

Nurses' Perceptions on Cancer Patients' Loneliness



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Loneliness is an overwhelming feeling experienced by cancer patients at the end of their journey. Recognising this helps in preparing patient's peaceful death. The purpose of this study was to describe nurses' perceptions on cancer patients' loneliness. A qualitative research method used in the study. The thesis topic originated from the project "Experiences of Loneliness", which was innovated by Espoo city. The data collected from nursing home for terminally ill patients based in Helsinki from February to March 2009.

A total number of 7 nurses participated in answering open questions in writing, both in Finnish and in English. The Finnish data translated into English before being analysed. A translator and Finnish to English dictionary used to translate Finnish translations into English. The method of data analysis is qualitative content analysis.

The findings are categorised as social loneliness, psychological loneliness, physiological loneliness, spiritual loneliness and involvement. Nurses described cancer patient's feelings such as insecurity, acceptance, and altered role. In addition, nurses describe physical pain and feeling of isolation plays significant role in an individual's loneliness. The study showed the handling methods offered by nurses are family involvement, patient's own pet, and recently developed program for patients peer group.

Keywords: Loneliness, Cancer Patient, Nursing home for terminally ill.

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1 Introduction

The feeling of being accepted and loved is important to every individual's everyday life. This is even worse in cancer patients, whether family members and friends are around or not. Loneliness among cancer patients whose social network is been reduced, affects patient's peaceful end of journey. This thesis topic Nurses perception on cancer patients' loneliness, originated from the project "Experience of Loneliness/LIFE INTO YEARS which was introduced by the Espoo city to Laurea University of Applied Sciences (Well Life Centre) Otaniemi. The choice of topic emerged through personal interest and due to the lack of research in this area.

In this study, loneliness defined as an individual's subjective feeling of insecurity and isolation from the world of healthy to unhealthy. In life becoming ill means changes to social interaction, the limitations to ones mobility prohibit a person from hobbies, engaging in social activities or running errands outside the home. To experience life as meaningful, one needs to belong to something, have the feeling, and experience care as a human.

Loneliness for terminally ill cancer patients influenced not only by the presence or absence of relationships, but also by the values of relationships. The problem of loneliness recognised both with home living and with the patients under nursing home care. In addition, it results from a person's mind; it can be reduce to less painful (Killeen 1998, 762-770). Loneliness among cancer patients is unique for every individual, thus difficult to define. It is a condition of being lonely. Other closely related concepts include aloneness and solitude. Aloneness is a state of being alone, but not necessarily feeling lonely, meanwhile, solitude means being without a company maybe due to a personal choice (Killeen 1998, 762-770).

Loneliness has an impact on mental stability, which results into physical symptoms and feelings of distress to the victim. A critical problem needs attention by an individual's community. However, in accordance to personality type and weak coping strategies, an individual is likely to be lonely (Killeen 1998, 762-770). This means, factors, which could cause loneliness to one cancer patient, are not necessarily the same risk factors of loneliness to the other. Patients with weak coping capabilities are prone to immense experiences of loneliness compared to others. A positive aspect during experiencing loneliness is the enjoyment of individual peace and spending time alone (Blomqvist 2004, 35). The joy of spending some time alone is the possibility of having a personal reflection without the presence of other people.

However, not everyone enjoy the moment of being alone sometimes, and thus could experience loneliness or abandonment. In this study, nurses working in terminally ill nursing home in Helsinki asked to describe the loneliness of the patient from their perspective. Open questionnaires were sent to nurses in terminally ill nursing home in Helsinki. The data was then analysed by qualitative content analysis. Nurses described cancer patients loneliness is due to physical pain and feeling of insecurity and isolation.

2 Loneliness

Loneliness is characterised by or causing a depressing feeling of being alone. A person experiences a powerful feeling of emptiness and isolation in an emotional state. Loneliness is more than just the feeling of wanting company or wanting to do something with another person. (http://www.medscape.com/viewarticle/430545_2)

Loneliness is not an easy condition to define; it is much easier to describe. It is an important public health concept, which should be highly associated with public health nursing practice. (Lauder 2004, 88-94). The experience of loneliness affects individuals throughout their life, affecting them physically, psychologically and socially. However, patients can sense if nurses are genuinely empathetic, through observation of atmosphere even in a quiet environment, and sometimes-just nurses' presence is necessary for a lonely individual (Killeen 1998, 762-770). In addition, people of different age groups affected with loneliness worldwide, and effects of loneliness could be very dangerous affecting an individual's behaviour throughout their whole lifetime or for a certain period.

Although other researchers consider loneliness as related primarily to attachment difficulties stemming from insufficient bonding and love in childhood. Loneliness is a multidimensional problem, involving not merely social skills deficits and dysfunctional attachment histories but also cognitive styles, attribution patterns, situational problems, unrealistic expectancies, and other factors. Any acceptable definition of loneliness would have to account for this multi factorial situation in a logically meaningful way. The literature suggests that, while general patterns may exist in lonely patients, such patients are far from identical; differential levels and varying types of loneliness must be considers when dealing with lonely patients. (http://www.medscape.com/viewarticle/430545_2)

WHO Mental health report (2005) suggest that; A positive mental health is a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. (<http://www.euro.who.int/document/E87301.pdf>)

According to Donaldson & Watson, 1996, researchers developed some theories such as the psychodynamic theory, the existential theory, the cognitive theory, and the interaction's theory. These theories provide a framework for healthcare professionals when caring for lonely individuals. Nursing care of cancer patients, experiencing loneliness may have to associate elements of various theoretical concepts in order to achieve goals despite contradictions of theories. Nursing research uses different perspectives to enquire the level of loneliness, it inter-relate with other health variables and investigates the effectiveness of therapeutic practices. However, contradictory of loneliness theories may be of useful assistance to nurses. (Donaldson & Watson, 1996).

3 Cancer patient as a holistic person

“Cancer” is the term used to describe a group of disease sharing common characteristic represented by each site of the body in which the body's cells become abnormal and divide without control. A diagnosis of cancer known to hold grave consequences and the treatment involves a series of dramatic changes that affect both, patient, and his or her family, as well as their social milieu. The impact of cancer has four main dimensions: physical, emotional, spiritual and interpersonal. (<http://www.euro.who.int/Document/E91137.pdf>) Since cancer is frequently with period of acute intensive illness interspersed with the constant threat of death, the patient must face the problem of each of this kind of illness. (Corner & Bailey 2001)

Roy Adaptation Model, define the patient as a holistic being, an adaptive system which responses to the internal and external environment (Andrews 1986). According to the Oxford dictionary of nursing (2004), the concept holistic used to describe an approach to patient care in which the psychological, physiological, and social factors of the patient taken into account. The emotional impact of cancer depend on a variety of factors, such as the experience leading up to the patient perception of cancer and its meaning, the disruption the illness cause to normal life, perception surrounding treatment and its effects, experiences of past traumatic events and patient's personality and coping styles. Cancer patients often initiates a search for meaning, motivated by a strong desire to make a sense of the situation which helps the patient in learning the adaptive process, regain control and master the chaos surrounding

him/her (Corner & Bailey 2001) Patients as human beings must maintain physiological and emotional balance because the mind and body are inseparable

Cancer patients are psychologically exhausted, physiologically immobile which hinders patient's social ability. Individual patients respond in different ways to the need to identify and create meaning. Thus, it is important for nurses caring for them to have the understanding, listening, and caring skills. Knowledge about the patient's wishes, values, beliefs, respect, helps to build patient's trust and make it easier in caring. Moreover, each patient is a unique potential to develop within himself, and strive toward self-direction and relative independence and desire not only to make use of capabilities and potentialities but also to fulfil his/her responsibilities (Marriner 1986).

