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The loneliness of older adults being cared for by live-in migrant workers and their dyadic relationship: A mixed-methods study

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Background

The World Health Organization highlights the need for global collaboration for healthy aging among older people [1]. However, loneliness and social isolation among older people are widespread nowadays and recognized as the foremost public health problems globally and locally [2]. Hong Kong, which has the world's longest life expectancy, is inevitably facing these issues. Migrant domestic workers (MDWs) provide round-the-clock services for older people globally, making up for dwindling support from family members.

Objectives

This study aimed to explore how dyadic relationship quality between older adults and live-in MDWs is associated with older adult loneliness [3], and to examine the lived experiences of loneliness and social isolation among older adults in Hong Kong [4].

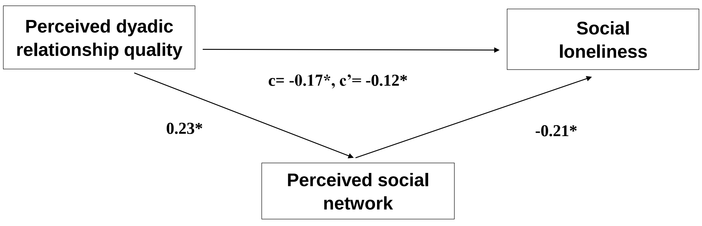
Methods

A mixed-methods study was conducted from 2021 to 2024. Convenience sampling of older adults aged ≥60 living with MDWs was recruited from 34 Elderly Community Centres in Hong Kong for a face-to-face survey. The survey comprised several well-validated scales, e.g., the De Jong Gierveld Loneliness Scale, the Mutuality Scale, and the Lubben Social Network Scale. Some demographics, e.g., subjects' age, marital status, educational level, living arrangement, MDW's nationality, spoken language, and years of service, were adjusted in the analysis. Purposive sampling was used to select subjects with varying levels of loneliness and social isolation for in-depth interviews. Face-to-face semi-structured individual interviews were conducted with consent for audio recording. Interpretative phenomenological analysis was adopted for data analysis of transcripts.

Results

288 and 19 eligible elderly people participated in the survey and in-depth interviews, respectively. In mediation analysis, the standardized coefficient of the total effect of perceived dyadic relationship quality on social loneliness was -0.17, with a direct effect of -0.12. The standardized coefficient of perceived dyadic relationship quality to the perceived social network was 0.23, and the coefficient of the perceived social network to social loneliness was -0.21 (Figure 1). All these paths were significant.

Figure 1. The mediation analysis of the perceived dyadic relationship quality, perceived social network, and social loneliness



**p<0.05. Standardized coefficients of each arrow. c=Total effect of perceived dyadic relationship quality on Social loneliness. c' = Direct effect of perceived dyadic relationship quality on Social loneliness. The analysis was adjusted by age, marital status, educational level, living with family, functional capacity, migrant worker's nationality, migrant worker's spoken language, and migrant worker's serving years.*

Six interconnected themes concerning older adults' perceived loneliness were identified from the interviews' analysis: relational interaction with MDWs, functional performance of MDWs, physical deteriorations of older adults, social networks of older adults, familial relationships of older adults, and psychological support perceived by older adults, with subthemes (Table 1).

Table 1. The perceived loneliness of older adults being cared for by live-in migrant workers

Core theme	Interconnected Themes	Subthemes
Should I stay at home alone?	Established relational interaction with MDWs	• Approximate family companionship and care • Trust and sharing initiate emotional attachment • Merely employer-employee relations avoid interaction • Behaviors influence communication and relationships
	Enjoyed functional assistance and support from MDWs	• Assist in daily domestic work • Provide physical care and support • Accompanying safety outings for activities • (Un)Willing to work outside normal hours
	Deterioration in physical functions and mobility limitations	• Fear of falls and injury • Inability to go on outings
	Experience of inadequate social support and networks	• Superficial relationships among neighbors and social friends • Diminished social support and social activities
	Altered family dynamics and support	• Strained family relationships • Loss of family support • Family's unavailability for in-person visits
	Experience of negative and complex emotions	• Experienced helplessness • Feelings of emptiness (physical and emotional)

Conclusion

The study results suggested that enhancing the perceived dyadic relationship quality (Elderly/MDW) in elderly care will support older people's social networks and address perceived loneliness among older adults. After understanding the lived experience of loneliness and social isolation among older adults locally, the government, non-governmental organizations, and healthcare institutions are recommended to establish appropriate strategies and integrated services to foster healthy aging and improve older adults' lives, as well as support from families and communities.

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