

Evaluation of Hopelessness and Loneliness Among Healthcare Professionals in Different Areas of the Hospitals  
Hastanelerin Farklı Alanlarında Çalışan Sağlık Profesyonelleri Arasında Umutsuzluk ve Yalnızlığın Değerlendirilmesi

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**Abstract**

**Background:** Healthcare professionals face psychosocial and emotional challenges in different areas of the hospital environment. This study is aimed at exploring the loneliness and hopelessness levels of those working in different units in the hospital.

**Material and Method:** Nurses were the subjects enrolled in this study due to nurses being the largest group among health professionals in a variety of hospital environments. Nurses working at the psychiatry, surgery, and intensive care units in three hospitals in Istanbul were included in the survey. Nurses were administered UCLA Loneliness and Beck hopelessness scales.

**Results:** Mean loneliness scores of nurses who worked at psychiatry clinics were lower as compared to the scores of those who worked at surgery and intensive care units ( $p=0.007$ ). Mean loneliness scores of nurses who worked at surgery and intensive care units were similar. Mean hopelessness scores of the nurses who worked at psychiatry clinics were the lowest ones, and the mean hopelessness scores of nurses who worked at intensive care clinics were higher than the others ( $p=0.001$ ). There were positive correlations between measures of loneliness and hopelessness feelings across all the hospital units in the study ( $p=0.048$ ).

**Conclusion:** The loneliness and hopelessness levels of nurses were affected differently depending on the work settings and conditions. It is suggested for healthcare professionals of all sorts to pay greater attention to the loneliness and hopelessness at work.

**Keywords:** healthcare professional, nurse, hopelessness, loneliness

**ÖZ**

**Amaç:** Sağlık çalışanları, hastane ortamının farklı alanlarında psikososyal ve duygusal zorluklarla karşı karşıyadır. Bu çalışma, hastanenin farklı birimlerinde çalışanların yalnızlık ve umutsuzluk düzeylerini araştırmayı amaçlamaktadır.

**Gereç ve Yöntem:** Bu çalışma, sağlık profesyonelleri arasında çeşitli hastane ortamlarında en büyük grup olmaları nedeniyle hemşireler üzerinde yapılmıştır. Çalışmaya, İstanbul'da üç farklı hastaneden psikiyatri, cerrahi ve yoğun bakım ünitelerinde çalışan hemşireler dahil edildi. Hemşirelere UCLA Yalnızlık ve Beck Umutsuzluk ölçekleri uygulandı.

**Bulgular:** Psikiyatri kliniklerinde çalışan hemşirelerin ortalama yalnızlık seviyeleri ameliyathane ve yoğun bakım ünitelerinde çalışanlara göre daha düşüktü ( $p=0.007$ ); ameliyathane ve yoğun bakım ünitelerinde çalışan hemşirelerin ortalama yalnızlık seviyeleri ise benzerdi. Psikiyatri kliniklerinde çalışan hemşirelerin umutsuzluk ölçeği puan ortalamaları en düşükken, yoğun bakım kliniklerinde çalışan hemşirelerin umutsuzluk ölçeği puan ortalamaları ise diğerlerinden daha yüksekti ( $p=0.001$ ). Çalışmadaki tüm birimlerde yalnızlık ve umutsuzluk seviyeleri arasında pozitif korelasyon vardı ( $p=0.048$ ).

**Sonuç:** Hemşirelerin yalnızlık ve umutsuzluk düzeyleri çalışma ortamı ve koşullarına bağlı olarak farklı şekilde etkilenmektedir. Her türden sağlık profesyonelinin iş yerindeki yalnızlık ve umutsuzluğa daha fazla dikkat etmesi önerilir.

**Anahtar Kelimeler:** sağlık çalışanı, hemşire, umutsuzluk, yalnızlık

## INTRODUCTION

People experience numerous emotions and different combinations of these emotions in their workplaces (1). Emotional intensity can be expressed in many ways; however, all the emotions refer to a certain value that they belong to positive or negative. In other words, all emotions point out that one should abstain from or get near to the object perceived. Negative and positive stimuli are not equal; negative stimuli are processed faster and more efficiently than positive stimuli. (2).