4 Holistic care in nursing home for terminally ill patients

Since the formation of the first modern hospices in the late 1960s and early 1970s, huge developments in the care of terminally ill patients and those close to them have been occurring. Attempts have been made to adopt a multidimensional approach to care in the face of mortal illness, taking into account physical, social, psychological and spiritual elements. (Clark & Seymour 1999) Holistic nursing care is a nursing practice that takes into account total patient care, considering the physical, emotional, social, economic, and spiritual needs of patients, their response to the illnesses, and the effect of illness on patients' abilities to meet self-care needs (Strandberg 2007)

Terminal care is important and usually refers to the management of patients during the last days of life; it concentrates on making the process of dying a coming-together experience for patient and family (Clark & Seymour 1999) and total care refers to a holistic approach. However, during the terminal phase the care aims directed towards the achievement of a good death. To improve the care patients need to be aware of the situation. (Jeffrey 2006) Since for the individual life, is never the same. It is constantly changing and representing a new challenge, and the patient has ability to make new responses to these changing conditions. Thus, holistic nursing practice based on knowledge, theories, expertise, and intuition to guide nurses in becoming therapeutic partners with patients and thereby to be able to strengthen the patient's ability to facilitate the healing process (Sharroff 2008).

Although nursing as a professional uses specialised knowledge to contribute to the need of the society for health and well-being, its social commitment contributed to health through focusing on life processes of patients in their environments. Care for the terminal ill patients considers emotional support, pain, symptom management, and accessibility as important aspects of the skills needed to provide end-of-life care (Borgsteede 2006).

In addition, the environment for cancer patient includes all conditions, circumstances, and influences surrounding it, which affect the development and behaviour of the patient. In understanding the patient, nurses beginning with long commitment to values about the patient, and to know the patient focusing on how patient behave holistically to influence the health. Moreover, it has been noted that a person as an adaptive system affected by the world around and within and that patient as a holistic being never acts in isolation but influenced by the environment and in turn affect the environment (Andrew 1999). It is important for nurses to have clear perception and understanding of whom s/he is dealing with in order to archive consistency and effectiveness. In terminally ill nursing homes, nurses viewed as caring, understanding and with great interpersonal skills. Thus, it is important for nurses to have close interpersonal relationship with the patients in order to be effective in contributing to their life satisfaction (Costello 2004). Thus, holistic nursing care need not focus on only one person nor need it deal exclusively with those who are sick.

5 Purpose and research question

The purpose of this study is to describe nurse's perceptions on cancer patient's loneliness the thematic area is "please describe patient's emotions, loneliness and feelings, and how are you handling the situation with the patient".

The aim is to describe;

- (a)How nurses perceive the emotion and feelings of cancer patients in terminally ill nursing home.
- (b)How do they handle the situations with patients?

6 Qualitative research method

The study method is qualitative because the data collected was mainly on individual experiences. Qualitative method known as a form of social inquiry that focuses on the way people interpret and make sense of their experiences and the world in which they live. In the words of Atkinson et al. (2001:1), it is an 'umbrella term', and a number of different approaches exist within the wider frame of this type of research.

Researchers use qualitative approaches to explore the behaviours, perspectives, feelings and experiences of people and what lies at the core of their lives. Qualitative method is also useful in the exploration of change or conflict. The basis of qualitative research lies in the interpretative approach to social reality and in the description of the lived experience of human beings. It investigates patterns of interaction, seeks knowledge about group or a culture or explores lives world of individuals. In clinical or social care settings, this may be interaction between professional and clients or relatives, or interaction with colleagues. Qualitative approaches linked to the subjective nature of social reality; (Holloway & Wheeler 2002). It is concerned with understanding of human being and the nature of their interactions among themselves and their surroundings. There are two general approaches to qualitative reasoning which may result in the acquisition of new knowledge: inductive reasoning commences with observation of specific instances, and seeks to establish generalisations; deductive reasoning commences with generalisations, and seeks to see if these generalisations apply to specific instances. Most often, qualitative research follows an inductive process. In addition, the reality generated from perception is unique for everyone; knowledge achieved is meaningful only within a certain situation or context (Burns & Grove, 1997). This means, the findings of this study could be meaningful only in terminally ill nursing home.

Nevertheless, each approach based on philosophical aspects that assist in data interpretation (Burns & Grove, 1997). Qualitative research includes different aspects of social research covering sociology, social anthropology and social psychology (Descombe, 2003). The reason for the choice is that qualitative research tends to emphasise individual concepts of experience and the way people understand things. Perception of loneliness by nurses results from nurses' capabilities in interpreting patient's comments and behaviour, and in understanding loneliness affecting patients.

In addition, qualitative research is concerned with human attitude i.e. social interaction, relationships and their expressions in particular behaviours. People express their views and concerns through qualitative research, thus information acquisition by researchers in reference to the topic researched. Qualitative information gathered through using various research techniques; data can be in different formats such as interview transcript (tape-recorded), text and other methods (Descombe, 2002). The data of this study is in text format.

6.1 Data collection

Data collection based in Helsinki. The writer planned to have eight participants, however only seven participated in the study. The reasons for not reaching the targeted number of participants are unknown; Participation in the study was free of choice. Before data collection, the writer wrote a letter directly to the nursing home requesting for permission to conducting the study. The permission granted to the writer in posted letter. Participation was voluntary and participants could withdraw from the participation at any point. Personal identity of the participants is strictly confidential. Both Finnish and English languages were used during the data collection.

The method of data collection was open questions. In order to gain access to the true thoughts and feelings of participants, the researcher adopted a non-judgemental stance towards the thoughts and words of the participants. (Holloway & Wheeler 2002) Open questions are ones where there are no fixed-choice responses, and the respondents have the opportunity to express how they feel or perceive something in their own words. Some advantages of using open-ended questions include that they typically provide more detailed information than close-ended ones; (Giddens, 2001).

Participants were informed before their approval of participation in the study that the writer would collect gathered data in a written format for further data analysis. Text formatted questions were then sent to participants and text data returned to the writer. All the collected were destroyed after the thesis work completed and accepted.

The data was received from the end of March to beginning of April 2009 via posted mail to the writer's residence address. All the participants had a nursing education registered nursing among a writer's prior condition before participating in the study.

