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Nursing intervention in alleviating loneliness in elderly homes

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Loneliness is a subjective phenomenon mostly associated with the ageing population. Its Prevalence among elderly residents of nursing homes as well as its related factors had been indicated in previous studies. This study aimed to identify ways of alleviating loneliness among elderly residents in nursing homes through nursing interventions. Electronic literature searches were conducted using CINAHL, EBSCO Host, Sage and Ovid. Ten papers were retained and reviewed. Several interventions that were categorized and subcategorized into group intervention and individual intervention were described as ways of alleviating loneliness among the elderly residents. Interventions such as social engagements (social contact with family, friends children and others, dependency in performing ADLs, community gathering), psychosocial group rehabilitation, gardening, videoconferencing, coping skills (improving relationships) were described as group oriented interventions while one-to-one intervention (befriending & monitoring, home visiting & telephone support, gatekeeping), reading & gardening, volunteering and lowering expectations were described as individual ways of alleviating loneliness among the elderly residents. Of all the interventions, social contact with family most especially a qualitative consistent relationship with children and grandchildren was the mostly indicated throughout the study. Further research is needed to investigate the appropriateness and the efficacy of these interventions in alleviating loneliness among the elderly residents in nursing homes.

Keywords: Loneliness, Nursing Home, Elderly, Nursing, Nursing Intervention

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Introduction

The world's population is ageing rapidly and between 2015 and 2050, the proportion of the world's older adults is estimated to almost double from about 12% to 22%, (WHO, 2012-2015). In complete terms, this is an expected increase from 900 million to 2 billion people over the age of 60 (WHO, 2012-2015). As such, it is expected that older people would face special physical and mental health challenges which should be taken cognizance of. It is estimated that by 2020 the number of people aged 60 years and elderly people will exceed children younger than 5 years (WHO, 2012-2015), which corroborate the report that the proportion of elderly people is growing faster than any other age group explanation of which is given as a result of both increased life expectancy and reduction fertility rates (WHO, 2015). Presently, 125 million people are aged 80 years or older and 434 million people in this age group live worldwide meaning that all countries face major challenges to ensure that their healthcare and social support units are prepared to make the most of this demographic shift (WHO, 2015). In the same vein, the population forecast and statistics Finland, projected that the population of Finland will exceed 6 million in 2042 from which the proportion of persons aged over 65 is estimated to rise from the present 17% to 27% by 2040 and to 29% by 2060 moving the dependency ratio to 60.4 by 2016 to 70.5 by 2026 and 79.1 by 2060. As such, the proportion of persons aged 65 and over will almost double from the present 905,000 to 1.79 million by 2060 while the proportion of persons aged 85 is forecast to rise from the 2% to 7% and their number from the present 108,000 to 463,000. One of the explanations for this is the observed continual decline in mortality rate (Official Statistics Of Finland, 2009)

Though the population ageing can be seen as a success story for public health policies and for socioeconomic development, it also throws a challenge to the society to adapt in order to increase the health status and functional capacity of elderly people as well as their social participation and security (WHO, 2012) because certain degree of losses are linked with old age which are not limited only to loss of physical and cognitive capacity (Fries et al., 2000) and functional ability (Femia, Zarit, & Johansson, 2001), but also the loss of friends and family members (van Baarsen, 2002; Victor, Scambler, Bowling, & Bond, 2005). Also, elderly people have reduced social relationship due to depreciating health status and functionality, which in turn result in the loss of intimate relationships and a role in the society. Their social network reduces as does the amount of individuals from whom they get support (see Pinquart & Sorensen 2001). In addition, residential relocation is common among older people, moving from a family home to an institution, which implies a change in informal relations. All these factors are associated with an increased risk of experiencing loneliness (Dykstra, 2009; Hawkey & Cacioppo, 2010; Jylhä & Saarenheimo, 2010).

1.1 Motivation for Study

The interest in this topic was born during a discussion about researchers' individual experiences from working in the care homes with the elderly people during summer. It was observed that the tight schedule of the nurses limits them from spending more time with the elderly, listening to them express their feelings or pour out their minds. This in turn reduced the frequency of contacts they usually have with the nurses. Sometimes, they just want someone to sit with them like a family or personal assistant and talk with them but it was observed that the nurses do not have such time due to their schedules. Such people in the category of the researchers like students on study practice or part time workers somehow fill the attention vacuum of the elderly better than the over busy nurses. This explains why the elderly feel more comfortable, relaxed and happier when student nurses go into their rooms to care for them or when you create time to sit with them and give them their desired attention. It was observed that when the opportunity to sit with them and give the desired attention becomes rare for a long time, they become sad, withdrawn and begin to isolate themselves. This is worse in elderly that do not have family members or friends visiting. These feelings and more has been associated with the experience of loneliness. As such, this topic was deemed to be necessary and important area for research due to the increasing number of elderly people being moved to live permanently in the elderly facilities who are more likely to face loneliness which will in turn have a negative impact on their health status and wellbeing.

The interest in researching this topic gained more weight from our personal observations that even though there are several previous studies about alleviating loneliness amongst elderly residents, little or no study peculiar to Finland care institutions was found from the database thus our interest to study how social factors can alleviate loneliness among institutionalized elderly in Finland. This topic was deemed to be necessary and important area for research due to the increasing number of elderly people being moved to live permanently in the elderly facilities who are more likely to face loneliness which will in turn have a negative impact on their health status and wellbeing.

1.2 Objective and Research Question

This present study aims to review previous studies and identify ways of alleviating loneliness among elderly and on the basis of the result, give specific recommendations on how loneliness can be alleviated amongst elderly residing in nursing homes in Finland.

In this study, elderly people refer to the individuals who are aged 65 and above and are living permanently in care facilities.

Research question

How can elderly loneliness be alleviated through nursing intervention in elderly homes?

2 Background Study

Previous studies have identified various factors associated with the feelings of loneliness such that include but not limited to advanced age (Fees, Martin, & Poon, 1999; Tjihuis, De Jong-Gierveld, Feskens, & Kromhout, 1999), low socioeconomic status, overweight and smoking (Kendig, Browning, & Wells, 1998; Lauder, Browning, & Wells, 2006; Savikko, Routasalo, Tilvis, Strandberg, & Pitkala, 2005), limited access to social support, small social networks, and low levels of social contact (Adams, Sanders, & Auth, 2004; Bondevik & Skogstad, 1998; Kim 1999), living alone, being without a partner, chronic illnesses, or being widowed/ bereaved (Jacob, 1996; Tjihuis et al., 1999), institutionalized old people (Hicks, 2000), poor health and low levels of functional ability are additional factors (Savikko et al., 2005). Similarly, some studies have recommended some possible methods of alleviating the condition. Suggestions that promote increased social contact in the areas of community action groups, adult education lessons, pen pal programmes, telephone support groups, visitation programmes, quilting groups, and social clubs (Adams et al., 2004; Andersson, 1998; Forbes, 1996), contact with younger people especially children, and pets (Hicks, 2000; Forbes, 1996), providing transport and encouraging physical activities (Patterson & Chang, 1999) and volunteer activities that empower elderly to assist one another (Nutbeam 1998) has been brought forward.

2.1 Concepts Of Loneliness

Loneliness is understood to be a multidimensional phenomenon (de Jong Gierveld, 1998; Nilsson, Lindström, & Naden, 2006), and is perceived as a universal lived experience. Yet, it still lacks a clear consensual definition (Karnick, 2005).

Historically, loneliness has been conceptualized as an emotional, social (de Jong Gierveld, Kamphuis, & Dykstra, 1987), or psychological problem (Peplau, 1955) or considered to be a concept that is embedded with other problems such as depression, anger, and self-isolating behavior. Due to these varied conceptualizations, researchers have primarily tried to measure and understand loneliness as an emotional, social, or psychological problem.

(Sociodemographic and Health-Related Risks for Loneliness and Outcome Differences by Loneliness Status in a Sample of U.S. Older Adults; Laurie A. Theeke)

The evolutionary perspective suggests that humans naturally perceive loneliness as an aversively condition to increase inclusive fitness through enhancing social connections (McGuire & Clifford, 2000). In particular, older adults may be more vulnerable to loneliness due to the increased risk of multiple losses, health-related problems in aging, and lowered resilience to transitions in late life (Donaldson & Watson, 1996; Ryan & Patterson, 1987). (Prevalence of Loneliness among U.S. Chinese older adult)

The concepts of feeling lonely, being alone, and living alone are often used interchangeably; however, although they are distinct concepts (Routasalo & Pitkala, 2003), they are related and constitute dimensions of loneliness. Feeling lonely is often understood to mean a subjective feeling of being alone, separated, or apart from others (Tomaka, Thompson, & Palacios, 2006). Being alone means spending time alone, and living alone means having a single-person household; these concepts may or may not be related to experiences of loneliness. Similarly, a person who experiences loneliness may be alone, live alone, or live with others (Andersson, 1998). (as mentioned in Experiences of loneliness among the very old: The Umeå 85Y project; pg 433).

Frequently loneliness is described as a subjective, unpleasant, and distressing phenomenon stemming from a discrepancy between an individual's desired and achieved levels of social relations (de Jong Gierveld & Van Tilburg, 2010; Perlman & Peplau, 1982; Victor, Grenade, & Boldy, 2005; Victor, Scambler, & Bond, 2009). Loneliness could therefore be said to arise from the perception of a mismatch between the actual and expected quality and quantity of social interaction and resources such as social capital. (Social Capital and Loneliness Among the Very Old Living at Home and in Institutional Settings: A Comparative Study; pg 1014 (add authors name)).

Loneliness as might be expected was strongly associated with social isolation. Older people are vulnerable to social isolation and the resultant loneliness, which in later life has been viewed as a potential health risk in itself (Windle et al, 2011). (as mentioned in rona dury). Weiss RS, 1973 & 1974 posits that deficit in social integration are linked to social loneliness. (as mentioned in the importance of activities of daily living and social contact for loneliness:A survey among residents in nursing homes). In a Coventry Uk survey, 68 percent of respondents who claimed to be experiencing some degree of loneliness lived alone. (John Woolham, Guy Daly and Elizabeth Hughes, 2013).

Loneliness has long been recognized as a cause of human suffering (Fromm-Reichman, 1959). A growing body of research suggests that loneliness also is associated with a variety of adverse physical and psychological health outcomes in older individuals. It was also found to increase the risk of a heart condition in a sample of 180 community residing older individuals (Sorkin, Rook, & Lu, 2002). Furthermore, Loneliness is said to bring about negative feelings, poor quality of life and increased mortality and often leads to an increased need for social and health care services (Donaldson & Watson 1996). (Determination of older people's level of loneliness; pg 3037-8)

Loneliness was identified as a risk factor for depression in a study of adults aged 60-90 living in independent living facilities (Adams, Sanders, & Auth, 2004). Numerous studies have confirmed the close relationship between loneliness and depression in older age (Alpass & Neville, 2003; Cacioppo, Hughes, Waite, Hawkley, & Thisted, 2006), especially among women (Tiikkainen & Heikkinen, 2005). However, it is likely to be a bidirectional relationship as there is some evidence that depression can lead to loneliness possibly due to an inability to maintain social networks (Tiikkainen & Heikkinen, 2005). Recent evidence supports the conceptualization of loneliness as a construct separate from depression (Cacioppo, Hughes, Waite, Hawkley, & Thisted, 2006). Loneliness, as a unique construct, may have its own health-related risks and outcomes. (Donald).

Feelings of loneliness also were associated with an increased risk for suicide among those age 65-97 years (Rubenowitz, Waern, Wilhelmson, & Allebeck, 2001). Therefore, loneliness is a phenomenon of concern for all nurses who interact with older individuals. Rokach and Brock (1997) state that the manner in which loneliness is experienced and the causes attributed to it are influenced by gender and stage of life. As such, it has been consistently suggested that nursing and other health care fields make loneliness a priority (Donaldson & Watson, 1996; Paul, Ayis, & Ebrahim, 2006; Ryan & Patterson, 1987).

