

Loneliness among elderly women: a literature review



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2009 Otaniemi

LAUREA UNIVERSITY OF APPLIED SCIENCES

ABSTRACT

ESPOO, OTANIEMI

DEGREE PROGRAMME IN NURSING

BACHELOR'S THESIS

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LONELINESS AMONG ELDERLY WOMEN: A LITERATURE REVIEW

YEAR 2009

PAGES 34

FIGURES 2

APPENDIX 1

The loneliness project belongs to the nation-wide life into year's project of the Espoo city. The subject about loneliness among elderly women has been considered as one of the health problems in this present context. There is limited number of researches concerning this topic. However, it has been considered as one of the main health influencing predictor among elderly women. Even though limited studies have shown the influencing and other related factors that contribute to the loneliness among elderly women both in developed and developing countries.

The purpose of the study was to describe the experiences of loneliness among elderly women and influencing factors on loneliness among them. The literature review illustrates the characteristics and influencing factors of loneliness among women. The data was analyzed with qualitative content analysis. In the course of qualitative content analysis, the content of influencing factors of loneliness among women was categorized into five subsections. They were (1) widowed, (2) health status, (3) immigrants, (4) lifelong singlehood and (5) social loneliness.

The findings from this study proved that loneliness as a common and distressing experience among women remained a topic rarely discussed. In future this study supports to understand and to recognize the factors that influence women loneliness.

Keywords: loneliness, elderly, and women.

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1 Introduction

This thesis is about loneliness among elderly women. The Loneliness Project belongs to the nationwide LIFE INTO YEARS project of Espoo city and it has an extensive project concerned with the elderly population's loneliness which was introduced in Laurea University of Applied Sciences in Otaniemi. I was interested in the topic because there have not been many researches done in women loneliness. The project main aim is to know how elderly women describe their emotions and feelings themselves. It was important subject to be studied because, if the elderly women felt lonely, their overall health was usually affected. Recent studies have shown that loneliness contributes to alter the regulation of blood pressure, cortisol levels, sleep patterns (Cacioppo & Ernst, 2002) and silent coronary problems (Sorkin 2002).

According to the World Health Organization, the elderly population is increasing in every century. In most developed and developing countries, many more women are widowed than men. It is due to the fact that the longevity of females is more than that of males. Altermatt (1985) found in his survey in United States that older married people are more likely to spend their time with their own partners than with others. So it seems that marriage fulfils their every demand of support and closeness and decrease the motivation to get contact with other relationships. With no doubt women felt lonelier than men in their life time according to the above researchers. One study by Prince, Harwood, Blizard & Thomas (1997), has concluded that more women (19%) than men (12%) reported being lonely in a sample of 654 individuals over age 65. In another study 38% of women felt lonely compared with 24% of the men over age 75 (Holmen, Ericsson, Anderson & Winblad, 1992). Karan & Kaasa (1998) concluded that loneliness is related to the age, sex, marital status, social contacts, friends, health and cognitive function. The study also showed that experiencing the loneliness is dissatisfaction with the social contacts, also the cause of low self-perceived health and impaired cognitive function. There is no gender difference in loneliness according to Tornstam (1992).

However, Pinquart and Sörensen (2001) reported that women are lonelier than men.

Loneliness has been linked to depression, anxiety and interpersonal hostility (Hanson et al., 1986) and also increased vulnerability to health problems (Jones et al., 1990) and even to suicide (Cutrona, 1982; Medora and Woodward, 1986). Feelings of loneliness are related with an increased risk for suicide among those aged 65-97 years (Rubenowitz, Waren, Wilhelmson & Allebeck, 2001). It is

linked to such malaises as depression, hostility, alcoholism, poor self-concept and psychosomatic illness (McWhirter, 1990). In old age, loneliness appears due to the increase of multiple changes and losses (Ryan & Patterson, 1987). Weiss and Robert (1973) distinguished between emotional loneliness and social loneliness. However, emotional loneliness results from the absence of a close, intimate attachment; and social loneliness is an absence of an accessible social network.

2 Theoretical Frame Work

2.1 Loneliness

Different theorists or psychologists have been describing loneliness in different ways. Loneliness is an unpleasant experience that occurs when a person's network of social relationship is deficient in either quality or quantity (Peplau & Perlman, 1982). In another definition of loneliness, "it's a situation in which number of existing relationship is smaller than is considered desirable or admissible, as well as a situation where as close one wishes hasn't been realised" (De Jong Gierveld, 1987:120).

The loneliness is recognized as emotion and includes both physical and psychological conditions such as perceived ill-health, dietary inadequacies, and depression, personality disorders and suicide (Fees et al., 1999; Gustafsson et al., 1996,). The loneliness encompasses emotional and social isolation (Weiss, 1973). Loneliness among older adults is addressed to prevent the premature onset of adverse health condition (Killeen, 1998; Prince et al., 1997).

