ARCADA

Activities And Interventions For Alleviating Loneliness Among Elderly

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Abstract

Loneliness is a subjective concept, which results from a loss of companionship or the perceived absence of an individual. Loneliness among the elderly is common and has the detrimental effects of decreasing the quality of life and ability to live independently. Factors that can cause loneliness are illness, retirement, separation and sudden bereavement. Social isolation is not a synonym for loneliness, nor does being alone necessarily result in loneliness.

The purpose of the study is to investigate what meaningful activities and nursing interventions can help in reducing loneliness among the elderly. A literature review was conducted using ten scientific articles that were analyzed qualitatively using an inductive approach.

The results of the study demonstrate that increasing the elderly person's input in terms of stimulating activities level can alleviate loneliness. Reducing loneliness and improving the health and wellbeing of older people can be accomplished by social group schemes, one-to-one, befriending and Navigator schemes. The Geriatric Rehabilitation Model is the theoretical framework used for the study, in which the aged person and the professionals work equally and interact closely. The patients' commitment to the goals and the professionals' commitment to support the patient in accomplishing the goals is essential elements in Geriatric Model. There have been limited earlier intervention studies so more research is needed extensively both in intervention and prevention of loneliness. Well-planned, client-centered professionally led psychosocial groups activate lonely older people socially. For home-dwelling people, participating in leisure and volunteer activities improved the quality of life and alleviate loneliness. Well-educated nurses with an appreciation for the elderly are necessary in constructing client-centered psychosocial groups.

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1. INTRODUCTION

The world's population is rapidly ageing, and about 12 percent of the global population is comprised of people over 60. In 2050, the number is estimated to rise to 22 percent. People are living longer today because of several factors: access to public health care and education, an overall longer life expectancy, declining fertility rates, and improved socioeconomic conditions. While ageing can be considered a triumph of development, all countries face potential challenges and difficulties to maximize the health and functionality of the elderly, in addition to ensuring their social participation and security (WHO 2015).

Ageing not only leads a gradual decrease in physical and mental capacity, but also a growing risk of disease (Shapira 2006). The vulnerability of older people to loneliness increases with poor quality relationships, hospitalization for chronic health problems, and with decreased optimism and low self-esteem (Morphy 2006; Skingley 2015). Ageing can interact with loneliness in certain ways, often with negative results. For instance, prolonged loneliness can result in a poor self-image and an inability to cope with the losses that occur later in life (Donaldson & Watson 1996). When the ageing process interacts with loneliness, a psychological state or condition with detrimental effects on health and well -being may develop (Donaldson & Watson 1996). Murphy (2006) further suggests that the loneliness is related to depressive symptoms and decreased subjective health, which negatively affects the lives of the elderly (Tilvis et al, 2011). This may lead to cognitive decline, increased reliance on help and usage of health services, and even early institutionalization (Cohen & Perach 2013; Routasalo et al. 2008).

Loneliness has historically received little attention from nurses and the medical profession. In order for nurses to be able to respond appropriately, they should be able to make a diagnosis of loneliness in the elderly (Donaldson & Watson 1996). In society, elderly people living alone are particularly vulnerable to loneliness. Yet at the same time, even some people with relationships and surrounded by others may experience loneliness (Brownie & Horstmanshof 2011). In Asian and Middle Eastern countries, cultural beliefs dictate that older adults live at home with the extended family. Many adult children consider it their duty to care for parents as they age, and therefore will move in with them in order to provide the required assistance,

help and support. Yet with the increasing influence of Western society and values, nursing homes are beginning to appear in many Middle Eastern countries (Hegland 2009).

In this study, the phrase older people refer to the individuals who are 65 years old or older, and live in their own homes or in a residential home. ''Finnish society has changed considerably from the period of wars, since living alone has become more common among the older population (Kesternich et al. 2014). After the wars (World War II), ageing was viewed as more negative and was mostly examined as a medical problem. There been a change in how elder people are viewed in society. These changes may also have influenced the older peoples' feeling of loneliness. Loneliness has been identified as a significant risk to health. ''However, our health care system and nursing care have limited means to recognize loneliness and to alleviate loneliness with nursing intervention''(Tilvis, et al. 2011).

