

Social Isolation: The Association Between Low Life Satisfaction and Social Connectivity

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Introduction

Social support is viewed as a buffering mechanism when people are in crisis. The concept that emotional and physical well-being are sustained through supportive networks is well-accepted. This is particularly true when the crisis is a life-altering surgery such as ostomy surgery. The absence of social support may result in an inability to form effective coping and adaptive behaviors necessary to re-establish norms. Decreasing social support may be indicative of social isolation: a social disconnect associated with adverse health and life quality effects. This study examined the relationship between social isolation and life satisfaction in a sample of adult ostomates who are less than 24 months postsurgery ($n=663$). The sample was further subset to reflect those in which there was evidence of an immediate social support network ($n=540$).

Methods

A life satisfaction index was compiled from the Ostomy Comprehensive Health and Life Assessment.¹ It consisted of Likert-style questions regarding satisfaction with social life, family life, leisure time, financial situation, overall contentment, and the reported negative or positive effect the stoma has had on the life of the respondent. Cronbach's alpha, as a measure of reliability, was assessed at 0.83. In addition, Hawthorne's index of social isolation² was incorporated to assess whether social isolation is indicated.

Results

The data showed that 19.7% of the assessment respondents demonstrated some degree of social isolation; a score of ≤ 3.5 , on a 1 (low) to 5 (high) scale. However, of interest in this study is the association between low life satisfaction and social connectivity. To this end, the study assessed two groups. The first group consists of those in which a negative life satisfaction is expressed. They perceive that the stoma has a negative effect on their lives. They are also identified as being socially isolated. The second group contains all others. The data shows that 79% of those with a negative life satisfaction index score, in which the stoma is perceived to

have a negative effect on their lives, demonstrated some degree of social isolation (53 of 67 respondents). Of the 53, 41 have the potential for an immediate support network. In comparison, only 5% of those with a positive life satisfaction index score and the perception that the stoma has a positive effect on their lives are indicated as being socially isolated (8 of 157 respondents).

Table 1 (shown below) represents those with the potential for immediate support networks in the various assessed categories.

Table 1: Dissatisfaction with life factors

Respondents indicating dissatisfaction	Group 1 Percent	Group 2 Percent	Odds Ratio	<i>p</i> -value
With sexual life	70.4%	28.8%	5.86	<0.001
With social life	80.5%	7.7%	49.26	<0.001
With life with spouse/partner	15.8%	1.5%	12.08	<0.001
With family life	24.4%	1.4%	21.93	<0.001
With leisure time	73.2%	7.7%	32.47	<0.001
With financial situation	73.2%	19.9%	9.74	<0.001
Overall contentment	95.1%	8.9%	200.00	<0.001

Group 1: ($n = 41$): negative life satisfaction index score, stoma perceived to have a negative effect on their life, and indicated as demonstrating social isolation, but not living alone pre- or post-surgery.

Group 2: ($n = 499$): all others

The study found that social isolation was not exclusive to those living alone both prior to and after surgery, but also manifests itself in those with the potential for immediate social support structures. In these individuals, the social disconnect was symptomatic of alienation on many levels. Table 2 (shown below) presents a further investigation into this issue. For those in Group 1, there also was less emotional support.³

Discussion

Social isolation can manifest itself in many forms, and is not the exclusive domain of those living alone. For a small percentage of new ostomates with the potential for an immediate support network, social isolation will be found. The data from this study indicates that it is associated with a negative life satisfaction and with the perception that the stoma has a negative effect on their life. These individuals were shown to have decreased satisfaction with quality of life issues, such as sexual life, social life, life with spouse/partner, family life, leisure time, financial situation, and overall contentment. In addition, these individuals also demonstrate an alienation of emotional support.

Table 2 : Emotional support

Emotional support	Group 1 Percent	Group 2 Percent	p-value
<i>There is:</i>			
Someone to listen to me when I feel the need to talk	34.1%	80.2%	<0.001
Someone to confide in or talk to about my problems	34.2%	80.9%	<0.001
Someone to share my most private worries and fears with	31.7%	77.6%	<0.001
Someone who understands my problems	29.3%	72.8%	<0.001
A statistically significant difference is noted between groups.			
Group 1: (<i>n</i> = 41): negative life satisfaction index score, stoma perceived to have a negative effect on their life, and indicated as demonstrating social isolation, but not living alone pre- or post-surgery.			
Group 2: (<i>n</i> = 499): all others			

Conclusions

The study presents a look into the inter-relationship between life satisfaction, the perception of the effect of the stoma, and social isolation. It does not purport causality, only that negative associations exist and can manifest themselves in a segment of the population with the potential for immediate support structures. The lack of social connectivity is a factor

found to affect quality of life issues in those who have undergone ostomy surgery. Because the lack of social connectivity is identifiable, healthcare providers may incorporate counseling into their treatment regimens to help ostomates overcome the negative impact of this.

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