The existing models of loneliness focus on social interaction along with physical health and cognitive capacity to explain the increasing likelihood of experiencing loneliness with advancing age (Fees et al., 1999).

2.2 Ageing

Ageing forms the base in this thesis. It's a process of becoming older. According to the Wikipedia, ageing is an accumulation of changes in an organism over time. That refers to a multidimensional process of physical, psychological and social change.

In almost every country, the number of people aged over 60 is growing faster than any other age group (WHO). As they get older, the problems related with the health and other social factors rise up. Majority of elderly people have at least one chronic condition and may also suffer from multiple chronic diseases.

2.3 Women

Women have a great role in society through family perspectives and Nation development as well. The nature is the second word of women who create and protect others. So role of the women has been considered as greatly important in every part of human life. For example in giving birth, and protecting family and relatives. Most of the researches have described an important role of women in every sectors of human life. So if women get some defects, it affects the whole situation surrounding us, not only them. Therefore women health should be considered as important as others.

3. Purpose of the Study and Research Question

Loneliness often is a component of the experience of chronic and disabling conditions yet it has not been extensively studied in this context (Keele-Card, Foxall & Barron, 1993; Hopps, Pepin, Arseneau, Frechette & Begin, 2001). Only few studies focus mainly on loneliness among elderly women and much more understanding on loneliness is based on both sexes. The studies that have done so do not provide a full understanding of the experiences or influencing factors of loneliness in older women. Hence the purpose of this study is to describe the experiences of loneliness in elderly women on the basis of literature review. The research question is: what are the main influencing factors on the loneliness among elderly women?

4. Methodology

4.1 Qualitative Research

The study was entirely based on qualitative literature review. The qualitative literature review means data are collected in close proximity to a specific situation, rather than through mail or over phone (Miles huberman 2nd ed). It provides plenty of descriptions that are vivid, nested in a real context, and have a truth. Qualitative studies frequently begin with the analysis or reconstructions of cases (Gerhardt, 1995), and then only proceed as a second step to summarizing or contrasting these cases from a comparative or generalizing view point. Furthermore, qualitative research assumes the construction of reality, the subjective constructions of those under investigation and the research process as a constructive act.

The qualitative literature review is an initial literature review which shows some of the relevant research that has been done in same topic or field (Lobiondo-Wood & Haber, 2002). It is a flexible, iterative process that allow the researchers to respond to unanticipated opportunities arising during the research (Wenger, Etienne, Richard, William M., 2002). Thus, qualitative researchers can use multiple research methods including quantitative methods and informants in collecting, checking twice, and verifying their discoveries.

The author was interested in the topic because it has taken universal problem but not focusing particularly towards the women although the women populations are more than half in a whole world. It has been considered a great challenge on the basis of health especially in European and American society than in Asian society.

These areas include the parts as follows: health, social well-being or life, relationship with the family or life partner. The topic motivated the author, since it has been important task of nursing professionals to reduce the loneliness in this population, need to have better understanding of loneliness. As it has taken serious global problems, the author decided to go through the qualitative literature review to see the many studies that have been done in similar topic.

4.2 Data Collection

Data was collected under three phases; Literature searches, Data selection and Data analysis, which will be described subsequently.

4.2.1 Literature Searches

In order to get the information to precede the study, an electronic search was performed, by using a range of databases to proceed in the study. The search was based on the English language, reviewed and research based articles that have been published newly. Along with this an internet search was also carried out to identify and research relevant information.

There were many challenges to find the literature that specially concentrates on the needs of the study due to the lack of researches that have been done in same field. It was also difficult to find enough materials on the special field of needs, but the author has given a time for selecting and finding the important materials on the related topic.

A literature search of Cinahl, Ovid Medline, Pub med, Ebsco and WHO was performed using the key words "women", "elderly" and "loneliness". The limited age was 60 and over. Table 1 shows the results of the search engine, where the search engine Ovid Medline shows 315 results, Elsevier shows 45, Ebsco shows 300 results.

Search word	Ovid-Medline	Elsevier	Ebsco	WHO
Loneliness among elderly women	315	45	300	0
Elderly loneliness	457	65	29	15
Women, loneliness, nursing	277	17	450	5

Table 1. Result of literature search using search engines.

4.2.2 Data Selection

The data was selected from the literature searched on the basis of purpose of the study and research question. Most of the selections were currently published on loneliness among elderly women. The articles were full text and research based articles which were published between the years 1975 and 2008. All articles were published in a scientific journal. The articles that were chosen reflect the aim and purpose of the study. Manual searches included reference lists in other than English-language articles. Mostly the articles were recently published.