6.2 Qualitative content analysis

Most of the collected data were hand-written, however the data clearly written by hand and language that clearly and easily understood by the writer. All data reported in Finnish language was translated by a translator before being analysed. In addition, Finnish to English dictionary used to translate data from Finnish to English in order to avoid misinterpretation of data. Informants provided useful data (in relation to research questions) thus contributed in forming a precise data categorisation. Data analysis of the gathered information is based on qualitative content method. In data analysis, we recognise patterns and themes and make linkage between ideas. Analysis cannot proceed without interpretation but is more scientific and systemic; it brings order to disorderly data and the researchers must show how they arrived at the structure and the linkage. (Holloway & Wheeler 2002) The method originated at the beginning of the twentieth century in the United States. Qualitative content analysis method analyses data in a more systematic and objective format. During the data analysis, observation, data or theories are considered in forming a guideline of data analysis. Data analysis is merely based on the content of the gathered data. Interpreted data is grouped into respective categories and sometimes sub-categories depending on the content (Tuomi & Sarajärvi, 2002).

The main task in data analysis is to be fully knowledgeable with the data (Morse & Field, 1996). The writer has a task of familiarising with the data precisely before forming data categorisation. This helps in proper grouping of findings in suitable categories. It is very important for the writer to read all the data collected carefully and categorise it into respective groups accordingly concerning the findings. The main goal in analysis of qualitative data is to organise the gathered information to attain a conclusion and data conveyed in a research report (Polit & Hungler, 1995).

7 Findings

The findings of the study are categorised into five aspects. The aspects are formed from the data collected in the study by the writer. The main aspects from the findings are social loneliness, psychological loneliness, physiological loneliness, spiritual loneliness, and involvement. e.g.: aspect 5 involvement. Then, the sub-categories are presented in the diagram e.g. open doors to terminally ill nursing home, etc. The aim of the differentiation of aspects, and categories was to make it easier for the reader to understand the groups of data, see appendix 4 figures 2. (pg.38) the following is a figure containing all the aspects of findings and the sub-categories of the aspects.

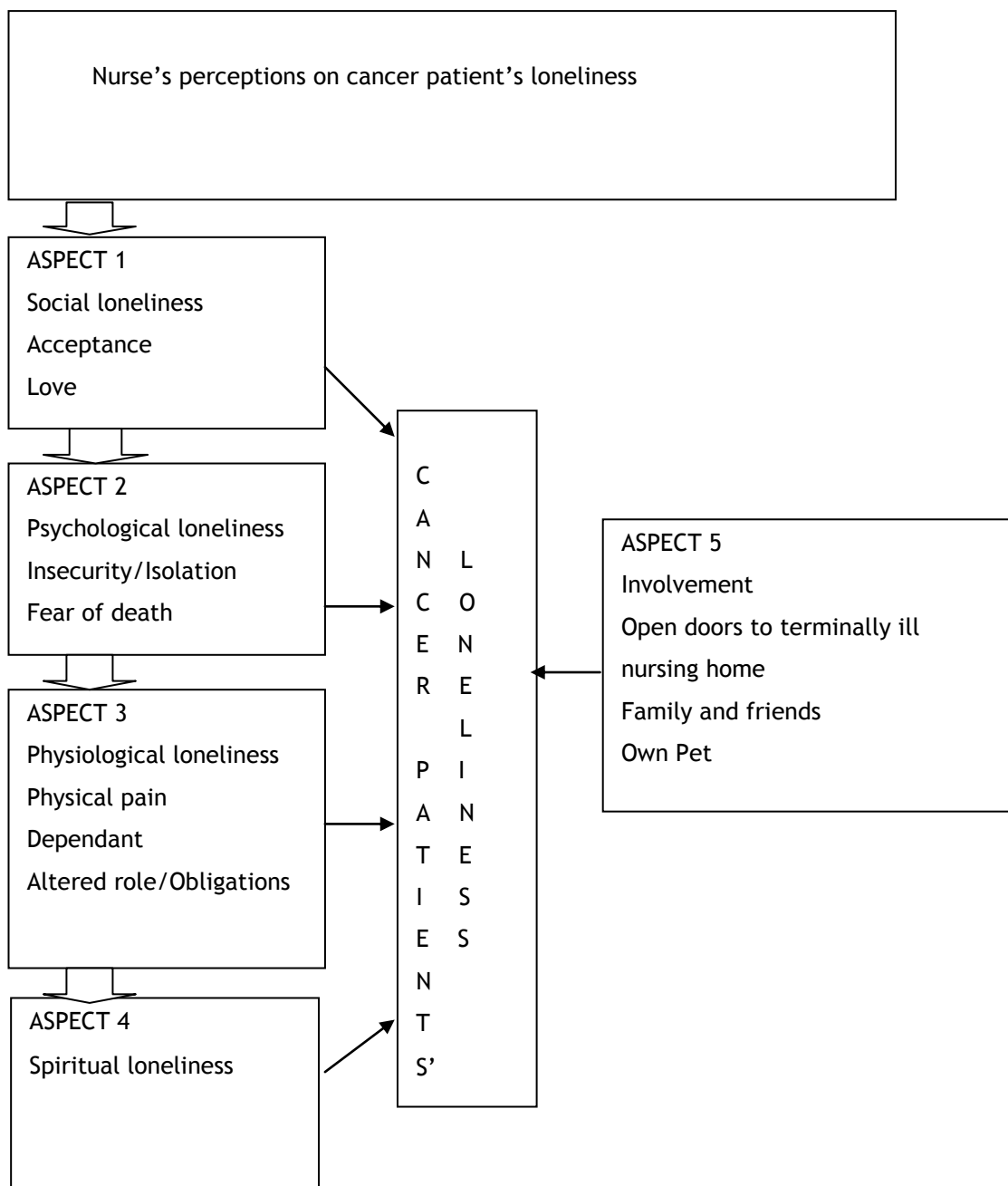


Figure 1: Nurse's perceptions on cancer patient's loneliness and way of handling the situation with patients

7.1 Social loneliness

Nurses observe patient's emotions and feelings through interaction with patients, and analysing a patient-family relation. The knowledge of a cancer patient's emotional status is important for nurses to prepare suitable nursing care plans aiming at providing the well-being of cancer patients. Nurses identified the following external factors that led to the cancer patient loneliness in relation to patients' feeling of acceptance.

7.1.1 Acceptance

Nurses reported patient's loneliness, which is due to the struggle of accepting the idea of having the illness and readjusting to changes in body image and self-concept. Patients hope for unconditional love, and being listened. At this point, family and friends are very important, and not knowing how they will accept them, make it difficult. Nurses report emotional distress, not knowing what to do/say/ how to act, contribute on patient's family member absence. The following are nurse's views as illustrated.

“They are hoping that they will be accepted just as they are now. Also for negative emotions such as anger, sadness.”

“He toivovat että heidät hyväksytään juuri sellaisina kuin he nyt ovat. Myös negatiivisten tunteiden osalta kuten viha, suru.”

“They might not have sharing things and feelings in the past but the closeness helps alleviating loneliness. Many patients have also expressed changes in the circle of friends after becoming aware of their illness.”

“ He eivät ehkä olisi jakaneet asioita ja tunteita aiemmin, mutta läheisyys auttaa lievittämään yksinäisyyttä. Monet potilaat ovat myös ilmaisseet muutoksia ystäväpiirissä näiden saatua tietää sairaudesta.”

Sometimes patients experience joy and gratefulness to a small thing done to them by their family, friends, and nurses. It could be anything from e.g. nice arrangement of breakfast table, see the sunrise or watch the stars on the sky, or visits of the significant ones. The followings are the illustrations of nurse's views.