2.2 Definition of Loneliness

Loneliness is a common experience across the lifespan yet one that eludes precise definition. The prevalence of loneliness has prompted many researchers to embark on studying the nature of the phenomenon and several definitions and interpretations had emerged, yet it lacked singular consensual definition (Karnick, 2005).

McInnis and White (2001) interpreted loneliness among the older adults as a fracture of important relationships; a state of anxiety, fear, sadness, and a state of silent suffering (as mentioned in Experiences of loneliness among the very old: The Umea^o 85Y project; pg 433). These fractures come inform of losses associated with becoming old which are but not limited

to only loss of physical and cognitive capacity (Fries et al., 2000) and functional ability (Femia, Zarit, & Johansson, 2001), but also the loss of friends and family members (van Baarsen, 2002; Victor, Scambler, Bowling, & Bond, 2005). Any or all of these losses may contribute to experiences of loneliness among the very old. (Experiences of loneliness among the very old: The Umea^o 85Y project; pg 433)

Peplau & Perlman, 1982 defined loneliness as a situation perceived by an individual as one where there is an unpleasant or unacceptable lack of certain relationships. Central to this definition is the subjective and negative experience, and the outcome of a cognitive evaluation of existing relationships and relationship standards. This evaluation is a subjective one, meaning that people can feel lonely even though they have many relationships, for instance because they have higher standards than others and strive to have even more relationships, or because they lack certain types of relationship types of relationship for instance with a confidant. On the other hand, Alison E. While (2014), defined Loneliness as a situation of feelings of depression, detachment due to emptiness in a person's emotional and social life, feeling of distress which are related to several factors that could cause impairment to the quality of life of elderly people living permanently in a care facilities. In the same vein, Weiss (1973) defines loneliness as a lack of human intimacy that is experienced by the individual as unpleasant. He specifies that it is conceptually comprised of two primary dimensions: emotional isolation and social isolation. Loneliness is generally believed to be an inevitable part of the ageing process due to the increasing social isolation resulting from deteriorating mobility, sight, and hearing, the gradual passing away of friends and the family members being too busy to spend time with their ageing relatives (Pettigrew & Roberts; 2008). Rook (1984) described loneliness as a state of emotion characterized by a sense of estrangement in which an individual feels misunderstood by others. Loneliness in older individuals frequently is related to age-related changes and losses (Ryan & Paterson, 1987).

Weiss (1973 & 1974), emphasizes the importance of distinguishing between the loneliness of emotional isolation and the loneliness of social isolation when studying loneliness in the elderly. Weiss focuses primarily on the provisions of attachment and social integration, as deficit in attachment are linked to emotional loneliness and deficits in social integration are linked to social loneliness. Weiss's framework appears appropriate for understanding the relationships between social interaction and psychological well-being, as elderly in nursing homes may experience changes in close relationships, relocation, failing health, or death of a spouse or friends. (Jorunn Drageset, 2004) (The importance of activities of daily living and social contact for loneliness: a survey among residents in nursing homes)

In summary, the literature about loneliness among the elderly focuses above all on loneliness as a deficit condition (authors of Experiences of loneliness among the very old: The Umea^o 85Y project; pg 433)

2.3 Definition Of Terms

2.3.1 Nursing Home

A nursing home is a place for people who don't need to be in a hospital but can't be cared for at home. Most nursing homes have nursing aides and skilled nurses on hand 24 hours a day. Some nursing homes are set up like a hospital. The staffs provide medical care, as well as physical, speech and occupational therapy. There might be a nurses' station on each floor. Other nursing homes try to be more like home. They try to have a neighbourhood feel. Often, they don't have a fixed day-to-day schedule, and kitchens might be open to residents. Staff members are encouraged to develop relationships with residents. Some nursing homes have special care units for people with serious memory problems such as Alzheimer's disease. Some will let couples live together (Medline plus, 2015).

2.3.2 Elderly

An elderly person is one who is "old "and or past middle" (Merriam Webster dictionary). "The ageing process is of course a biological reality which has its own dynamic, largely beyond human control. However, it is also subject to the constructions by which each society makes sense of old age. In the developed world, chronological time plays a paramount role. The age of 60 or 65, roughly equivalent to retirement ages in most developed countries is said to be the beginning of old age. In many parts of the developing world, chronological time has little or no importance in the meaning of old age. Other socially constructed meanings of age are more significant such as the roles assigned to older people; in some cases it is the loss of roles accompanying physical decline which is significant in defining old age. Thus, in contrast to the chronological milestones which mark life stages in the developed world, old age in many developing countries is seen to begin at the point when active contribution is no longer possible." (Gorman, 2000 as mentioned in WHO, 2015).

2.3.3 Nursing

Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups, and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and inpatient and health systems management, and education are also key nursing roles (ICN 2015). The four fundamental responsibilities of the code of ethics for Nurses

by ICN which include health promotion, illness prevention, restoration of health and alleviation of suffering. (Fry & Johnstone, 2006 ;)

Nursing is the use of clinical judgement in the provision of care to enable people to improve, maintain, or recover health, to cope with health problems, and to achieve the best possible quality of life, whatever their disease or disability, until death. The defining characteristics include:

- A particular purpose: the purpose of nursing is to promote health, healing, growth and development, and to prevent disease, illness, injury, and disability. When people become ill or disabled, the purpose of nursing is, in addition, to minimise distress and suffering, and to enable people to understand and cope with their disease or disability, its treatment and its consequences. When death is inevitable, the purpose of nursing is to maintain the best possible quality of life until its end.
- A particular mode of intervention: nursing interventions are concerned with empowering people, and helping them to achieve, maintain or recover independence. Nursing is an intellectual, physical, emotional and moral process which includes the identification of nursing needs; therapeutic interventions and personal care; information, education, advice and advocacy; and physical, emotional and spiritual support. In addition to direct patient care, nursing practice includes management, teaching, and policy and knowledge development.
- A particular domain: the specific domain of nursing is people's unique responses to and experience of health, illness, frailty, disability and health-related life events in whatever environment or circumstances they find themselves. People's responses may be physiological, psychological, social, cultural or spiritual, and are often a combination of all of these. The term "people" includes individuals of all ages, families and communities, throughout the entire life span.
- A particular focus: the focus of nursing is the whole person and the human response rather than a particular aspect of the person or a particular pathological condition.
- A particular value base: nursing is based on ethical values which respect the dignity, autonomy and uniqueness of human beings, the privileged nurse-patient relationship, and the acceptance of personal accountability for decisions and actions. These values are expressed in written codes of ethics, and supported by a system of professional regulation.
- A commitment to partnership: nurses work in partnership with patients, their relatives and other carers and in collaboration with others as members of a multi-disciplinary team. Where appropriate they will lead the team, prescribing, delegating and supervising the work of others; at other times they will participate under the leadership

of others. At all times, however, they remain personally and professionally accountable for their own decisions and actions. (Clark D. J, 2003; Pg. 2-5)

2.3.4 Nursing Interventions

A nursing intervention is defined as a single nursing action-treatment, procedure or activity - designed to achieve an outcome to a diagnosis, nursing or medical, for which the nurse is accountable (Saba, 2007). Patient services are usually initiated as medical orders by a referring physician and reviewed by admitting by the admitting nurse. As part of the admission assessment the primary nurse also determines the nursing orders based on the signs and symptoms, diagnoses, and expected outcomes /goals; and together, from the plan of care that requires the nursing interventions following the nursing process (Campbell, 1990; Saba, 2007). Nursing intervention are actions that are taken upon by nurses to further the course of treatment for patient. The goal of nursing intervention is to improve the health status of the patient, nurses are supposed to alleviate suffering. Nursing intervention can be classified in to four ways, first of all the nurse has to assessment in this case the nurse will determine the actual cause of the problem , then the nurse can plan on how to formulate the best plan action that is needed. Then the third way is the nurse is to implement the planning and the fourth is to evaluate and determine the course of intervention required, whether it is successful or not (Medical -dictionary). By using a qualifier a nursing intervention is more precise and provides another facet of the care process that can be expressed in time used to determine workload and cost (Saba, 2007).

2.4 Prevalence of loneliness

The topic of loneliness in old age has generated considerable interest among researchers. A large number of studies have examined the prevalence, correlates, and contributing factors of loneliness in this population. ((Loneliness in older women; pg 795).

Current research has identified that loneliness factors in the older adults which registered 8-9% in 1940 have now increased to 13% in 2011 studies (Sheldon, 1948; Townsend 1957; Dawkes et al, 2013) (Rona Dury article). Recent survey of 1000 London residents identified that more than a quarter 'felt lonely' often or all of the time while 28% identified little or no sense of a social community in their area of London, a perception that rose to 33% in those over 65 years (ComRes, 2013) (Rona Dury article).

A study of 19 Australians aged 65 years or over reported that almost all interviewees perceived themselves to be lonely at least some of the and some considered themselves to br chronically lonely. Loneliness was generally believed to be an inevitable part of the ageing process due to

the increasing social isolation resulting from deteriorating mobility, sight and hearing, the gradual passing away of friends and family members being too busy to spend much time with their ageing relatives. (Pettigrew & Roberts, 2007) (Addressing loneliness in later life).

In a UK 10 studies completed over a 40 year period (Victor et al, 2000, p.409 reported prevalence rates for loneliness of between 2 and 16% and social rates of between 2 and 20%. A Swedish study reported loneliness rates of 38% among older women (Holmes et al., 1992). More recently, one government sponsored study has suggested that very large numbers of older people are socially excluded in many ways (ODPM, 2006). Help the Aged (2008, p. 6) reported that one third of older people report feeling out of touch with modern life and a further 1 in 8 say they are often or always lonely. ODPM, 2006, p.55 suggested that 10% of people over 65 often feel lonely and that 12% of people aged over 50 years exhibited some degree of isolation (Barnes et al., 2006a, b; Gray, 2009; ODPM, 2006; Social Exclusion Unit (SEU), 2003, 2004, 2005) (Coventry UK article) .

In another UK study, the report showed that 46% of the respondents lived alone and 22% expressed a wish for more social contact with other people. Over two-third (315/68%) of the people who said they were experiencing some degree of loneliness also lived alone and 215/46% of this group wished for more social contact. (John Woolham, Guy Daly & Elizabeth Hughes, 2013). (Coventry UK)

Chalise et al., 2010 estimated that 25% of the world's population experiences loneliness on a regular basis with its prevalence in older people varying from 7% to 49%. In a study of the Chinese older people, four included studies reported the prevalence of loneliness among them with different measurements and samples making it difficult to draw any conclusions regarding the prevalence of loneliness. However, Yang and Victor (2008), on the basis of comparison of two national surveys estimated that there was a rising temporal trend of loneliness of older people in China due to the social and economic changes. (Loneliness and social support of older people in China).

In a study studying loneliness in older women, the prevalence of loneliness ranges from 12% in older men (Berg, Mellström, Persson, & Svanborg, 1981) to as high as 38% in older women (Holmén, Ericsson, Andersson, & Winblad, 1992). Not only is the prevalence high, but physical, psychological, and social problems are consistently reported as correlates of loneliness. ((Loneliness in older women; pg 795).

Evidence has emerged that older women report more loneliness than males of similar age. Women between the ages of 60 and 80 reported higher levels of loneliness than male peers in a meta-analysis of 149 studies from multiple countries (Pinquart & Sorenson, 2001). More

women (19%) than men (12%) reported being lonely in a sample of 654 individuals over age 65 (Prince, Harwood, Blizard, & Thomas, 1997). In a study of individuals over age 75, 38% of women felt lonely compared with 24% of the men (Holmen, Ericsson, Andersson, & Winblad, 1992). (Loneliness in older women; pg 795).

