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NURSES' PERCEPTIONS AND SUPPORT OF ELDERLY LONELINESS IN NURSING HOMES

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ABSTRACT
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In Finland it is reported that 4-5% of the Finnish elderly population is experiencing constant loneliness. The population of elderly aged 80 years and above is increasing fast in the developed countries including Finland. It is estimated that, currently about 1/3 of elderly people are living in developed countries. Elderly loneliness as discussed in the thesis is the situation whereby an individual of above 60 years old is without companionship, thus could eventually experiencing loneliness.

The purpose of the study was to find out how nurses perceived elderly loneliness and the methods they used to support lonely elderly people in nursing homes. A qualitative research method was used in the study. The thesis topic originated from the project "Experiences of Loneliness", which was innovated by Espoo City. The writer was granted permission before conducting the study by Espoo city through a signed letter. The data was collected from Taavinkoti (nursing home) based in Espoo from November to December 2008. Consent and information letters were sent to nurses prior to their participation in the study.

The total number of participants was five who answered open questions in a written form. Nurses answered the open questions in either English or Finnish. The Finnish data was first translated into English before being analysed. A Finnish to English dictionary and an online language source (mentioned in references) were used in translating some words into English. The method of data analysis was qualitative content analysis.

The findings were categorized as family members, resident's behavior/condition and responsibility. The nurses described elderly resident's behavior/condition such as physical disability, reduced morality, and altered roles, increased dependency, lack of belonging and demand of attention. In addition, nurses described that the absence of family members in an elder's life plays a significant role in an individual's loneliness. The study showed the supporting methods offered by nurses were nursing assistance, psychological support, physical support and social participation.

The elderly represent the majority of victims being affected by loneliness in various societies. The elderly experiencing loneliness need immediate and adequate support. Extreme loneliness could lead to fatal actions such as commitment of suicide by the affected individual. It is very important that nurses working in nursing home prepare proper nursing care plans that are resident-centered.

Keywords: Loneliness, Nursing Homes, Support and the elderly.

CONTENTS

1   INTRODUCTION

The thesis topic is "Nurses' perceptions and support of elderly loneliness in nursing homes". The topic was chosen because the elderly seem to represent the majority being affected by loneliness in the Finnish society, according to various media sources. "Elders appear to be the most vulnerable to loneliness, maybe due to lack of close family members and decreased independency" (De Jong-Gierveld et al 1999, 491-495). The origin of the topic was from the project "Experience of Loneliness" which was introduced at Laurea University of Applied Sciences by Espoo city. The project was in cooperation with a nationwide project titled, "Life into Years". The main objective of Experiences of Loneliness project was to develop methods of helping people experiencing loneliness in Espoo city particularly the elderly.

According to Pitkälä et al (2003, 28) 4-5% of the Finnish elderly experience constant loneliness. Loneliness is more prevalent in today's society compared to previous generations (Killeen 1998, 762-770). The increase of this condition resulted from changed lifestyles from previous generations to the current twenty first century generation. Loneliness is unique for every individual, thus difficult to define. Loneliness means the state of being alone without companionship, thus feeling sad. 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 for the victim. The consequences of loneliness develop into depression, suicidal thoughts and cognitive impairment if the condition is severe and an affected person lacks immediate and effective help. It is a critical problem that 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 elderly person, are not necessarily the same risk factors of loneliness to another elderly. An elderly with weak coping capabilities are prone to immense experiences of loneliness compared to others.

"Loneliness results from a human's mind; it can be reduced and made less painful" (Killeen, 1998, 762-770). This is through psychosocial therapies and assistance in dealing with the condition. In addition, "loneliness is not necessary due to ageing, and ageing is not the main reason for the cause of loneliness in elderly population group" (De Jong-Gierveld et al 1999, 491-495). Therefore, not all elderly experience loneliness during ageing. Loneliness is influenced not only by the presence or absence of relationships, but also by the values of relationships.

Furthermore, aspects of loneliness such as causes, risk factors, and levels are different among various individuals. However, a positive aspect during experiencing loneliness is the enjoyment of individual peace and spending time alone (Blomqvist et al 2004, 35). The joy of spending some time alone is the possibility of having a personal reflection without the presence of other people. Moreover, not everyone enjoys moments of being alone sometimes, thus could experience loneliness or abandonment.

The study presented the theoretical background, research methods, findings and other aspects of the data gathered from informants. The data was collected through open questions and was analyzed by qualitative content analysis method. The findings of the study were discussed then conclusions and recommendations for future studies were presented in this thesis.

2 ELDERLY

The term elderly means a continuous change of ageing. Elderly is defined as growing old of an individual, meanwhile changes such as physical, social and psychological aspects are revealed as individuals' age. People aged over 60 years will be 1.2 billion by 2025 and 2 billion by 2050 worldwide (www.who.int). Furthermore, according to World Health Organization, currently about two thirds of all older people are living in developing countries. Moreover, age 80 and over is the fastest increasing population in developed countries (www.who.int). Elderly people are referred to belong in either two groups: diseased and normal (Kahn&Rowe, 1998, 53). The diseased elders suffer from either acute or chronic diseases while normal elders suffer from minor diseases maybe due to old age.

In dealing with the elderly, terms such as gerontology and geriatrics are commonly used. Gerontology means the study of the physical (biological), psychological and social issues related to the elderly. Geriatrics means preventing/managing diseases affecting old individuals. Geriatrics deals with offering medicine and supporting aspects such as nursing to the elderly. Elderly who live in home care are referred to as residents.

Elderly living with their partners are less likely to experience loneliness compared to elderly living alone i.e. without a partner (De Jong & Tilburg, 1995, 491-495). Living in a partnership facilitates sharing of experiences, moments, love, joy and sorrow hence, reducing possibilities of experiencing loneliness by an elderly. Therefore, elders' partners that live in separation for instance as a result of institutionalization of one of them, tend to experience loneliness because of missing their significant ones.

Chronic health problems and disabilities increase as age increases, however diseases is not a normal outcome of ageing (Berman et al., 2008, 407). The experience of diseases does not necessarily affects all elders. Elderly do not seek help from healthcare professionals, until there is an obvious physical or emotional problem (Ebersole et al., 2004, 97). Some elderly believe the ill condition is a result of old age factors and that they could be incurable. However, other diseases are not a result of ageing. Seeking of medical/nursing consultation could relieve pain, worsening of the illness or a rapid progress of the disease.