“Patients also enjoy the little things, like a hug, to see the sunrise, watching the stars and the visits of grandchildren, or sauna once more.”

“Potilaat myös nauttivat pienistä asioista, kuten auringonnousun katselu, tähtien katsominen, lapsenlapsien vierailut ja tapaamiset tai sauna vielä kerran”

7.1.2 Love

Nurses mentioned love to be the most important thing in cancer patient’s life. Particularly unconditional love, it make easier to take care of the patient and make them feel warm, close. However, sexual feelings of cancer patients differ from the usual meaning of love; the feeling of safety is of the prior, and most highlighted. The following quotes illustrate these views:

“Love is the most important life-sustaining force. It gives effect, with the ability to cope in different situations; it closely related to other emotions such as closeness and warmth. Patients suffer less if they receive the love, warmth and appreciation.”

“Rakkaus on tärkein elämää ylläpitävä voima. Se antaa voimaa, sisältöä, jaksamista erilaisiin tilanteisiin siihen liittyy läheisesti muita tunteita, kuten läheisyys ja lämpö. Potilaat kärsivät vähemmän, jos he saavat rakkautta, lämpöä ja arvostusta.”

“Sexuality is distinct from the feeling of love referred to by the patients; a feeling of security is one of the most important.”

“Seksuaalisuus on erillään tarkoittamastani rakkautentunteesta potilaisiin, turvallisuudentunne on yksi tärkeimmistä.”

7.2 Psychological loneliness

Nurses described cancer patient’s feelings and emotions to be complicated, and have different quality from an individual who has no cancer. Patient’s feeling of isolation is due to the insecurity that is caused by the illness progression and fear of death; mostly it concerns physical appearance, feeling of being unhealthy caused by the illness, and feeling of not being affectionate/sexually functional to the love ones. Sharing a conversation with a patient gives them an opportunity to express feelings, and emotions.

Thus, nurses working in terminally ill nursing homes communicate with patients on a daily basis, and they know what the likely cause of the event will be. (Neuberger 2004.)

7.2.1 Insecurity/Isolation

Patients experience lonely feeling due to insecurity, which causes isolation feeling. The absence of their children, significant ones, family members, close friends etc, makes them feel lonely and depressed, they wonder if anyone can understand their existence as a person and not a person with sickness. Patients have a fear of being an outsider in their own family because of the illness, constant bell ringing and bring up small needs help them to ease the feeling of being alone. Sometimes this insecurity makes harder for the patient to built trust to people around. The loss of presence or contact leads to a feeling of not being needed, valued, or appreciated by others, and therein lays roots of loneliness (Andrew 1991). The following quotes illustrate nurse's views:

“The illness causes emotional isolation and loneliness can be devastating. Patient feels that no one can understand his/her presence.”

“ Sairauden aiheuttama eristäytymisen ja yksinäisyyden tunne voi olla musertava. Potilas kokee, että kukaan ei voi ymmärtää hänen olotilaansa.”

“It is also possible for the patient to feel alone and lonely although s/he might have family support.”

“ On myös mahdollista, että potilas tuntee itsensä yksinäiseksi, vaikka hänellä voi olla perheen tuki. ”

“Patients usually tell that they cannot bear to listen to relatives plans, adventures, renovations, they rather be alone than to listen to these conversation.”

“Potilaat kertovat usein, etteivät he jaksaa kuunnella omaisten suunnitelmia, seikkailuja, remontteja, vaan he ovat mieluummin kuin yksi kuuntelevat näitä keskusteluja.”

“There is a feeling of being an outsider, It feels that the illness and near death isolate them from the healthy world.”

“Ulkopuolisuuden tunnetta ja osattomuutta koetaan, kun sairaus ja lähestyvä kuolema eristää potilaan terveyden maailmasta.”

“Some patients want continuous presence and attention, e.g. ringing alarm and bringing up small needs, even though it does not help. Being alone is just simply too distressing”

“Osa potilaista haluaa jatkuvaa läsnäoloa ja huomiota, soittaa usein hälytys kelloa pikkutarpeiden takia, vaikka se ei auttaisikaan. Yksin oleminen on vain liian ahdistavaa.”

“Sometimes the patient's internal lack of security impedes the process of building confidence. Conversation/quiet moment together can provide solace and safety, some get relief in touch e.g. massage”

“Joskus potilaan sisäinen turvattomuus vaikeuttaa luottamuksen syntymistä. Keskustelu tai sitten hiljainen läsnäolo voi tuoda lohtua ja turvallisuutta, joku hyötyy kosketuksesta, hieronnasta”

Nurses reported patient's unsolved issues/feelings as one way of expressing their loneliness. Patient did not want to give up on the plans they had before the illness. E.g. patient's plans for coming summer/autumn, adventures, going to the park with children/grandchildren etc. The following quotes illustrate nurse's views:

“Patient has dreams that cannot be archived, for example s/he may not see the next fall/autumn.”

“Potilaalla on unelmia, joita ei voi saavuttaa, esimerkiksi he eivät näe seuraavaa syksyä.”

“Sometimes it feels that if a patient does not have any unsolved issues it is easier for him/her to be alone. At the end every one faces death alone, although we can walk along be there person to person”

“Joskus tuntuu että jos potilaalla ei ole mitään selvittämättömiä asioita on hänen helpompi olla yksinkin. Lopulta jokainen meistä kohtaa kuolemansa yksin itsensä kanssa. Silti voimme kulkea rinnalla, oleva ihmisiä ihmiselle”

“Feelings suppressed before death or unfinished things disturb and make it difficult to give up life.”

“Ennen kuolemaa kätkeytyt tunteet tai keskeneräiset asiat saattavat kaihtaa ja vaikeuttaa elämästä luopumista.”

In addition, patients experienced loneliness due to the physical appearance, which causes lack of affection, to their children, significant ones, family members, close friends etc. When the illness progress it changes patient's appearance and sometimes brings an odour that may be difficult to some family member to experience, especially children. This makes the patient feel lonely. Moreover, the feeling of not being attracted to their partners makes it harder. Moreover it was seen to be important for patient's close family members and friends to be able to still sleep together with the patient, It helps patient's perception of self which plays a major part in the feelings and emotions; it manifests the behaviour and level of adaptation relative to belief, and feelings. (Andrew 1986) The following quotes illustrate these views:

"I'm not sexual active anymore, I'm not able to take care of my looks. General closeness and touch is missing,"

"En pysty enää sukupuolielämään, en jaksa huolehtia ulkonäöstäni. Yleensä läheisyys ja kosketus puuttuu. "

"The feeling of belonging together is also more powerful when close ones can still sleep close. Some patient the human presence and touch bring comfort."

"Yhteenkuuluvuuden tunne on myös voimakkaampi, kun läheiset voivat edelleenkin nukkua lähekkäin. Joillekin potilaille ihmisen läsnäolo ja koskettaminen tuovat lohtua. "

7.2.2 Fear of death

Nurses describe patient's feeling of loneliness as dealing with fear of facing death, which cause disruptive emotions. E.g. not knowing how illness will treat them, will there be pain, how death will happen? Etc. Fear is the psychological reaction to danger. It is understandable that as people approach the unknown in the future, they feel frightened about what lies ahead. Patients often envision the frightening images of death. If a patient is unaware of the imminence of death, they request inappropriate investigations or treatments. Although the patient does not verbalise these fears, they are often on their minds. The following are the illustration of nurse's view:

“The biggest fear is loneliness, when faced with death. It may feel very differently. It is the death of bitterness and apathy.”