From the ongoing, it is obvious that the sometimes wide differences in prevalence reported reflect differences in design and method, respondent and different operational definitions of loneliness. Nonetheless, national and international policy has increasingly recognised the need to tackle the loneliness faced by many older people (Cattan et al., 2005; DH, 2001; Walters et al., 1999). (Coventry UK article)

2.5 Experience of loneliness

Today, loneliness amongst individuals living in both urban and rural areas is considered a serious social problem observed. Although the feeling of loneliness occurs in every age group, it is rather more pronounced amongst the elderly (Determination of older people's level of loneliness; pg 3037-8).

Some investigators have sought to identify the risk factors for loneliness amongst older people living in specific communities. The identified risk factors include socio-demographic characteristics (living alone, being female, not having children), material circumstances (low income), health status (mental health, depression) and adverse life events (Victor et al. 2002). However, the loosening of social and family ties, increasing divorce rates and migration may lead to an increase in feelings of loneliness amongst older people (Donaldson & Watson 1996). Several studies have demonstrated a correlation between increased loneliness and a variety of predictor variables such as reduced hearing (Holme `n et al. 1992) and loss of a spouse (Jones et al. 1985, Holme `n et al. 1992). Also, an extensive study in Stockholm (of 1725 individuals aged over 75 years) concluded that loneliness is related to age, sex, marital status, number of social contacts, number of friends, health and cognitive function (Holme `n et al. 1992). Loneliness causes many problems for older people, including physical and mental health problems. Loneliness brings about negative feelings, poor quality of life and increased mortality and often leads to an increased need for social and health care services (Donaldson & Watson 1996). (Determination of older people's level of loneliness; pg 3037-8).

Other studies further established several causes or reasons for loneliness amongst elderly population such as poor health (perceived or actual) and low level of functional ability are additional factors (Savikko et al; 2005). Also chronic illness such as arthritis, diabetes, stroke

and neurological diseases that are long term in nature and result in higher level of dependency are particularly problematic (Tijhuis et al; 1999). Furthermore, it is noted that loneliness amongst the elderly is connected to the lack of meaning in life, neglect by relatives, disability, inhumane practices in elderly care facilities, low status of elderly people in society, risk of cognitive decline, impaired quality of life and poor subjective health. Alison E. While. (2014).

The experience of loneliness is also correlated with a variety of other psychological and physical conditions including actual and perceived ill-health, dietary inadequacies, excessive alcohol consumption, depression, personality disorders and suicide (Butler, 1998; Fees, Martins, & Poon, 1999; Gold, 1996; Klinger, 1999; Prince, Harwood, Blizard, Thomas, & Mann, 1997; Stravynski & Boyer, 2001; Walker & Beauchene, 1991), especially among those age 65-97 years (Rubenowitz, Waern, Wilhelmson, & Allebeck, 2001).

Previous studies recorded that women may be more vulnerable to loneliness because they live longer and experience events such as the deaths of spouses (Holmenetal, 1992) and relocation (Rokach & Brock, 1997) with greater frequency. One result of these changes and losses may be the disruption of women's social networks. Social networks are made up of the people with whom we frequently interact and are the primary source of support and assistance (Andersson, 1998). Stokes (1986) posits that women view relationships within their social networks differently than men. Women generally develop "close, dyadic social ties" less related to large social networks than to the "nature of close, intimate one-to-one relationships" (Stokes, 1986, p. 8). (Loneliness in older women; pg 796)

In a sample of Finnish older adults, Savikko, Routasalo, Tilvis, Strandberg, and Pitkälä (2005) reported poor functional status, widowhood, low income, living alone, poor health, and female gender were independent predictors of loneliness. More recently, Theeke (2009) indicated that self-report of poor health, non-married status, gross and fine motor impairment and living arrangement were all predictors of loneliness in U.S. adults older than age 65.

In a study carried out in United States, it was reported that studying loneliness from within the United States culture is important because culture does have some effect on mental health ("Basic Behavioral Science Research," 1996). Eight different studies have reported that cultural experiences significantly contributed to the antecedents for, experience of, and coping strategies for loneliness (Rokach, 1989, 1996, 1997, 1999; Rokach, Moya, Orzeck, & Exposito, 2001; Rokach & Neto, 2005; Rokach, Orzeck, & Neto, 2004; Rokach & Sharma, 1996).

Expanding what is known about the relation of loneliness to health would be congruous with the most recent research priorities set forth by the National Institute on Aging (2006) that have put increasing emphasis on understanding mind-body interaction as well as socio-behavioral

issues. (Arnone, 2006). Understanding what influences the health and function of this group is essential so that both health care providers and policy makers can appropriately meet their needs ("Basic Behavioral Science Research," 1996).

3 Methodology

3.1 Literature Review

A literature review is the in depth study and interpretation of literature that addresses a specific topic. The purpose review is to provide critical account of literature in particular area. The aim of the researcher is to review and critique the literature that can influence the topic of enquiry, in order to demonstrate their understanding of both the research and the measures previously used to investigate the area. Systematic review refers to review that is undertaken in great detail. More students are undertaking literature review as part of their studies to earning a degree in a particular fields. For pragmatic reasons, many students within healthcare study field tends to undertake literature -based dissertations (Aveyard 2010). Systematic reviews have been defined as an in depth summaries of the best available materials that smartly address defined clinical questions"(Murlow et al.1997, P.339). One of the main features of a systematic literature review is that authors follow a strict procedure to ensure that the review procedure undertaken is systematic by explicit and tedious methods to locate, critically review and synthesize relevant studies in order to answer predefined question. The authors then develop an in depth searching strategy, leaving no stone unturned in the search for relevant articles, and do not regard the process executed until the search is exhaust (Aveyard 2007).

Literature reviews has become a more vital part in health and social care. The growing importance of evidence -based practice (EBP) within healthcare field today has led to literature reviews becoming relatively more important to current practice. In the literature review, all the available evidence on any given subjects is obtained and examined so that an overall picture of what is known about the subject is achieved. The value of one individual piece of research is larger if it is seen in the contextual of other literature review on the same topic. Thus the literature review is regarded as increasingly important in health and social care and the method of undertaking a literature review has become a significant research methodology in its own right (Aveyard 2010).

A systematic literature review was used during the study. Previous literature related to the research topic were retrieved and reviewed, materials that were relevant to the review were analyzed and summarized. Electronic database were accessed and literature were sought

according to the health care setting. For this study, the step by step process of doing a systematic literature review according to Aveyard, 2010 was adopted and followed accordingly.

3.2 Database Search

A Systematic search strategy will enable you to identify and locate the widest range of published material in order to answer your research question in the most comprehensive way (Aveyard, 2007). A thorough and comprehensive search strategy will help to ensure that you identify key literatures/texts on your topic and that you will find the relevant research that has been undertaken in your area. (Aveyard 2010 p 79.) In this study data search strategy were developed using Systematic review guidelines obtained from text book (Aveyard 2010). Data search strategy were done and developed together with the school librarian through consultation, also the school this strategy was adopted because the university electronic was the most credible and available resources at our disposal (Laurea otaniemi university of applied science). Literatures that were relevant to the purpose of the study and research question were identified and gathered accordingly. The research was carried out by three people. The research question was explained extensively in to main concepts. Different keywords like loneliness, elderly, Alleviating, elderly homes and Nursing institutions were used in the research work

The database that was used to carry out the search was CINAHL/EBSCO Host, Ovid, Sage search. A total of 833 articles were retrieved from all database search. 726 articles were discarded, 107 articles were retained and 62 was reviewed and 10 articles was selected for use. Criteria for literature filter was done using articles published between 2005 to 2015, text written in English, empherical studies, articles that answers the research question and articles with full text.

The data search of systematic review must be transparent and replicable. Transparency and replicability enable readers to assess the thoroughness of the search with sufficient details. Kitchenham (2004) the primary search details are illustrated as below:

Table 1 Illustration of Database Search

Number	Date	Database	Keywords used	Hits	Article retrieved	Articles reviewed	Articles used
1	12.12.2014	CINAHL	Loneliness & Elderly	276	21	8	3
2	12.11.2015	EBSCO Host	Alleviating loneliness among elderly residents in Nursing homes.	265	13	6	1
3	12.11.2015	EBSCO Host	Alleviating, loneliness, elderly, & nursing	1	1	1	0
4	12.11.2015	EBSCO Host	Loneliness, later life, intervention & nursing	2	2	2	0
5	16.11.2015	EBSCO Host	Elderly, loneliness, & nursing	13	8	2	0
6	16.11.2015	EBSCO Host	Later life, loneliness, nursing & intervention	2	0	0	0
7	16.11.2015	EBSCO Host	Old age, loneliness, nursing & intervention	16	10	10	2
8	16.11.2015	Ovid	Old age, loneliness, nursing & intervention	5	5	5	0

9	16.11.2015	Ovid	Elderly, loneliness & nursing	30	10	10	0
10	16.11.2015	Ovid	Elderly, loneliness, nursing & intervention	24	3	3	0
11	16.11.2015	Sage search	Old age, loneliness, nursing & intervention	0	0	0	0
12	16.11.2015	Sage search	Loneliness & Elderly	40	11	5	0
13	16.11.2015	Sage search	Elderly, loneliness, nursing home, intervention, reduction & adult.	159	23	10	4
Total				833	107	62	10

3.3 Exclusion and Inclusion Criteria

Certain criteria were adopted in the research literature extraction process from the search engines which helped in stratifying the literatures selected in accordance to the purpose of the study. The criteria include; full text PDF, free of charge articles, articles that are available and accessible, relevance of presence of keywords, articles published between 2005 and 2015, articles published in English language, relevance to research purpose as well as empirical studies.

Table 2 Inclusion and Exclusion

Inclusion Criteria	Exclusion Criteria
<ul style="list-style-type: none"> ➤ Articles with full PDF format. ➤ Articles that are free of charge to access. ➤ Articles available to the source of the search engine. 	<ul style="list-style-type: none"> ➤ Articles published before 2005. ➤ Articles published in other languages besides English language. ➤ Articles that are not relevant to the research purpose/topic.

<ul style="list-style-type: none"> ➤ Articles that are directly relevant to the research purpose. ➤ Articles with abstract. ➤ Articles published between 2005 and 2015. ➤ Articles published in English language. ➤ Articles scientifically conducted. 	<ul style="list-style-type: none"> ➤ Articles that the full text PDF are not available
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3.4 Data Extraction

