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QUALITY OF LIFE AND ITS ASSOCIATION WITH THE LEVEL OF LONELINESS AMONG THE ELDERLY AT THE MOJOPAHIT TECHNICAL IMPLEMENTATION UNIT FOR PEOPLE WITH SOCIAL WELFARE ISSUES, MOJOKERTO

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ABSTRACT

Loneliness is a common psychological problem among the elderly that can reduce their quality of life. This study aims to examine the relationship between loneliness and quality of life among the elderly at the Mojopahit Social Welfare Service Unit for People with Social Welfare Issues in Pesanggrahan, Mojokerto. This study employed a quantitative correlational design using a cross-sectional approach. The research design employed a cross-sectional approach. Participants were selected using purposive sampling based on predetermined inclusion and exclusion criteria, resulting in a sample of 32 respondents. The independent variable in this study was loneliness, while the dependent variable was quality of life. Data collection was conducted using the UCLA Loneliness Scale and the WHOQOL-OLD questionnaire. Data were analyzed using Spearman's rank correlation test. The results showed that the majority of respondents experienced moderate loneliness (31%) and had moderate quality of life (41%). Analysis using Spearman's Rho yielded a p-value of 0.000 and a correlation coefficient of -0.790, indicating a strong negative relationship between loneliness and quality of life among elderly.

Keywords: Loneliness, Quality of Life, Elderly

INTRODUCTION

The aging process is a stage of life characterized by various physical, psychological, and social changes that can affect the quality of life of elderly, particularly those living in nursing homes. Elderly in nursing homes often experience the loss of a spouse, reduced family support, changes in social roles, and the need to adapt to a new living environment. Even when their basic needs are met, many elderly continue to experience loneliness due to a lack of meaningful emotional connections and social interactions (Erfiyanti et al., 2023).

Quality of life is a key indicator for assessing the well-being of elderly, encompassing physical, psychological, social, and environmental aspects. Data from the Indonesian Ministry of Social Affairs (2022) show that approximately 800 nursing homes house more than 25,000 elderly throughout Indonesia. Meanwhile, the 2023 Indonesian Health Survey (SKI) revealed that 2.9% of elderly experience moderate to total dependence, a factor contributing to a decline in quality of life. A study conducted at a nursing home in Bengkulu City found that 89.7% of elderly had a poor quality of life, while a study at the Budi Mulia 3 Nursing Home in Jakarta showed that 77.3% of elderly fell into the moderate quality of life (Batubara et al., 2022; Noverinda et al., 2024). This situation indicates that quality of life among the elderly remains an issue that requires attention.

One factor associated with quality of life among the elderly is loneliness. Loneliness arises when the need for meaningful social relationships is not met and is linked to social isolation, emotional distress, and a decline in psychological well-being, which ultimately reduces quality of life (Cheng et al., 2021; Sulha et al., 2024). Previous studies have reported a significant negative association between loneliness and quality of life among elderly (Aryati & Siti, 2024; Erfiyanti et al., 2023).

A preliminary study conducted on February 26, 2026, at the Mojopahit Mojokerto Technical Implementation Unit for Individuals with Social Welfare Issues found that 60% of the five elderly interviewed frequently experienced loneliness due to limited social interaction and infrequent family visits, while the remaining 40% still felt lonely despite participating in facility activities. These findings indicate that loneliness remains a problem and can contribute to a decline in quality of life.

Therefore, this study aims to analyze the relationship between loneliness and quality of life among the elderly at this facility. The findings are expected to provide evidence for developing psychosocial interventions and strengthening social support to improve the quality of life of the elderly.

METHODS

This study employed a quantitative correlational design with a cross-sectional approach to examine the relationship between loneliness and quality of life among elderly residing at the Mojopahit Technical Implementation Unit for Social Services (UPT PMKS), Mojokerto, Indonesia. The study was conducted in 2026 after receiving approval from the research ethics committee. The study population consisted of 41 elderly residing at the facility. Purposive sampling was applied based on predetermined inclusion and exclusion criteria, resulting in a final sample of 32 respondents.

