Perceived Meaning of Life, Psychological Alienation, and Social Support: A Comparative Study of Community-dwelling and institutionalized elderly

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Abstract

Background: psychological alienation and Social support networks affect the elderly's meaning in life. Strong social connections provide emotional support, companionship, and a sense of belonging. Psychological alienation, which causes feelings of isolation and disengagement, might raise stress, depression, and life dissatisfaction in older people. Aim: The study aimed to compare the perceived meaning in life, psychological alienation and social support in community-dwelling and institutionalized elderly. Design: descriptive, comparative design was utilized. Sample: a purposive sample of 100 institutionalized and 100 community-dwelling elderly people was recruited. Sitting: institutionalized sample from three residential homes. Non-institutionalized sample was taken from the waiting areas of governmental banks and Egyptian post offices affiliated to Cairo governorate. Tools: Socio demographic Data Profile, Meaning in life Questionnaire, Dean’s alienation scale & Multidimensional Scale of Perceived Social Support scale. Results: Statistically significant differences between community-dwelling elderly group and institutionalized elderly group regarding psychological alienation and social support. While there was no statistically significant difference between both groups regarding meaning in life. Social support was statistically significant correlated negatively with alienation and positively with meaning in life in both groups. Additionally negative correlation between alienation and meaning in life in community dwelling group was reported. However no statistically significant correlation was found between alienation and meaning in life among the institutionalized group. Conclusion: the institutionalized elderly individuals experienced higher levels of psychological alienation and lower levels of social support compared to the community-dwelling group. However, the two groups experienced the same level of perceived MIL. Recommendation more emphasis should focus on creating positive social support atmosphere and encouraging elderly to search for or maintain a meaningful life.

Keywords: Elderly, Meaning of life, Psychological alienation, Social support.

Introduction

Population aging is a global trend and a prominent characteristic of the population in the 21st century. The population of individuals aged 60 years and above is estimated to rise from 900 million in 2015 to 1.4 billion by 2030, and further to 2.1 billion by 2050 according to the World Health Organization (2016). More than 6 million individuals aged 60 years and above in Egypt, according to CAPMAS (2022) and Statia (2022). Old age, the final stage of life, is not the same experience for everyone. Elderly people encounter struggles in terms of their physical, social, and psychological experience (Garcia, 2020).

Meaning in life (MIL) is considered a significant psychological experience to examine in the context of functioning in later stages of life. According to Dewitte and Dezutter (2021), meaning in life is a subjective individualized perception that involves one's beliefs about their own life, activities, values, and the degree to which they see themselves as having life goals. While Jadidi, Sadeghian, Khodaveisi, and Fallahi-Khoshkna (2022) stated that the essence of life is found in assisting others, setting objectives, nurturing familial bonds, and leading a fulfilling existence. Moreover, the presence of meaning in life could be differentiated from the search of meaning in life. The former relates to how individuals perceive their lives as purposeful, significant, and coherent, while the latter relates to the efforts individuals make to create or enhance this perception (Dewitte & Dezutter, 2021).
Research had shown that having a sense of meaning in life is important for people's overall well-being. It helps individuals deal with challenges and uncertainties like sickness and fear of death. Past research indicates that older persons with a strong sense of meaning in life are likely to experience positive physical and mental health outcomes (Steptoe & Fancourt, 2019; Volkert et al., 2019). Lowered sense of meaning in life greatly raised the chances of depression among older individuals (Volkert, et al., 2019). A quantitative study discovered that persons with Alzheimer's disease who had a greater sense of meaning in life exhibited reduced depressive symptoms and increased life satisfaction (Dewitte, Vandenbulcke, & Dezutter, 2019). A recent cohort study including almost 7,000 older persons showed that a stronger sense of meaning in life was linked to reduced mortality rates (Alimujiang, Wiensch, Boss, 2019).

Social support had been identified as the primary source of meaning throughout one's life (Golovchanova, Owiredua, Boersma, Andershed & Hellfeldt, 2021). Social support refers to the availability of help, emotional ties, and boosting support received or perceived from prominent individuals, friends, and family. Despite the presence of traditional informal support networks such joint family, kin, and community in Egyptian culture, the influence of modernization and globalization has led to a gradual deterioration of their capacity to provide the basic requirements of the elderly. The younger age's traditional sense of duty and obligation towards the older generation is diminishing, resulting in an increase in their institutionalization (El-Taweel, 2022). As on the most recent census data from 2021, there are now 167 geriatric homes in Egypt. Cairo accounts for 39% of all geriatric homes in Egypt according to CAPMAS (2022).