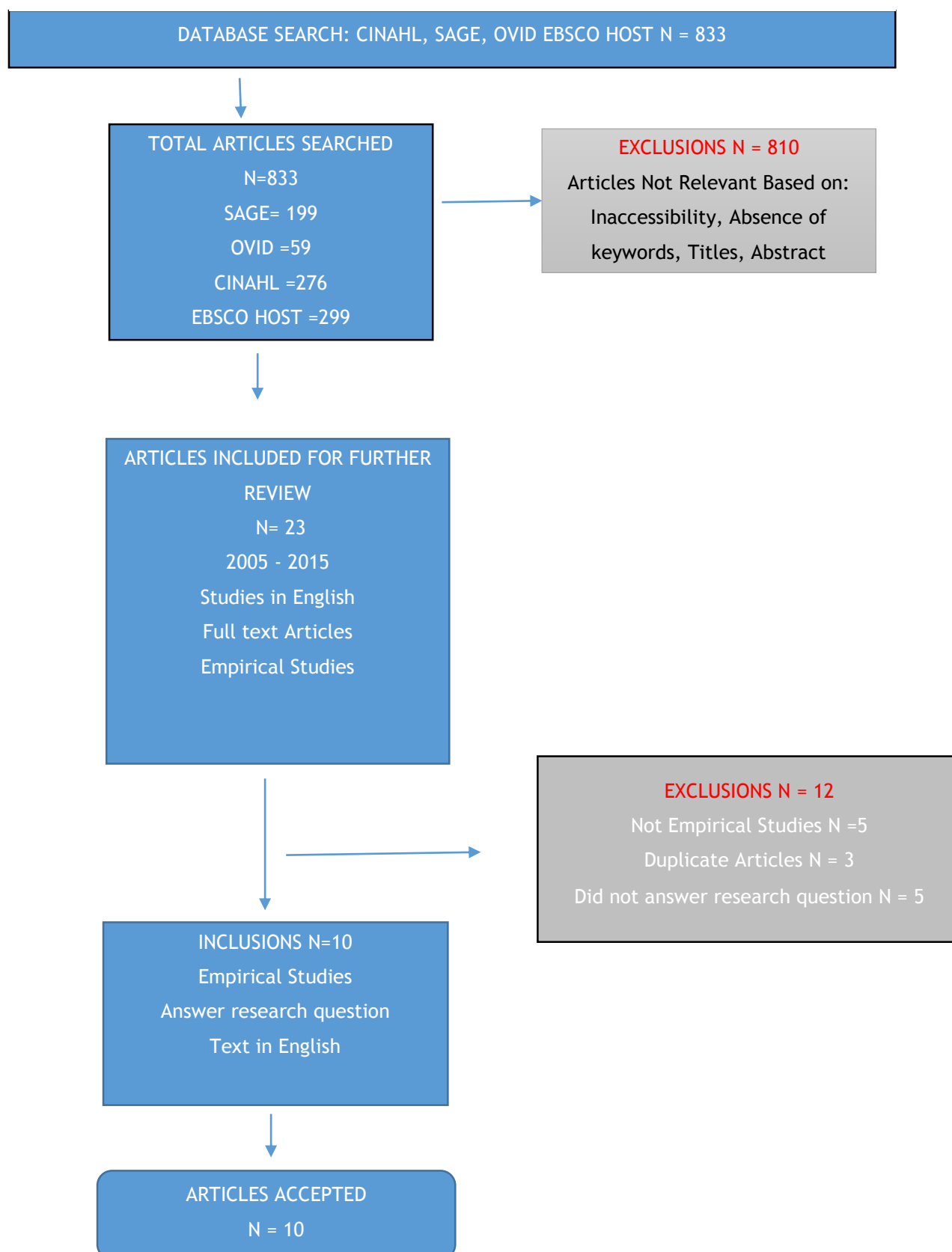
The main purpose of the data extraction is to extract findings from the selected primary studies in a coherent pattern that enables later data synthesis and interpretation. This stage of the systematic literature review is achieved by designing a data collection form to accurately record the information authors obtain from the main studies. It is one of the most vital and time-consuming aspects of a systematic literature review. In most cases, data extraction will explain a set of numeric values that should be extracted for individual study (e.g. value subjects, effects of treatment, etc. (Kintchmen2004).

The data extraction form had four main functions. To act as summary of selected studies , to assess the eligibility of the current study because it directly links to review questions and criteria, act as historical record throughout the review process and also to act as advised by (Higgins & Green, 2011).

A consensus between reviews researchers may be needed before the form is modified to avoid any discrepancies or later problems (Higgins and Deeks 2011).

The data extraction forms must be made to collect all the information required to address the study questions and the research quality criteria. They must also accumulate all data items identified in the review synthesis strategy section of the procedures.(kintchmen2004).In this study data extraction was performed by three researchers independently and data was compared and disagreements were resolved. At the end 10 articles were selected and agreed upon to be used for the study.

Figure 1 illustration of the processes of data selection



3.5 Data Analysis

Data analysis is an important stage of a systematic literature review process. It usually involves identifying gaps in research and further investigation, providing framework for positioning new research work and summarizing existing evidence concerning the chosen primary studies (Kitchenham 2004). According to Finfgeld (2003) data analysis main objectives is to develop a new and integrative way of interpreting research findings that is more substantive than those resulting from individual investigations. During the literature search of this review on the experience of loneliness on the elderly, obtaining comprehensive and substantial articles were difficult. The reason been that loneliness experience of elderly in the care home has not been sufficiently explored. Inductive content analysis is recommended in cases where there are no past study dealing with the subject or when it is fragmented (Lauri and Kyngas 2005). In this paper, the researchers have used an inductive content analysis method. Content analysis is a research technique that can used with either qualitative or quantitative data. The technique allow users to apply a set of codes to reduce volumes of verbal or print material into more organized data's from which researchers identify patterns, categories, words, phrases and gain understanding.(Cavanagh 1997). The different stages are usually obtained from the data's in inductive content analysis (Elo and Kyngäs 2008). Data analysis process involves Organizing the Data, outcome, Ideas and Concepts, Also building relevant themes in the Data, also ascertain data validity and reliability in the Data Analysis and in the outcomes, searching for a Possible and Plausible Explanations of the Findings. Also a valid analysis is greatly assisted by data displays that are focused enough to allow viewing of a full data set in one center and are systematically arranged to answer the study question for the research (Huberman and Miles, 1994, p. 432). Firstly the researchers independently read thoroughly the ten selected articles to have a clear knowledge and grasp the main ideas presented in the research articles. A relentless data extraction process was done independently by the researchers, this process was important in establishing a link between the research question and the extracted data. The next step involves separate further analysis of data into smaller categories (data one data two and data three) researchers came up with nine and Ten findings. To conclude, based on the similarity of data content and in line with the research question, two important methods namely group and Individual interventions were adopted to alleviate the feeling of loneliness among elderly living in care home

RAW DATA

SUBCATEGORIES

MAIN CATEGORIES

- Social relationship with other residents promotes wellbeing
- Social engagement has a positive impact on life satisfaction
- Social engagement has significant impact on social isolation



Social Contact with others

- Frequent contact with friends indicate low level of social loneliness
- Relationship with family & friends is prioritized
- Family support is a source of social support that positively influence elderly psychological and well-being & mental health compared to other social network



Spending Time with Family & Friends

- Social contact with children and the quality
- Children filial piety can comfort older people reduce psychological distress and help them have more positive attitude toward later life
- Of such relationship reduces loneliness
- Relationship with children & grandchildren is more important than other family members



Social Contact with Children

- Community based food and beverage Consumption rituals with older friends & family promotes healthy social engagement
- Community engagement increase participation in existing activities e.g. sport, library & museums
- Community based social activities such as lunch, clubs, day centers and community café alleviate loneliness
- Family visitation had positive impact on loneliness and other socialization measures



Community Gathering



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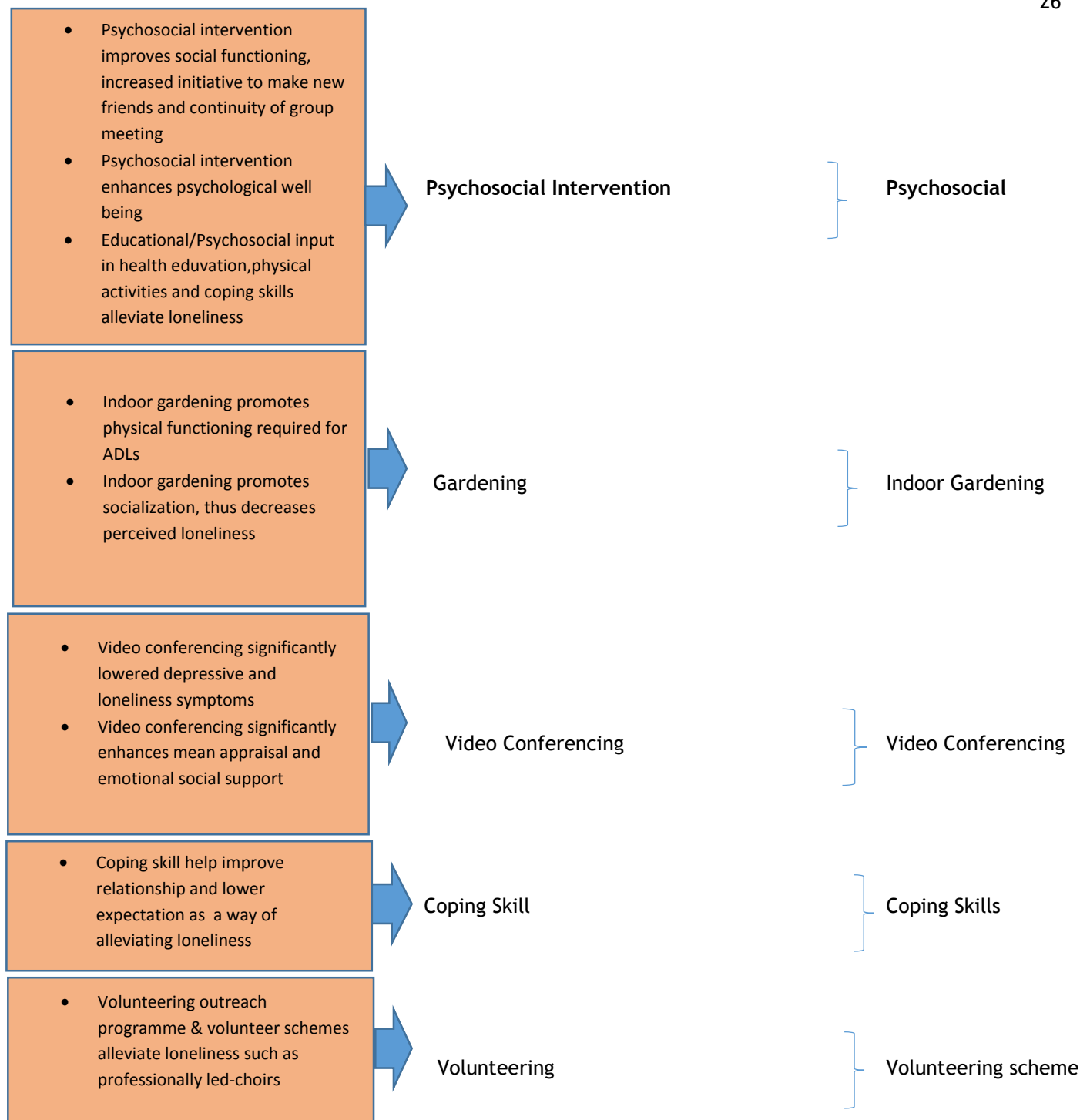


Figure 2 themes and categories of Nursing Intervention (Group)

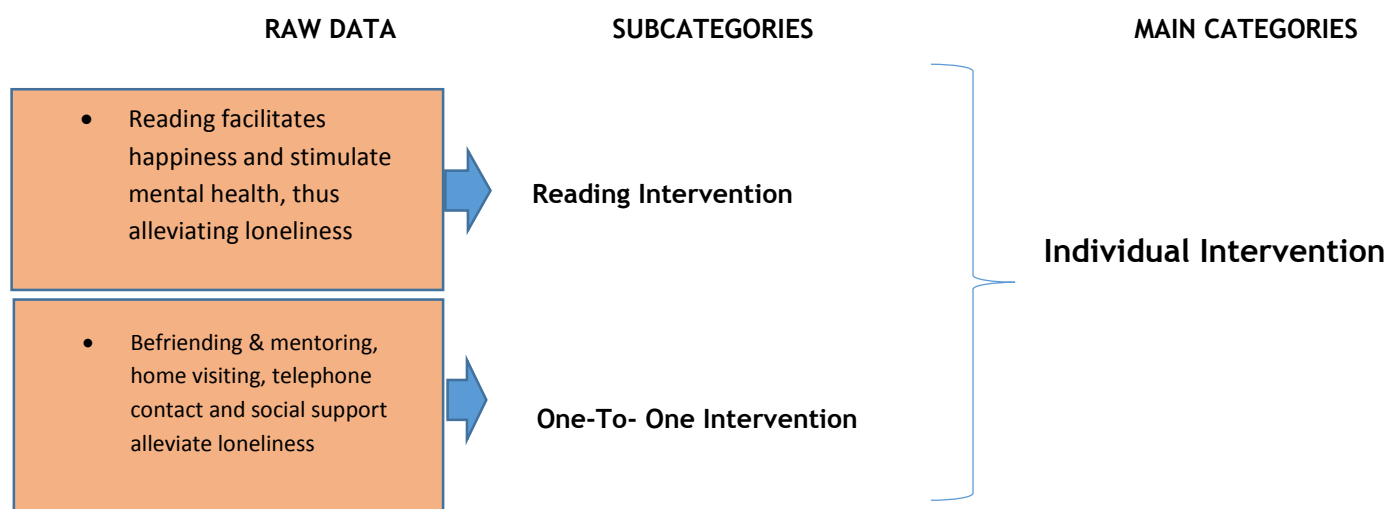


Figure 3 themes and categories of Nursing Intervention (Individual)

4 Findings

The findings in this study found notable interventions that can alleviate loneliness among nursing homes elderly residents among which are social engagement, psychosocial activities, pastime activities and individually motivated activities. For better understanding and clarification, the findings in this study will be presented in two categories; group intervention and individual intervention.