Furthermore, elderly people participate in various roles throughout their lives such as: grandparents, caring for their spouses or relatives (informal elderly care) and in voluntary tasks whereby retired elders play vital roles. Engagement of elders in daily activities and playing certain roles promotes functioning of cognitively as well as individual's well being and satisfaction of their tasks accomplishment

3   LONELINESS

Loneliness is an important public health concept, which should be associated highly in public health nursing practice, (Lauder et al., 2004, 88-94). The experience of loneliness impacts on individuals throughout their life affecting them physically, psychologically and socially. Furthermore, patients can sense if nurses are genuinely empathetic, through observation of atmosphere even in a quiet environment. Sometimes just nurses' presence is necessary for a lonely individual (Killeen, 1998, 762-770). People of different age groups are affected with loneliness worldwide. However, elderly people are the majority in the society that is affected by loneliness. Effects of loneliness could be very dangerous affecting an individual's behavior throughout their whole lifetime or for a certain period.
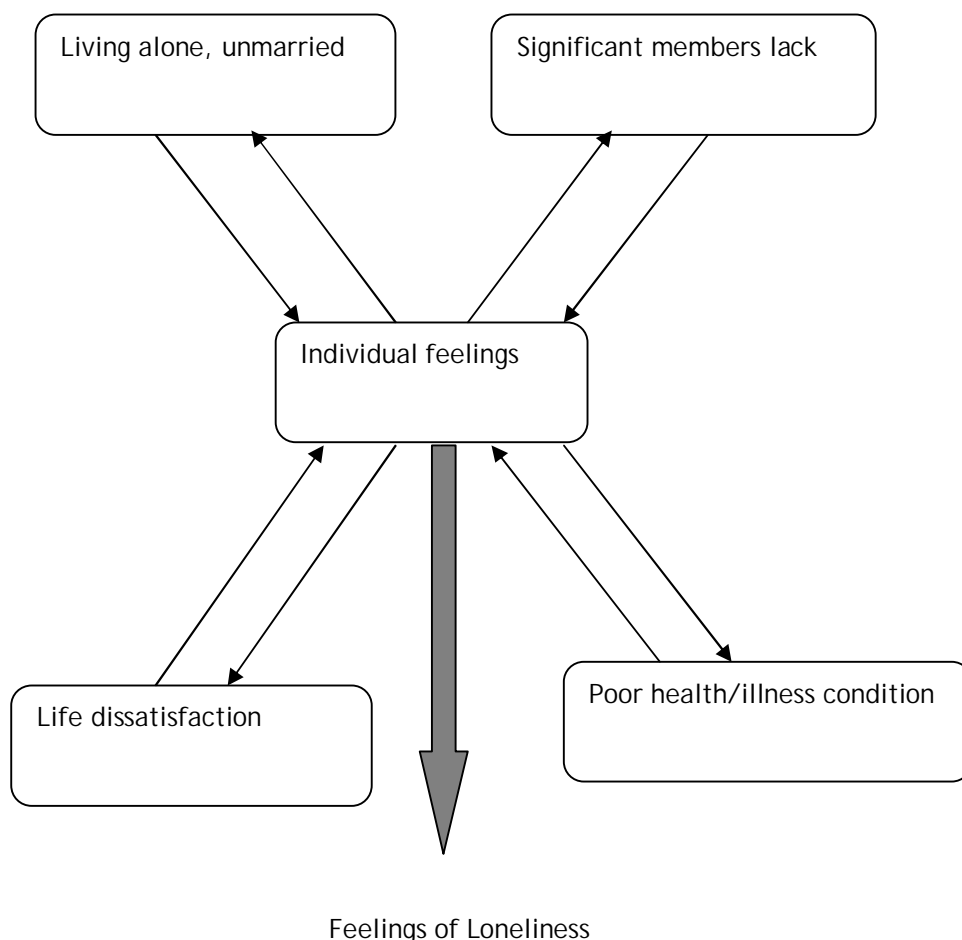
Feelings of Loneliness

Figure1: Sample of the risk factors of Loneliness (Ruth & Öberg, 1988 cited in Achté et al., 1993, 54).

An elderly living alone or being unmarried has a tremendous effect on an individual's feelings due to lack of social contacts hence resulting into loneliness. Living alone could be a result of personal choice or due to life circumstances. For instance being unmarried is an individual choice, while death of a partner is an avoidable circumstance which could be unbearable especially for the remaining partner. Furthermore, an elderly living alone could be a result of hospitalisation/institutionalisation of the other partner or divorce/separation, hence the person becoming vulnerable and lonely.

Older people tend to miss significant members such as partners, siblings and friends who played important roles in the elder's life. Missing of important people on one's life has a psychological impact for an elderly. Special moments, secrets, experiences, joys and sor-

rows are shared among close members. Therefore, absence of significant ones has an impact on an individual's feelings resulting into loneliness, as one tends to reminisce the life of living with family around them, meanwhile coping with the current lonely life and imagining the future life.

Furthermore, older people want to continue living active life of independency just like the younger generation. 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). However, the ability to participate in physical activities declines with age, even in the absence of diseases (Kahn & Rowe, 1999, 44). Poor health due to ageing or effects of an illness impacts the feelings of an elderly. Coping during poor health impairs an elderly cognitively, thus causing loneliness.

Life dissatisfaction is a result of emotional imbalance due to lack of contentment and appreciation of the current life condition. Life dissatisfaction is a distress feeling for an elderly, thus affecting an individual emotionally. Changes of roles for an elderly such as increase of dependency to others due to disability could develop into feelings of life dissatisfaction and later on feelings of loneliness. The four risk factors of loneliness contribute to loneliness in various ways depending on individual perception.

Loneliness is a torturing condition; therefore, 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. The theories mentioned above provide a framework for healthcare professionals when caring for lonely individuals. The mentioned theories provide a framework for healthcare professionals when caring for lonely individuals. Nursing care of elders 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, its interrelation with other health variables and investigating the effectiveness of therapeutic practices. The analysis of therapeutic concepts concerning loneliness, therefore flourishes studies of loneliness through nursing research. However, contradictory of loneliness theories may be of useless assistance to nurses. "Several theoretical perspectives maybe should be integrated as a guide to practice in loneliness" (Donaldson & Watson, 1996).