Psychological alienation is a significant psychosocial issue that impacts older persons. Psychological alienation, as defined by Seeman (1975), comprises three dimensions: social isolation, powerlessness, and normlessness. Seeman (1975) described powerlessness as an individual's perception that their actions could not anticipate outcomes, indicating a lack of control over their own destiny. One may experience a profound sense of powerlessness that being employed for the advantage of others rather than oneself. Normlessness describes the lack of values or clear instructions for the purpose of life, leading to a profound sense of ambiguity caused by contradictory norms. Isolation is characterized by limited social engagement, leading individuals to withdraw from the community or society (Chen, Chen, Zhong 2022; Zhong, & Xiang, 2022; Kuan, Alam, & Aun, 2020).

Most study on social isolation had concentrated on elderly individuals living in the community, with little emphasis on those living in residential facilities. The limited research on social isolation in residential homes may be attributed to the prevailing belief that older individuals in such settings are less susceptible to social isolation because of the physical proximity to others facilitated by communal spaces and on-site care services (Boamah, Weldrick, Lee, & Taylor, 2021).

For all that, nurses play a significant role in preventing illness and promoting the health and psychological well-being of the elderly. In terms of their duty, nurses are concerned about supporting older patients in retaining or achieving meaning in life as well as improving their well-being, health, and quality of life. However, many nurses appear to focus on the physical component of treatment. They lack the perspective, experience, and abilities required to enhance the meaning in life for their patients. Nurses engage with older patients on a regular basis, both in ordinary life and during special life events. They could establish significant bonds with them. In homecare, where the nurses join the private life-world of elderly, there are opportunities for adding meaning into their lives (Hupkens, Machielse, Goumans, & Derksen, 2018).

**Significance of the Study**

The meaning in life is a highly personal experience that evolves with time. The experience of meaning in life is altered by age and life circumstances (Saarelainen, Mäki-Petäjä-Leinonen, & Pöyhöni, 2022). The meaning of life among elderly residing in care homes is still under investigation. Elderly people who live with their families have previously been demonstrated to use meaning in life as a coping mechanism. However, it is doubtful how meaning in life might become a strategy for older people leaving their own homes. Maybe it is an innate preserving factor that had been developed over the course of one's life rather than an active coping strategy in response to the new life stressors in care homes.
Furthermore, assessment of psychological alienation among the elderly is important for a number of reasons. First, as people age, alienation becomes more common. Second, elderly persons are more likely to experience loneliness and frequently have fewer social networks. Retirement and the dispersal of the younger generation may be the cause of this. Furthermore, aging always causes a mutual disengagement or distance that weakens a person's relationships with other members of the social system to which they belong. Thirdly, there are scarce studies regarding sense of normlessness, and powerlessness among elderly people.

However, there is a significant dearth of nursing literature concerning MIL, social support, and psychological alienation among the elderly. In addition, it is unknown whether the change of these variables is affected by the living environment or not. So, the present research was an effort to find out the differences if any experienced by elderly people who live in community (Non institutionalized) versus residential homes (institutionalized) when it comes to perceived meaning in life and psychological alienation, and to examine the impact of perceived meaning in life on the psychological alienation and social support among both groups.

**Research questions:**
1. What are the differences between community-dwelling and institutionalized elderly regarding perceived meaning in life, psychological alienation, and social support?
2. What is the relation between perceived meaning in life, psychological alienation, and social support among community-dwelling versus institutionalized elderly?
3. What is the impact of perceived meaning in life on psychological alienation and social support among community-dwelling versus institutionalized elderly?

**Aim of the study:**
To compare the perceived meaning in life, psychological alienation and social support in community-dwelling and institutionalized elderly

**Subjects and Methods**

**Research Design:** Descriptive, comparative design was utilized in this study.

**Sample:** A purposive sample of 200 elderly was recruited and divided into: 100 institutionalized elderly and 100 community-dwelling elderly.

