

## A STUDY BASED ON DETERMINING THE LONELINESS LEVELS OF HOSPITAL EMPLOYEES

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### ABSTRACT

**I**n this study, it is aimed to determine the loneliness levels of private hospital employees and examine whether there is demographic difference in their loneliness level. The study was done in May 2016 in a private hospital and its subsidiaries, located in Istanbul. According to the findings, average loneliness score of emotional deprivation was found to be 2.13, and average loneliness score of social friendship was found to be 2.15. The general loneliness average was found to be 2.14. According to these results, it is possible to argue that the loneliness levels of the participants in the workplace are relatively low. What is more, loneliness at work only shows variance between gender and social friendship. In conclusion, it was found that loneliness at work does not show variance in terms of age, education, marital status, and tenure. This result can be considered as a positive condition for hospitals.

**Keywords:** Loneliness, Loneliness at Workplace, Work, Healthcare, Hospital

## 1. Introduction

Humans are social creatures and they need to form satisfactory, meaningful, and healthy relations with other people. If it is not achieved, they may experience emotional and physical problems (Doğan, Çetin and Sungur, 2009:272). Increase in the population, developments in the technology, and new forms of modern city life, which increased the tendency toward individualization, have made loneliness a bigger problem (Demirbaş and Haşit, 2016:138).

Loneliness can be defined as the inability of establishing social relations and inadequacy in interpersonal relations (Tabanlı and Korumaz, 2014:32). According to another definition, loneliness is a psychological state derived from the lack of satisfactory social relations (Lam and Lau, 2012:4266). Moreover, Ernst and Cacioppo (1999:1) defined loneliness as the absence of complex set of emotions, involving sincerity and social needs.

Loneliness at work is different from loneliness in general, and it can only be seen in the workplace. Individuals having satisfactory and healthy social relationships in their daily life and not experiencing the feeling of loneliness may have troubles in establishing relations and obtaining social support in their work environment. Therefore, these factors may lead to experiencing the senses of loneliness and exclusion in the workplace (Doğan, Çetin and Sungur, 2009:272). Loneliness in the workplace has two aspects: emotional loneliness and social loneliness (Demirbaş and Haşit, 2016:139). These aspects are explained below (Mercan et al., 2012:217-218):

- Emotional loneliness tends to be related to employees' avoidance to share his-her feelings and thoughts with others, and putting some distance with coworkers. Employees experiencing emotional loneliness give the impression of they are excluded by their coworkers and experience a general sense of emptiness.
- On the other hand, employees who suffer from social loneliness tend not to participate in a social network and they tend to see themselves as detached from the social network. Employees, who cannot easily establish communication with others and not interested in social activities, can be thought as experiencing social loneliness. Communication incompetence is an important factor for social loneliness.

Understanding and examining the cause and effect relation of loneliness is difficult because the phenomenon of loneliness is related to more than one individual, social, and organizational variable at the same time (Tabanlı and Korumaz, 2015:178). In this study, it is aimed to determine the loneliness levels of private hospital employees and examine whether there is demographic difference in their loneliness level.

## **2. Methods**

The study was done in May 2016 in a private hospital and its subsidiaries located in Istanbul. The population of the study is based on the employees of this private hospital. Survey methodology was used to collect data, and 136 valid surveys were taken into consideration.

The survey form used in the study has two parts. The first part is related to demographic information of the participants. The second part is related to statements focusing on determining the loneliness levels of participants. These statements are taken from “Loneliness at Work Scale - LAWS” developed by Wright, Burt and Strongman (2006). Reliability and validity of the scale were examined by the authors. The scale has two parts (1) emotional deprivation, and (2) social companionship.

There are nine statements related to emotional deprivation, and seven statements related to social companionship. Cronbach’s Alpha coefficient was calculated in order to determine the reliability of the scale. Cronbach’s Alpha coefficient for emotional deprivation is 0.90, for social companionship it is 0.89, and 0.93 for the scale in total. Five point Likert scale was used to measure the factors (1= Totally Disagree, 2= Disagree, 3= Neither Agree nor Disagree, 4= Agree, and 5= Totally Agree).

5<sup>th</sup>, 6<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup>, 12<sup>th</sup>, 14<sup>th</sup>, 15<sup>th</sup>, and 16<sup>th</sup> statements in the questionnaire are reverse coded. In data analysis, SPSS 23.0 statistical package program was used. In data analyses, frequency, percentage distribution, mean, and standard deviation were calculated. According to Kolmogorov-Smirnov test, it was seen that the data were not normally distributed ( $p < 0.05$ ). Therefore, in demographic evaluations, Mann Whitney-U test was used to compare to independent groups, and Kruskal Wallis-H test was used to compare three or more independent groups. The level of significance was 5 percent, and confidence interval was 95 percent.