The Geriatric Rehabilitation Nursing Model (Routasalo et al. 2004) has been used as the theoretical framework for the study. According to the model, commitment to action and equal interaction are necessary elements to achieve results in care process. This model was deemed suitable for the study as the model is related to the geriatric field, and this study focuses on older people and nurses' relationship and committed towards the role of activities and its intervention.

2. BACKGROUND

World Health Organization (2007) defines the elderly or older person as the age of 60 or 65 years over. Most people tend to retire in this age; so many developed countries have accepted it. But in developing countries, retirement does not have the same meaning as in the developed world (Cattan 2009). In developing countries, ageing is not only defined by years, but by new roles, loss of previous roles, physical decline or inability to make active contributions to society (WHO 2001).

2.1 Loneliness

''Loneliness is complex and usually an unpleasant emotional response to isolation or lack of companionship: it is deficient either quantitatively or qualitatively way'' (Routasalo et al. 2008; Tilvis et al. 2011; Skingley 2015). It includes anxious feelings about a lack of connection or communication with others. ''Loneliness has also been described as social pain - a psychological mechanism to alert an individual to isolation and motivate him/her to seek for social connections''(Victor et al. 2009). In nursing literatures, the term loneliness has often been used interchangeably with feeling lonely or alone. In addition, the concepts of social isolation and living alone also have been equated with loneliness (Victor et al. 2009). ''Loneliness is a distressing feeling, as an individual's subjective experience about lack of satisfying human relationships''(Tilvis et al. 2011). Murphy (2006) defines loneliness as natural and integral a part of being human as joy, hunger and self-actualization'. ''Loneliness is defined as an enduring condition of emotional state that arises when a person feels estranged, misunderstood or rejected by others, lacks appropriate social partners to do desired activity; some particular activities that provide a sense of social integration and opportunities for emotional intimacy'' (Donaldson & Watson 1996).

Prevalence and Associates of Loneliness

Finland is estimated to be one of the fastest ageing countries within the EU (ETM-pilot project 2000-2003). About one third of older people in Finland suffer from loneliness (Tilvis et al. 2011). Suffering from loneliness has been linked with several conditions such as poor health status, living alone, depression, feeling of being poorly understood by families and friends, and unfulfilled expectations. During ten-year follow-up of the elderly citizens of Helsinki (75-, 80-, and 85-years), cognitive decline and mortality were both found to be doubled among people feeling lonely (Tilvis et al. 2011). In the oldest age group (>85 years), 47% reported suffering from loneliness, 69% of them women and 38.7% of respondents reported suffering from loneliness always, often, or at least sometimes. Thus, loneliness was more common in women than men (Tilvis et al. 2011) and it was mainly associated with personal circumstances such as widowhood, having no children, lower education, and poor physical health, need assistance and help for daily living (Tilvis et al. 2011; Cohen & Perach 2013; Brownie & Horstmanshof 2011).''Social isolation has been proven to increase mortality independently of feelings of loneliness''(Tilvis et al. 2011). Moving into a residential care home or being separated and isolated from family and friends can cause loneliness in an elderly person (Brownie & Horstmanshof 2011). Other life events such as bereavement and loss of friends are associated with the experience of loneliness. Other important aspects such as wealth, cultural norms, marital circumstances, deteriorating health and mobility, low social contacts or connection between families members have been also linked with feeling of loneliness (Skingley 2015; Brownie & Horstmanshof 2011).

2.2   Loneliness and Ageing

Loneliness is a multi-faceted concept. 'Loneliness is not only experienced by older people', it is prevalent among all age groups (Skingley 2015). People can feel loneliness even when surrounded by other people. A survey done for Mental Health Foundation (Skingley 2015) reported that younger people are more likely to feel lonely than those ages over 55. Loneliness among teenagers is often temporary and more transient than in older people.