Inclusion criteria were elderly aged 60–74 years who were able to communicate effectively, willing to participate in the study, and provided written consent. Elderly with cognitive impairment, severe physical illnesses that prevented them from completing the questionnaire, or incomplete questionnaire responses were excluded from the study. Data were collected using a respondent characteristics questionnaire, the UCLA Loneliness Scale to assess loneliness, and the WHOQOL-OLD questionnaire to measure quality of life. Ethical approval for this study was obtained from the Health Research Ethics Committee of Bina Sehat PPNI University, Mojokerto, on May 8, 2026, with the ethical approval valid until May 8, 2027. Prior to data collection, all participants were informed about the study's objectives and procedures and voluntarily signed a written informed consent form. The collected data were processed through editing, coding, scoring, and tabulation. Descriptive (univariate) analysis was performed to describe the respondents' characteristics, levels of loneliness, and quality of life. The relationship between loneliness and quality of life was analyzed using Spearman's rank correlation test with IBM SPSS Statistics version 21, with a significance level of $p < 0.05$.

FINDINGS AND DISCUSSION
RESEARCH RESULTS

RESPONDENT CHARACTERISTICS

Table 1 Frequency Distribution of Respondents by Age, Gender, Length of Stay at the Senior Care Home, Highest Level of Education, and Marital Status.

No	Characteristic	Frequency (f)	Percentage (%)
1.	**Age**		
	60–64	10	31%
	65–69	9	28%
	70–74	13	41%
	Total	**32**	**100%**
2.	**Gender**		
	Male	13	41%
	Female	19	59%
	Total	**32**	**100%**
3.	**Length of Stay**		
	<1 year	12	38%
	1–3 years	16	50%
	>3 years	4	13%
	Total	**32**	**100%**
4.	**Educational level**		
	No formal education.	3	9%
	Primary School	18	56%
	Junior High School	6	19%
	Senior High School	5	16%
	Total	**32**	**100%**
5.	**Marital Status**		
	Not married	2	6%
	Married	0	0%
	Widow	18	58%
	Widower	12	36%
	Total	**32**	**100%**

The largest age group was 70–74 years old, while the smallest group (28%) was 65–69 years old, and the 60–64 age group accounted for 31%. Regarding gender, the majority of respondents were women (59 %) In terms of length of stay in the nursing home, the largest group - consisting of 16 people (50%)—has lived there for

1–3 years. In addition, 12 people (38%) had been living there for less than one year, while the smallest group consisted of 4 people (13%) who had been living there for more than three years. Regarding educational background, the majority of elderly respondents had only completed elementary school (SD), totaling 18 people (56%). Furthermore, 6 people (19%) had completed junior high school (SMP), and 5 people (16%) had completed senior high school (SMA). Meanwhile, the smallest group consisted of 3 people (9%) who had not received any formal education. Regarding marital status, the majority of respondents at the Mojopahit Mojokerto PMKS Pesanggrahan UPT were widows (18 respondents, or 58%), followed by widowers (12 respondents, or 36%); only two respondents (6%) were unmarried, and none of the respondents were currently married (0%). These findings indicate that the majority of respondents do not have a partner.

STUDY VARIABLES

1. Distribution of Loneliness Levels

Table 2 Frequency Distribution Based on Loneliness

No	Loneliness	Frequency (f)	Percentage (%)
1	No Loneliness	6	19%
2	Mild Loneliness	8	25%
3	Moderate Loneliness	10	31%
4	Severe Loneliness	8	25%
	Total	**32**	**100%**

Table 2 shows that the majority of respondents fell into the moderate loneliness category, consisting of 10 individuals (31%). Furthermore, the mild and severe loneliness categories each consisted of 8 individuals (25%), while 6 respondents (19%) did not experience loneliness.

2. Quality of Life Distribution

Table 3 Frequency Distribution Based on Quality of Life

No	Quality of Life	Frequency (f)	Percentage (%)
1	Low Quality of Life	11	34%
2	Moderate Quality of Life	13	41%
3	High Quality of Life	8	25%
	Total	**32**	**100%**

Table 3 shows results indicating that among the 32 respondents, the largest group—consisting of 13 individuals (41%)—reported a moderate quality of life. Meanwhile, 11 respondents (34%) reported a low quality of life , and 8 respondents (25%) reported a high quality of life. These data show that the majority of elderly at the Mojopahit Mojokerto Technical Implementation Unit (UPT) for Individuals with Social Welfare Issues fall into the moderate quality of life category.