“Suurin pelko on yksinäisyys, kun joutuu kuolemaan. Sen voi kokea hyvin eri tavoin. On kuoleman katkeruutta ja apatiaa.”

“Not knowing how illness will treat them, will there be pain, how death will happen? Many patients have also expressed that in the end they are alone with their diagnose”

“Epätietoisuutta, miten sairaus kohtelee, tuleeko kipuja, miten kuolema tapahtuu? Monet potilaat ovat myös ilmaisseet, että loppujen lopuksi he ovat yksin diagnoosinsa kanssa. ”

“If loneliness associated with fear or insecurity, usually the patient anxious when left alone.”

“Jos yksinäisyyteen liittyy pelkoa tai turvattomuutta, potilas yleensä ahdistuu jäätyään yksin.”

The impending death might confuse / scare them so that they do not face the family at all. ”

“Lähestyvä kuolema saattaa hämmentää/pelottaa heitä niin etteivät he kohtaa perhettään ollenkaan. ”

“Relatives or patient can keep up an “act/pretence” things are not discussed in their own name, death can be a taboo. Through this patients can experience loneliness”

“Omaiset tai potilas voivat myös pitää yllä “kulissia”, asioista ei puhuta niiden oikeilla nimillä, kuolema voi olla tabu. Tästä syystä potilaat voivat kokea yksinäisyyttä”

Furthermore, death is a sorrowful moment for any individual. It is a distress and frightening experience leaving a person vulnerable, wounded (Rokach 1990).

7.3 Physiological loneliness

Physiological a cancer patients experience a level of physical pain, consistent dependability, altered role, in which they lose energy to complete simple, everyday task. As the illness progress, the body becomes weak. Patient demand constant help in feeding changes positions

and moves from one place to another. Nurses relate patient feeling of pain, dependant and altered role/obligations to loneliness.

7.3.1 Physical pain

Nurses described physical pain of the cancer patients as that, sometimes can be constant and there is need of medications. This can also lead to patient's rejection toward the family member and nurses. E.g., patients refuse to be touched in any way because of the pain, or feeling exhausted wanting to rest, etc. The followings are the illustrations of nurse's views.

"Patients may reject family members and nurses. Although increasing physical fatigue may suppress emotional behaviour."

"Potilaat voivat hylätä perheenjäseniä ja sairaanhoitajia. Tosin lisääntyvä fyysisen väsymys voi laimentaa tunneilmaisua."

"Psychological distress may also appear as a physical pain, even though the patient may have a lot of pain medication, the patient may be very dependant on it all way."

"Henkinen ahdistus voi myös näkyä fyysisenä kipuna, vaikka potilaalla saattaa olla paljon kipulääkitystä, potilas saattaa olla hyvin autettava kaikella tavalla."

7.3.2 Dependant

Patients experience dependability due to the illness, which hinder their effectiveness and participation. They leave their daily tasks to be complete by the family members and nurses. E.g. not being able to move from the bed/room, involving in outdoor activities as they used to, etc. The followings are the illustrations of nurse's view.

"If a patient was active before and could not leave the apartment, he can feel imprisoned at home, while others may go on"

"Jos potilas oli aktiivinen ennen ja ei voinut lähteä asunnosta, hän voi tuntea itsensä vangituksi kotiin, kun muut voivat mennä"

7.3.3 Altered role/Obligation

Nurses described patient altered role and feeling of obligation contribute to the loneliness feeling. E.g. not being able to practice daily activities as before, not being able to be in their children's life, grandchildren, family etc. The lower ability of moving from one place to

another simply makes life harder for them. To some patients, it is difficult to accept the idea of not being able to do what they used to do with their family. Patient feels obliged to take care of their partners, family members and friend's feelings. Whenever s/he fails to perform the prescribed behaviour for a role, for whatever the reasons a disruption exists. (Andrew 1991) The followings are the illustrations of nurse's view.

"I'm useless, I cannot do household chores, I cannot go to groceries, and I cannot follow my children's school life or be with them at their hobbies."

"Olen turha, en voi tehdä kotitöitä, en voi käydä kaupassa, en voi seurata lasteni koulunkäyntiä tai olla mukana heidän harrastuksissaan"

The feeling of loneliness is observed through patient's feeling of obligation concerning family members and friend's feelings. E.g. accepting to the feeding even if they do not want to eat, accepting to be awake when family is around even if they want to rest, etc. The following quotes illustrate nurse's views:

"Patients may hold back and not discussing their mind bearing feelings with the family, because they think the family has had hard time to deal with them being sick."

"Potilaat voivat jarruttaa perheenjäseniään keskustelemasta heidän mielessään olevista tunteista, koska he ajattelevat että perhellä on vaikeat ajat selvittävänä heidän ollessaan sairaana."

"To please relatives, patients pretend everything is well, and eat when relatives feed her/him even if s/he does not have an appetite"

"Sukulaisia miellyttääkseen potilaat teeskentelevät kaiken olevan hyvin, syövät syötettäessä, vaikka ruokahalua ei olisikaan."

7.4 Spiritual loneliness

Nurses described patients experiencing spiritual loneliness due to the loss of hope, belief, faith, and for the ones who were believer and for the one who were not gains. Often it is difficult for some patients to find the meaning of the illness. Some patients feel that the illness is a punishment from God because of their sins, some wonders if God really exists, and if so, why He has to let them go through the suffering and pain. Nurses describe patient personality before the illness play a big role on how they handle the spiritual loneliness. The following are the illustration of nurse's views.

“Some patients get relief in religion and spirituality, sometimes also patients who were deeply in faith lose their faith at the last moment when they feel that God is not helping.”

“Jotkut potilaat saavat helpotusta uskonnosta ja hengellisyydestä, joskus on myös potilaita, jotka olivat syvästi uskossa ja menettävät uskonsa viime hetkellä, kun he kokevat, että Jumala ei auta.”

“To other patients it softens their personality for example patients who express great reservations about the feelings begin to hope/need of intimacy and closeness. I think that the human personality and temperament affect until the end of emotional expression.”

“Joidenkin potilaiden persoonallisuus pehmenee esimerkiksi kovin varautuneesti tunteitaan ilmaisevat potilaat alkavatkin toivoa läheisyyttä ja kaipaavat halauksia. Luulen että ihmisen persoona ja temperamentti vaikuttavat loppuun saakka tunneilmaisuuksiin.”

Nurses related patient's experience of losing hope due to feeling of lonely. Patients lose hope for life, because they do not know what the life will be after death. They feel empty, like a walking ghost. The following are the illustration of nurse's view:

“The patient may experience the disease is due to the punishment for his sins, God has rejected him.”

“Potilas voi kokea sairauden olevan rankaisu synneistä, Jumala on hylännyt hänet”

“It seems that it is often not relevant, even in patients with a wide network of family and friends behind, felt a deep loneliness significantly.”