4.1 Intervention for Loneliness

4.1.1 Intervention for the alleviation of loneliness among elderly people

In this phase the writers will answer the research question that was posted at the beginning of the study. According to (Killeen 1998) it has been argued that loneliness cannot be totally healed with interventions, but it can be alleviated. In relations to many research surveys that has been carried out, loneliness has received little or not much attention in the intervention

research. Two systematic articles has made a reviews on studies that have examined interventions that aims to improve elderly people's wellbeing, in which one of either factors were measured (loneliness or social isolation) (Findley 2003, Cattan et al. 2005). Our study analysis on measures to alleviate loneliness shows that there are two categories of intervention, which includes individual and group intervention (See Savikko, 2008). Add Reference next time?

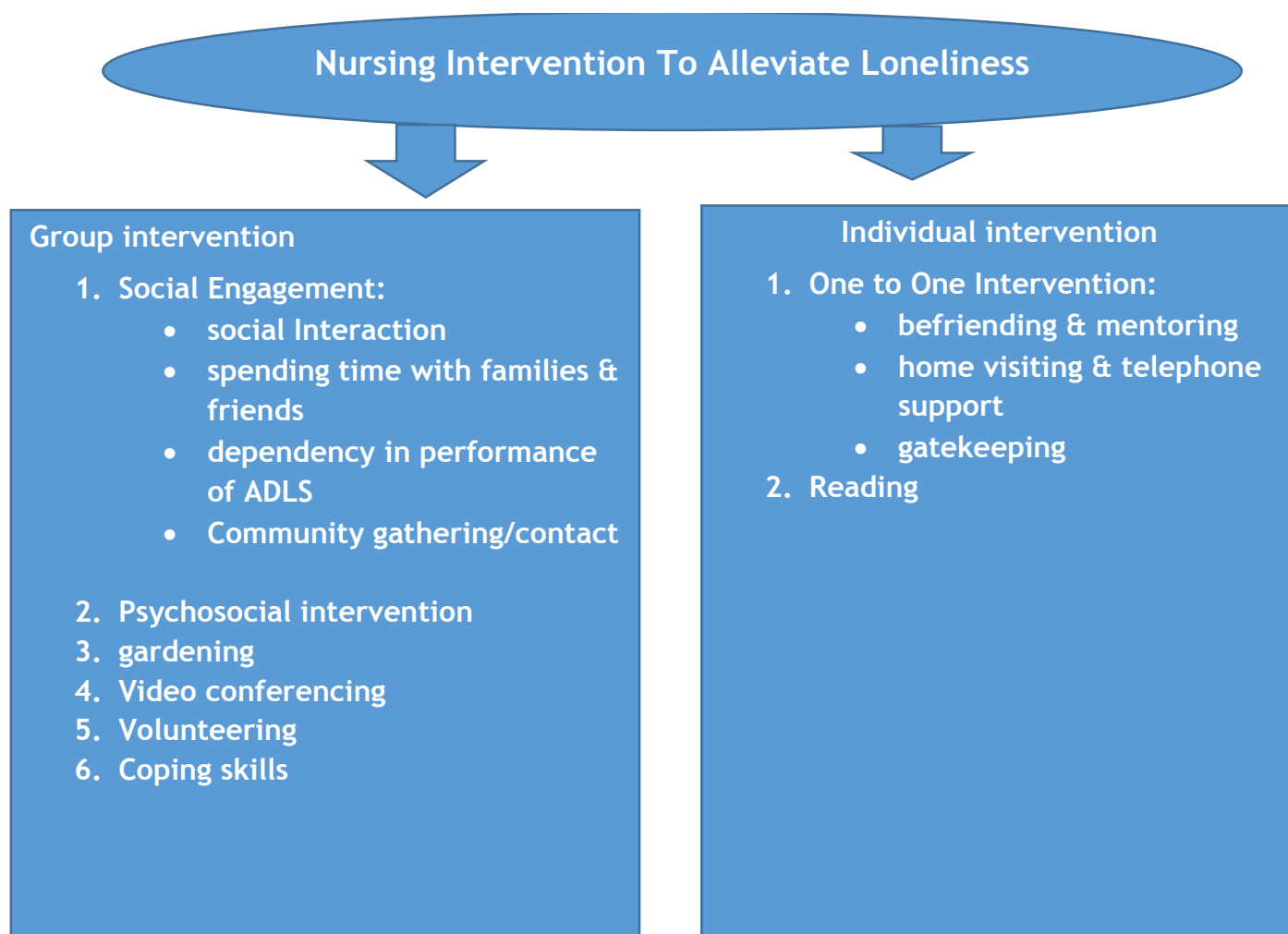
Table 3 Analyzed articles for Group/ Individual intervention to alleviate loneliness

Author and date of article	Group intervention/ Individual intervention
Hsiu-Hsin Tsaia, Yun-Fang Tsaia ^b , Hsiu-Hung Wang ^c , Yue-Cune Chang ^d and Hao Hua Chue, 2010	in this study videoconference program was used has a tool to enhances social support, loneliness, and depressive status of elderly nursing home residents, fourteen nursing homes were selected from various areas of Taiwan by purposive sampling. elderly experimental group received five min/week of videoconference interaction with their family members for three months, the results indicate that depressive symptoms at three months and loneliness at one week and three months were significantly lower in the experimental group than in the control group. As for social support, the changes in mean appraisal and emotional social support scores in the experimental group were significantly different from those in the control group both at one week. The finding indicate that depressive symptoms are lower in The one week and three months experimental groups, when compared with other control groups.
Pirkko E. Routasalo, Reijo S. Tilvis, Hannu Kautiainen & Kalsu H. Pitkala 2008	The aim of the study was to examine the effects of a psychosocial group nursing intervention on elderly people, social activity psychological well-being and feelings of loneliness. A randomized group intervention trial was conducted between 2003 and 2006 which is aimed at empowering older people, and promoting peer Support and social integration. A total of 235 people (above 74 years) suffering from loneliness met 12 times with

	<p>professional leaders in groups. The UCLA Loneliness Scale and Lubben's Social measurement Scale were used at the beginning, 3 months and 6 months. The result showed that the participants had become more socially active: 40% continued their meetings throughout the year, 45% had found new friends, and experiences of feeling needed had increased, their self-esteem has improved and they were more willing to participate in social activities.</p>
Ann Skingley,2012	<p>This study was aimed at using group based intervention and online resources i.e. magazine, social websites etc. to alleviate social isolation and loneliness among the elderly. The methods used were One-to-one interventions like Befriending and mentoring, Home visiting, telephone contact/support, social support and Group interventions like those targeted at specific needs (e.g. bereavement, mental health counselling/discussion groups), Groups with an educational or psychosocial input (e.g. health education, physical activity, coping skills) and Social activity-based groups (e.g. lunch clubs, day centres, drop-ins, community cafes). The result showed a significant positive effects on elderly percipants and this helped them in combating social isolation and loneliness experience.</p>
Allan B. de Guzman,2012	<p>According to this article the purpose was to examine the interplay between and among loneliness, social isolation, social engagement, and life satisfaction among Filipino elderly. 180 respondents were interviewed and the result showed that social activities, engagement and good relationships with others in their life has a positive impact on life satisfaction.</p>
Jorun Drageset,2003	<p>The article examined associations between functional ability to perform basic activities of daily living (ADL) functions (feeding, continence, going to the toilet, transferring from bed to chair, dressing and bathing), social contacts with family/friends, emotional and social loneliness, The study comprised 113 subjects aged 65-101</p>

	years and living in nursing home. The outcome showed a statistically significant relationship between dependence on the environment in carrying out ADL and low level of social loneliness. Likewise, high frequencies of social contact with sons, daughters and grandchildren had reduced level of social loneliness.
Simone Pettigrew and Michele Roberts,2008	The research was carried out to investigate social and solitary pastimes with the potential to ameliorate the experience of loneliness among older individuals and also to help future interventions designed to reduce the negative consequences of social isolation. The intervention group of Australians aged 65 years and older showed a significant improvement in subjective health and the behaviors' that were found to ameliorate loneliness included using friends and family as an emotional resource, engaging in eating and drinking rituals as a means of maintaining social contacts.
Victoria M. Brown, Aimee C. Allen, Marci Dwozan, Ivey Mercer and Kim Warren,2004	The authors explained that the purpose of the study was to examine the effects of indoor gardening on socialization, activities of daily living (ADLs), and perceptions of loneliness in elderly nursing home residents, the authors finds out using 5 weeks gardening interventions had a more significant effect on three ADLs (transfer, eating, and toileting) and also increased socialization and physical functioning among the residents.
Yu Chen, Allan Hicks and Alison E. While,2013	The study stated that the major sources of support in china are from family member, also support from children has a positive effect on their psychological well-being. Which in turn will help to lower the experience of loneliness among the elderly.
Eric C. Schoenmakers, Theo G. Van Tilburg and Tineke Fokkema,2011	According to this article, encouraging active coping by improving relationships and by lowering expectations, has a way of lowering the experience of loneliness.
John Woolham, Guy Daly and Elizabeth Hughes,2013	The study was carried out amongst people aged 55+ in Coventry to investigate the factors associated with loneliness, the outcome showed that utilizing resources like friends, family members, and help from the society can help reduce the experience of loneliness

Figure 4 Nursing interventions to alleviate loneliness



4.2 Group intervention

4.2.1 Social engagement

Social engagement was a frequently mentioned intervention in alleviating loneliness among elderly. The findings showed that social engagement encompasses activities such as social interaction with others, spending time with family and friends, dependency in performance of ADLs as well as community gathering (Drageset, 2004; Pettigrew & Roberts, 2008; Chen, Hicks, & While, 2014; Skingley, Guzman, N. Maravilla, M. Maravilla, Marfil, Marinas & Maraquez, 2012). Woolham et al. (2013) reported that loneliness was strongly associated with social isolation and social isolation was statistically associated with demographic factors, poor health, poor personal resources, and poor usage of community resources. In like manner, (Chen et al. 2014) found that living alone results in less social integration which induces feeling of loneliness. To alleviate loneliness, Guzman et al. (2012) found that social engagement intervention has a

positive and significant impact on life satisfaction and social isolation respectively which in turn dispels the significant effect social isolation has on loneliness among Filipino elderly residents.

4.2.2 Social contact/Relationship

(Drageset, 2004) found that social relationship with other residents promotes wellbeing and that frequent telephone contact with supportive friends and family alleviates loneliness. In addition, (Pettigrew & Roberts, 2008) reported that volunteering is another social contact that enhances elderly physical, mental, social and health status thus alleviating loneliness.

Social interaction with families and friends was another social support/engagement found to alleviate loneliness. (Drageset, 2004) found that social contact with children and the quality of such relationship reduces loneliness just as frequent contacts with friends indicate low level of social loneliness. In the same vein, (Pettigrew & Roberts, 2008) reported that relationship with family and friends is prioritized but of more importance is the relationship with family especially with children and grandchildren. They further found that as much as relationship with friends is valued, some were reluctant while others were eager to make new friends. Similarly, (Chen et al. 2014) found that family support was a source of social support that positively influences elderly psychological well-being and mental health compared to other social network members and that children filial piety can comfort older people, reduce psychological distress and help them have a more positive attitude towards later life. However, the effect of friend support on Chinese older people was inconclusive in their study compared to other western-based findings; this they attributed to possibility of different cultural perspectives.