Because elderly people are at more risk of social isolation and they usually have less number of people in contacts. Thus, the most vulnerable seems to be elderly aged over 80 (Cohen Perach 2013; Skingley 2015). In Western countries, ten to forty percent of the population report having feelings of loneliness (Victor et al. 2009). ''Due to poor health or the loss of loved ones, the percentage of lonely individuals increases after the age of 75'' (Tilvis 2011). Older adults perceive loneliness as a serious and distressing problem for their age group (Donaldson & Watson 1996).

A large amount of research has been done in the field of loneliness and ageing and has been defined in various ways: ''Ageing and loneliness as contributing to the confusion of past and present, which is often revealed by older people'' (Donaldson & Watson 1996). Loneliness as an unpleasant experience linked to various health problems (Shapira et al. 2006). A number of studies have been conducted which establish a relationship between loneliness and ill health. A study by Donaldson & Watson (1996) showed that ''loneliness was correlated with greater neuroticism that drug dependency, incapacity and a self- evaluation of poor health''. ''Loneliness is associated with depression, anxiety, fatigue, high alcohol consumption, decline in immune- globulin levels, urinary corUcosteroid levels, low T-killer cell activity, schizophrenia and mortality. Loneliness can produce an inability to concentrate and low levels of activity in old age'' (Donaldson & Watson 1996). ''Older people who are physically disabled or who suffer from visual or auditory problems tend to be lonelier than people without any disability'' (Tse 2010). Murphy (2006), specify that ''loneliness and physical health in older people correlates highly but the predictive direction is uncertain; loneliness may lead to ill health but ill health may also lead to loss of social interactions and ultimately feelings of loneliness''. ''The effects of lifelong problems in imitating and maintaining relationships over time, leading to loneliness, can produce 'a diffuse, driving restless as well as an amorphous dissatisfaction' in elderly people'' (Donaldson & Watson 1996).

2.2.1. Loneliness and Physical Health

Loneliness may not only correlate with ageing, as claimed by Donaldson (1996). Loneliness is a risk factor for poor physical and mental health. It is associated with major adverse health

outcomes, including Alzheimer's disease and high blood pressure. The relationship between loneliness and dementia found the risk for developing Alzheimer's disease and was significantly high in those who were lonely (Cohen & Perach 2013; Brownie & Horstmanshof, 2011). ''The effect of loneliness on systolic blood pressure was independent of age, gender, race or ethnicity, cardiovascular risk factors, medications, health conditions, and the effects of social support and perceived stress'' (Murphy 2006; Brownie & Horstmanshof, 2011). ''The lonely individuals may lack relationships with others who would encourage adherence to preventative healthcare practices, such as visiting a doctor before problems become serious'' (Cohen & Perach, 2013). ''The social side of daily life for older people should also be considered and nurses need to assess loneliness and depression while providing home care (Murphy 2006). Loneliness might play a vital role in the development of dementia after finding a negative correlation between loneliness and dementia. ''Older people living alone with a poor social network are at risk of dementia compared to older people with a good social network''(Murphy 2006; Donaldson & Watson 1996).

2.2.2. Loneliness and Social Relationship

''One individual's loneliness through living alone may be another's peaceful solitude'' (Murphy 2006). A large number of friends or social contacts does not usually protect people from experiencing loneliness; it can be still experience while in the company of others. ''One can be lonely and not alone, the size of social network is not as important as the quality of the relationships within them rates loneliness in older age group'' (Murphy 2006). Thus, older people who have meaningful relationships (even with fewer people) are less likely to experience loneliness. Elderly people actually require less social stimulation and interaction than do younger adults. ''Older people are thought to be more judicious in their choice of companions than younger people and seek familiar, reliable relationships in which to invest'' (Brownie & Horstmanshof, 2011). Loneliness has social and emotional components, and the risk can be increased by losses and changes in role or living environment. ''Older adults are found to live longer and respond better to healthcare interventions when they have social support and relate closely with their care providers and their fellow older people'' (Tse 2010).