“Näyttää siltä, että ei useinkaan ole merkitystä, vaikka potilailla, olisi on laaja perheen ja ystävien verkosto takana, he voivat tuntea yksinäisyyttä merkittävästi”

“I'm just a walking death. It makes life feel off purpose. Without hope for the future life is meaningless.”

“Olen vain kävelemässä kuolemaan. Se saa elämän tuntumaan tarkoitussettomalta. Ilman tulevaisuuden toivoa elämä menettää merkityksensä.”

Nurses described patient's sadness, anger, denial, joy, and usually conveyed certain feelings such as loneliness. Thus, it was very important for nurses to observe the patients' mood in order to plan effective nursing care. Nurses presented the following information concerning patient's emotions in relation to loneliness.

“Sadness, because they can not be a part of everyday life in the family than before, or that they can not or that they can not exercise hobbies as they want.”

“Surua, koska he eivät voi olla osa perheen arkea kuin ennen, tai että he eivät voi harrastaa niin kuin haluavat.”

“At worst, the experience of loneliness can lead to mental collapse e.g., psychotic.”

“Pahimmillaan yksinäisyyden kokemus voi johtaa henkiseen romahdukseen, esim., psykoosiin.”

Some patients do not want to experience emotions, so they deny the feelings. To help them dealing with the situation nurses work together with patient and starts were patient feels more comfortable and little by little, they gain trust and open up more.

7.5 Involvement

Nurses described that some patients experienced loneliness due to absence of their partners, families, close friends etc. The absence leads to the feeling of isolation from the family because of the illness, thus develop to the feeling of loneliness. It is as important to look for the family and have them involved in patient's care to help the patient's adaptation process.

Nurses handle patient's loneliness in various ways such as, encouraging patient to call at any time if they have questions, encouraging family and friends in participating in patients care, meeting together patients who have something in common. WHO state that people have right and duty to participate in the planning and delivery of their own health care and include participation within its definition of primary health care. (Small & Rhodes 2000) The care are such as: spending day and night with the patient in terminally ill nursing home, visiting patient at any time as long as s/he wants, moving patients from one room to another just to change the environment and being able to get in touch with outside world .e.g. green room, terrace enjoying the sunshine etc. Participation of Cancer patients in common activities reduces feelings of loneliness for some of them and provides an opportunity of sharing feelings among them. According to the data collected from nurses, the following methods mentioned:

7.5.1 Open doors to terminally ill nursing home

In Helsinki terminally ill nursing home, patients and family members can call at any time 24/7 if they have something to ask. However, nurses reported that patients and family members do not use the opportunity often. The followings are the illustrations of nurse's view.

“Terminally home visits are very important and that patients and relatives can call whenever there is a problem at home. The offered opportunity is sufficient even if patients never call.”

“ Sairaiden kotikäynnit ovat erittäin tärkeitä, ja että potilaiden ja sukulaiset voivat soittaa jos on ongelmia kotona. Tarjottu mahdollisuus riittää, vaikka potilaalla ei koskaan soita. ”

7.5.2 Family and friends

Family and friends are the most important things to the patient at this point. Nurse described family member's fear of not knowing what to say to the patient, and stop keeping in touch may cause patient feeling of loneliness. Some patient's friendship network and contacts changed after the illness, which makes them to experience the loneliness. Nurses also reported that family members and friends avoidance is part of Finnish culture, especial for men they do not always want to discuss about feelings.

Involving patient's family members to the care of the patient bring closer, feeling of being love, accepted, valued and noticed their existence. Some family members create a caring cycle whereby they give turn to each other in taking care of the patient as long as the patient need them, they can also sleep with the patient in his/her room. However, some patients put visitation limits to their family members and friends because they feel pressure or are in denial. In addition, it becomes apparent when considering that experiences of death in complex modern societies is enormously varied and that it is far from easy to generalise about the way in which individuals die and the social factors which have an influence. (Clark & Seymour 1999). The followings are the illustrations of nurse's view.

“Physical changes may bring differences in between spouses and other family members, sometimes children do not want to meet their ill parents.”

“Fyysiset muutokset voisit tuoda erillisyyttä puolisoiden ja muun perheen välille joskus lapset eivät halua tavata sairasta vanhempansa.”

“Many patients have told about things to be changed in their friendship network after the illness. Some of the friends back out and some stop keeping in touch, some stay along as their mental support, and when the illness take over they continue to help in everything. ”

“Monet potilaat ovat myös kertoneet ystäväpiirissä tapahtuneista muutoksista heidän saatua tietää sairaudesta. Osa ystävistä etäännyy ja lopettaa yhteydenpidon kokonaan, osa jää kulkemaan rinnalle henkisenä tukena ja usein sairauden edetessä jatkavat auttamista kaikessa”

“The illness might show outside as unpleasant tumours or tumour with cavities which may cause bad smell and patient’s appearance may fear the significant ones or left arbitrary demand to meet the patient.”

“Sairaus voi myös näkyä ulospäi epämiellyttävinä kasvaimina tai onteloinen kasvain voi aiheuttaa pahaa hajua ja potilaan ulkonäkö saattaa pelottaa tai vain aiheuttaa vasenmielisyyttä tavata”

“Patient might not want to see their relatives because seeing them takes a lot of spiritual strength. Patients might feel pressured to carry relative’s grief and well-being; patient might be denying dying or sees the relative’s grief is too hard. S/he will not have enough strength to think and examine about own coming death. Then the patient will put limits to visitation”

“Jotkut potilaat eivät halua tavaa omaisiaan, koska omaisten tapaaminen kuluttaa henkisesti paljon voimia. Potilas saattaa tuntea ja joutuvansa kannattelemaan omaisten surua ja jaksamista, potilas saattaa kieltää kuoleman lähestymisen tai omaisten surun näkeminen voi olla liian vaikeaa. Hänelle ei jää voimia pohtia ja tutkia oman kuolemansa lähestymistä. Silloin potilas voi rajoittaa vierailuja.”

“Might it be because of our culture, to most patient talking about feelings it’s hard (especially men) in which may unravel as in different psychological and physical symptoms.”

“Lieneekö kulttuuristamme johtuvaa, useimmille potilaille tunteista puhuminen on vaikeaa (erityisesti miehet), mikä taas voi purkautua monenlaisina psyykkisinä ja fyysisinä oireina.”

“Not every patient feels loneliness even though s/he does not have relatives or friends; s/he might have lived her life independently and does not miss anyone to walk along with at the end of life”

“Ei joka potilas tunne yksinäisyyttä, vaikka hänellä ei ole sukulaisia tai ystäviä, hän saattaa olla elänyt elämänsä itsenäisesti eikä kaipaa ketään kulkemaan kanssaan elämän lopussa

“Sometimes close ones agree to mutually caring cycle”

“Joskus omaiset sopivat keskenään hoitoringistä ”

7.5.3 Own Pet

Nurses reported that some patient’s loneliness is relieved with own pets.

“Patients relieve their loneliness by keeping in touch with the outside world with phone as long as they can speak, Otherwise the most important loneliness reliever is the own pet (dog/cat)”

“Potilaat lievittävät yksinäisyyttä pitämällä yhteyttä ulkomaailmaan puhelimitse, niin kauan kuin jaksavat puhua. Toisinaan tärkeä yksinäisyyden lievittäjä on oma lemmikki, koira tai kissa.”