Inclusion criteria: Elderly people from both sex who are residing in long-term care facilities for more than one year; Community-dwelling elderly people who live with their families/caregiver in the community; being capable of carrying out a conversation; demonstrate no obvious cognitive, hearing, and speech impairments; free from any psychotic disorder; and who are not critically ill or in the terminal stage of illness. The sample size was collected based on data from literature (Lutzman, & Sommerfeld, 2021) considering level of significance of 5%, and power of study of 80%, and based on data from literature; the sample size was calculated using the following formula:

\[ n = \frac{(Z_{1-\alpha/2})^2 SD^2}{d^2} \]

Where, \( Z_{1-\alpha/2} \) is the standard normal variate, at 5% type 1 error it is 1.96, SD = standard deviation of variable and \( d \) = absolute error or precision. So,

\[ n = \frac{(1.96)^2(1.44)^2}{(0.2)^2} = 199.1 \]

**Setting:** This study was carried out at three settings, institutionalized sample from Hedyia Barakat, ELHana and Om Hanie residential home. Non- institutionalized sample was taken from the waiting areas of governmental banks and Egyptian post offices affiliated to Cairo governorate.

**Tools of Data Collection**

1. **Demographic Data Profile:** demographic data was collected regarding age, gender, educational level, place of residence, social and working status.
2. **Meaning in life Questionnaire:** The 10-item meaning in Life Questionnaire (MLQ; Steger et al., 2006). It consists of two five-item subscales, Presence (MLQ-P; perceived meaning) and Search (MLQ-S; motivation to discover meaning). The Presence subscale measures an individual's perception of the degree to which his or her life is meaningful, such as “I understand my life’s meaning.” The Search subscale measures an individual’s motivation to find meaning in life, such as “I am searching for meaning in my life.” All items are rated on a seven-point scale ranging
from 1 (absolutely untrue) to 7 (absolutely true). Scores of each subscale range from 5 to 35. The higher scores indicate higher levels of presence of meaning or search for. Cronbach's alpha was done for this scale and equals 0.92.

3. **Dean’s alienation scale (Dean, 1961):** It was used to measure the psychological alienation. This scale consisted of 24 self-rated items with a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree), also comprises three subscales namely, social isolation (9 items), powerlessness (9 items) and normlessness (6 items). The item “With so many religions abroad, one doesn’t really know which one to believe”, was omitted in this scale because it is irrelevant to our culture. The total score was computed; with high scores indicating high alienation on that specific subscale. The reliability of the alienation scale was calculated and equals 0.78.

4. **Multidimensional Scale of Perceived Social Support:** This scale was adapted from (Dahlem, Zimet, & Walker, 1991) and the elderly selects what he feels about each statement. The scale has eight questions with three Likert response ranging from agree to disagree. The questions (1,2,3 and 4) assess perceived family support, and questions (5,6,7 and 8) assess the perceived social support from friends. Examples of items are “I can talk about my problems with my family”, and “ I have friends with whom I can share my joys and sorrows”. The total score of Perceived Social Support scale was 24 grades (100%). High scores indicate high level of social support. The scale showed excellent reliability in the current study (Cronbach’s alpha 0.91)

**Ethical Considerations:**

Primary approval was obtained from the Ethical Committee and Research, Faculty of Nursing, Cairo University. All participants received a complete description of the purpose and nature of the study. All participants, who agreed to participate in the study, signed and received a copy from the informed consent and were informed that participation in the current study is voluntary. No names were included in the data collection sheets. Anonymity and confidentiality for each participant was protected by the allocation of a code number for each participant. They were informed that; they can withdraw from the study at any time without giving any reasons.

**Procedure:**

A review of the past, current related literature covering various aspects of the problem was done, using available books, articles, magazines, periodicals, and internet search to get acquainted with the research problem and searching the study tools. The researchers used and followed the translation procedure for verifying the translation of the tools. In this procedure, (a) the researchers translated the instruments (English formats) into Arabic language, (b) rendered the same English formats to bilingual experts for more verification of the translation of the Arabic formats, (c) the resulting versions translated back into the original language by other bilingual experts, and (d) the necessary modifications were done.