The author has covered only relevant part of the study, linked to the purpose and findings of the study, and irrelevant findings were left out. The data were searched through electronic and manual searches of journals and articles that included medical journals, nursing journals, geriatric journals and World Health Organization.

Finally, the search yielded 11 articles, which were relevant and retained for review. The review literature was based on both qualitative and quantitative studies of previous studies in order to sharp the knowledge and information about the loneliness among elderly women.

The journal articles chosen for review in this study, are arranged in alphabetical order as shown in appendix that describes the details about the authors, the year of publication, purpose of the study, method of data gathering, participants, and central significant findings to the thesis.

4.2.3 Data Analysis

The data analysis process will be qualitative content analysis. In inductive content analysis, the concepts were derived from the collected data. Content analysis, when it first appeared in the 1950s was used as a quantitative measure by sociologists to study people by extracting patterns, order, sense, and the meanings attached to life experience from written materials (Berelson, 1952; Manning & Cullum Swan, 1994: 464). The main aim of the qualitative content analysis is to build a model that describe phenomenon of loneliness among elderly women. The collected data are also known as raw data (Miles 1994).

According to Miles' (1994) interactive model, raw data are analysed through three steps as follows:

- Data reduction,
- Data display and
- Data verification.

The gathered data analysed (data reduction) through the process of selecting, focusing, simplifying, abstracting and transforming the data leads to the new idea what should go to the data display.

After selecting enough data, preliminary conclusions are drawn and decided whether it needs to add more data or not. This process seems iterative in qualitative data analysis. In this qualitative analysis doesn't seek to shut itself off from quantitative analytical procedures, but attempts to incorporate them into the analytical process in a justified way (Uwe Flick ,2002).

To illustrate the analysis process, the concept of social status and its sub-categories were chosen by sub titles in the following way: social relationship, widowed, divorced. The umbrella concept to these categories is created with the name of factors influencing loneliness among elderly women.

This main aim is to cover the findings and content of the research under the specific subtitle.

The analysis process is highly directed to explore the literature review of the study that covers broad range of the research question. However, the limited researches done in the topic made the analysing process quite difficult on which point should be taken in and which out. But the fact was, that limited data also provided huge evidence based information. Most of this covers an overlapping theme, but for providing a structured review it will be described under the following steps:

- Widow
- Health status
- Immigrant
- Lifelong single hood
- Social loneliness

The analysis process will explore the literature under each of these headings in more details with an evidence based description for achieving the sense of loneliness among elderly women. The figure 1 illustrates and describes the influencing factors of loneliness.