Since an important part of life is spent at the places where people work; work setting plays a crucial role in one's life. In work settings, there may be conditions that cause worries and suspicions, threaten future hopes and expectations, and lead to resentments and fights, which -in turn- affect health negatively by producing physiological and psychological pressure on individuals (2). Therefore, it is emphasized that work settings conditions are important in protecting and maintaining health of workers (3, 4).

Recently, researchers have noted a significant increase in the chronic and debilitating state of work-related stress, that is nothing less than a public health crisis. Hospital setting is a place full of stressors for healthcare professionals and the stress healthcare workers experience may eventually lead to burnout (2-4). Loneliness, or feeling disconnected from others is an important psychological construct and almost universally a consequence of burnout. As a reciprocal one, hopelessness indicates negative expectations regarding oneself and one's future life and a negative emotional state characterized by the lack of finding a solution for one's problems.

Nurses are the largest group among healthcare professionals in a variety of hospital environments. Therefore, this study is aimed at exploring the loneliness and hopelessness levels of the nurses working in different areas of the hospitals.

## MATERIALS AND METHODS

The current study was undertaken at three different hospitals in Istanbul. With a sample proportion of 0.80, a sample size of 82 nurses who worked at intensive care, psychiatry, and surgical clinics, and volunteered to participate, were recruited for the study. The data were collected through face-to-face interviews with nurses. As data collection tools, a questionnaire form, UCLA Loneliness Scale and Beck Hopelessness Scale were used. The questionnaire form included questions addressing socio-demographic characteristics and professional characteristics of the nurses.

UCLA Loneliness Scale (UCLA-LS): UCLA (University of California, Los Angeles) Loneliness

Scale was developed by Russell, Peplau and Ferguson in 1978. It is 20-item measure that assesses how often a person feels disconnected from others. The scale was revised by Russell, Peplau and Cutrona (5) in 1980 and by Russell (6) in 1996 for the last time. It is a 4-point Likert type scale (1 = never; 2 = rarely; 3 = sometimes; 4 = always.); the lowest score from UCLA-LS is 20 whereas the highest score is 80 (7). High scores indicate high level of disconnection from others. The total loneliness score can be categorized as one of four levels: not lonely, moderate loneliness, severe loneliness, and very severe loneliness (8). The validity and reliability tests of Turkish version of the scale, were performed by Yaparel in 1984 and Demir in 1989 (7-9).

Beck Hopelessness Scale: It was developed by Beck et al. in 1974 (10). The Turkish version of the scale was prepared by Seber (1991) and Durak (1994) (11,12). It is a 20-item self-report inventory designed to measure three major aspects of hopelessness: feelings about the future, loss of motivation, and expectations. It measures the extent of the respondent's negative attitudes, or pessimism, about the future. It is assumed that high score indicates high level of hopelessness among individuals (10,12).

## Statistical Analysis

For the statistical assessments of the study data, IBM SPSS Statistics 19.0 statistical software was used (13). The descriptive statistics of the data were presented as percentages, arithmetical means, standard deviations, median, minimum, and maximum values. Shapiro-Wilk normality test was employed whether the data followed a normal distribution. Since the data did not follow a normal distribution; Mann Whitney U test was used for dependent pairwise group comparisons while Kruskal Wallis test was used for comparisons of more than two dependent groups. Spearman correlation analysis was done to test direction and strength of the correlations among the scales. The level of statistical significance was set at  $p < 0.05$ .

## RESULTS

Table 1 demonstrates the descriptive characteristics of the nurses. Among the participants, 47.5% of them were aged between 19 and 24 years, 82.9% of them were female and 61.0% of them had undergraduate degree. 46.3% of the nurses had a total professional experience of 1-5 years, 42.7% of them were employed at the current health facility for 1-4 years and 39.1% of them worked at intensive care clinics.