The ethical approval of this study was obtained from the Faculty of Nursing, Cairo University. Then, the study aim, content, and procedures was sent to the available elderly residential homes in Cairo to invite them to participate in this study. Three residential homes agreed to be recruited for this study “Dar Hedaia Barakat, Dar El Hana, and Om Hanic”. The institutional consent form was obtained from those residential homes. The researchers met with the potential community dwelling and the institutionalized elderly participants individually to invite them for participation in the study after explaining the purpose of the study, assuring them about confidentiality and anonymity. Study tools were tested for reliability and validity, and then data were collected. To fill in the study tools, researchers interviewed elderly for 30 minutes in a private place in the geriatric home or in the community settings to assure privacy.

**Pilot study:**

A pilot study was carried out on (n=20) (10%) of the total sample of institutionalized and community-dwelling elderly before data collection to ensure the applicability of the tools and to estimate the time needed to complete the used tools. No recommended modification was done. The pilot sample was excluded.
Statistical Analysis:

Data were analyzed using Statistical Package for Social Sciences (SPSS), version 20. Numerical data was expressed as a mean and standard deviation. Qualitative data was expressed as frequency and percentage. For the qualitative data, Chi-square test was used. Probability (p-value) > 0.05 indicates non-significant result, p-value < 0.05 is considered a significant result and p-value < 0.001 is considered highly significant result. The Pearson correlation test was used to determine the correlation between the study variables. Regression analysis was used to assess the impact of perceived meaning in life on psychological alienation and social support on both Institutionalized and Community-dwelling elderly.

Results

Table (1) revealed that, females represented 52% of the studied community-dwelling elderly group compared by 65% of the institutionalized elderly group. Regarding the age 65% of the studied community-dwelling elderly aged from 60 to 70 years old compared by 73% of the studied institutionalized elderly group. Concerning residence, the table also, showed that a higher percentage of the institutionalized elderly individuals (77%) their resided is in urban areas compared to community-dwelling elderly individuals (53%).

Regarding the educational level, the institutionalized elderly group appeared to have a slightly higher percentage of individuals who can read and write, 48% compared to the community-dwelling elderly group 40%. About the working status, 76% of the studied community-dwelling elderly compared to 100% of the studied institutionalized elderly were not working. Also, 64% of the studied community-dwelling elderly group compared to 72% of the studied institutionalized elderly were without spouse (table 1).

There was no statistically significant difference between both groups regarding gender, age, educational level, and working status (X²=3.4,0.46, &4.4, p=0.06, 0.49, &0.21) respectively. However, there were statistically significant differences between both groups regarding residence (X²=12.6, p=0.00) and social status (X²=61.3, p=0.00).

Table (2) revealed that the psychological alienation among institutionalized elderly group (78.29±10.4) was higher than that of the community-dwelling elderly group (72.78±6.91). This difference was statistically significant as (t = 4.41, p < 0.001), indicating that institutionalized elderly individuals tend to experience higher levels of psychological alienation compared to their community-dwelling counterparts. Similarly, significant differences were observed regarding the social isolation, and normlessness.

Regarding Social Support, the institutionalized elderly group showed lower levels of social support (13.40±5.94) than that of the community-dwelling elderly group (19.75±4.89). This difference is statistically significant as (t = 8.25, p < 0.001).

However, there are no significant differences between the two groups regarding Powerlessness, perceived MIL and its two dimensions (presence of MIL and search for MIL).

By comparing correlations between both groups, similar pattern can be observed in the table (3) except for the following:

As regard to the dimensions of perceived MIL, Presence of MIL and searching for MIL had a statistically significant strong negative correlation with powerlessness (-0.66, -0.42, p<0.01) and normlessness (-0.66, -0.59, p<0.01) among community-dwelling elderly group. However, the correlation of presence of MIL, and searching for MIL with powerlessness was not significant among the institutionalized group. Surprisingly, there was a statistically significant positive correlation between searching MIL and normlessness (0.19, p<0.05), while presence for MIL was not statistically correlated with normlessness.

Regarding, the subscales of social support, Family and friends support had a statistically significant strong negative correlation with social isolation (-0.03, & -0.24, p<0.01) powerlessness (-0.56, & -0.57, p<0.01) and normlessness (-0.67&-0.66, p<0.01) respectively, among the community-dwelling elderly group. Conversely, this correlation was not significant among the institutionalized elderly group except for family support with social isolation (-0.31, p<0.01).
As regard to the total scales, A statistically significant correlation was found between alienation and social support (negative direction), meaning in life and social support (positive direction) in both groups, alienation and meaning in life (negative direction) among community dwelling group. While no statistically significant correlation was found between alienation and meaning in life among the institutionalized group.