### 3. Findings

Findings are given below

**Table 1: Demographic Characteristics**

Variables		Frequency	Percent (%)
<b>Gender</b>	Female	80	58.8
	Male	56	41.2
	<b>Total</b>	<b>136</b>	<b>100.0</b>
<b>Age Groups</b>	25 and under	66	48.5
	26-35	50	36.8
	36 and higher	20	14.7
	<b>Total</b>	<b>136</b>	<b>100.0</b>
<b>Education</b>	High school	27	19.9
	Associate degree	40	29.4
	Undergraduate	49	36.0
	Graduate	20	14.7
	<b>Total</b>	<b>136</b>	<b>100.0</b>
<b>Marital Status</b>	Single	96	70.6
	Married	40	29.4
	<b>Total</b>	<b>136</b>	<b>100.0</b>
<b>Occupation</b>	Doctor	12	8.8
	Administrative Staff	66	48.5
	Health Staff	45	33.1
	Technical and Support Staff	13	9.6
	<b>Total</b>	<b>136</b>	<b>100.0</b>
<b>Tenure</b>	1-5 Years	98	72.1
	6 Years and higher	38	27.9
	<b>Total</b>	<b>136</b>	<b>100.0</b>

Demographic characteristics (frequencies and percentages) of the participants were shown in Table 1.

**Table 2: Loneliness Level of Employees at Work**

Dimensions	N	Mean	Std. Deviation
Emotional Deprivation	136	2.13	0.76
Social Companionship	136	2.15	0.76
<b>Loneliness at Work General</b>	<b>136</b>	<b>2.14</b>	<b>0.70</b>

According to Table 2, average score of loneliness in emotional deprivation was found to be 2.13, and average score of loneliness in social companionship was found to be 2.15. The general average was found to be 2.14.

**Table 3: Gender-Based Comparison of Loneliness at Work**

Dimensions	Gender	N	Mean	Std. Deviation	Mean Rank	U	p
Emotional Deprivation	Female	80	2.07	0.71	64.66	1933.00	0.17
	Male	56	2.23	0.81	73.98		
	<b>Total</b>	<b>136</b>	<b>2.13</b>	<b>0.76</b>			
Social Companionship	Female	80	2.03	0.69	62.61	1768.50	<b>0.04</b>
	Male	56	2.32	0.82	76.92		
	<b>Total</b>	<b>136</b>	<b>2.15</b>	<b>0.76</b>			

In Table 3, gender-based comparison of loneliness at work is shown. When the results are examined, it can be seen that there is a significant difference between male and female participants under social companionship dimension ( $p < 0.05$ ), whereas there is not a significant difference for gender under emotional deprivation dimension ( $p > 0.05$ ).

**Table 4: Comparison of Loneliness at Work Across Age Groups**

Dimensions	Age	N	Mean	Std. Deviation	Mean Rank	$X^2$	p
Emotional Deprivation	25 and under	66	2.30	0.91	74.86	4.65	0.10
	26-35	50	2.03	0.60	65.86		
	36 and higher	20	1.85	0.36	54.10		
	<b>Total</b>	<b>136</b>	<b>2.13</b>	<b>0.76</b>			
Social Companionship	25 and under	66	2.19	0.83	68.43	1.89	0.39
	26-35	50	2.20	0.73	72.65		
	36 and higher	20	1.91	0.50	58.35		
	<b>Total</b>	<b>136</b>	<b>2.15</b>	<b>0.76</b>			

In Table 4, loneliness levels of participants are examined in terms of their age. When it is examined, no significant difference was found in terms of age. In other words, loneliness at work does not show statistical significant across different age groups ( $p > 0.05$ ).

**Table 5: Comparison of Loneliness at Work in Terms of Education**

Dimensions	Education	N	Mean	Std. Deviation	Mean Rank	X <sup>2</sup>	p
Emotional Deprivation	High school	27	2.16	0.99	68.20	1.70	0.64
	Associate degree	40	2.20	0.71	73.64		
	Undergraduate	49	2.15	0.79	68.07		
	Graduate	20	1.93	0.27	59.68		
	<b>Total</b>	<b>136</b>	<b>2.13</b>	<b>0.76</b>			
Social Companionship	High school	27	2.42	0.97	77.67	2.63	0.45
	Associate degree	40	2.14	0.78	68.25		
	Undergraduate	49	2.09	0.65	67.46		
	Graduate	20	1.95	0.55	59.18		
	<b>Total</b>	<b>136</b>	<b>2.15</b>	<b>0.76</b>			

In Table 5, loneliness levels of participants are given in terms of their education. When it is examined, no significant difference was found in terms of education. In other words, loneliness at work does not show statistical significant across different education levels ( $p>0.05$ ).