4   NURSING HOMES

Nursing homes are places where an elderly live with other people in order to be cared for by nurses and other workers, as individuals cannot cope with life at home independently. Nursing homes are places that offer support to residents. A nursing home is a long period care facility that provides nursing care throughout the day (Bakker et al, 2001, 211). Nursing homes could either be private (owned by an individual/individuals) or public (owned by a state/ government). Assistance offered to elderly in nursing homes is such as mobility, psychosocial help, personal hygiene, medical care, etc.

However, some elderly prefer to reside at home and receive home care from their partners with the assistance of nurses' daily visits e.g. thrice per day. Some elderly manage to take care of their partners at home almost independently and rarely visited by nurses or visited only when in need of nursing consultation for their partners. Caring of a partner at home for an elderly couple could be a difficult task. The work could be physically demanding, time consuming and could cause psychological distress due to maximum attention required thus altering some social values of the other partner.

"Institutionalisation is responsible for promoting the welfare of the family by reducing the burden of care giving at home, meanwhile the welfare of the elderly is reduced due to separation from the family and home" (Billings & Leichsenring, 2005). Thus, institutionalisation results into both positive and negative factors to an individual. Nursing homes are secure places for elders, as the elder's health progress is being observed constantly, reported and cared for by healthcare professionals.

According to Bakker et al (2001, 201-217), the aim of nursing home support is to maintain the physical, mental and social abilities of residents. Moreover, it brings about a feeling of belonging in a new community for others especially those who had lost their partners while residing in home premises and imagined the boredom they would have faced by living alone after the death of their partners. Feeling at home is very important to residents of nursing homes due to the permanence of their condition (de Veer and Kerkstra, 2001, 427-434). Thus, it's important for nursing homes to exhibit 'home-like' environments through the decoration of the home by arts, flowers and necessary furniture. The home like environment in a nursing community promotes spirits of elders especially those experiencing psychological impairments.

5   SUPPORT

Elderly is an individual that is older than sixty years according to the writer's opinion: how-ever being referred to as an "elderly individual" varies in different cultures. Other societies refer to elders as people above seventy years old. Therefore, most elderly who can't man-age independently at home are moved to nursing homes to receive support and nursing care from healthcare professionals. "Care management is relevant in offering care for the indi-vidual, but also for creating a network of services, in methods that are client-centred and thus effective" (Campbell & Ikegami, 1999). For instance, a relationship between a nurse and a resident's family is a network service. Nurses update the family on their relative's progress and also receive advice concerning the elderly from family members. The following are the support categories offered by nurses to elderly.

5.1   Physical support

Ageing individuals experience physical changes such as reduction of body size, increased fat tissue and wrinkled skin. The body changes of an elderly may affect movement and an elder's safety for instance reduced muscle strength and inability to balance are risk factors of falls and fractures (Berman et al., 2008, 413). Falls is a common cause of injuries among the elderly and a major factor of morbidity and mortality (Zwicker, 2003, 137-143). Fur-thermore, some of elders are institutionalised due to physical impairments that resulted from falls.

Elderly people experiencing difficulties in movement require support in tasks such as daily personal hygiene, mobility, and assistance due to inability of performing activities inde-pendently. Other elderly experiencing problems in walking due to inability of managing a proper body balance require support in walking. In addition, the use of supportive devices such as hearing aid, walking sticks and other instruments can facilitate independence of an elderly. Moreover, some elderly have poor sight due to blurred vision and blindness and would therefore need orientation assistance and sometimes help in reading.

5.2   Psychological support

The elderly phase of life is associated with various body and mental changes. Diseases in the elderly community usually affect their hope and optimistic behavior concerning health con-dition in regard to the future (Ruikka et al., 1992, 102). Most elderly think of death when affected by diseases. Some elderly experience diminished memory or a complete loss of memory, sometimes due to old age or diseases such as dementia, which impairs an individ-ual cognitively.

Elderly that have poor memory require constant orientation of the surrounding environment, current events etc. For instance, the following questions could be asked frequently: What is the current place, what day is today, which country is this, what month and year is it? Caring for residents with dementia has been described as physically, emotionally and mentally exhausting (D'Arcy, 2002, 152-161). This is due to the constant restlessness, mental confusion and sometimes aggressiveness behavior shown by some of the elders. Residents with cognitive disabilities require extra attention compared to mentally healthy individuals.

However, according to De Veer & Kerkstra (2001, 427-434), "nurses have less time to talk with residents due to shortage of nurses in different healthcare institutions". Shortage of nurses has affected different European countries including Finland. Moreover, a resident's speech could be impaired; therefore nurses would be required to concentrate more in listening to the elders in order to grasp a delivered speech. Both patience and attention is required by a nurse in order to create a suitable flow of communication. However, it is important to note that memory impairment is more prevalent in individuals over the age of 85 than people between 65 and 69 (Berman et al, 2008, 413).

5.3   Social support

Social support is an important aspect required by different age groups especially children, teenagers and the elderly. Emotional participation of an individual in different activities promotes the well being by realising a feeling of belonging into a particular society particularly for the elderly. According to Liu & Yeh (2003, 12), an individual may live alone with few social contacts and not experiencing loneliness. However, presence or absence of significant ones is a major risk factor of loneliness to majority of elders. Nurses offer social help to residents through celebrating events together, singing, creating arts and crafts etc.

In addition, a family of a residence is also responsible in offering social support to the elderly for instance through contacting the elderly. The social participation of elderly could help in alleviating loneliness, depression, etc meanwhile, creating for an elderly a sense of acceptance, recognition and love in the society. Furthermore, maintenance of social contacts and experiencing social support from family members and significant ones are important in offering social needs to an elderly (Liu & Yeh, 2003, 12). Fulfillment of social needs is an important aspect that results into well being of an elderly.

6   PURPOSE OF THE STUDY AND RESEARCH QUESTIONS

The purpose of the study was to describe nurses' perceptions and supporting of elderly loneliness in nursing homes. The research questions were:

> How do nurses perceive elderly loneliness?

This means, the ways that nurses became aware that the elderly were lonely. The second question was:

> What methods do nurses use to support elderly experiencing loneliness in nursing homes?