Table (1): Demographic data of both groups: community-dwelling and institutionalized elderly (n= 200)

<table>
<thead>
<tr>
<th>demographic data</th>
<th>Community-dwelling elderly (N=100)</th>
<th>Institutionalized elderly (N=100)</th>
<th>X²</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>52.0</td>
<td>65.0</td>
<td>3.4</td>
<td>0.06</td>
</tr>
<tr>
<td>Male</td>
<td>48.0</td>
<td>35.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td>0.46</td>
<td>0.49</td>
</tr>
<tr>
<td>60-70</td>
<td>65.0</td>
<td>73.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>71-80</td>
<td>35.0</td>
<td>27.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residence</td>
<td></td>
<td></td>
<td>12.6</td>
<td>0.00*</td>
</tr>
<tr>
<td>Urban</td>
<td>53.0</td>
<td>77.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td>47.0</td>
<td>23.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education level</td>
<td></td>
<td></td>
<td>4.4</td>
<td>0.21</td>
</tr>
<tr>
<td>Read and write</td>
<td>40.0</td>
<td>48.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secondary school</td>
<td>18.0</td>
<td>11.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Middle education</td>
<td>24.0</td>
<td>17.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University</td>
<td>18.0</td>
<td>24.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working Status</td>
<td></td>
<td></td>
<td>0.25</td>
<td>0.61</td>
</tr>
<tr>
<td>Working</td>
<td>24.0</td>
<td>0.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not working</td>
<td>76.0</td>
<td>100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Status</td>
<td></td>
<td></td>
<td>61.3</td>
<td>0.00**</td>
</tr>
<tr>
<td>With spouse</td>
<td>36</td>
<td>28</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Without spouse</td>
<td>64</td>
<td>72</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p<0.05. **p<0.01.

Table (2): Comparison between both groups, community dwelling and institutionalized elderly, regarding the study variables

<table>
<thead>
<tr>
<th>Study variables</th>
<th>Community-dwelling elderly group(n=100)</th>
<th>Institutionalized elderly group(n=100)</th>
<th>t</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M±SD</td>
<td>M±SD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perceived MIL</td>
<td>44.96±15.41</td>
<td>43.02±16.30</td>
<td>0.86</td>
<td>0.388</td>
</tr>
<tr>
<td>Presence of MIL</td>
<td>22.4±7.01</td>
<td>21.47±7.35</td>
<td>1.05</td>
<td>0.29</td>
</tr>
<tr>
<td>Search for MIL</td>
<td>22.42±9.21</td>
<td>21.55±9.4</td>
<td>0.66</td>
<td>0.50</td>
</tr>
<tr>
<td>Psychological Alienation</td>
<td>72.78±6.91</td>
<td>78.29±10.4</td>
<td><strong>4.41</strong></td>
<td><strong>0.000</strong>*</td>
</tr>
<tr>
<td>Social isolation</td>
<td>25.49±3.16</td>
<td>30.67±4.56</td>
<td>9.34</td>
<td>0.000*</td>
</tr>
<tr>
<td>Powerlessness</td>
<td>30.87±3.89</td>
<td>29.96±5.41</td>
<td>1.37</td>
<td>0.17</td>
</tr>
<tr>
<td>Normlessness</td>
<td>16.31±3.27</td>
<td>17.69±4.18</td>
<td>2.60</td>
<td>0.010*</td>
</tr>
<tr>
<td>Social Support</td>
<td>19.75±4.89</td>
<td>13.40±5.94</td>
<td>8.25</td>
<td>0.000*</td>
</tr>
<tr>
<td>Family support</td>
<td>10.75±2.16</td>
<td>6.87±3.27</td>
<td>9.91</td>
<td>0.000*</td>
</tr>
<tr>
<td>Friends support</td>
<td>9.0±3.08</td>
<td>6.53±2.94</td>
<td>5.80</td>
<td>0.000*</td>
</tr>
</tbody>
</table>

*p<0.05. **p<0.01.