**Table 6: Comparison of Loneliness at Work in terms of Marital Status**

Dimensions	Marital Status	N	Mean	Std. Deviation	Mean Rank	U	p
Emotional Deprivation	Single	96	2.16	0.79	69.26	1847.00	0.73
	Married	40	2.08	0.68	66.68		
	<b>Total</b>	<b>136</b>	<b>2.13</b>	<b>0.76</b>			
Social Companionship	Single	96	2.11	0.75	66.24	1703.50	0.30
	Married	40	2.26	0.77	73.91		
	<b>Total</b>	<b>136</b>	<b>2.15</b>	<b>0.76</b>			

In Table 6, loneliness levels of participants are given in terms of their marital status. When it is examined, no significant difference was found in terms of marital status. In other words, loneliness at work does not show statistical significant across different marital status ( $p>0.05$ ).

**Table 7: Comparison of Loneliness at Work in Terms of Occupation**

Dimensions	Occupation	N	Mean	Std. Deviation	Mean Rank	X <sup>2</sup>	p
Emotional Deprivation	Doctor	12	1.86	0.29	55.25	5.56	0.14
	Administrative Staff	66	2.06	0.80	63.40		
	Health Staff	45	2.28	0.81	75.44		
	Technical and Support Staff	13	2.26	0.57	82.58		
	<b>Total</b>	<b>136</b>	<b>2.13</b>	<b>0.76</b>			
Social Companionship	Doctor	12	1.83	0.37	53.17	4.78	0.19
	Administrative Staff	66	2.10	0.75	66.06		
	Health Staff	45	2.21	0.81	71.21		
	Technical and Support Staff	13	2.49	0.80	85.65		
	<b>Total</b>	<b>136</b>	<b>2.15</b>	<b>0.76</b>			

In Table 7, loneliness levels of participants are given in terms of their occupation. When it is examined, no significant difference was found in terms of occupation. In other words, loneliness at work does not show statistical significant across the different occupations within the hospital ( $p>0.05$ ).

**Table 8: Comparison of Loneliness at Work in Terms of Tenure**

Dimensions	Tenure	N	Mean	Std. Deviation	U	p
Emotional Deprivation	1-5 Years	98	2.17	0.83	1747.50	0.58
	6 Years and higher	38	2.04	0.52		
	<b>Total</b>	<b>136</b>	<b>2.13</b>	<b>0.76</b>		
Social Companionship	1-5 Years	98	2.12	0.76	1689.50	0.40
	6 Years and higher	38	2.23	0.76		
	<b>Total</b>	<b>136</b>	<b>2.15</b>	<b>0.76</b>		

In Table 8, loneliness levels of participants are given in terms of their tenure. When it is examined, no significant difference was found in terms of tenure. In other words, loneliness at work does not show statistical significant across different tenure levels ( $p>0.05$ ).

#### 4. Discussion and Conclusion

In conclusion, it was determined that loneliness at work levels of the participants are low both in each aspect, and in general. This situation is very positive for hospitals. Moreover, these results might be explained by the existence of other factors that can influence loneliness at work. Below, previous studies done on loneliness at work in different sectors are discussed in order to understand the phenomenon better. Lam and Lau (2012:4273-4276), and Keser and Karaduman (2014:194) argued that loneliness at work is negatively related to organizational citizenship behavior. In other words, employees, who suffer from loneliness at work, are less likely to perform organizational citizenship behaviors. Yılmaz and Arslan (2013:64) noted that there is a negative relationship between sub-dimensions of loneliness at work and life satisfaction. Specifically, feeling lonely at work causes to decrease in life satisfaction. Furthermore, Ayazlar and Güzel (2014:322-323) found that loneliness at work is negatively related to organizational commitment, which means that employees experiencing loneliness at work are less likely to show commitment to their organizations. Demirbaş and Haşit (2016: 148) claimed that there is a positive relationship between loneliness at work and turnover intention. In other words, employees, who feel lonely at work, are more likely to quit their jobs. Ay (2015:1122-1124) suggests that there is a moderate and positive relationship between loneliness and organizational cynicism. In short, loneliness increases organizational cynicism. According to Eroğlu and Yılmaz (2015:297-300), loneliness at work influences the perceived organizational climate in a negative way. Specifically, people having loneliness at work are more likely to perceive organizational climate negatively. Drawing upon the studies discussed above, loneliness at work, which has significant influence on organizational trust, job satisfaction, job performance (Demirbaş and Haşit: 2016:139; Lam and Lau, 2012:4266), is an important issue for hospitals as well.