This refers to the different approaches used by nurses in helping Elderly experiencing loneliness in the Institution of residence.

7   METHODOLOGICAL APPROACH

7.1   Qualitative research method

The study method of choice was qualitative research because data collected were mainly on individual experiences. Qualitative method was concerned with understanding human beings and the nature of their interactions among themselves and their surrounding. 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 within Espoo city. There are many approaches to qualitative research: phenomenological, grounded theory, ethnographical, historical, philosophical inquiry and critical social theory. However, the main purpose of all the approaches is to examine meaning.

Furthermore, each approach is 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 resident's comments and behavior in understanding loneliness affecting residents.

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 being researched. Qualitative information can be gathered through using various research techniques; data can be in different formats such as interview transcript (tape recorded), text and other methods. The data of this study was in text format.

7.2   Informants

A total of five nurses working with elders in nursing homes from Espoo participated in the study. The participants had to come from nursing homes in Espoo because the project was introduced by the city of Espoo aiming at the community within the city. The informants had at least a year of working experience with elders. Participation in the interview was a self-choice and participants could abstain from the interview at any point. Personal identity of the participants was strictly confidential. Both Finnish and English languages were used during the data collection.

As previously mentioned all the participants had a working experience of at least one year or above. According to the collected data, the working knowledge of nurses varied between 1 to 15 years. Some participants had worked in other areas of expertise in the nursing field such as children and youth, healthcare etc before working in the current geriatric unit. However, for some other participants this was their first work place.

7.3   Data collection

Data collection was based in Espoo, as the information was gathered only from Espoo referring to a small-scale qualitative research that was conducted by the student. The writer planned to have six to seven participants, however only five participated in the study. The reasons for not reaching the targeted number of participants were unknown, however as previously mentioned participation in the study was free of choice. Before data collection, the writer filled a form for requesting permission from the city of Espoo for conducting the study. The permission was granted in posted letter to the writer.

The method of data collection during the study was open questions. 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 sent to participants and text data was returned to the writer. All the information will be completely destroyed after the thesis work is complete and accepted. This will provide an opportunity for the writer an access to the data during thesis preparation.

The data was received from the end of November to middle of December 2008 via posted mails to the writer's residence address. The study was conducted in an elderly nursing home in Espoo. Five nurses were informants in the study. The participants filled their background data, according to nurses' information, age group ranged between 19 to 53 years old. All the participants had a nursing education either registered nursing or practical nursing, among a writer's prior condition before participating in the study.

7.4   Qualitative content analysis

Most of the collected data was handwritten, however the data was clearly written by hand and language that was clearly and easily understood by the writer. Furthermore, a dictionary of Finnish- English was also used for checking the precise meaning some of the words in order to avoid misinterpretation of data. The data reported in Finnish language was translated into English language before being analysed. Informants provided useful data (in relation to research questions) thus contributed in forming a precise data categorization.

Data analysis of the gathered information was based on qualitative content method. 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 (Tuomi & Sarajärvi, 2002, 105). 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, 103).

The main task in data analysis interview 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 categorization. Thus, helping in proper grouping of findings in suitable categories. It's very important for the writer to read all the data collected carefully and categorise it into respective groups accordingly with regards to the findings. The main goal in analysis of qualitative data is to organise the gathered information so as to attain a conclusion and data conveyed in a research report (Polit & Hungler, 1995).

8   FINDINGS

The findings of the study were categorised into three main themes. The themes were formed from the data collected in the study by the writer. The main groups from the find-

ings were: family members, elderly resident's behavior/condition and responsibility. The main theme of the study was written in bold letters. The category themes were written in small bold letters e.g: THEME 2 Resident's behavior/condition. Then, the sub-categories were presented in the diagram in Italic texts e.g: *Physical disability* grouped under theme 2. Each of the main themes had sub-categories. The aim of the differentiation of themes, categories and sub-categories was to make it easier for the reader to understand the groups of data. Then, following on the next page is a figure containing all the themes of findings and the sub-categories of the themes.

NURSES' PERCEPTIONS AND SUPPORT OF ELDERLY LONELINESS IN NURSING HOMES
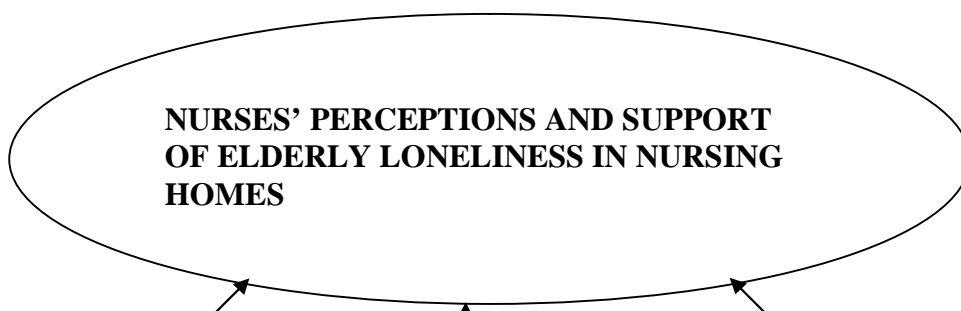
Figure 2: Themes of the study findings

8.1 FAMILY MEMBERS

Nurses who are specialised in elderly care work know the problems affecting the age group. Nurses are capable of realising client's emotions through observations, interaction with residents, analysing a client-family relation etc. The knowledge of an elderly client's/resident's psychological status is important for nurses in preparing suitable nursing care plans aiming at promoting the well being of the elderly. Nurses identified the following external factors that led to the elderly loneliness in relation to residents' family members.

8.1.1 SELDOM VISITS/CONTACTS

The nurses described that some residents experienced loneliness due to absence of their partners, families, close friends etc. Dealing with the elderly suffering from loneliness is very difficult as they tend to miss important people in their lives e.g. due to death, seldom visits to nursing homes, unresolved family conflicts etc. The following quotes illustrate these views:

"So we could say most of the residents experience loneliness because their relatives and families, those who are familiar to them, are not with them".

"Vanhus voi olla surullinen, masentunut, haluton mihinkään jos kaipaa omaisia tai tuntee olonsa yksinäiseksi".
"Elderly may feel sad, depressed, not wanting anywhere if they miss their relatives or experience loneliness".