3. The Relationship Between Loneliness and Quality of Life Among the Elderly Table 4: Relationship Between Loneliness and Quality of Life Among the Elderly

Loneliness	Quality of Life						Total	
	Low Quality of Life		Moderate Quality of Life		High Quality of Life			
	F	%	F	%	F	%	F	%
NO Loneliness	0	0.0	2	33.3	4	66.7	6	100
Mild Loneliness	0	0.0	4	50.0	4	50.0	8	100
Moderate Loneliness	4	40.0	6	60.0	0	0.0	10	100
Severe Loneliness	7	87.5	1	12.5	0	0.0	8	100
Total	**11**	**34.4**	**13**	**40.8**	**8**	**25.0**	**32**	**100**
P-value 0.000 , $\alpha = 0.05$, $r = -0.790$								

The results in Table 4 show that the highest frequency of respondents falls into the moderate loneliness category combined with moderate quality of life, consisting of 6 respondents (60.0%). Additionally, in the severe loneliness group, the majority of respondents—7 people (87.5%)—reported low quality of life. Conversely, the lowest figures were observed in the low quality of life category for respondents who did not experience loneliness or experienced mild loneliness, as well as in the high quality of life category for those experiencing moderate or severe loneliness; in all these cases, the number was 0 respondents (0.0%). A similarly low number was also found among respondents who did not experience loneliness but had a moderate quality of life, totaling 2 respondents (33.3%).

Data analysis using the Spearman's Rho test in SPSS yielded a Sig. (2-tailed) value of 0.000 (< 0.05); consequently, the null hypothesis (H_0) was rejected and the alternative hypothesis (H_1) was accepted, indicating a significant relationship between loneliness and quality of life among the elderly. The correlation coefficient was -0.790. This indicates a strong relationship. The relationship between the two variables is negative (moving in opposite directions), suggesting that the more severe the level of loneliness, the lower the quality of life. Conversely, the milder the level of loneliness, the higher the respondents' quality of life.

DISCUSSION

1. Loneliness Among the Elderly at the Mojopahit Technical Implementation Unit in Pesanggrahan for Individuals with Social Welfare Issues, Mojokerto.

The results of the study show that the majority of respondents experienced moderate loneliness (10 respondents or 31%), while 8 respondents (25%) experienced mild loneliness and the other 8 respondents (25%) experienced severe loneliness. These

findings are consistent with the research by Noverinda et al. (2024) and Fenny Setiyowati (2025), which showed that the majority of elderly in nursing homes fall into the moderate loneliness category due to limited social support and emotional connections with their families. According to Weiss's theory (1973), loneliness arises when there is a gap between the social and emotional relationships a person desires and the relationships they actually have. Elderly can still feel lonely even while living among many people if the relationships formed fail to meet their emotional needs. The researchers suggest that the prevalence of moderate loneliness indicates that although most elderly interact with fellow residents and staff, they have not achieved sufficient emotional closeness, leading to prolonged feelings of loneliness.

Regarding the characteristics of the respondents, the majority of elderly were aged 70–74 years (41%), female (59%), had lived in a nursing home for 1–3 years (50%), had an elementary school education (56%), and were widowed (58%). Studies by Rahmawati and Andriani (2023), Fedrizon and Kartini (2024), and Aryati and Siti (2024) indicate that advancing age, the loss of a spouse, low educational attainment, and limited family support can increase elderly' vulnerability to loneliness. The researchers suggest that these characteristics can affect elderly' ability to adapt, build social relationships, and receive emotional support while living in nursing homes, thereby contributing to the onset of loneliness.

Cross-tabulation results show that the majority of elderly experiencing moderate loneliness have a moderate quality of life, while those experiencing severe loneliness mostly have a low quality of life. According to Weiss's theory (1973), a lack of meaningful emotional connections can increase loneliness, which in turn impacts psychological well-being and quality of life. The researchers suggest that the higher the level of loneliness experienced by elderly, the greater the likelihood of a decline in quality of life; this is because loneliness not only affects emotional well-being but also reduces motivation to engage in activities, social interaction, and the ability to adapt to the nursing home environment. Nevertheless, the quality of life of elderly is also influenced by other factors, such as health status, social support, length of stay in a nursing home, and the individual's ability to adapt to change.

2. Quality of Life Among the Elderly at the Mojopahit Pesanggrahan in Mojokerto, Technical Implementation Unit for Individuals with Social Welfare Issues.