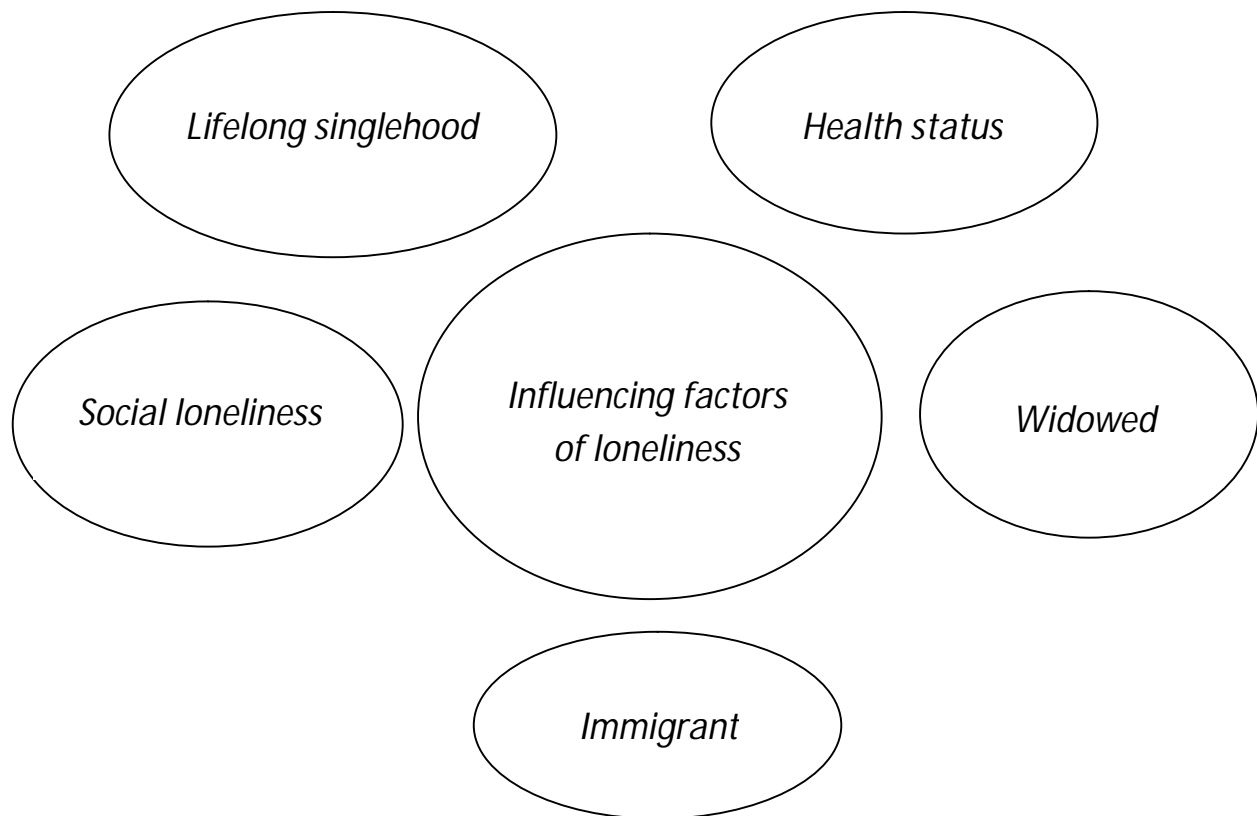


Figure 1. Factors related to loneliness.

5. Findings of the Study

The findings of the study are based under the description of the content of loneliness among elderly women that formulate the analysis process of the study. Therefore the analysis process of the study is categorized under five main groups which are social status, health status, immigrants, lifelong singlehood and widowed. To illustrate the outcomes of the study, the following figure 2 shows the content of loneliness among elderly women.

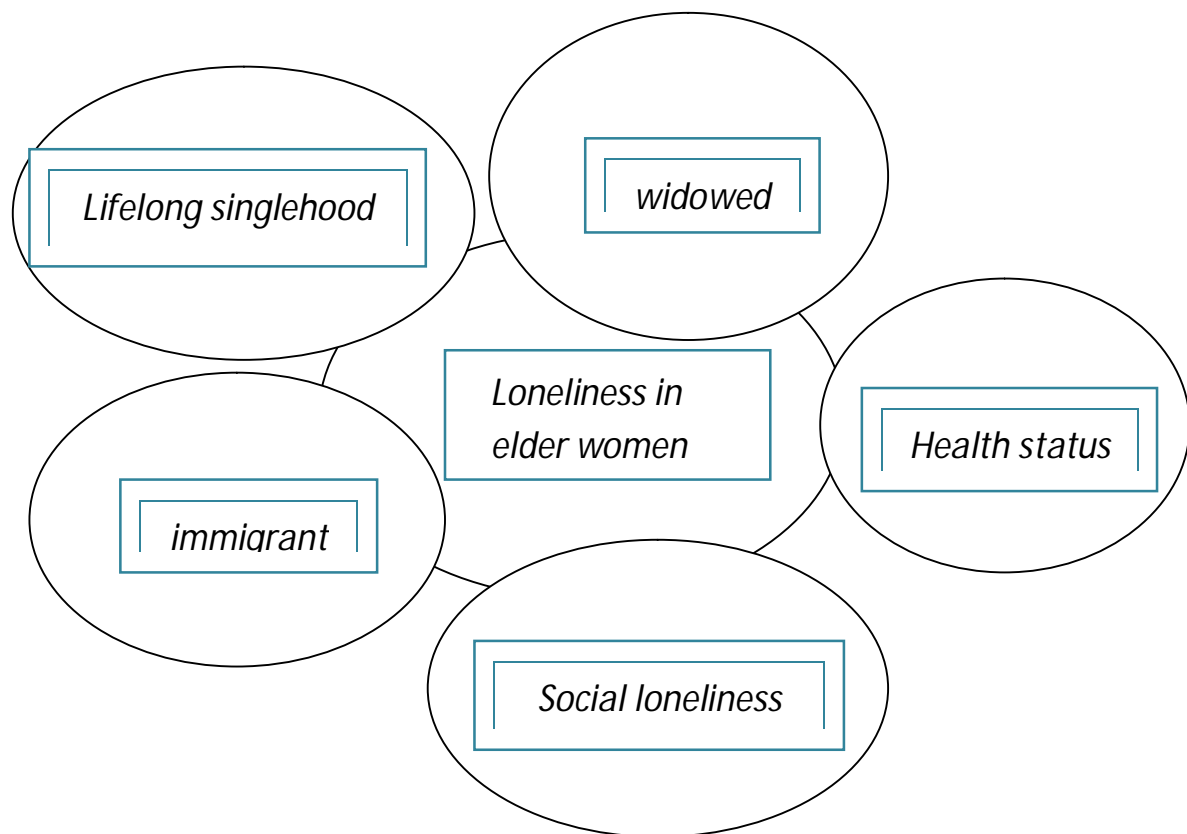


Figure 2. The influencing factors of loneliness in elderly women.