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2.2.3. Loneliness and Social Isolation

''The terms loneliness and social isolation have often been used interchangeably but they are distinct concepts. Social isolation relates to an individual's social contacts and friends, and can be objectively measured. But loneliness can only be evaluated by the individual experiencing it (Tilvis 2011), Murphy (2006) suggests that ''social isolation is almost a compromise concept between loneliness and 'aloneness', depending on whether choice is involved. Social isolation with choice is aloneness, while social isolation without choice is loneliness''. Social isolation is usually considered as having low levels of community engagement, reduced social networks and minimal contact with friends and family. ''Social isolation is usually taken to refer to an objective, often imposed, absence or paucity of contacts and interactions between a person and his/her social network'' (Cattan, 2009). The phrases 'social detachment' and 'social disconnectedness' are often used to refer to low levels of participation in social activities (Cattan, 2009). Two types are often mentioned: ''social loneliness, referring to negative feelings resulting from an absence of meaningful social relationships, and emotional loneliness; referring to a perceived lack of an attachment figure or confidant'' (Skingley 2015).

3. THEORETICAL FRAMEWORK

Theories are used to explain and predict, and provide the organization for the study. "A theoretical framework is a frame of reference that is a basis for observations, definitions of concepts, research designs, interpretations, and generalizations, much as the frame that rests on a foundation defines the overall design of a house'' (LoBiondo-Wood & Haber 1998). As a theoretical framework, a Geriatric rehabilitation-nursing model is used for this study. The model is developed by Pirkko Routasalo RN PhD the assistant professor Department of Nursing Science, University of Turku,Finland, Seija Arve RN PhD the director of nursing in Turku City Hospital, Turku Finland and Sirkka Lauri RN PhD the emeritus professor, department of Nursing Science of University of Turku, Finland.

3.1 Geriatric Rehabilitation Nursing Model

The aims of geriatric rehabilitation are to ''maintain or restore function, maximize life satisfaction, enhance psychological well-being and maintain social status'' (Routasalo et al. 2004). The model describes the role and activities of patients and family members, as well as nursing interventions. Nursing in geriatric rehabilitation is 'an interactive process between an aged patient who have particular health problems, illness or disability, and a nurse with professional attitudes, knowledge and skills'. Rehabilitation nursing described as a 'patient-oriented mode of action' in which all interventions are focus specifically to rehabilitation. A rehabilitation model not only involve physical actions, it includes supporting the 'patient's self-determination' and 'promoting a sense of safety' and a 'meaningful life'. Rehabilitation nursing can help a patient to restore functional capacity, maximize life satisfaction, increase mental well -being and maintain an older person's social status. ''Nurses also have an important role in motivating and giving emotional support to patients and their caretakers'' (Routasalo et al. 2004). The elements of the model include: Patient and Nurse, Nurse and the Multidisciplinary Team, Patients' Commitment and Nurses' Commitment. For details of elements of the geriatric rehabilitation-nursing model see Appendix 1.

Patient and family - An acute or traumatic health change can give an older people to a sense of helplessness. Loss of physical capacity can weakens their self-confidence and increases the risk of depression. In geriatric rehabilitation, nurses work in a team comprised of patient, their family, physicians, therapists, social workers and other professionals. Including family members in rehabilitation is more effective because they can actually help to motivate the patient. Sometimes a family member can also serve as an advocate when an older patient is too frail to make decisions (Routasalo et al. 2004). In the team, nurses have an opportunity to encourage the patient and his/her family members about the care, also can discuss and evaluate the treatments together. In the rehabilitation process, both older patients and their family members always need knowledge and support to be active for further care and making decisions (Routasalo et al. 2004).

The nurse and the multidisciplinary team - According to Routasalo et al. (2004) ''Nurses deal with people who are experiencing transition, that is, a change in health status, in role relationships, expectations and abilities''. In multidisciplinary team, each profession brings their respective special expertise and skills and makes them available to the whole team. In a team, nurses have much more knowledge about a patient's functional capacity in daily activities. Nurses own attitudes toward working with older patients can affect the care process. Nurses who show a negative attitude toward older patients tend to emphasize custodial care while those with a positive attitude tend to emphasize a rehabilitative orientation (Routasalo et al. 2004).