4.2.3 Gardening

According to (Pettigrew and Roberts 2008), Gardening is another popular form of loneliness prevention methods that was frequently mentioned by interviewees. It was noted that involvement in gardening offers many benefits to older people. Primarily, it reinforces a sense of functionality and purpose. The results are visible, hence creating feelings of satisfaction that can increase an individual's self-esteem and perceived value. Gardening demands a lot of time and can be used as a means of passing time as the days go by, but also offers both physical and cognitive benefits. Elderly who use gardening as a method of reducing their loneliness experience, but have a deteriorating health status and can no longer engage in activities, thus looking at garden they once created can bring a long-lasting sense of satisfaction:

"I love the garden, it takes time . . . My daughter keeps saying we'll have to sell this place and move into a retirement village. I couldn't think of anything worse because I would have a concrete jungle and a pot plant. I would have nothing to get out and fiddle around with in the garden, so I am staying put (W, 91)."

4.2.4 Volunteering

According to (Eaker, Sullivan, Kelly-Hayes, D'Agostino, & Benjamin, 2005), volunteering has the potential to be another effective strategy of preventing loneliness. Communicating opportunities for volunteering could facilitate seniors becoming more physically, mentally, and socially active and thus contribute to improved health. In addition, (Swindell & Vassella, 1999) cited that as the population of elderly increases, it will become more important to swell the forces of the volunteer workers to compensate for the reducing paid workforce. Also older people should be encouraged to actively participate in volunteering works, as it has both individual and social benefits that can be derived from the social interaction involved and the physical and cognitive requirements of the work.

"I try and sort of meet people and do a lot of volunteer work now, I enjoy that. I am on the telephone at the Aged Person Support Service, been on that for 23 years (W, 86)."

4.2.5 Dependency in the performance of ADLs

Dependency in the performance of ADLs was another intervention that stimulates social contact reported to alleviate loneliness. (Drageset, 2004) found that dependency in performance of ADLs relegates emotional loneliness while dependency on the environment in performing ADLs stimulates social contact/interaction which in turn reduces social loneliness.

4.2.6 Community gathering

Community gathering was another social interaction found to alleviate loneliness among the elderly. (Woolham et al. 2013) reported that poor usage and lack of access to community resources such as less participation in leisure activities, less usage of community facilities, lack of access to transportation, less social contact and a sense of vulnerability were statistically associated with loneliness. Combating this, (Pettigrew & Roberts, 2008) found that community based food and beverage consumption rituals with older friends and family promotes healthy social engagement thus alleviate loneliness. In the same vein, (Skingley) reported that community engagement in existing collective activities such as sport, libraries usage and going to museums increases participation just as socially based group activities such as having lunch, going to clubs, day centers and community cafes alleviates loneliness. Finally they found that outreach programmes and volunteer schemes such as professionally led choirs and time banks also alleviate loneliness.

4.2.7 Psychosocial rehabilitation

Psychosocial rehabilitation was another group intervention reported in this study. (Routasalo, Tilvis, Kautiainen, & Pitkala, 2008) found that psychosocial intervention enhances social activities, making new friends and continuity of group meeting. However, no changes in scale

indicating loneliness and social isolation were reported. They further found that psychosocial rehabilitation intervention improves social functioning, increases initiative to make new friends and enhances psychological wellbeing at one year. Similarly, (Skingley) reported that educational/ psychosocial intervention in the areas of health, education, physical activities and coping skills alleviates loneliness.

4.2.8 Video conferencing

Video conferencing is yet another intervention found to alleviate loneliness among the elderly. (H.Tsai, F.Tsai, Wangc, Changd & Chue) in their study found that this intervention significantly lowered depressive symptoms at three months and loneliness at three months and one week. It also significantly enhances mean appraisal and emotional social support.

4.2.9 Coping skills

Another variant of intervention to alleviate loneliness among elderly reported was coping skills. (Schoenmakers et al. 2012) found that active coping; improving relationships and regulative coping; lowering expectations were often suggested as ways of alleviating loneliness. In partial support for their hypotheses, improving relationships was suggested less often for severely lonely elderly, older individuals and poor health than lowering expectation as a way of coping with loneliness. While contrary to their expectation, they found that improving relationship was suggested more often for widowed than for married vignette individuals. Also, improving relationships was suggested more often for the more resourceful older adults in the areas of educational level, employment situation at the age of 40, self-esteem and mastery than lowering expectations as a way of coping. However, contrary to their expectations, respondents with high self-esteem also suggested lowering expectations more often.

4.3 Individual intervention

4.3.1 One -to -one intervention

Bowlby's (1981) Interactionist theory explained that the attachment theory on Loneliness is caused by a combination of the absence of an attachment figure and the lack of an adequate social group. To ameliorate this, (Pettigrew and Roberts 2008) explained that visit are most meaningful when it comes from loved ones, when compared to the relief of loneliness experience among the elderly through professional home visit. (McLaughlin et al., 2010) suggested using health promotion intervention methods like home visit, caregiver, support, befriending and telephone call can serve as a measure to reduce loneliness. (Windle et al, 2011) cited that befriending can help introduces the elderly to individuals, either through volunteering or paid jobs, to provide some form of companionship and often assistance, such as running errands or providing transport. Most befriending programmes are run through community or voluntary organizations with the aim of achieving individual goals. Home

visiting are usually carried out by health professionals. (McEwan et al 1990) illustrated that a practice nurse undertook a 45-minute assessment, which included activities of daily living, social functioning, blood pressure, urinalysis and compliance with medication in order to signpost to appropriate support. It's important to note that support can sometimes be offered through the telephone, either in terms of counseling, advice and also helping elderly get in touch with significant others.

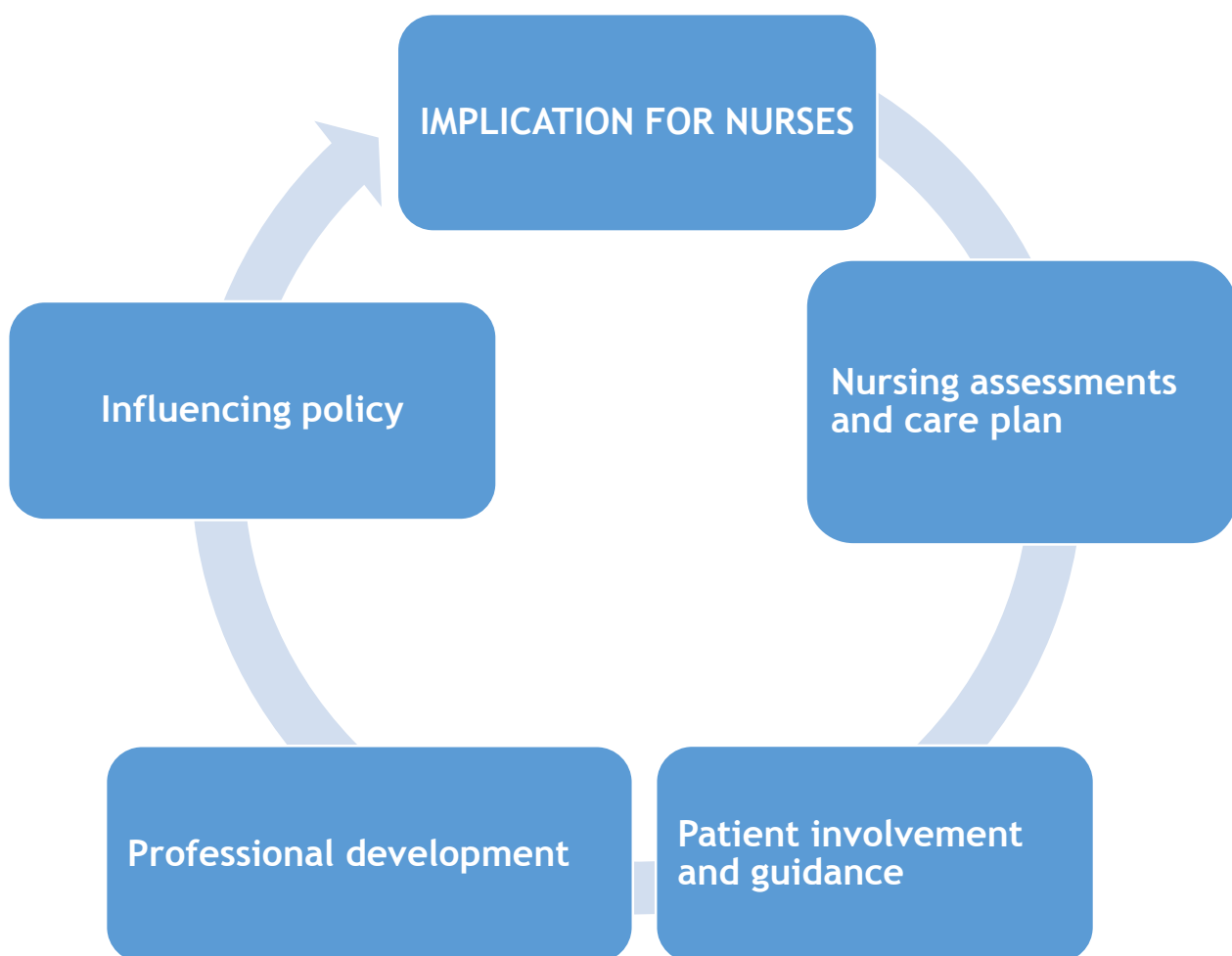
4.3.2 Reading

Reading can be used by nurses as an important tool to alleviating the feeling of loneliness among elderly residents in nursing homes. Reading of books, magazines can help elderly people establish a link between them and the outside world. Elderly people were more open to reading more new books, because they saw it as a window into worlds that are largely and naturally restricted from seniors, It was noted that elderly that were involved in active reading had also remained more cognitively active while been engaged in an enjoyable and appropriate use of time. (Lampinen et al 2006, Pettigrew and Roberts 2008). Also the combination of Both reading and gardening were described by elderly people as being mentally stimulating and offering an effective means of passing time in an enjoyable manner (See Simone Pettigrew and Michele Roberts,2008). Loneliness experience may be encounter by older adult's dues to the shrinking number of their social network and community, most elderly that spend little time reading book and magazine that is refreshing in nature, and they stated that reading had served as a self-medicating to alleviate feelings of loneliness.

4.4 Implication for Nursing

This thesis is focused on alleviating the feeling of loneliness experienced by elderly residents in the care institutions, and we also explained the factors that are associated with loneliness experience. In our study review we highlighted different types of interventions for healthcare practitioners, also. During our research study, we recognized that many forms of methods used for alleviating social isolation and loneliness requires much efforts and resources, undergoing a research in social isolation and loneliness maybe be hindered by a lack of resource. Also it was emphasized that nurses can help influence and reduce the experience of loneliness and social isolation through active participation and activities with the elderly (see Wilson et al, 2011; Learner, 2011).Our findings result have great implication on nursing practice for alleviating loneliness among the elderly, as nurses are essential healthcare practitioners. Our finding will be focused and examined within the professional nursing environment.

Figure 5 Implication for Nurses



4.5 Nursing assessments and care plan

The findings in this study would help equip nurses to be more observant in identifying elderly residents with experience of loneliness tendencies. This would encourage nurses to inculcate these interventions into the nursing care plan of such clients with the aim to either prevent or alleviate the feeling of loneliness.

4.6 Patient involvement and guidance

The findings would also help nurses understand the important role of giving guidance to clients and involving them in their own care plan by continually communicating with clients and help them cope with their loneliness feeling by engaging in daily activities, social events etc. and more, also would help nurses to prioritize personal dialogue with client in a more calm and passionate way. It's important for nurses to provide detailed help and guide for people going through this loneliness feeling and also encourage them to be committed to treatment plans made for them. For a nursing care plan to be successful it's vital to explain

the significance of nursing care plan to all the parties involved in clients care, as sometimes families may be sympathetic with client if they ask for alteration in their treatment plan. Therefore, nurses would play a very important role in alleviating residents' loneliness experience using the above stated nursing interventions.