"Joskus vanhukset puhuvat ja sanovat että heillä ei käy esimerkiksi vieraita tai kukaan katsomassa. Tämä tietysti antaa suoraan viestiä että kokee olonsa yksinäiseksi".
"Sometimes elderly say that, for instance nobody visits them or nobody goes to check on them. This of course provides a straight message that they experience loneliness"

8.1.2 MODERN LIFE-RHYTHM

Life in the current century is very busied for some middle-aged due to particular daily schedules and sometimes long working hours. Everyone has a schedule that is considered important in their lives e.g. a busy working life for the adults, attending soccer practices, piano classes for the teenagers. Thus, there is very little time for others to visit the significant ones in nursing homes. The relations among family members can have positive or negative effects on the elderly (Eliopoulus, 1993, 31).

"Nykyelämän rytmi on omiaan lisäämään yksinäisyyden tunnetta, koska aika ja läsnäoloa on ihmisillä vähemmän läheisilleen. keski-ikäisillä on kiire, mutta laitoksessa asuvalla vanhuksella on paljon aikaa".

"Modern life rhythm is likely to increase the feeling of loneliness because the time and the presence of humans with their significant ones is reduced. Middle-aged are busy, but the ellderly who lives in and Institution have plenty of time".

However, despite the fact that the modern generation has various circumstances on daily basis, "the family is predominantly responsible for catering to the needs of elderly people or disabled relatives" (Billings & Leichsenring, 2005).

8.1.3 DEATH OF A PARTNER

Death of a spouse of an elderly couple leads to institutionalisation into nursing homes for some elders. This could result to inability in coping with living alone after the death of their partners. Moving into a new environment, meanwhile experiencing mixed feelings of sadness for the loss, coping in the new environment and missing their partners' could lead to experiencing loneliness. Adjusting into a new environment could be a gradual process and is a unique experience for everyone.

"Toiset vanhuksia ovat yksinäisiä, koska omaiset ovat kuolleet".
"Other elderly are lonely, because their relatives died".

8.2 RESIDENTS' BEHAVIORS/CONDITIONS

Nurses reported the perceptions of elderly loneliness in various ways. Residents' comments, behaviour or condition usually conveyed certain feelings such as loneliness to nurses. Thus, it was very important for nurses to observe the residents' behaviours in order to plan effective nursing care. Nurses presented the following information concerning residents' behavior in relation to loneliness.

8.2.1 PHYSICAL DISABILITY/ILLNESS

Some elderly experience health problems due to old age, affected by certain diseases that hinder their effective participation in social events. For instance the disability to walk, thus becoming dependent on using wheel chair, would hinder a resident's ability to participate in various activities that may take place in a nursing home such as dancing. Poor hearing and being unable to speak clearly would in effect hinder a resident's ability of participating in a conversation with other residents. Other problems such as poor memory status would also hinder them.

"Joskus kommunikoiminen toisten kanssa on hakalampaa esimerkiksi huonon kuulon vuoksi, voi kokea yksinäisyyttä, ettei pysty osallistumaan yhteisiin asiohin".

"Sometimes communication between elders is uncomfortable for instance a poor hearing elderly may experience loneliness due to inability to participate in a common conversation".

8.2.2   CONSTANT DEMAND OF ATTENTION

Elderly may show a constant demand of attention as a method of being recognised among others in a community. Lonely residents constantly demand attention from nurses.

"If nurses cannot give them full attention, they have no energy to walk (if they can walk), no energy to eat; they can't do anything at all".

"But when they have relatives visiting them or if an interesting program is going on, or if nurses have time to give them attention, they cheer up".

"For example: there is a resident, whenever experiencing loneliness he doesn't want to get up from his bed. He shouts, continuously ringing the bell even if he doesn't need anything. But once his daughters or son visit and stay a while, he is very peaceful".

"Toiset vanhukset kutsuvat hoitajaa vaikka heillä ei ole hoitajalle mitään asiaa.
"Other elders call nurses although they don't need help from a nurse".

8.2.3   ALTERED ROLES.

Elderly are accompanied by changes of social values due to either physical or mental disability in participating in such aspects. Most Elderly loose the strength of performing their roles due to decreased sustainable capability. Some of the elderly residing in nursing homes are confined to bed perhaps due to disability. As a result, they can become fully dependent on nurses for daily activities such as personal hygiene, feeding, body positioning in bed etc. "Elderly people most often have several losses in their functional, cognitive, psychosocial and social competencies" (Pieper & Vaarama, 2005). The following quotation illustrates the finding:

"Yksinäisyyden tunne lisääntyy myös helposti, jos kokee, ettei voi olla enää samanlaiissa rooleissa kun on ennen ollut eli esimerkiksi vanhemuuden roolin liikkumavara kapenee kun ei olla huolehtiva vanhempi, vaan on mahdollisesti itse avun tarpeesssa vastavuoroisuus(molemmat antavat ja saavat ihmissuhteessa). Lievittää yksinäisyyden tunnetta, koska jokaisella on tarve olla tärkeä jollekin ihmisille".

"Loneliness feelings increase also easily, when realising they cant participate in their roles as before for example: elderly role in freedom of action narrows as they can not be caring for their parents, only the possibility of individual help in need of reciprocity (both give and receive in relation to human). Inability to take part in respective roles alleviates loneliness because everyone has a need to be somebody important to other people".

8.3 RESPONSIBILITY

The term "responsibility" as used in the study referred to one's duties in accomplishing particular tasks. According to Oxford dictionary the term means duty or accountability. The main duty of a geriatric nurse was to provide nursing to the elderly in respect to a resident's nursing care plan. Nurses felt they had a responsibility of helping residents in institutions. Nurses practiced the following approaches towards supporting elderly loneliness. Most of the elderly either residing at home or in institutions such as elderly homes depended on the nurses' support daily.

8.3.1 SOCIAL

Nurses support the elderly experiencing loneliness in various ways such as, encouraging them to participate in social activities such as birthday celebrations, public celebrations, music concerts, taking the elderly to the park during summer etc. Participation of the elderly 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 were mentioned in supporting the elderly:

"We try to spend time with them as much as our workload allows us".
"Every Saturday there are refresher programs such as handwork, music performance from groups, going out for a walk at least once or more in a week"
"Every summer, Elderly have outings accompanied by nurses to the parks, markets or shopping malls".