5.1 Widowed

The study by Zettel and Rook (2004), examined social network substitution and compensation in widowed women in the United States, that referred how social ties contributed to feelings of depression and loneliness. The larger number of widows measures the loneliness that formed the new social ties than widows whose social networks contained few new social ties. Therefore social relationship also differences feelings of Loneliness among those widow women.

Being alone and feeling lonely were also described in the study done by Harrison, Kahn and Hsu (2004-2005), by the widows who had been married to their deceased spouses and also whose husbands received hospice care (Jaccob, 1996). The greater number of women felt loneliness than men aged over seventy, who were mostly widows. There were no such factors that could reduce their loneliness such as having paid employment, watching TV, or listening radio (Ginsberg, G., Klein, M., Hammnerman-Rozenberg, R., Friedman, R., Cohen, A., 1996). Thus widows and loneliness are inter related and also one of the predictors of loneliness.

5.2 Immigrants

The study by Kim (1999), examined predictors of loneliness among the Korean immigrant women living in United States for 14 years, had found the lack of satisfaction with social support, ethnic attachment and functional status as predictors of loneliness. Another study by Choudhary (2001), among migrated women to Canada from India, examined the role of beliefs, values, and culture as mediators of stress in resettlement experience of south Asian older women. Among those immigrant women, lack of informal support, the fast pace of children's lives/no time for the elderly and language barriers with neighbours and grand children were the main reason of loneliness.

Movement or establishing new home in new place is always a kind of risk to become lonely in that area at least for a certain period of time. There is always the difficulty to find company with whom they can share their feelings or talk due to the lack of trust and insecurity. So being an immigrant is also greater challenge or possibility to become lonely in that new country for shorter or longer period.

5.3 Lifelong Singlehood / Childlessness

According to Baumbusch (2004), lack of companionship, social support, and intimacy emerged as negative aspects of singlehood and were interpreted as loneliness. National survey of family and households (1988), indicate that both loneliness and depression are significantly related to childlessness for women (50-84yr) then men. Almost more than a half of childless woman reported more depress and silence then men. Childlessness has increased in United States of America, most of them associate with greater loneliness (Blake, 1979). The most frequently mentioned disadvantage of childlessness was loneliness (60%). U.S data from 1974, Bachrach (1980) found that childless elderly were more likely to live alone and that among all elders living alone , the childless were about twice as likely to be isolated than those with children.

5.4 Health Status

Loneliness may lead to serious health-related consequences. A recent study (Tarek, M., 2008) among the older persons with different chronic diseases, patients with lungs disease and arthritis had the greatest feelings of loneliness. Several studies have specified negative effect of loneliness on survival after myocardial infarction, metastatic breast cancer and malignant melanoma (Tarek, M., 2008). Loneliness was found to be predictor to increase the risk of heart conditions in a sample residing older individuals (Sorkin, Rook & Lu, 2002). Loneliness was also identified as a risk factor for depression among aged 60-90 living independently (Adams, Sanders & Auth, 2004). The cross sectional study (Indian journal of community Medicine, 2007) in Chandigarh on the basis of health problems and loneliness found that health related problems in circulatory system, musculoskeletal system and connective tissue were higher among females (59.5%) compared to males (40.5%). In that study loneliness was higher in females (72.8%) compared to males (65.6%). Clin Rheumatol (2008) has found that the female Egyptian rheumatoid arthritis patients have expressed more loneliness than Dutch patients. The cause behind this was that the Dutch females had more extensive social network, and more support resources than Egyptian females after getting the RA disease. Other studies (Karen, Kaasa & RN, 1998) have shown a relationship between increased loneliness and a variety of predictor variables, e.g. low vision. A survey that was done in

northern District of Tonsber (Karen, Kaasa & RN, 1998) found more women (10) suffering from low vision disability than men (8) out of the total 100 participants. So it means more women felt lonely than men.

5.5 Social Loneliness

Social loneliness is known to be related with the personal relationships such as the size of the social network and social support exchanges (De Jong, 1998; Dykstra et al., 2005; Hughes et al., 2004). Austin (1989) also mentioned that loss of spouse, friends and relatives makes life difficult for elderly to meet basic needs for human intimacy and social integration, thus it contributes loneliness on them (Jylha & Jokela, 1990). In general, own disability will negatively influence these characteristics because health problems restrict the maintenance of someone's personal relationships (Van Tilburg & Broese van Groenou, 2002). By applying the same argumentation, spousal disability will be related to higher levels of social loneliness because it restricts the maintenance of social relationship after increasing spousal care giving.

Women are more socialized and family oriented. Men are more strongly depend on their spouses for social supports, whereas women derive it from family, friends and neighbours in additions to their partner (Antonucci & Akiyama, 1987; Cutrona, 1996; Stevens & Westerhof, 2006). Based on this, women will be restricted on their activities to maintain social relationship because of own or spousal disability but men will be indirectly disadvantaged when their wives are restricted in their activities for the maintenance of social networks. Because of this gender differences, women's own disability is related to social loneliness more than spouses' disability.