4.7 Professional development

The findings would enable management of the nursing homes to constantly organize adequate training for the nursing staff as regards different nursing interventions required in alleviating loneliness because it is important for nurses who are dealing with patient with emotional loneliness and social isolation problem to constantly undergo training to update themselves which would in turn enable them provide a better treatment and care to client, hence increase nurses knowledge and confidence in the care field. Corroborating this, Section 1 of the ICN nursing code for Ethics (2012) emphasized that nurse as a professional do have some roles in providing sufficient, adequate, accurate and information that are required for patients health promotion. Section 2 explained that nurses are entitled with ethical accountability and personal responsibility to carry out their duties in retaining competence through constant training and developments. However, for nurses to meet up with the challenging task in their profession, much clinical and theoretical training and up to date support are needed from company management, colleagues and administration (Sorkin, D., Rook, K., & Lu, J, 2002).

4.8 Influencing policy

The findings would help nurses to influence the formation of both local and general policy formation in favour of elderly residents in nursing homes as regards nursing intervention in alleviating loneliness among them. This is because nurses play a vital role in the care path as they are the first contact with these clients as such, this findings will inform their suggestions to the authorities as to how nursing intervention can alleviate elderly residents loneliness. Also because nurses are stakeholders in the health care sector, they would be able to influence policy as regards further evaluation of the efficacy of these findings so that appropriate intervention would be applied to appropriate situation.

5 Ethical Consideration

Ethical values and consideration was taken into account at every stage of our thesis process, we followed and maintained laurea's guidelines and standards for academic writing. The focus area of our research work was chosen after thorough thought and instruction from our

supervisors. In search for relevant articles we have only used reliable and official databases (Laurea finna, Cinahl/Ebsco host, Ovid and Sage) to avoid using unreliable sources, hereby preventing copy right violations.

During the process of analyzing, interpretation and collection of the data, we ensured that copyright and privacy of author's and participants was thoroughly respected. We can prove that the ideas, themes, data, categories and concepts established in this paper are our original work. In addition, we ensured that proper guidelines for citation, referencing was followed to avoid plagiarism, also during the process of data collection and analysis proper objectivity was maintained and any conflict of interest was avoided. In Addition, Our research work acknowledges and gives credit to the authors' of the used scientific systematically reviewed articles. During the inductive literature analysis phase, (11) articles were independently analyzed in order to obtain facts relevant to the research work. Also we ensured that articles to be used met the criteria for our thesis work, which implies that many of the article to be used were screened on the basis of language, empirical studies, full text, year of publication and relevance to research topic. Our research work was based on ethical values and standards like mutual accountability, fairness and respect that can help to foster effective team. Also, each member participated diligently research work, task were fairly shared and each member were fully committed to the work throughout the whole research process.

The nature of qualitative methods requires that the researchers remain alert to the possibility of unanticipated ethical dilemmas (Speziale and Carpenter 2007). Ethical consideration have been taken into account at all aspect of the research work. The data collection and analysis process was clearly explained from the beginning of the thesis by following required standards and guidelines for a systematic literature, which enables readers to easily follow our research process and understand how each results were generated. Conclusively, we hereby confirm that our final work has no element of bias and conflict of interest.

6 Trustworthiness

At the inception of our research work, a thesis plan and contract was drawn up, presented and accepted by supervising lecturer in Laurea University of Applied Science and the authors were given approval to carry out the thesis project work. The project methodology and concepts were individually understood and an in-depth studies was done by the three members of the project team prior to the project work. The aim of the research work is to critically identify ways in alleviating the experience of loneliness in the elderly /older adult living in care institution and also to describe in brief the factors associated with loneliness in elderly.

The methodology adopted for our thesis research work was literature review, which implies that the used articles were retrieved from searched scientific articles that are reliable and related to the research question, Our thesis search process was done using the electronic materials and literature articles retrieved from school database search, this was made possible by using the school information retrieval portal in the library.

Our thesis work is guided by a data search strategy that was developed and carefully implemented following the recommendation extracted from the book (Aveyard, 2010), The database used in our research work were collected through consultation and the help of school librarian and the new developed search portal in the school LAUREA FINNA, LAUREA LIBGUIDES and others included are CINAHL, OVID and SAGE were useful. A structured protocol and guided table was designed by the researchers to help reduce bottle-neck, thus bias on related issues. The wide and rigorous article search were restricted using full text articles written between 2005 till 2015 to ensure relevance of the article, using resources mostly available in the 'Health and Social Services' database, also we ensure that all articles used were directly related to the research question of the research work. Also the entire literature search and study selection protocol were carefully scrutinized together by authors of this research work thorough extensive studying of the retrieved article, data extraction were done collectively as a team and sometimes independently at every level, the collated data were compared against each other for clarity and relevancy and during the analysis phase facts of common themes were grouped and the data were verified by the three researchers. English language was used for the whole thesis work process and the language were clearly understood by the three researcher, hereby minimizing the possibility of misunderstanding, but in situation where there are instances of disagreement, the authors discuss and comes to a compromise, also our thesis work were constantly forwarded to the supervising senior lecturer for further clarification and necessary corrections when needed.

In conclusion we can say all areas of trustworthiness has been critically considered in our research work and we believe Our research findings and discussion was solely focused on finding effort to answer our research question on alleviating the experience of loneliness In addition, we tried to align and relate our finding by laying emphasis on the need for nurses

and other healthcare workers been an important stakeholders and promoter of our thesis objectives and aim. (Alleviating the experience of loneliness)

7 Discussion

Loneliness is common among old people, in particular the oldest. High levels of loneliness in old age are generally linked to widowhood, shrinking social networks and health problems (De Jong Gierveld, 1998). While loneliness was seen to be a natural part of ageing, many old people felt strongly that individuals have some control over the extent to which they experience loneliness and that to a large extent, it can be alleviated. This study focuses on answering the question how loneliness can be alleviated among elderly residents in nursing homes. The findings found notable interventions such as social engagement, psychosocial input, gardening, video conference coping skills, reading, volunteering and one-on-one intervention that can ameliorate loneliness among the elderly. These findings have been categorized and subcategorized into group intervention and individual intervention as stated above and based on these categorized findings, the study proceed to answer the research question and further discuss the findings in line with the adopted theoretical perspectives.

Social engagements in form of social contacts, spending time with family and friends are significant interventions and most especially important is the contact with children and grandchildren in alleviating loneliness among elderly residents in nursing homes. It was observed that when elderly residents engage in group oriented activities such as gardening, eating and drinking with others and family, lunch gathering with other residents or community members, volunteer schemes and community engagement in sporting activities, libraries and museum facilitates social contacts that invariably impact positively their physical, mental and social health which apparently help them build up a strong social support that dispels the negative effect of social isolation and thus alleviate loneliness. The importance of social contacts is acknowledged in much of the extensive literature on loneliness (Bondevik & Skogstad, 1998; Kim, 1999; Tijhuis et al., 1999). This finding is congruent with other findings (Alpass & Neville, 2003; (Eaker, Sullivan, Kelly-Hayes, D'Agostino, & Benjamin, 2005; Bondevik & Skogstad, 1998; Gladstone, 1995; Fessman & Lester, 2000) which indicated that social engagement especially the one that involves volunteering facilitates elderly to become more physically, mentally and socially active and thus contribute to improved health. In addition, Levy 1981, indicated that the social and cultural significance of food and beverage consumption ritual necessitate a common ground for communication with the community, older friends and family members that generate some life satisfying pleasures and benefits for the elderly. Adams et al. 2004, further indicated that targeting the older person's family as the communication audience may be more effective than expecting lonely seniors to proactively initiate social interactions, although it is likely to be beneficial to also include seniors as a communication audience by encouraging them to utilize eating and drinking rituals in their requests for companionship. Thus, having a purpose for making contact may serve to reduce concerns of

refusal and provide a reason for social interaction that would be considered legitimate by both the instigator and the invitee

Relationship with family and friends especially the quality of such relationship alleviates the feelings of both emotional and social loneliness most especially the one with children and grandchildren. One explanation for this may be that relationship with family and very close friends facilitates feelings of deeper intimacy, better affection and a positive sense of safety and comfort. This finding was echoed in Weiss, 1973 & 1974 work where he reported that spouses and very close friends arouse feelings of intimacy, security and peace because a provision of social integration is manifested by a network of relationships in which the person shares common interests and social activities and contact with old friends who are more or less of similar chronological age may counteract social loneliness. This was further lauded in other findings (Bitzan & Kruzich, 1990, Peplau & Perlman, 1982, Bondevik & Skogstad, 1998) that indicated that loneliness should be less severe among individuals with greater contact with friends of similar age and neighbors. Similarly, in a Chinese context, Leung et al. 2007 indicated that the relationships with children are a special factor of loneliness within the Chinese context and keeping the family in harmony is the most important goal for the Chinese especially for people of older generations. Li & Tracy 1999 further echoed this when they indicated that children's filial piety can comfort people, reduce psychological distress and help them have a more positive attitude towards later life because older people are more willing to interact with children that are filial to them and having a good relationship with children enables older people to receive more support and get relieved of their loneliness. As a matter of fact, the responsibility of children for their parents' well-being is not only socially recognized in China but is also part of the national legal code (Li & Tracy, 1999).

Dependency on individuals and environment in performing ADLs alleviates loneliness among elderly residents of nursing homes. The dependency necessitates the opportunity for interaction with others and facilitates the building of social support and relationship with those depended on including staff of the homes which in turn reduces the experience of loneliness. One explanation for this may be that by being dependent on the environment to carry out basic functions of ADLs, individuals are necessarily brought in closer relationships and regular contact with the actual caregivers. The residents then receive social support, which invariably contributes to lower level of social loneliness (Drageset, 2004). This finding is in accordance with Weiss, 1989 that indicated that everyone needs social integration to feel adequately supported to avoid loneliness. Similarly, Bondevik & Skogstad indicated that dependency in the activities of going to the toilet and transferring from bed to chair was significantly associated with low levels of both emotional and social loneliness.

Psychosocial rehabilitative intervention ameliorates loneliness among the elderly residents. Psychosocial intervention enhances psychological well-being, and most especially social activities that facilitate the tendencies to make new friends. It increases the initiatives for continuity both in group meetings and friendship thus promoting social functioning which in

turn depletes the experience of loneliness. The study found that almost all those in the intervention group said that their loneliness had been alleviated during the intervention hence intervention participants were encouraged to start new friendships with their group members and continue their group meetings on their own (Routasalo, Tilvis, Kautiainen, & Pitkala, 2008). This echoed the findings in previous intervention studies showing the favorable effects of group intervention on psychological well-being (Toseland et al. 1989, White et al. 2002). Other researchers have noted that the key point in successful intervention is less its content than the effects of group cohesion and peer support (Toseland 1990), of participants having control over the implementation of the group programme (Cattan et al. 2005), and of empowerment and enhanced feelings of mastery (Stevens & van Tilburg 2000). Active social participation and collaboration with people of one's own age group prevent loneliness (Jylha & Aro 1989, Dugan & Kivett 1994), and peers of the same age group are very important in relieving loneliness (Bondevik & Skogstad 1996).