The research findings indicate that the majority of respondents (13 people, or 41%) have a moderate quality of life, while 11 respondents (34%) have a low quality of life and 8 respondents (25%) have a high quality of life. These findings align with the research by Aryati and Siti (2024) and Sari (2025), which showed that the majority of elderly nursing home residents fall into the moderate quality of life category; although they are still able to perform daily activities and maintain social relationships, they have not yet achieved optimal well-being. According to the WHO framework (1995), quality of life is defined as an individual's perception of their place in life, influenced by physical and psychological conditions, social relationships, and the environment. Elderly with a good quality of life are able to maintain physical function, psychological well-being, and social relationships, as well as adapt to their environment. Conversely, limitations in

any one of these aspects can reduce quality of life. The researchers suggest that the prevalence of moderate quality of life indicates that most elderly residents have successfully adapted to the nursing home environment and participate in available activities; however, their needs for emotional support, health care, and meaningful interpersonal relationships remain unmet, preventing them from achieving optimal quality of life.

Based on the respondents' characteristics, the majority of elderly were aged 70–74 years (41%), female (59%), had lived in nursing homes for 1–3 years (50%), had an elementary school education (56%), and were widowed (58%). Research by Rahmawati and Andriani (2023), Siegal et al. (2024), and Tohiroh (2023) indicates that the aging process, the loss of a spouse, low educational attainment, and the ability to adapt to the environment are factors that can influence the quality of life of elderly. The researchers suggest that these characteristics contribute to elderly' ability to maintain physical health, psychological well-being, social relationships, and life satisfaction while living in nursing homes, thereby influencing their perception of quality of life.

Cross-tabulation results show that the majority of elderly with moderate quality of life experience moderate loneliness, while those with low quality of life are more likely to experience severe loneliness. According to the WHO theory (1995), quality of life is influenced by the fulfillment of physical, psychological, social, and environmental aspects. The researchers suggest that the lower the quality of life, the greater the likelihood of experiencing loneliness due to physical limitations, a lack of emotional support, and low satisfaction with social relationships. However, quality of life is influenced not only by loneliness but also by health status, family support, adaptive capacity, and the elderly residents' participation in social activities while living in a nursing home.

3. Quality of Life Among the Elderly in Pesanggrahan Mojopahit, Mojokerto, Technical Implementation Unit for Individuals with Social Welfare Issues.

Analysis using Spearman's rho correlation test yielded a significance value of 0.000 ($p < 0.05$) and a correlation coefficient of -0.790. These findings indicate a strong negative relationship between loneliness and quality of life among the elderly in Pesanggrahan. Mojopahit Technical Implementation Unit for Individuals with Social Welfare Issues, Mojokerto. This means that the higher the level of loneliness experienced by the elderly, the lower the quality of life they perceive. These findings are consistent with Weiss's theory (1973), which explains that loneliness arises when emotional and social relationship needs are unmet, and with the WHO's concept of quality of life (1995), which emphasizes the influence of physical, psychological, social, and environmental dimensions. Previous studies by Setiyowati and Luthfa (2025) and Jufri et al. (2024) also reported that increased loneliness is associated with poorer quality of life among elderly.

Based on the frequency distribution, the majority of respondents experienced moderate loneliness (31%) and had a moderate quality of life (41%). Cross-tabulation analysis showed that the majority of elderly with severe loneliness had a low quality of life (87.5%), while no respondents with moderate or severe loneliness achieved a high

quality of life. These findings indicate that increasing loneliness is accompanied by a decline in quality of life, particularly in the physical, psychological, and social domains.

Nevertheless, this study also identified two respondents (33.3%) who did not experience loneliness but still reported a moderate quality of life. These findings suggest that quality of life is influenced not only by loneliness but also by other factors, such as physical health, functional ability, chronic diseases, social support, environmental conditions, and adaptation to life in a nursing home. Therefore, the absence of loneliness alone does not necessarily guarantee a high quality of life.

The researchers suggest that loneliness is an important factor affecting the quality of life of elderly because it influences emotional well-being, social participation, and daily functioning. However, loneliness is not the sole determinant of quality of life. Physical health, social support, adaptation to the nursing home environment, family relationships, and an individual's ability to cope with problems also contribute to the overall well-being of elderly. Therefore, reducing loneliness while strengthening psychosocial support is expected to improve the quality of life for elderly living in nursing homes.

CONCLUSION

There is a significant relationship between loneliness and quality of life among elderly at the UPT Pesanggrahan PMKS Mojopahit in Mojokerto. This relationship is negative, indicating that the higher the level of loneliness experienced by elderly, the lower their quality of life. Conversely, elderly with lower levels of loneliness tend to have a better quality of life. These findings indicate that feelings of loneliness can affect the well-being of elderly in various aspects of life, including physical, psychological, social, and environmental dimensions.

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