8 Discussion

The core aspects of the findings are social loneliness, psychological loneliness, physiological loneliness, spiritual loneliness, and involvement as presented in figure 1 (p. 11). The writer will discuss the aspects and sub- categories of the findings in a detail in this section.

The social loneliness of cancer patients described as feeling of acceptance and loved. Patients are hoping for no changes just because of the illness. However, family members employ communication, changes in roles and coping strategies differently. Nurses reported that social network of the patient totally changed after illness, as a result of family members/friends not knowing how to act to the patient. Loneliness is suggested results to ill health, but also ill health may lead to loss of social contacts and eventually feelings of loneliness, (Lauder 2004). Moreover, for the close family and friends of the cancer patient experiencing distress, cause intense emotional disturbance in the form of sadness, depression, anxiety, or anger. (Corner & Bailey 2001)

Psychological loneliness is described as the continuously need of nurses attention e.g. ringing the alarm and raising up small needs. At this point a strong bond is formed between the nurse and patient after developing trust and sense of caring. Patients are grateful knowing that there is someone beside them to walk them through. Each person facing the end of life does so in his or her own unique way. Each of us has a particular mark however, patient's behaviour indicates whether the coping mechanism is able to adapt to the illness. (Andrew 1986) Similarly, each patient approach death and the dying process with the special sensitivities, emotions, and beliefs that create and define the special human beings that s/he is. Patients' feelings of grief and fear related to loneliness when they first begin to contemplate their own death. Moreover, grief is the psychological reaction to the experience of loss. Patient become aware of the outcome of the illness as it progress, and sometimes nurses may be busy prepare the patients for the end of life and be unable to assimilate the information to match the speed of the illness progression or are in denial. (Jeffrey 2006)

The feeling of not safe related to the feeling of isolated from the world of health with hope for the future to the unhealthy with no hope for the future, which causes depressing mood. It has reported that patient who are alone yet do not suffer from the situation, they do not need any changes. Moreover, patient's behaviour is an action or reactions under illness stress. For patients with depression anti depressant medications is used. This does provide a certain amount of physical security but it does not expand patient's consciousness beyond the physical existence. There is a need for the patient to know who s/he is so that s/he can be or exist with the sense of unity, which will help to patients' ability to heal or do what is necessary. (Andrew 1986) Patient's isolating /wanting to be alone from others is a result of physical and mental exhaustion due to the illness.

Different kind of mean used by the patients to avoid loneliness e.g. TV, radio, reading, outing, talking to friends and professional help/counselling. Together with the patient nurse,'s plan suitable helping mechanism and arranging the meetings between patients to patients whom they have something to give/share to each other in day time sessions. The patients meeting sessions is comprised of interpersonal relationship, self-image, social milieu, and culture. The basic need underlying is the identity integrity- the ability of patients to relate to each other in a manner that indicate awareness of patients meeting sessions, effectively and efficiently maintains and enhance the identity toward comfort, and feeling of belonging among patients. (Andrew 1999)

Physiological loneliness as feeling of dependant among cancer patients caused by physical illness, altered role, etc. Depending on other people in accomplishing daily basic tasks lower patient's morale resulting into feelings of loneliness. Patient's loneliness is associated with the inability to perform independently daily activities; Reduction in individual freedom of action alters roles of the patient. (Hicks, 2000) In addition, cancer patients want to continue living active life of independence just like before. Independence refers to living in one's home; perform individual personal hygiene, carrying out the daily activities, housework, shopping, gardening, and meal preparation (Kahn & Rowe, 1999, 42). Moreover dying process creates dependencies, complicating reliance on others, deepening the level of daily physical personal contact between a patient and family members and nurses. (Clark & Seymour 1999).

Patient's fear of death is overwhelming. Fear of being alone, brings the need of constant bell ringing unnecessarily, it is normal for human beings to seek the company of others. The possibility of communicating with other people is an important factor in maintaining healthy mind. Crying in sadness, feelings of hate less, joy, hope etc is purification to the feeling of fear and accepting the coming death. The fear of ceasing to be, personality disintegration or the death of the identity which affect not only patient's identity as a person, but also familiar way of life, role inside and outside the family, and total existence. The basic anxiety about death to a cancer patient is that death is unfamiliar and not anticipated. In other words, the process of dying is located on the interface between biology and culture. It has little or no space in the day-to-day affair of many (Clark & Seymour 1999). In addition, patient surrenders the conscious mind ego so the whole Self and the whole Mind can evolve. S/he gives freely to all and there by become a part of all and have a consciousness that encompasses all. (Andrew 1986)

Spiritual loneliness feelings and emotions seen among cancer patients as trying to find the meaning and reason of the illness. There is loss of hope, faith, and belief. The interventions focus on developing a sense of meaning, purpose and hope for the patient's current life experience. Nurses are aware of patient's backgrounds but at the same time avoiding making assumptions about their belief and customs. (Jeffrey 2006) Listening to the patient's story and facilitating the patient to connect to God, a greater power or greater whole, by using meditation or prayer is crucial. However, making sense of the illness at this level is most important and it involves understanding patient's reactions to discomfort, distress, and sickness. It may be that patient explanation of the illness is important. (Clark & Seymour 1999), and this may be a religious or non-religious experience depending on the individual's own spirituality.

According to Roy “it is the object or event that attracts one’s attention and it may be inside or outside the patient”. (Andrew 1986) With cancer patients in terminally ill nursing home, spiritual interventions, along with psychosocial interventions, emphasise the importance of engagement. However, it is more on caring and 'being with' the patient during rather than intervening and trying and fix the illness. Nurses reported to find caring for dying immensely rewarding, and do a great deal of pastoral care. (Neuberger 2004.)

However, patient’s spiritual belief and cultural values considered along side. Patients have mutual relationship with the world and God since human meaning intimately revealed in the diversity of creation and in this common diversity of creation, patient use human creativity, and abilities of awareness, enlightenment, and faith (Andrew 1999)

In handling patient’s loneliness Involvement is very important. It empowers the significant ones, children, grandchildren, family members, friends, health care providers, therapist, priests, and voluntary workers in working together toward providing good death for the patient. Patient’s cope with death in a variety of ways, they move and fluctuate between stages of dying and their ability to cope with reality at any given time varies. Family members contribute greatly in affecting a patient’s emotions to the level of experiencing loneliness by an individual. Family members and support system are the focus of person interdependence. Applying respectively to the receiving and giving of love, respect and value. Is considerably impoverished if we ignore ways in which families respond to and deal with dying patient, and death (Clark & Seymour 1999).

Although, cancer patients demonstrate a wide variety of emotions, which flow as the need to face death, arises. The task then, is to determine the level of stress and crisis of a patient at a given time, to respond to the emotions generated by that issue and to respond to where the patient is in his/her living/ending journey. Loneliness level can become a serious problem by lack of contact from close individuals or special things (Bergman-Evans et al 2000). The patient is not to respond to caretaker-idealised concept of dying, but they respond to that patient’s actual unique dying experience meaning while, accommodating the needs of the patient and family at all times. This includes facilitating visitors to visit at any time, including friends, volunteers, priest etc. Request for any type of services such as the use of music to be played for the patient, to visit a particular place should accommodated as well as respecting wishes of patient’s to be left alone.