Gardening among elderly residents promotes socialization thus alleviates loneliness. According to Pettigrew & Roberts, 2007, there are important implications of the benefits of gardening for the design of seniors accommodation which include access to gardens and senior-friendly gardening equipment along with explicit permission to tend to certain areas proves beneficial to the emotional wellbeing of residents hence gardening activities is effective in limiting the pathway between social isolation and the experience of loneliness. This in turn may be especially useful as it is one form of physical activity that offers the elderly the opportunity to promote health by encouraging physical functioning and socialization (Brown, Allen, Dwozan, Mercer & Warren, 2004). In addition, Gillaspie, 1988, said Gardening has been identified as an activity that enhances physical and mental well-being in elderly individuals and such environmental factor have been found to impact the ability of individuals to maintain a healthy lifestyle and independence in ADLs (Roberts, Dunkle, & Haug, 1994; Ulrich, 1994). Studies have indicated a relationship between gardening and reduced blood pressure, relaxed emotional states, shorter hospital stays, and improved quality of life (Borret, 1997; Relf, McDaniel, & Butterfield, 1992; Waliczek, Mattson, & Zajicek, 1996). In a national survey of community gardeners, Waliczek et al. (1996) found all racial and ethnic groups reported gardening to be important to their quality of life. These individuals indicated gardening positively contributed to their physiological, safety, social, self-esteem, and self-actualization needs. Therefore, gardening activities are one form of physical activity that can be included in the plan of action to promote elderly physical abilities, mental stability, and socialization skills (Gillaspie, 1988) where physical benefits include increased muscular strength, improved fine motor skills, and improved balance. Self-esteem and attention span are improved or enhanced by gardening therapy and while the benefits of gardening on the social level can be seen in increased responsibility and independence, development of cooperation, and ability to learn new skills (Gillaspie, 1988).

Videoconferencing enhances emotional social support thereby lowers depressive symptoms and experience of loneliness among elderly residents in nursing homes. The study found that videoconferencing effectively improved elderly residents' loneliness at one week and three months and depressive status at three months. These results are consistent with those of one study (Shapira, Barak, & Gal, 2007) showing that four months of computer use by 22 community dwelling elderly people significantly reduced their depression and loneliness compared to a control group. However, these results are different from those of another study (White et al., 2002), which reported no significant difference in depression and loneliness among older adults after five months of training to access the Internet and e-mail. These differences may be due to different research periods; the longer the participants use the computer, the less it feels like a novelty and the incentive to use it is reduced (Tsaia, Tsaib, Wangc, Changd & Chue).

Improving relationships by increasing the number of contacts or intensifying specific relationships and lowering expectations about relationships are two ways of coping that prevent or alleviate loneliness among older adults. This study found that there is a positive correlation between the two ways of coping. This indicates that older adults believe that the gap between the relationships one has and the relationships one wants can best be closed by using both ways of coping at the same time. Older adults also feel that many strategies are available within the two ways of coping with loneliness, suggesting that loneliness can be combated successfully (Schoenmakers, Tilburga & Fokkemab, 2012). Both ways of coping were highly suggested as was also observed in the study by Rook & Peplau (1982). However, active coping is often not suggested for the older individuals who are perceived as being lonely, or are old, or in poor health and thus run an increased risk of becoming lonely (Victor et al., 2005). Older adults with fewer resources, in particular those unemployed in midlife (Lauder, Sharkey, & Mummery, 2004) or with low self-esteem and thus at a greater risk of becoming lonely (Leary, Terdal, Tambor, & Downs, 1995) suggested active coping less often as well. These findings are consistent with Carstensen et al. (2003) that noted that active coping is more adaptive because if it is successful, it eliminates the stressor at hand. Apparently, active coping with loneliness is more difficult for those who are lonely or most likely to become so. Improving relationships was more often suggested for bereaved than for their married counterparts. In other words, active coping with loneliness is perceived as a realistic option for the bereaved. Regulative coping (lowering expectations) is suggested more often for people in the higher age groups, probably to compensate for the lack of active ways of coping. This correlates with the findings of Carstensen (1992) where he observed this compensation and noted that an awareness of the limited number of years left makes regulative coping more important and active coping less so. Lowering expectations is not affected by partner status. Apparently regulative coping is seen as equally useful for older adults who are married or bereaved, in good or poor health, and lonely or not lonely. Regulative coping might be beneficial for lonely people because it helps make their situation bearable. It might also increase the likelihood of being successful in improving their relationships, since high expectations might lead to overcharge a fresh

relationship. Older adults with favorable individual resources, i.e., a high educational level or high mastery, also suggest regulative coping less often than people with fewer resources. Although older adults with less favorable individual resources might be apt to suggest to lonely people that they adjust their aspirations, others maintain the notion of removing the stressor by improving contacts (Schoenmakers et al. 2012)

8 Limitation and Recommendations

The costs of loneliness to individuals and to society have led to a number of loneliness reduction interventions that largely focus on alleviating loneliness solely by improving the number of meaningful relationships or the quality of existing relationships. Unfortunately, only very few interventions succeed in alleviating loneliness (Cattan, White, Bond, & Learmouth, 2005; Findlay, 2003; Fokkema & Van Tilburg, 2007; Masi, Chen, Hawkley, & Cacioppo, 2011). One explanation for this lack of success is the poor fit between the interventions offered and the loneliness problem experienced (Schoenmakers, Tilburga & Fokkemab, 2012).

The focus of this study was to identify how loneliness can be alleviated among elderly residents in nursing homes but it is limited in further testing for the efficacy of the interventions. Also, the audience of the study was restricted to elderly residents of nursing homes which might not be a true representative of the elderly population in terms of what loneliness means to them and how it can be alleviated. Therefore, it is recommended that further studies should investigate the possibility of other interventions that can alleviate loneliness among the elderly populace as well as the efficacy of the existing and the potential interventions using a better and true representative of the elderly populace. Likewise, further studies can replicate this study and compare group interventions and individual interventions.

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Appendix 1
Table of selected Literature

Authors	Research title	Aim of study	Type of study	Main Findings/ significance of the study	Strengths and limitations
Hsiu-Hsin Tsaia, Yun-Fang Tsaia ^b *, Hsiu-Hung Wang ^c , Yue-Cune Chang ^d and Hao Hua Chue (2010)	Videoconference program enhances social support, loneliness, and depressive status of elderly nursing home residents	The aim of the study was to evaluate the effectiveness of videoconference intervention program on residents of care home and how it can improve their loneliness, social and depression	Quantitative/Experimental method	The finding indicate that depressive symptoms are lower in the one week and three months experimental groups, When compared with other control groups.	The videoconference program experiment actually alleviated depressive symptoms and loneliness amongst elderly residents in care homes, but the experiment can only be used for those elderly with good ability to perform ADL and it's for long-term care usage
Pirkko E. Routasalo, Reijo S. Tilvis, Hannu Kautiainen & Kalsu H. Pitkala (2008)	Effects of psychosocial group rehabilitation on social functioning, loneliness and well-being of lonely, older people: randomized controlled trial	The aim of the article was to examine the effects of a psychosocial group nursing intervention on elderly people, social activity psychological well-being and feelings of loneliness	Quantitative method and questionnaire	The psychosocial group intervention had a positive effects on participants social activities, has more than 40% percipants continued to meet after the experiments has	Psychosocial group intervention was effective, but does not help or reduce loneliness for most elderly people, so a new sensitive measurements of loneliness and social

				ended, also the experiment increased their numbers of friends, their experience of feeling wanted, however some participants experience of loneliness and social isolation did not show much changes, so they were to start new friendships with their group members and continue their group meetings on their own.	isolation are needed to measure social, loneliness fluctuations
Ann Skingley (2012)	Older people, isolation and loneliness: implications for community nursing	The study was aimed at using group based intervention and online resources i.e. magazine, social websites etc. to alleviate social isolation and loneliness among the elderly.	Qualitative Review	The use of One-to-one interventions like befriending and mentoring e.g. Home visiting, telephone social support. And group interventions such as counselling/discussion	The Intervention can only be used for active elderly, or those older people with good ability to perform activities of daily living.

				groups, education, psychosocial input i.e. coping skills, physical activities, community engagements was noted as having a positive effects on elderly percipants and this helped them in combating social isolation and loneliness experience.	
Allan B. de Guzman (2012)	Correlates of Geriatric Loneliness in Philippine Nursing Homes: A Multiple Regression Model	The purpose of this study was to examine the interplay between and among loneliness, social isolation, social engagement, and life satisfaction among Filipino elderly.	Quantitative Method	Findings from this study suggest that social activities, engagement and good relationships with others in their life has a positive impact on life satisfaction. However, various factors like disability, gender difference and demographic status may cause the elderly	180 respondents were interviewed

				difficulties in joining social activities. This may then lead to an increase in social isolation and, thus, loneliness.	
Jorun Drageset (2003)	The importance of activities of daily living and social contact for loneliness: A survey among residents in nursing homes	The aim of this study was to examine associations between functional ability to perform basic activities of daily living (ADL) functions (feeding, continence, going to the toilet, transferring from bed to chair, dressing and bathing), social contacts with family and friends/neighbours and emotional and social loneliness.	Quantitative review method	The result showed a statistically significant relationship between dependence on the environment in carrying out ADL and low level of social loneliness. Likewise, high frequencies of social contact with sons, daughters and grandchildren had a statistically significant effect on low level of social loneliness.	The sample comprised 113 subjects aged 65-101 years, living in nursing homes.
Simone Pettigrew and Michele Roberts (2008)	Addressing loneliness in later life	The research was carried out to investigate social and solitary pastimes with	Qualitative Survey: interview	Certain behaviours that were found to ameliorate loneliness	Nineteen individual interviews with

		the potential to ameliorate the experience of loneliness among older individuals and also to help future interventions designed to reduce the negative consequences of social isolation		included using friends and family as an emotional resource, engaging in eating and drinking rituals as a means of maintaining social contacts, and spending time constructively by reading and gardening.	Australians aged 65 years and older
Victoria M. Brown, Aimee C. Allen, Marci Dwozan, Ivey Mercer and Kim Warren (2004)	Indoor Gardening and Older Adults: Effect on Socialization, Activities of Daily Living and Loneliness	This purpose of the study was to examine the effects of indoor gardening on socialization, activities of daily living (ADLs), and perceptions of loneliness in elderly nursing home residents	Quantitative Experimental	The results demonstrated 5 weeks gardening interventions had a significant effect on three ADLs (transfer, eating, and toileting) and also increased socialization and physical functioning among the residents.	The a 20-minute visit had no significant differences in socialization or perceptions of loneliness between groups
Yu Chen, Allan Hicks and Alison E. While (2013)	Loneliness and social support of older people in China: A systematic literature review	The aim of this review was to identify the prevalence of loneliness and its related factors and sources	Quantitative Method	The article stated that older people may receive support from different sources, but family members are the	Further high-quality and longitudinal studies with a greater focus on alternative sources of

		of social support of older people in China.		major source in China, and receiving family support especially from children has a positive effect on their psychological well-being.	social support are needed.
Eric C. Schoenmakers, Theo G. Van Tilburg and Tineke Fokkema (2011)	Coping with Loneliness: What do older adults suggest	The purpose of the study was to encourage active coping by improving relationships and regulative coping by lowering expectations about relationships. Also to explore how often do older adults suggest these options to their lonely peers in various situations and to what extent individual resources influence their suggestions.	Qualitative Survey: Vignette	Both ways of coping were often suggested. Where, regression analyses revealed that active coping was suggested less often to people who are older, in poor health, or lonely and by older adults who were employed in midlife and have high self-esteem. Regulative coping was suggested more often to people who are older and by older adults with a low educational level and with low mastery.	Coping with loneliness by removing the stressor is less often seen as an option for the people who could benefit most from it. This underlines the difficulty of combating loneliness

<p>John Woolham, Guy Daly and Elizabeth Hughes (2013)</p>	<p>Loneliness amongst older people: findings from a survey in Coventry, UK</p>	<p>The purpose of this paper is to investigate factors associated with loneliness amongst people aged 55 + living in Coventry, a medium-sized city in the Midlands, UK.</p>	<p>Qualitative survey, interview</p>	<p>The research study found out that living alone, not enjoying life, needing help with personal care and not being in touch with people as often as liked, all predicted loneliness experience.</p>	<p>Survey was commissioned by a range of local statutory and voluntary sector providers and had a wider focus than loneliness. Some evidence of under-representation of males, minority ethnic groups and possibly people from lower socio-economic groups is reported. Further qualitative research is needed to better understand consequences and causes of loneliness</p>
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