6. Considerations

6.1 Ethical Considerations

Ethics mean the philosophical study of moral values and rules. In qualitative research, ethical issues are often more difficult than issues in other research like survey and experimental research. As Good and Gretchen points that these issues are related to the field methodology which usually include long-term and close personal involvement, participant interviewing and observation. Whereas field research is based on human interaction, rather than human outside interaction.

The ethical code is another way of considering the ethical issues in respecting the human rights as it is stated in the main Rights Declarations, beginning with the Universal Declaration of human rights (United Nation, 1948). So every person and part of community is obliged to respect these declarations but in case of any professional relation, those duty becomes even more relevant, one must consider the relation between rights and duties, relation that is expressed by professional ethics codes (Alexandra Columbus, 2006). Thus code of ethics emphasizes the importance of respecting the anonymity and privacy of research participants. It insists on safeguard to protect people's identities and those of the research location. The confidentiality is assured as the primary safeguard against unwanted exposure (Norman K. Denzin, Yvonna S. Lincoln, 2005).

Therefore, this study is a part of loneliness project which derived the choice of the topic. The review of the literature doesn't hold only to the project work alone, but it also creates the model of influencing factors of loneliness in elderly women.

The ethics has been considered in qualitative research as a definite meaning that can be seen as a self-growth of the researcher and the selection of the right methods and questions. During the study process, the honesty, sincerity and faithfulness has shown to the third research and researcher. In case of critical situation of selecting the literature, there had been considered the high awareness of omitting or selecting way of system.

6.2 Trustworthiness

Trustworthiness is an essential component of qualitative research that evaluates by focusing on credibility and transferability (Talbot, 1995). The dependability and the conformability are also the essential parts in trustworthiness.

All the unwanted results and data were avoided in the final account of the study. This helped to get the trustworthiness in the data collections. Therefore, the evaluation of trustworthiness related to entire research process. According to Lobiondo-Wood & Haber (2006), the trustworthiness of qualitative research has been scrutinized by reviewing the conformability, auditability, transferability, credibility and fittingness of the research.

Denscombe (1999) mentioned audit trial as a tool to estimate the trustworthiness in qualitative research. In audit trial, a researcher describes clearly and should be able to give exact backgrounds in the research process. Therefore auditing process in this study was drawn from the data obtained from the review of the literature. The Johnson (1997) mentioned that audit trial material is used for the study of raw data reduction and data analysis, reconstruction and synthesis data, materials related to intension and dispositions and instrument to develop information.

In this study, the quality of research was carefully examined by showing how the data was collected, analyzed and interpreted. Thus, author evaluated the quality of the research aim and to improve or evaluate the trustworthiness (Lobiondo-Wood & Haber, 2006).

Moreover, Hammersley (1992) mentioned that reliability refers to the consistency with which instances are assigned to the same category by different observers or by the same observer in different occasions. The same way the validity is another word of truth. It interprets the extent to which an account accurately represents the social phenomena to which it refers that deals with contrary cases (Hammersely, 1990). In the study validity was enhanced while searching evidence that contradicts as well confirmed, thus explanation being to develop.

In this study trustworthiness was achieved through full text selection and research based articles. The articles were published in scientific journals such as OVID, MEDLINE, PUBMED, and CINAHL and all articles were only in English language. The author has given time in selecting the articles, reading them through, and analyzing the findings. And most of the research articles that had been used in this research were done by using computerized data analysis which is reliable source for analysis.

Furthermore, the analysis process of this study was qualitative content analysis that was reliable approach to handling the data. Therefore it is important to note that there was validity in the research results supporting the influencing factors on loneliness among elderly women. The research mostly concentrated on the main predictors that influence the loneliness in elderly women. Finally, researcher has done study in similar topic like the different professionals, which also represents the reliability of these articles, so the reliability has occurred in this research as well. The articles that have been chosen in this research were quite often updated and published in reliable search engines. Reliability has been shown in the research process of loneliness in elderly women.

6.3 Discussion of Findings

The study is aimed to explore the literature concerning influencing factors of loneliness among elderly women. The literature broadens the search of definitions of aging, loneliness and women. On these definitions, the following five factors were identified that influence the loneliness:

widowhood, immigrants, health status, lifelong single hood, and social loneliness.

Marriage is thought to provide a buffer against loneliness by meeting the human needs for companionship and intimacy. As individuals get older, marital status becomes less influential as issues related to advancing age emerge (de Jong Gierveld & Dykstra, 1993). In this review, the single older women who generally expressed satisfaction with their single status had indicated a lack of intimacy, companionship, social support and care giving as negative aspects to become a single in their older years.