Patients' commitment 'Self-perceived health' and 'motivation' are important aspects of patients' commitment to rehabilitation. The way person has accepted own health situation depends the effectiveness of rehabilitation process. Patients' own confidence level to accept changes and take the responsibility and trust in the nursing staff is important to achieve set goals for care process (Routasalo et al. 2004). Normally, it is assumed that the patient will accept the aim and show a commitment to reach it, but the patient's own motivation is plays a essential role. The patient might be tired and can become frustrated in the beginning process,

but giving enough time, motivation, emotional support and encouragement by staff and family members help maintain a person's belief in rehabilitation (Routasalo et al. 2004).

Nurses' commitment Goal orientation is the base of all nursing. Supporting and encouraging the patients is central to the health orientation in nurses' work. Archer describes nurses' work in an older patient's rehabilitation process in different steps: 1st step reflection, it involves recognition of the nurse's own attitudes toward ageing and rehabilitation. 2nd step initial interaction, the nurse talks with the patient and family member to get descriptions and reactions to the care process. In 3rd step environmental understanding, the nurse perceives the patient's environment. In 4th collaborative assessment, the nurse including patient and family members formulates aims and in 5th collaborative step goal setting, set the aims. Then 6th mutual process assessment, consists of evaluation of the nurse's and the patient's actions. In the last step, mutual outcome assessment, the targets set and those reached are evaluated. Nursing decision-making is a collaborative process in which patients; family members and professional workers all have an equal part to play ((Routasalo et al. 2004).

Geriatric rehabilitation model was chosen for this study because the nursing model was developed to clarify the work of nurses in the rehabilitation process of an aged patient. The model relates to the direct relationship between nurse and patient with continuous interaction process including patient and their family. When patients do not have enough knowledge and are not able to make decision, nurse can play the important role. The model is developed by Finnish experts and is more aware of Finland's health care system of elderly care, so it is more application for my study. There is no earlier nursing model, which analyses the work of nurses in the geriatric rehabilitation process. As subject loneliness in elderly, which is much more related with process like rehabilitation by improving older people health in later life. Where, health professional professionals together with patient's family plans and evaluates the situation of lonely older clients by helping them to alleviate loneliness through activities and nursing intervention. ''A geriatric rehabilitation-nursing model has been shown that the use of a model in the analysis of nurses' own work can help to improve documentation'' (Routasalo et al. 2004).

4. AIM AND RESEARCH QUESTIONS

The growing number of community-dwelling older people is a challenge for society and also for health care system. The main objective of the care for older people is to support their independency, and to help them to live in their own homes as long as possible (Finnish government platform 2003). Murphy (2006), maintain that ''Cognitive function in older people can benefit from participation in social activities and increased intellectual stimulation''. While loneliness is allied to perceived poor quality of life, the causes of loneliness vary, and several social, mental and emotional risk factors have been found to increase loneliness. A correlation between loneliness and poor health is something that is related to nursing. The purpose of the study is to investigate what meaningful activities and nursing interventions can help in reducing loneliness among the elderly.

The two main research questions of the study are as follows:

1. What kinds of activities are offered to elderly that can alleviate loneliness?
2. What are the nurses' interventions for helping elderly with loneliness?

5. METHODOLOGY

This chapter describes the process of data collection and the method how it was analyzed. The method used by the author was literature review using inductive content analysis, in which the inductive approach is taken to analyze the collected data from different sources. Research is an activity to finding out the things we did not know in more or less systematic way (Sherri 2011) and 'the methodology is a philosophical framework, within which the research is conducted and foundation upon the research is based' (Sherri 2011). Research methodology refers to the overall approach to the research process, it involves choosing and using particular strategies and tools to gather, analyze data and provide answers to the research question. ''The type of methodology used depends on the nature of the research question''(Sherri 2011).

5.1   Data collection

The literature was searched from the Academic Search Elite (EBSCO), PubMed, Sage Journals, and Science Direct databases. This electronic databases were access through Arcada University's ''Libguides'' program. First the titles of the articles were reviewed and abstracts of the relevant articles were read, after that the whole article was read and the relevance was assessed. All the articles discussing the concept of loneliness, concerning activities for older people, alleviating loneliness with nurse's role were included. The keywords used for the search criteria were 'loneliness'; elderly, activities, nurses role, nursing intervention, nursing preventions and keywords of similar meaning were applied under each search category: like elderly and older people.