"Yritetään tuoda toisten seuraan, järjestetään yhteisiä hetkiä, vietetään yhdessä syntymäpäiviä, yhteisiä juhlia, jokaisen merkkipäivien muistaminen".
"We try to bring them to sit together, arranging common moments, celebrating residents' birthdays together, common celebrations, remembering residents' special days".

"Vanhusten kanssa tehdään heille mieluisia asiota, kuten sanomalehtien lukemista, television katselua, yhteisokokouksia ja ulkoilua".
"With the Elderly, we do some pleasant activities such reading them Sanoma newspaper, watching television with them, holding common meetings and going for visits outside".

"Kaikki asukkaat pyritään huomioimaan tasavertaisesti".
"All residents seek to account for the equally".

"Kaikki asukkaat pyritään saamaan mukaan yhteisiin tai yksilöllisiin aktiviteetteihin".
"All the residents seek to engage with the joint or individual activities".

"We try to make sure that every week there is a different program for the Elderly. Hopefully, this way, it will reduce their loneliness in being left in the nursing home by their families".

"We believe that music brings joy to everybody, so if we know how to sing and can sing spontaneously or can lead the elderly to sing some old songs while we are doing basic care, then it will not only refresh them, but also us from our routine work".

"Starting next year, we nurses are going to be taught how to sing and do reminiscing".

8.3.2 PHYSICAL

Nurses' availability is therapeutically very important to residents. However, a nurse can be present just for listening to the residents, the fact of "being available to listen" means a lot to some residents. Also, singing old songs by elders is a good way of reminiscing the past and remembering the old events. Being listened to creates a sense of recognition and respect in a certain place as a normal human being. A shortage of nurses and a population with continually more complex health problems also increases the demand of nurses (De Veer and Kerkstra, 2001).

Nurses' ability of being available for listening, talking or offering a friendly touch means a lot to a lonely Elderly. However, the shortage of nurses throughout the country makes it impossible for nurses to have sufficient time to interact with each resident daily.

"Hoitajat ovat läsnä, kuuntelevat, keskutelevaat ja pyrkivät yhdessä jakamaan arkeä, iloja, suruja, hyviä ja huonoja hetkiä".
"Nurses are present, they listen, make conversation, working with elderly in everyday lives in sharing happiness and sad moments, good and bad moments".

"Fyysinen lämpö esimerkiksi silittely ja ystävällinen kosketus voi myös lievittää yksinäisyyttä luomalla läheisyyden tunnetta".

"A physical heat for example a good stroke and a friendly touch can also alleviate the loneliness by creating a feeling of closeness".

8.3.3 PSYCHOLOGICAL

Nurses working in nursing homes communicate with elderly on the daily basis concerning general life, health, current situation and other topics of interests. Sharing a conversation with an elderly is a good opportunity for him or her to express opinions, health conditions etc. Some elderly have autonomy that should be respected by others. However, *"In Western societies it was just recently that people paid attention to the autonomy of elderly in institutions"* (Billings & Leichsenring, 2005). Lack of recognition of the autonomy of some older people could result into emotional problems for the elderly. Reminiscing is a good way for nurses to gain past knowledge concerning the residents and allowing residents to express their opinions.

"Muisteleminen on myös yksi keino, joka lievittää yksinäisyyttä, kun vanhus kokee tulevansa kuulluksi ja nähdyksi myös menneisyytensä kautta.

"Memory lane is also a means of reducing loneliness when Elderly feels as being recognized and heard by others when expressing some views".

"Tavallista keskustelua hoitotoimenpiteiden yhteydessä".
"Usual conversations with an elderly during offering nursing care procedures".

"Tällöin hän ei ole vain "joku potilas" vaan henkilö jolla on oma historia ja elämänkulku toiveinen ja iloinen".

"Then, a resident is not "some patient", but a human being with his/her own history and an on-going life aspiration and happiness".

"Reminiscing is a good way of sharing information by the elderly, letting them talk and remember".

"It not only refreshes them, but also makes their brain work by remembering things".

However, despite the fact nurses working with elderly need to have frequent interaction with the residents, the participants of the study mentioned:

"Hoitajien keinot ovat aika vähäisia näin hoitohenkilokunnan pulan vuoksi. Jos olisi aikaa niin voisi keskustella tai keksi' jotain mielek'st' tekemistä! Surullista on että ei kerkeä kaiken kiireen keskellä kunnolla keskittymään asukkaaseen".

"There is a shortage of nurses. If there was enough time, nurses could talk more or create an interesting activity. Sadly not all nurses have time to focus on residents especially during busy times".

9   DISCUSSION

The core themes of the findings were family members, residents' behaviours, conditions and responsibilities as presented in Figure 2 (page 16). The writer will discuss the themes and sub- categories of the findings in a detailed perspective in this section. A relation between an elderly and his/her family contributes in elderly loneliness especially for some institutionalizes people.

Family members contribute greatly in affecting an elder's emotions to the level of experiencing loneliness by an individual. Each and everyone belong or once belonged in a particular family whereby love, secrets, joy and sorrow were shared among the members. Institutionalization of an elderly leads to loneliness for older people when family members visit /contact seldom. "Loneliness levels can become a serious problem by lack of contact from close individuals or special things" (Bergman-Evans et al., 2000).

Furthermore, life in the current century is very busy for most middle aged including the ones whose parents reside in elderly homes. Middle-aged people have sometimes plenty of work and own families to look after, thus living busy lives and lack time to offer support to institutionalized family members. As a result, some elders feel abandoned by an elder's own family members in the care of healthcare professionals hence, experience loneliness.

 Physical disability or illness sometimes results as people age due to loss of physical strength or coping with certain illness. The deterioration of functioning of sense organs such as sight and hearing is common to most people during aging. Loneliness is suggested results to ill health, but also ill health may lead to loss of social contacts and eventually feelings of loneliness (Lauder, et al, 2004). This shows that illness and loneliness have a particular association.

Furthermore, death is a sorrowful moment for any family member who looses a significant one. Death of a partner could result to severe feelings of loneliness for an elderly. Planning future life with irreplaceable loss of a partner could cause great distress for the remaining partner. Loneliness is a serious problem in a society, thus needs help and critical considera-

tion before causing further harm to victims. "Acute loneliness is a distress and frightening experience leaving a person vulnerable, wounded (Rokach, 1990).