The social status of older women changes after the death of the spouse that contributes to the loneliness feelings. The experience of widowhood means missing the relationship with the partner and participating in every social event together (Lopata, 1980). During the early stages of bereavement, widows of hospice patients attributed the cause of their loneliness to receiving less support from family and friends in addition to the loss of spousal support (Jacob, 1996). Hospice widows attributed deficits in their social network to the fact that family and friends were busy and all had lives of their own.

Rokach (1990) mentioned that rebuilding the social network and establishing new relationship are usual and effective ways of coping with loneliness. Loneliness level was not significantly decreased as a result of social substitution. So widows with new social ties were found to become lonelier than those with few new ties (Zettle & Rook, 2004). In this review as well, when the social network of

elderly people dismantled through loss of spouse, friends and relatives, it may be difficult to meet basic needs for human intimacy and social integration, thus contributed to loneliness (Jylha & Jokela, 1990).

According to Antonucci & Akiyama (1987), women are more social and family oriented, whereas men are dependent on their spouse. And women derived their needs from family friends and relatives. That's why, when their spouse get disable or sick, women pass more time in the care of them, and they lose the connection with the relatives and friends. In this review, the author has mentioned that women's own disability influences the loneliness more than spousal disability. Which is true in that sense that when women become disabled, they need to get help from relatives and friends because they don't get care of their husband.

Geographical mobility is another influencing factor of the social network and intensity of loneliness in later life among elderly women (de Jong Gierveld, 1987). In this review, two studies revealed loneliness as an experience of relocation and cultural differences have affected the feelings on loneliness among those elderly women. In the study by Choudhary (2001) has mentioned that among those elderly who are migrated to Canada from India have feelings of loneliness because in their words, nobody listens to them and talk.

Especially hard to resettlement is for the south Asian women who are migrated to Canada, due to the cultural beliefs and values. The different language makes them difficult to communicate with the neighbours and children have no time for them. The stress between cultures was evident of older women who migrated from India to Canada to live with their son and daughter. They become busy in their own work and had no time to spend with their parents who had just migrated to Canada. In this review, the author Kim has also indicated immigration as a predictor of loneliness among migrated American Korean women. The lack of social support and ethnic attachment was the reasons why immigrated Korean-American women felt loneliness.

The clash between south East Asian culture in which reciprocity and interdependence characterize social interactions and western society in which autonomy dominates, contributes to loneliness in immigrants (Bennett & Detzner, 1997). In Choudhary's study south Asian women's neighbours had been important sources of social network in India, where they described in their own word as "like big family". But when they move to Canada, women perceived their new neighbours as less friendly than in India and also languages barriers makes difficult to establish new social ties.

The relation between chronic illness (health status), and loneliness has important implications in nursing care of older women since the incidence of these conditions increases with age and is

related with disabilities (Waldrop & Stern, 2003). In one study in this review, many chronic illnesses like breast cancer and lungs diseases, have lead the women towards the feelings of loneliness. In another study, an inverse relationship between functional health status and loneliness was reported. In this review, by study of Tarek, M. (2008), Egyptian women with arthritis felt lonelier than Dutch women, because of less social network and support.

The study of Hyde et al. (1999) has mentioned social isolation in elderly women with chronic leg ulceration. Also the low vision of eyes contributes to loneliness in elderly women in another study done by Karen Kaasa, RN (1998). The limited social contacts with others due to the age, physical conditions, and chronicity of their condition of women had limited the social bound. But social isolation and loneliness are not synonymous though they are closely related to and co-exist. Social isolation means the lack of social contacts. In one study by Keel-Card (1993), social isolation may lead to loneliness that is under obstructive chronic pulmonary disease.

Thus, the relationship between health (chronic illness) and loneliness has important implications in nursing care of elder women since it has associated with the conditions of age and related with the disabilities. Since the several researches have been reported health as a one predictor of loneliness. The life long singlehood is another cause of loneliness among elderly women. Although the reasons being lifelong single are different. In one review of this study, the childlessness women are more depressed and lonely than men (national survey of family and households, 1988) and they feel more isolated than with having children. The most American singles have reported the disadvantages of childlessness as loneliness (Blake 1979).

In another study by Baumbusch (2004), being single doesn't mean only the childlessness, it is also the lack of companionship, social support and intimacy that emerged as negative aspects of singlehood and interprets as loneliness. In his study, some of the participants reported it positive to become a single which makes them experience in elder life. So being single is not alone predictor of loneliness on them, also a social contact and limitation can affect on it.