The aim of care at this time is to enable the patient to have, what referred to as a good death. (John & Costello 2004)

In addition, patient deep thought alone; writing journal/diary, painting could be the way of handling/adapting to the feeling of loneliness. Loneliness is a torturing and scaring knowledge leading to life of misery for the patients. (Rokach, 1994) Therefore patients can use these tools to ventilate their feelings privately and share what they want with others when they feel they are ready. Knowing that patient coming to terminally ill nursing home have different kinds of feelings, and emotions, helps nurses to start with patients wishes first and deal with feelings in patient's term when s/he is ready to discuss. Love and caring feelings are most important to the patient. However, nurses also agreed that all feelings and emotion needed to fulfil whole life. In Helsinki terminally ill nursing home program like "peer group" offered to help patients, find ways of coping with these overwhelming feelings and practical realities. For some patients it is helpful to speak with someone in their family about their concerns. Although for other patient, it is easier to speak with someone outside the family (priest/therapist), but still for others, their emotions and feelings are too private and they do not feel comfortable talking about them.

8.1 Ethical issues and Trustworthiness

Ethics at its simplest refer to the moral practices and beliefs of individuals; it should not be difficult to understand that all research that involves collecting data from people also involves ethical issues. (Punch 1998, 281) The most important ethical consideration is the respect for human dignity such as the right to self-determination. Thus, all informants in the research work had the right to decide voluntarily of the participation or not in the work without misjudged by others (Polit & Hungler, 1999).

The writer wrote a letter to nurses of the nursing home ensuring anonymity of participants, confidential handling of the data collected and a confidential disposal of the data after the thesis accepted. All the informants received letters of consent before conducting data collection. Letters composed of title and purpose of the study, research questions, and the expected duration of the answering the question, also informing about voluntary participation in the study. Participants allowed to withdrawal from the study at any point without objections. The writer filled a form to request permission directly to the Head nurse of the terminal ill nursing home in Helsinki to conduct the study. The permission granted via a signed letter from the Head nurse personal prior the questions then distributed to the Nursing home.

The writer took the issues of trustworthiness into consideration, as it is an integral part of the thesis and it shows that the work carried out was credible and feasible. Ideally findings should be low in uncertainty and error and thus are trustworthy and believable (Talbot, 1995) hence the use experienced participants. The writer selected participants in the nursing field.

During translation phase, a Finnish speaker nurse personnel and a Finnish-English dictionary used. The purpose of using a dictionary is to attain the most precise possible translation from the data. All the data from informants was equally treated and handled confidentially.

Data collected used only for the intended purpose of the study; the anonymity of participants maintained throughout the process as promised by the writer. The writer did not collect any forms of personal identification such as address and social security numbers during the research work. Therefore, the privacy of participants maintained throughout the research work. The results obtained from the data collection handled with absolute confidentiality and the writer discard entire data gathered after thesis publication.

Questions and letters sent to participants were in English versions. Though most of the responses were in Finnish. The use of the language in the process of writing a thesis and the way it expressed is a key aspect of this research. Through language, data created and evaluated (Mäkinen, 2006). By translating this data from Finnish to English, there is always a danger of getting inaccurate data. To reduce the risk, the writer used dictionary and online language translating tool. Data that is not accurate will defeat the whole purpose of carrying out this research and one word that translated incorrectly can change the meaning of participants' responses.

The writer followed thesis guidelines provided by The Laurea University of Applied Sciences for securing permission to conduct the research.

8.2 In Conclusion

Nurses are in strategic position to provide comfort to cancer patients suffering from loneliness. Loneliness intervention should gear towards the development of emotion insight or self-knowledge. Nurses working with the cancer patients in nursing homes for terminally ill patients should emphasis rather on process and presence, and the patient is to set the pace. However, different individuals get in touch with their illness at various points of truth. Nurses should wait for these openings and recognise that any one of these openings is equally good, as long as it is comfortable for the patients.

However, unexpressed emotions and feelings can contribute to increased pain and physical side effects. In order to work through the journey to the end process, patients need to be encouraged to share their complex feelings and emotions have them validated and normalised. The process must be flexible and move with the patient's changes of feelings, shifts of emotions, efforts to control, detours into denial, etc.

It is a process, which continues until it interrupted by death. Perhaps it would be appropriate to include at this point the term patient centred communication, of which the most vital ingredient is receptive silent caring, and listening well.

8.3 Recommendation for future studies

Loneliness is a wide concept, associated with different events in life. The effects of loneliness could be life threatening. Therefore further studies should be emphasised on loneliness, through topics such as; How do nurses handle their emotions and feelings when nursing a terminally ill cancer patient?, or Loneliness among nurses caring for terminally ill cancer patients?, and How do family members caring for terminally ill cancer patient perceive loneliness.

The study project was very interesting particularly the group focused in the study: Cancer patients. It is because, the group represents the majority experiencing loneliness in the society based on the study, "most cancer patients are lonely due to feeling of isolation from the health world.

These should be the hour for necessities, not for delights; times to repair our nature with comforting repose, and not for us to waste these times. (Jeffrey 2006)

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Appendices

Appendix 1 Nursing home for terminally ill patients -Helsinki

11/02/2009

Dear Madam/Sir,

REF: PERMISSION TO CONDUCT RESEARCH

Kindly refer to the heading above.

I am a nursing student at Laurea University of Applied Science. My name is Upendo Makenya. I am now writing my bachelor thesis under Loneliness project belongs to nationwide LIFE INTO YEARS project introduced to Laurea University of Applied Science (Well Life Centre), by Espoo city. Data will be gathered from nursing home for terminally ill patient in Helsinki.

The research question is “how nurses in terminally ill nursing home describe cancer patient’s loneliness?” from the point of view of holistic nursing care. The tutoring teacher for my thesis is Kyllikki Kupari, Mental health lecturer, tel; 358 46 856 7529 or Kyllikki.Kupari@laurea.fi.

I am kindly asking for (8) nurses working at nursing home to attend the questionnaires; I enclosed them with this letter. There are two (2) open questions in questionnaire form, in English or Finnish, and the answers should be no more than 2 X A4. They can be answered in a hand-written form or by computer. All answers are anonymously and the anonymity will be maintained all through the study

I would like to request permission to conduct the study at your centre.
The thesis plan is enclosed with this letter.

In any case concerning the answering to the questions or the thesis itself, please do not hesitate to contact me tel; 358 44 932 1202 or by e-mail Upendo.Makenya@laurea.fi or upendomakenya10@hotmail.com.

Thank you in Advance.

Yours faithfully,

Upendo Makenya

Nursing student.

2. Could you explain your patient feelings of loneliness, and how does the patient handling the feelings and emotions?

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Anything else

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Appendix 3 Informed consent of the informant

This is an informed consent document. I am aware of the purpose of the study agreed to participate in this. Any information that I give for the study will remain strictly confidential. I understand the facts and implications of the study. I have the right to withdraw myself from participating in the study at any point and have agreed to participate in this study on my own free will.

Date

Signature

Appendix 4: Figure 2; Table of all findings categories