Demand of attention such as constant bell ringing unnecessarily signifies loneliness according to nurse's perceptions. An elderly feels lonely and seeks the company of others around such as nurses thus, calling needlessly. Moreover, it is normal for human beings to seek the company of others in a community. The possibility of communicating with other people is an important factor in maintaining healthy of mind. Exchanging conversations among people enhances sharing of opinions, feelings and thoughts.

Increased dependency is a common aspect for most elderly residing in nursing homes. This is caused by physical disability, deterioration cognitively or other illness. The dependency of institutionalized elderly can be personal hygiene, dressing, feeding, and changing of bed positions. Depending on other people in accomplishing daily basic tasks can lower elder's morale resulting into feelings of loneliness especially when caretakers are unavailable to perform tasks. Reduction in individual freedom of action alters roles of elders; sometimes procedures may be done to elders irrespective of an elder's opinion, awareness or agreement. "Nursing home personnel and families sometimes try to determine the aspects of the elderly without considering asking for elder's suggestions" (Billings& Leichsenring, 2005).

Nurses' charisma has a great influence in an elder's life. Nurses participate in activities with elders such as singing, dancing and handwork whereby older people can enhance social spirits. Celebrations of birthdays, national holidays and name days is a good way for nurses to socialise with elderly. Social togetherness creates a sense of joy, love and belonging for an elderly in a nursing home. Activities such as arts and crafts can form an "ego attitude" for an elderly, which is good both socially and mentally. Social activities need to be maintained and promoted in nursing homes in order to avoid the boredom of residents and experiences of feelings including loneliness.

Physically nurses' availability just to share moments with elders and listening to residents is among nurses' responsibilities. Some elders appreciated just nurses' presence without nurses having to make conversations with them. However, a friendly touch for some residents promoted their well being by experiencing that they were being cared for by nurses. "Loneliness may have severe effects on the well-being of an elderly" (Donaldson & Watson, 1996).

Unfortunately, the shortage of nurses is a problem all over Finland both in hospitals and long-term care institutions such as nursing homes. Thus, it is difficult for nurses to spend longer time with a single resident; meanwhile others wait to be cared for by the same

nurse. Shortage of nurses is a great hindrance in offering care effectively to residents, how-ever nurses tried their best in elderly homes in making the best of the little time available whenever circumstances allowed.

Psychological assistance offered to elderly is among nurses' duties in promoting the well being of a resident in a community. Loneliness has been associated with cognitive impair-ments, social isolation, hopelessness and the inability to perform independently daily activi-ties (Hicks, 2000, 15-19). Memory lane, reminiscing the past and conversations challenges an elderly in sharing of the past events, emotions and knowledge thus, reduced feelings of loneliness.

Nurses observe loneliness among elders in all various circumstances during nursing care; first and foremost loneliness requires recognition, eventually addressed by effective ap-proaches. Furthermore, alerting the social services to the individual's loneliness problem in order to offer supporting approaches.

"Presence of social interaction between elders in a nursing home improved health condi-tions and reduced loneliness" (Von Rossum et al., 1993 cited in Donaldson & Watson, 1996). Nurses and other caring professionals have a role of alleviating loneliness when caring for elderly individuals in nursing homes.

9.1 ETHICAL ISSUES

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 being misjudged by others and Hungler, 1999). The writer filled a form to request a permission from Espoo city to conduct a data collection from the city's nurses. The permission was granted via a signed letter from the Espoo city prior to the questions being distributed to the Nursing home.

The writer wrote a letter to nurses of the Institute ensuring anonymity of participants, con-fidential handling of the data to be collected and a confidential disposal of the data after the thesis being accepted. All the informants received letters of consent before conducting data collection from participants. Letters were composed of title and purpose of the study, research questions and the expected duration of the answering the question, as well as in-forming about voluntary participation in the study.

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

pants were allowed to withdraw from the study at any point without a penalty. The main challenge during data analysis was to acquire the intended meaning of gathered data in order to avoid misinterpretation on information. However, the interpretation of some words was possible by the use of a dictionary and language online sources.

Data collected was used only for the intended purpose of the study; the anonymity of participants was maintained throughout the process as promised by the student. The student did not collect any forms of personal identification such as address and social security numbers during the study work. However, the student collected data concerning participant's background that was useful in data analysis. The privacy of participants was maintained throughout the work. The results obtained from the interview will be confidential and the student will discard entire data gathered after thesis publication.

9.2   TRUSTWORTHINESS

Trustworthiness is an integral part of this thesis as it shows that the work carried out is credible and feasible. There are four key concepts of trustworthiness; these include credibility, transferability, dependability and confirmability (Talbot, 1995, 428).

With credibility the researcher aims to produce results that are believable or more appropriately credible. Qualitative research method in the form of open questions was conducted. To ensure valid results in this study the writer selected participants in the nursing field, geriatric nurses, to be precisely, as the study was based on elderly group. Furthermore, the participants were required to have at least a year of working experience with the group before participating in the data. This would provide the writer with authentic responses that will have a true reflection of this research. Ideally findings should be low in uncertainty and error and thus are trustworthy and believable (Talbot, 1995, 428) hence the use experienced participants.

In this study questions and letters were sent to participants were in both English and Finnish versions. Because some of the responses were in Finnish, the writer had to translate from Finnish to English. The use of the language in the process of writing a thesis and the way it is expressed is a key aspect of this research. Through language data is 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 has been translated incorrectly can change the meaning of participants' responses.

With regards to the concept of transferability, this is the ability of others to understand and use the writer's results. Also transferability allows others to decide whether or not the findings in one scenario can be transferred to another. The research carried out in this study can be transferred to another study in a similar context and still hold similar meanings and interpretations (Talbot, 1995, 429). In this study the responses from nurses who participated in the research were significant because they offer the possibility to understand what they perceived about patient's loneliness.

According to (Talbot, 1995, 429) it is suggested that dependability and confirmability may occur simultaneously. Dependability is an aspect of which one another person can follow the process and procedures that were undertaken by the writer. Dependability makes an assumption that what is being studied may not be reliable or consistent. This is a very important factor in this study because if results are dependable it indicates quality assurance through methodological procedures (O'Leary, 2004, 60).