Finally social isolation is also a main cause of women loneliness in the society that hinders the many factors in women's life. According to De Jong (1998); Dykstra et al., (2005); Hughes et al., (2004), size of social network and support affects the loneliness of women. In one review of this study, spousal disability also limits the women activities due to the care of their own spouse (Austin, 1989). It limits their time to consult or to participate in any kind of social activities. The women's own disability directly affects loneliness more than the spousal disability (Antonucci & Akiyama, 1987), because women are directly related with the society and get support from their family and friends, whereas men get from their spouse.

Although, some of the literature have focused on the issues of loneliness among elderly women and its influencing factors. Thus it's important to recognize the predictors that cause loneliness among elderly women because it hinders the whole human status like socially, economically, emotionally, health status, etc.

Furthermore, it was important to note that over the past decades, many researchers have focused their study on the topic of loneliness but women loneliness has been on shadow. Only few researches have focused on women loneliness, but those few researches also gave enough knowledge for this research. The research was carried out using the qualitative literature based review. This is a very challenging task, because literature searches were made according to the certain criteria (chapter 4).

The author also believed that in order to get a better understanding of women loneliness, a better approach would have been to carry out face to face interviews with elderly women. Then it would have been easier to get direct information about influencing factors of loneliness among them.

Unfortunately, due to the language problem, the author couldn't conduct the interviews.

This work has been a learning process besides these problems; the author has got the reliable and truthful findings that hinders the women loneliness. The author believes that this will help in future study as well.

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APPENDICE: 1

Authors	Name of publications	Purpose of the study	Design	findings
Ami Rokach 2008	Journal of psychology	To examined the influence of cultural background on the ability of people from different culture to cope with loneliness.	A survey among 637 from North America and 454 from Spain were participated in yes no questionnaire.	Participants from both cultures differ on all subscales.
Ami Rokach 2006	Social Indicators Research	To explore the manner in which abused women cope with loneliness.	A survey conducted among eighty domestic victims women and 84 from general population with yes or no questionnaire.	Abused women cope with loneliness differently than general population does.
Claudia Beal 2006	Issues in Mental health Nursing	To explore the influences of loneliness among elderly women	A quantitative analysis	Gender, social and cultural factors influence the experience of loneliness in older women.
Jenny De Jong & Theo VanTilburg, 2006	Research on Aging	Study on confirmatory tests on social and emotional loneliness	Face to face interviews or telephone interviews were conducted.	Found that health is a main factors that are strongly associated with the degree of loneliess scale , at the level of both emotional and social loneliness.
Joe Tomaka Sharon T, 2006	Journal of aging and health	To examined the relations between social isolation, loneliness and social support to health outcomes.	A random-digit dialing method to obtain a random sample of 755 southern New Mexico seniors.	Social isolation,loneliness and lack of adequate support are social condition that exact a significant toll on psychological well-

				being & physical health, with the costs of these conditions particularly.
Karen Kaasa, RN 1998	Norwegian journal of epidemiology	To study the prevalence of loneliness in a group of elderly people over 80 years old & sociodemographic, health-related & social predictors for experiencing loneliness.	A survey conducted among 232 inhabitants in the municipality of Tonsberg	Findings shows that predictors of loneliness included number of social contacts, self perceived health, using hearing aids and having a safety alarm.
Marga k, Marjolein I Broese vg, and Theo G., Van Tilburg (2008)	Journal of Aging and Health	To study about the effects of own and spousal disability on social and emotional loneliness among married adults over 65 years old.	A linear regression analysis among the data collection from 710 men and 379 women in a Dutch community.	Own disability and spousal disability were related higher level of emotional loneliness.
Nan Stevens & Gerben J. Westerhof (2006)	Research on Aging	Study is about to compare the availability of support, companionship, and negative relational experiences in various types of relationship for married men and women aged between 40 to 85 years living in Netherlands and Germany.	Survey on Aging	Study found that men ruled more strongly on their partner, whereas women had more varied networks and experienced more worries.
Oskoo Kim RN, 1999	Journal of Advancing Nursing	To study the predictors of loneliness in elderly Korean immigrant women.	Telephone interview in 110 elderly Korean immigrant women over 60 years of age living in united States of	Results found that satisfaction with social support, social network size, ethnic attachment and

			America	functional status were predictive variables of loneliness.
Simone Pettigrew, 2007	Journal of research for consumers	To study examined older people's experiences of loneliness & how theses may be ameliorated through consumption practices.	Interviews were conducted with 19 Australians aged 65 and older.	Several possible consumptions – related strategies to reduce the experience of loneliness were suggested, such as using consumptions rituals to structure social interactions and facilitating reading and gardening activities.
Tarek M, El Mansoury, Erik Taal, Ahmed M, Abdel N, Robert P, 2008	Clin Rheumatol	Study was about to explain loneliness as experienced by women with rheumatoid arthritis (RA).	A cross cultural study among 36 Egyptian RA patients and 140 female Dutch patients.	Study shows that Egyptian RA patients feel more loneliness than Dutch patients