Table 2 demonstrates the mean loneliness scores of the nurses in different clinics. It was determined that the mean loneliness scores of nurses who worked at psychiatry clinic were lower than the mean loneliness scores of the others ( $p=0.007$ ).

**Table 1.** The socio-demographic characteristics and professional characteristics of the nurses.

<b>Descriptive Characteristics</b>	<b>Number</b>	<b>%</b>
<b>Age</b>		
19-24 years	39	47.5
25-29 years	15	18.3
30-35 years	10	12.2
≥36 years	18	22.0
<b>Gender</b>		
Female	68	82.9
Male	14	17.1
<b>Educational Status</b>		
Vocational high school degree	19	23.1
Associate degree	13	15.9
Undergraduate degree	50	61.0
<b>Duration of professional experience</b>		
Less than a year	13	15.9
1-5 year	38	46.3
6-10 year	11	13.4
≥11 year	20	24.4
<b>Clinic where nurses worked</b>		
Psychiatry	23	28.0
Surgery	27	32.9
Intensive care	32	39.1
<b>Duration of work at the clinic where they currently worked.</b>		
Less than a year	33	40.2
1-4 years	35	42.7
5-8 years	9	11.0
≥9 years	5	6.1
<b>Total</b>	<b>82</b>	<b>100.0</b>

Table 3 demonstrates the mean hopelessness scores of the nurses in different clinics. It was determined that the mean hopelessness scores of the nurses who worked at psychiatry clinic were the lowest and the mean hopelessness scores of the nurses who worked at intensive care clinic were highest ( $p=0.001$ ).

Table 4 demonstrates the correlation between the scores of the loneliness and hopelessness scales of the nurses. It was determined that there was a positive and moderate correlation among the scores of loneliness and hopelessness scales ( $p=0.048$ ).

**Table 2.** The mean loneliness scores of the nurses in different clinics.

Clinics where nurses worked	N	Mean±SD	Median (Min-Max)	Test
Psychiatry*	23	41.47±5.48	40.00 (34-52)	KW=9.797 p=0.007
Surgery	27	46.55±6.00	47.00 (30-59)	
Intensive care	32	46.03±7.57	45.00 (29-60)	

\* Indicates the statistical significance (p<0.05).

**Table 3.** The mean hopelessness scores of the nurses in different clinics.

Clinics where nurses worked	N	Mean±SD	Median (Min-Max)	Test
Psychiatry	23	8.82±1.43	9.00 (6-13)	KW=13.936 p=0.001
Surgery	27	9.77±2.62	9.00 (2-15)	
Intensive care*	32	11.25±2.98	10.00 (7-20)	

\* Indicates the statistical significance (p<0.05).

**Table 4.** Correlation between the scores of the loneliness and hopelessness scales of the nurses.

Scales	Loneliness	Hopelessness
Loneliness	-	r=0.185** p=0.048
Hopelessness	r=0.185** p=0.048	-

\*\*Spearman correlation analyses were performed.

## DISCUSSION

In the current study, it was found that nurses who worked at these clinics experienced a moderate level of loneliness. Loneliness is not only related to the ordinary daily life of individuals, but also to business life. Establishing healthy and strong interpersonal relationships is an important part of professional life. Loneliness is not only related to the ordinary daily life of individuals, but also to work life. Establishing healthy and strong interpersonal relationships is an important part of professional life. Loneliness is a psychological state that results from deficiencies experienced in professional life is a situation that in a person's social relationships (8). The reason for loneliness is the weak social relations of the person and the dissatisfaction with these relations. Loneliness experienced in professional life is different from ordinary everyday loneliness and may only affect the work environment. In other words, a person who develops very satisfying and healthy relationships in ordinary life and does not have feelings of loneliness may have difficulty in developing social relationships in work life and may experience loneliness (14). Nursing profession is a health discipline that provides continuous service to

individuals who need healthcare and their relatives. Especially in facilities with inpatient services, since nurses accompany patients 24 hours a day, they are the nurses that individuals with health problems can reach most easily (4).