Table (4) revealed that, alienation and social support are statistically significant predictors of meaning in life, with Social Support having a larger effect size (R²= 0.28) and explaining a greater proportion of the variance in meaning of life compared to Alienation (R²=0.05).
Table (3): Correlation Matrix of the study variables for the two groups

<table>
<thead>
<tr>
<th>Study Variables</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-Presence MIL</td>
<td>-</td>
<td>0.89**</td>
<td>-0.06</td>
<td>-0.03</td>
<td>0.16</td>
<td>0.43**</td>
<td>0.39**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-Search. MIL</td>
<td>0.8**</td>
<td>-</td>
<td>-0.07</td>
<td>-0.03</td>
<td>0.19*</td>
<td>0.49**</td>
<td>0.36**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-Social isolation</td>
<td>-0.26</td>
<td>-0.05</td>
<td>-</td>
<td>0.49**</td>
<td>0.55**</td>
<td>-</td>
<td></td>
<td>0.31**</td>
<td>-0.18</td>
<td></td>
</tr>
<tr>
<td>4-Powerlessness</td>
<td>-0.66**</td>
<td>-0.42**</td>
<td>0.08**</td>
<td>-</td>
<td>0.78**</td>
<td>-0.17</td>
<td>-0.12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5-Normlessness</td>
<td>-0.66**</td>
<td>-0.59**</td>
<td>0.07**</td>
<td>0.63**</td>
<td>-</td>
<td>-0.07</td>
<td>-0.03</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6-Family support</td>
<td>0.57**</td>
<td>0.58**</td>
<td>0.03**</td>
<td>0.56**</td>
<td>0.67**</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td>0.83**</td>
</tr>
<tr>
<td>7-Friends support</td>
<td>0.69**</td>
<td>0.77**</td>
<td>0.24**</td>
<td>0.57**</td>
<td>0.66**</td>
<td>-</td>
<td>0.73**</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8-P. MIL (TOTAL)</td>
<td></td>
<td>-</td>
<td></td>
<td>0.07</td>
<td>0.45**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9-Psychological alienation (TOTAL)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-0.65**</td>
<td>-</td>
<td>-0.19*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10-Social support (TOTAL)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.76**</td>
<td>-0.46**</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. Correlations for community-dwelling elderly group (n=100) are to the left of and below the diagonal. Correlation for the institutionalized elderly group (n=100) are to the right of and above the diagonal. *p<0.05. **p<0.01.

Table (4): Regression analysis for predictors of meaning of life

<table>
<thead>
<tr>
<th>Predictors</th>
<th>Regression coefficient</th>
<th>SE</th>
<th>t</th>
<th>p</th>
<th>R²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alienation</td>
<td>-0.37</td>
<td>0.11</td>
<td>3.1</td>
<td>0.002**</td>
<td>0.05</td>
</tr>
<tr>
<td>Social support</td>
<td>1.35</td>
<td>0.16</td>
<td>8.9</td>
<td>0.002**</td>
<td>0.28</td>
</tr>
</tbody>
</table>

Discussion

Recently, there is a greater focus on providing psychological support for the elderly due to the risks associated with aging, such as loneliness, social isolation, physical and mental impairments. The study attempted to evaluate the perceived meaning in life, psychological alienation, and social support among older individuals living in the community compared to those living in institutions. This research did not discover a statistically significant difference regarding the level of meaning in life and its two dimensions: presence of meaning in life and search for meaning in life, contrary to what was anticipated. Lin, Xiao, Lan, Wen, and Bao (2020) and Hupkens et al. (2018) found that institutionalized old individuals had poorer levels of meaning of life compared to elderly individuals living with their relatives.

One possible explanation for this result is that when assessing the meaning in life at a specific moment, it is important to consider the life course perspective, which links the past, present, and expected future of elderly individuals (Derks, Bos, Laceulle, & Machielse, 2020). Furthermore, the two groups in the present study had numerous similar background characteristics, with the majority being without spouse and retired, factors that may have a negative impact on MIL.

Regarding the psychological alienation, the current study results showed that, the institutionalized elderly group reported higher level of psychological alienation and its components, social isolation, and normlessness, than community-dwelling elderly group. To some extent, similar findings found shown that older people living with their relatives experience less alienation compared to those residing in residential settings (Joseph, & Dash, 2020). Increasing alienation among institutionalized elderly group may be attributed to loss of spouse, friends, children, and grandchildren.