Confirmability is described as the decision trail where readers can find data source hence confirming whether or not the findings are supported by the data that has been researched. Just to further elaborate this concept basically readers can trace how the writer reached certain data interpretations and concepts and confirm the originality (Talbot, 1995, 429). In this study the writer carefully studied various material and referenced them to show the origin to the reader.

The writer followed thesis guidelines provided by The Laurea University of Applied Sciences for securing permission to conduct the research. To secure the permission from Espoo city the writer had to fill out the study permit form. Individuals who participated in the study had a choice of whether or not to take part. They were also able to discontinue with the study whenever they wished to do so. Before the letters were sent out to the participants the writer ensured that they were fully informed and aware of the purpose of the research as well as procedures involved and confidentiality issues were also mentioned. Participants also had a right to remain anonymous in all materials related to this study. The writer will also make sure that all study materials will be destroyed.

9.3 CONCLUSION

The findings of the study described the nurses' experiences and approaches to be used by the Institution in helping lonely elderly. The fact that the writer had recently worked as a nurse in various elderly institutions in Espoo city provides a conformity in the findings received. It was a good opportunity for the writer to interact with the elderly and learned that some residents had lonely behaviors according to the observations caregivers made and residents' certain frequent comments. "Loneliness behavior is shown by people of different ages especially by the elderly" (Donaldson et al., 1996). According to findings, residents' families and residents play great roles in leading to loneliness of an elderly residing in a nursing home.

The writer's work experience in the sector contributed in data analysis phase by being familiar with most of the collected data. The informants described the experiences of elderly loneliness as presented by residents' behaviour and comments. Furthermore, "there is a common need for proper planning and the evaluation of care offered to elderly, the task is complex due to integrated systems" (Pieper & Vaarama, 2005).

Furthermore, lonely elderly can participate in psychosocial rehabilitation groups whereby there is an opportunity of exchanging ideas among the group members. Implementation of proper techniques towards helping lonely individuals is recommended in order to achieve positive outcomes. However, it's also important that victims of loneliness should avoid denial of the feelings. Denial of the problem by victims would result to difficult circumstances towards offering help. Moreover, victims of loneliness are encouraged to accept help offered in supporting the condition.

9.4 RECOMMENDATION FOR FUTURE STUDIES

Loneliness is a wide concept, associated with different events in life. The effects of loneliness, particularly chronic loneliness could be life-threatening. Therefore further studies should be emphasised on loneliness, through topics such as: How to improve the activities for elderly in nursing homes? How to involve residents' relatives in celebrating events with their relatives? Why do teenagers hardly ever visit or contact their grandparents in nursing homes? What are the effects of institutionalising elderly who is rejected by his/her family? Also, repeating the study by using an Interview method in collecting data so as to grasp more data through clarification of data in during an interview.

The study project was very interesting particularly the group focused in the study: Elderly group. It is due to the fact that, the group represents the majority experiencing loneliness in the society based on the study, "most elderly are lonely particularly in Espoo institutions where the writer has worked in almost all of them. Furthermore, from the writer's opinion conducting an interview would have been a better way of data collection for the study.

During an interview, a writer has an opportunity of demanding extra clarification of data based on the participant's answers. However, interview sessions require a participation of a fluent Finnish speaker to be present with the writer due to the writer's understanding of spoken Finnish being ok but not fluent.

The writer's opinion is to increase outside visits to the park/ picnics for the elderly during summer. Also, nurses may encourage relatives to visit their significant ones in nursing homes through inviting residents' relatives to various institutions' social celebrations, gathering etc (Rokach, 1994) "Severe loneliness is a torturing and scaring knowledge leading to life of misery for the victim". Therefore, it is very important to seek help immediately for people experiencing loneliness especially if experiences are frequent, severe or life threatening.

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APPENDICES

APPENDIX 1:

<center>LETTER FOR NURSES</center>

Dear Nurse,

I am a final year student of Degree Programme in Nursing at Laurea Polytechnic, Espoo Institute. A part of my studies requires thesis writing, which is my current stage. The method of work is Qualitative research, whereby nursing research on how Nurses perceive and support elders experiencing loneliness in nursing homes will be conducted. The purpose of the study is to describe the nurses' perception and support methods of helping Elders cope with loneliness in the mentioned environment. The method of the data collection will be Open questionnaire.

I would kindly request for your participation in my implementation stage by being a participant in the study. My plan includes a total of six to seven nurses (both basic and registered nurses. All the information collected for the study will be handled confidentially. The anonymity of my participants will be strictly confidential. All the collected materials will be entirely confidential after the research is accepted. Please, contact me for any further information or my tutor of the study, Kyllikki Kupari.
Thank you in advance for your co-operation.

Yours faithfully,   Teacher,
                                                       Kyllikki Kupari

Edith Mutafungwa,   Phone:046 8567529.

                                                       Email: kyllikki.kupari@laurea.fi

edith.mutafungwa@laurea.fi

APPENDIX 2:

<u>RESEARCH THEME AND BACKGROUND INFORMATION OF THE INFORMANTS</u>

The research themes of the study "Nurses' perception and support of elderly loneliness in nursing homes" are:
1.   How do nurses perceive elderly loneliness?
2.   What methods do nurses use to support elders experiencing loneliness in nursing homes?

I would like to have some background information of my participants, which is necessary for data analysis.

Please fill in the following short questions prior to the interview.

Age:

Education:

Year graduated:

Years of working experience in Nursing:

Specialization in Nursing:

APPENDIX 3:

<u>INFORMED CONSENT OF THE INFORMANT</u>

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: Table of all findings categories

Sadness and depression	Seldom visit/contact	
Lack of family support		
Resident's busy family	Modern life rhythm	**Family members**
Lack of time		
Loneliness	Death of a partner	

Poor hearing		
Inability to perform tasks	Physical disability/illness	
Health deterioration		**Resident's behavior or condition**
Constant bell ringing	Demand of attention	
Increased dependency	Altered roles	
Less freedom of action		

Nurses' participation		
Celebrations	Social	
Singing		
Nurses' presence	Physical	**Responsibility**
A friendly touch		
Memory lane		
Reminiscing	Psychological	
Conversation		