It was determined that the average loneliness scores of nurses working in psychiatry clinics were lower than those working in surgery and intensive care clinics, but the average loneliness scores of nurses working in surgery and intensive care clinics were similar. Different health disciplines may have different challenges, which can affect loneliness levels differently. The working environment in psychiatry clinics offers therapeutic features in favor of healthcare team members and patients. The therapeutic environment in psychiatry clinics is an ideal and dynamic environment that helps individuals return to their normal social lives as soon as possible, improves their self-confidence and relationships with others, and develops their abilities and skills (15). Since psychiatry clinics are built in this context, they have numerous advantages over other clinics for the healthcare team. Psychiatric nursing is a special field of the nursing profession. Psychiatric nursing includes professional skills such as being aware of

emotions, thoughts and behaviors, developing therapeutic communication, analytical thinking and problem solving, and developing new attitudes in new situations. (15). It may be argued that nurses who are trained and work in this field can integrate these professional skills into their professional life and – thus- may experience negative feelings such as loneliness less.

Surgical clinics and intensive care units are technologically complex and complicated settings. These are the places in which nursing care is needed most because there is a high number of patient population and patients are dependent on nurses to meet personal needs. Due to heavy work burden, life threatening situations and necessity to decide quickly; it is difficult to find sufficient time for social interaction at these clinics (16,17). In particular, the features of intensive care environments such as being a closed area from the outside reduce the possibility of meeting new people other than patients. Therefore, all of these may cause nurses working in these environments to feel a higher level of loneliness.

It was found that the mean hopelessness scores of the nurses who worked at intensive care clinics were higher than the others. Hope is a positive expectation to realize a goal about future while hopelessness is negative. Hopelessness is having believes that individuals cannot overcome their failures and solve their problems because they have a negative approach, although they attribute wrong meanings to their experiences without a realistic reason and do not fight enough for their goals. The difficulties of the health system (hospital routines, patient care, witnessing death) negatively affect health workers. (18). Intensive care units are special places that provide continuous care to critically ill patients equipped with the highest level of technology. At the same time, intensive care units are places where clinical tension and work pressure are intense. The fact that it has a different structure from other clinical services, patients are in critical condition, professional relations between the healthcare team, working in a place where tension can occur at any time can cause a certain stress among nurses (19). On the other hand, dealing with patients and their families suffering physically, emotionally, and psychologically and witnessing death frequently is exhausting and painful. Nurses who identify themselves with patients or feel inadequate, causing them to experience hopelessness.

In the study, it was determined that there was a positive correlation between the feelings of loneliness and hopelessness. The individual who feels lonely may also fall into hopelessness (20). While loneliness is a state in which the adaptation to the environment is impaired, the individual feels lonely and is not understood, hopelessness is a state in which unhappiness prevails. It includes loneliness, hopelessness and unhappiness and harms the individual (21-23). In this study, since most of the nurses experienced loneliness, they may have also developed a sense of hopelessness.

The descriptive characteristics of the nurses and the mean scores of loneliness and hopelessness were compared, but no statistically significant difference was found. In some previous studies, no relationship was found between descriptive features and loneliness (24,25).

The main limitation of this study is the sample size and it used only those in the nursing profession. Subsequent studies with larger sample sizes to include other healthcare professionals in different fields would strengthen the discussion of this study.

In conclusion, since the healthcare is a personal service provided by one human being to another, it needs healthy professionals to address the needs of those being treated in the healthcare environment. In the current study, the loneliness and hopelessness levels of healthcare professionals were affected differently depending on the work settings and conditions. The quality of work life for those who are employed by facilities that operate in crucial fields such as the healthcare sector should not be neglected. It is highly important to improve the conditions of clinics such as those related to intensive care and surgical services. It is essential for the healthcare professionals experiencing loneliness and hopelessness at work to understand workplace burnout, and to best navigate the workplace experience in a healthy way.

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