In EBSCO and CINAHL search was done using ' AND' like 'elderly AND loneliness' or adding additional rows using different search terms. Databases such as PUBMED and SCIENCEDIRECT, the interface is different from EBSCO and the search field is designed in a sentence form. A well-structured full sentences were used in search category: like - activities for elderly people / activities to alleviate loneliness, Nurse's role to alleviate loneliness / nursing intervention to alleviate loneliness for elderly. In Sage journal same above

mention key words were used as a search terms in search category. In total, more than 20 articles were collected for the research, in order to choose the articles from those selected articles. The author read the articles thoroughly selecting main point abstraction, aim summary and conclusion. The majority of the articles was chosen that provided answers to the research questions. After extraction 10 articles were selected for the study and a few other articles were used as references. Boolean operators technique were used to search the articles from the databases.

Search process of databases

For data retrieval process multiple search engines and variety of key words and phrases were used to conduct the search. The first search was conducted using the "loneliness AND ''elderly'' AND ' ''nurses'' in Academic Search Elite (EBSCO)" and (CINAHL) resulting in 13, 41 and 535 hits. After advance search (Free full text, Scholarly (Peer Reviewed), Journal Publish year between 1995 – 2016) 9 articles were selected.

The number of articles was not enough and relevant to the study, so the search was broadened to get more results. ''Loneliness'' ''elderly'' AND ''nursing intervention'' was used to search category. In this phase articles were selected, from a nursing perspective, which has nursing intervention and can related to the second research question of the study. The search resulted in 156 hits, implying the above-mentioned inclusion and exclusion criteria 3 articles were collected.

The second search was conducted using the same processes as mentioned above choosing "PubMed database". In PubMed database the advanced search was used with the following search words 'loneliness' 'elderly' 'nurses' role' another key words like loneliness' older people' 'intervention' which resulted in 171 and 133 hits. Choosing free full text and recent "15 years" options reduced the results to 63 and 51 hits, with relevant were limited to 5 hits. Another search was done with Science Direct using keywords ''Loneliness'' and ''elderly'', which result with 310 hits, and implying inclusion criteria it limits with 156 hits and only two articles were relevant to study.

The final search was done with "Sage Journals" advanced search with loneliness' 'elderly' and 'nursing intervention' resulted with 737 hits. After inclusion and exclusion there were 367 hits. The time period was limited by "years 2000 - 2015" in "all Sage contents" and results was limited in 20 hits. After repeating the process of pre inclusion and exclusion used in the primary search, three articles were selected.

After reading through the titles and the abstracts of the articles and implying inclusion and exclusion criteria, 20 articles were selected for further studies and investigations. In the last phase, articles that did not meet the inclusion criteria were eliminated. In total, ten articles were chosen for the study. Appendix 3. Shows the search processes of databases, relevant and selected number of articles in a table form.

Inclusion and Exclusion Criteria

Inclusion criteria: articles mentioning older people aged 65 + and above with loneliness. Only the free access articles with full PDF format were taken, since the study was non-funded academic research. Academic databases such as EBSCO, CINAHL, SCIENCEDIRECT, PUBMED, GOOGLE SCHOLAR and SAGE JOURNALS were used to search for articles. The chosen articles were written in English language and published between years 1995 to 2016. The major searching category: like the preventive role of nurses and activity for elderly were the main base line for major group of selection of articles. The database in Sage Journals, publication year was adjusted to get less hints and more recent articles to the topic. Finally all articles were re-checked to assure that those chosen articles were relevant to the research topic and subject.

Excluding criteria: Different criteria were used to extract the literature from each search category. All articles whose material was irrelevant and non-scientific were not considered. Exclusion criteria also include the articles, which were not available in full text PDF and written in other languages. Articles published below the year 1995 were eliminated. The articles were selected with the general aspects not focusing on gender, country or culture. Articles written about older people with disabilities and acute illnesses were eliminated. Articles containing subjects that were not relevant to the research topic were also excluded.

Following Table no 1. Present the detail points of inclusion and exclusion criteria.