Interestingly, the current study findings showed no statistically significant difference
regarding powerlessness between the two groups. The Goffmanian theoretical approach (Goffman, 1967) explains this outcome, stating that social interactions both influence and are influenced by structures and situations. To be more specific, elderly people who are institutionalized may feel helpless because of a variety of limitations, including the particular characteristics that make up the entire institution, social control derived from rigid rules, being treated uniformly, and expected to participate in activities together, and strictly scheduled activities that rob people of their autonomy. Elderly people who live with their families may feel helpless due to issues with the health care system and financial limitations.

The study revealed that older adults living in institutions had lower levels of social support compared to those living in the community, aligning with Lin, Xiao, Lan, Wen, & Bao, (2020) findings in their study. Furthermore, the finding of a study done by Zoranić, Sajko, Županić, and Knežević (2022) who found that older individuals in residential homes felt they had limited social support and experienced social isolation. The limited social interaction in institutional elderly homes may be attributed to staff constraints, reduced contact with family and friends, and diverse cultural backgrounds of the elderly residents, making it challenging to connect with others.

The current study findings showed that meaning in life and social support were positively correlated in both groups this result is consistent with the finding of a study done by Lin et al., (2020) who found that social support was positively related to the meaning in life among community dwelling group and who resides in care homes. In addition, there was a strong negative statistically significant relation between psychological alienation and social support among both groups. In addition, there was a negative significant relation between psychological alienation and meaning in life among community dwelling group, but this relation was not significant among the institutionalized elderly group. This is partially in line with a study done by Golovechanova, Owiredua, Boersma, Andershed, and Hellfeldt, (2021) who found that the meaning in life and social support was negatively associated with psychosocial problems (e.g., feeling of emptiness) among elderly in residential homes. Consistently, the finding of a study done by Wu, et al. (2023) who found that alienation was negatively associated with social support. Several factors might explain this outcome. To start, social connections offer a framework for life's purpose. They arrange life experiences and give older people's lives meaning and purpose. Second, having a purpose in life could help prevent alienation, but in residential homes, its effectiveness may be restricted by several issues (previously mentioned) which shed the light on the importance of contextual factors and living arrangement for those elderly people.

The current study revealed that, alienation and social support are statistically significant predictors of meaning in life, this means that individuals who experience higher levels of alienation tend to report lower levels of meaning in life and Individuals with more social support from friends, family, and their community are likely to experience greater meaning and purpose. Similarly, ELshalash (2019) who discovered a positive correlation between the two factors—meaning of life and social support—among the elderly. Further reading: in a study done by Meléndez, Satorres, Cujíno, and Tomás, (2020), who claimed that among workers, alienation was inversely correlated with purpose in life. Lower feeling of purpose and drive were noted by alienated persons. This highlights the importance of belongingness and relationships for experiencing meaning and purpose in life. People find existential significance not only internally but also find it via their relationships and responsibilities to others around them. Social support may promote meaningfulness by caring about others, working together to achieve common goals, and having comparable values.

**Conclusion**

This study assessed meaning of life, psychological alienations, and social support as perceived by elderly people living in community versus those in residential homes and concluded that, the institutionalized elderly individuals experienced higher levels of psychological alienation and lower levels of social support compared to the community-

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dwellng group. However, the two groups experienced the same level of perceived MIL. 
Moreover, social support is considered as an important psychological experience that statistically significant correlated negatively with alienation and positively with meaning in life among both groups. Also, the study documented the strong negative correlation between alienation and meaning in life in the community dwelling groups. While no relation was found between alienation and meaning in life in the institutionalized groups.

**Strengths and Limitations**

The current study is considered one of the scarce studies that focus on the meaning in life, social support, and psychological alienation among elderly people in two different social contexts. The current study has some limitations. First, the sample of older adults was relatively small. Second, the sample was recruited by non-probability sampling method, so the sample representativeness was limited.

**Recommendation:**

- Random sampling method is recommended to obtain representative findings in further study.
- Further qualitative and longitudinal studies are recommended to examine the effect of change in meaning in life and the quality of social network among elders.
- Implementation of psychosocial nursing interventions to overcome the psychological alienation among elderly people living in different contexts.
- A specialized gerontological and mental health nurse should be recruited in long term care facilities in Egypt.
- Train caregivers for community-dwelling and institutionalized elderly on risks of social isolation and strategies to improve social integration.

**References**


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