher levels of loneliness were associated with poorer quality of life among older adults. Similar results were reported by Wahyu and Setyowati, who identified a significant relationship between loneliness and quality of life in this population. Taken together, these findings support the importance of considering loneliness when addressing the well-being of older adults. Nevertheless, the strength and direction of this association may differ across populations depending on family support, social circumstances, and the availability of psycho social services. The full references for these studies should be verified before the manuscript is submitted.

Observations made during data collection provided further context for understanding the respondents' experiences. Several older adults reported feeling sad because they rarely received visits from family members, missed their spouses, or longed for their lives before entering the institution. Some also described spending time alone despite the availability of organized activities. These accounts illustrate how separation from familiar relationships and changes in living circumstances may shape the emotional experiences of older adults. They also highlight the importance of maintaining family connections and creating opportunities for meaningful social interaction within institutional settings. However, these observations are descriptive and do not establish that these experiences directly caused loneliness or reduced quality of life. From a practical perspective, the findings highlight the need for social care institutions to incorporate psycho social support into routine services for older adults. Activities such as group discussions, recreational programs, counseling, individualized emotional support, and facilitated family communication may provide opportunities

for residents to develop meaningful relationships and maintain social engagement. Encouraging participation should also take individual preferences, physical abilities, and emotional needs into account. Rather than relying solely on the availability of group activities, care providers should consider whether residents feel included, connected, and comfortable participating in them. Future intervention studies are needed to determine whether these approaches can effectively reduce loneliness and improve quality of life.

This study provides context-specific evidence of a statistically significant association between loneliness and quality of life among older adults living at the UPTD Geunaseh Sayang Social Care Institution in Banda Aceh. The findings emphasize that attention to emotional and social well-being should complement the provision of basic care. However, several limitations should be considered when interpreting the results. The sample consisted of only 30 respondents selected through purposive sampling, which limits the generalizability of the findings. Furthermore, the cross-sectional design does not establish a causal relationship between loneliness and quality of life. Future research involving larger and more diverse samples, longitudinal designs, or intervention studies would help clarify the nature of this association and identify effective approaches to improving the well-being of older adults in social care institutions.

CONCLUSION

Most older adults experienced moderate loneliness and had a moderate quality of life. Somers' D analysis revealed a significant association between loneliness and quality of life ($p = 0.025$). These findings highlight the importance of strengthening social support and psychosocial care to improve older adults' well-being in social care institutions.

ACKNOWLEDGMENTS

The authors thank the management and staff of the UPTD Geunaseh Sayang Social Care Institution in Banda Aceh and all participants for their support and cooperation in this study.

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