In this study, it was seen that women experience more loneliness at work than men. When the studies done in different sectors are examined, Oğuz and Kalkan (2014:791-792), Keser and Karaduman (2014:190), Yılmaz and Arslan (2013:63), and Wright (2012:54-56) argued that loneliness at work does not show significant variation in terms of gender. On the other hand, Demirbaş and Haşit (2016:147) found a significant variation for loneliness at work in terms of gender. According to the results, there is not a statistically significant difference among age groups in terms of perceived loneliness at work. However, it can be argued that loneliness levels decreases with age. Specifically, the older employees tend to experience lower levels of loneliness at work, compared to younger employees. When the other studies done on loneliness at work in different sectors are examined, it is seen that the results are similar. For instance, Demirbaş and Haşit (2016:147) also found that there is not a statistically significant variation among age groups in terms of loneliness at work level, which supports our findings. On the other hand, Keser and Karaduman (2014:188) found a statistically significant variation among age groups for social companionship dimension, whereas they could not find a statistically significant variation for emotional deprivation. Moreover, results showed that there is not a significant difference in employees' perceived loneliness at work in terms of education. Specifically, the employees with higher levels of education tend to experience lower levels of loneliness at work, compared to employees with lower levels of education. When the other studies done on loneliness at work in different sectors are examined, it is seen that the results are similar. Keser and Karaduman (2014:190) also found that education does not show statistically significant variation for loneliness at work, which support our findings. On the other hand, Bakioğlu and Korumaz (2014:37) found that loneliness at work shows statistically significant variation in terms of education. What is more, employees' loneliness at work level does not show a significant variation in terms of marital status.



However, according to results, it can be seen that married employees' emotional deprivation scores are lower than those of single employees. On the other hand, single employees' social companionship scores are lower than those of married employees. This result can be explained by the fact that single employees have more spare time for themselves. Single employees, compared to married employees, have more chance to meet each other outside the work, which may lead to forming more social companionship relations. When the other studies done on loneliness at work in different sectors, Yılmaz and Aslan (2013:63) could not find any significant difference for emotional deprivation, whereas they found significant variation for social companionship, which does not support our results. Similarly, Demirbaş and Haşit (2016:147) and Bakioğlu and Korumaz (2014:37) did not find any significant relationship between loneliness and marital status, which are not in the same direction with our findings. When loneliness at work is examined in terms of occupation, it was seen that there is not a statistically significant difference among the employees. However, when the results were examined in general, it was seen that loneliness levels of technical support personnel and healthcare personnel were relatively higher. It is difficult to make an inference about this situation, and it is advised to study this result in greater detail. Lastly, there is not a statistically significant relationship between tenure and loneliness level at work. When the other studies done on loneliness at work in different sectors, Bakioğlu and Korumaz (2014:36), Keser and Karaduman (2014:189), and Oğuz and Kalkan (2014:792) found that loneliness at work shows statistically significant variation across different tenure levels, which does not support our findings in this study.

The nature of the work done in hospitals is based on functional dependence and generally requires interpersonal close relations, which then lead to the rise of emotions. These emotions may reflect on the work environment as well, and there are numerous studies done on the reflection of emotions on the work environment. Loneliness at work is also one of the recent hot topics in organizational behavior. However, the number of studies done within hospital context is limited. In this study, the main aim was to determine the loneliness levels of the hospital employees, and thus, contributes to the literature through broadening the borders.

Without knowing the employees' attitudes and thoughts related to their job, it is not possible for corrective actions to be successful. Moreover, the main causes of the problems experienced by employees are also must be known by the organization. Therefore, the reason behind employees' perceived loneliness at work must be found and examined across different demographic categories. This study focuses on whether loneliness at work, namely in hospital setting, shows any significant variation in terms of demographic characteristics, marital status, education, gender, tenure, and occupation. Moreover, the findings of the study were compared to the findings of the previous studies done on loneliness at work. According to the results, loneliness levels of hospital employees in this study were found to be low. This result is can be considered as a positive factor for hospitals, and it is strongly recommended that further studies should focus on examining the ways of decreasing loneliness at hospitals. The main limitations of the study are based on the limited number of participants and only focusing on one hospital. It is argued that similar studies can be done through including more hospitals and participants, which may lead to better and more robust conclusions. Lastly, this study may also be used as a guide for further studies.

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