Table 1. The inclusion and exclusion selection criterion is presented in the table below:

INCLUSION CRITERIA	EXCLUSION CRITERIA
Free full (PDF) access articles	Paying articles
Articles written in English	Articles written in other languages
Research mainly focus on Europe	Culture Aspects
Activities only for elderly	Diseases / Acute illness in elder people
Nurses role/ Nursing interventions / preventions	Disabilities in older people
Research done for both men and women / in general	Base on gender (only on men or only on women)
Articles relevant to the research topic	Irrelevant articles
Articles published between 1995 to till date	Articles published before 1995

After implying the inclusion and exclusion criteria the following 10 articles were chosen for the study: Appendix 4. Illustrations a summary of each article used for this study.

1. Brownie, S. & Horstmanshof, L. The Management of Loneliness in Aged Care Residents: An Important Therapeutic Target for Gerontological Nursing, Geriatric Nursing, May 3, 2011 Volume 32, Number 5.

2. Cattan, M. Kime, N. & Bagnall, A. The use of telephone befriending in low level support for socially isolated older people – an evaluation. Health and Social Care in the Community, September 7, 2010, Vol. 19(2), 198–206.

3. Cohen, J. & Perach, R. Interventions for Alleviating Loneliness Among Older Persons: A Critical Review. American Journal Of Health Promotion, November 27, 2013, Vol. 29, No 3.

4. Donaldson, J. & Watson, R. Loneliness in elderly people: an important area for nursing research. Journal of Advanced Nursing, November 10, 1996 Vol. 24, 952-959.

5. Murphy, F. Loneliness: A challenge for nurses caring for older people. Gerontological care and practice, Nursing older people, June 2006 Vol. 18, No 5.

6. Routasalo, P. Tilvis, R. Kautiainen, H. & Pitkala, K. Brownie, S. & Horstmanshof, L. Effects of psychosocial group rehabilitation on social functioning, loneliness and well-being of lonely, older people: randomized controlled trial. Journal of advance nursing, August 8, 2008 Vol. 65(2), 297–305.

7. Shapira, N. Barak, A. & Gal, I. Promoting older adults' well-being through Internet training and use. Aging & Mental Health, September 8, 2006, Vol. 11(5): 477–484.

8. Skingley, A. Older people, isolation and loneliness: implications for community nursing. British Journal of Community Nursing, February 4, 2015 Vol. 18, No 2.

9. Skingley, A & Bungay, H. The Silver Song Club Project: singing to promote the health of older people. British Journal of Community Nursing, February 4, 2015 Vol. 15, No. 3.

10. Tse, M. Therapeutic effects of an indoor gardening program for older people living in nursing homes. Journal of clinical nursing, November 15, 2010, Vol. 19, 949–958.

5.2   Content Analysis

Content analysis is a method of analyzing written, verbal or visual communication messages (Elo, & Kyngäs 2007). The method was first used in 19th century, for analyzing hymns, newspaper and magazine articles. Now it has a long history of use in communication, journalism, sociology, psychology and business. ''During the last few decades its use has shown steady growth''. In nursing, content analysis is mostly used in psychiatry, gerontological and public health studies. It helps the researcher to analyze documents and theoretical issues with understanding of data. ''The method is as easy or as difficult as the researcher determines it to be''. As a research method, ''it is a systematic and objective means of describing and quantifying phenomena'' (Elo & Kygnäs 2007). It is used with either in qualitative or quantitative data and can be used both in an inductive or deductive way. The inductive approach is recommended when the knowledge is fragmented or there is not enough former knowledge about the phenomenon. The categories are derived from the data in inductive content analysis. ''An approach based on inductive data moves from the specific to the general, so that particular instances are observed and then combined into a larger whole or general statement''(Kyngäs 2007). Deductive content analysis is used when the structure of analysis is prepared on the basis of previous knowledge and the purpose of the study is theory testing. To become immersed in data, the written materials have to read several times. ''Without the researcher becoming completely familiar with data no insights or theories can spring forth''. After making sense of the data, the analysis is conducted using an inductive or deductive approach (Elo & Kyngäs 2007).

Inductive content analysis

On the based of definitions and descriptions of content analysis, inductive content analysis was the appropriate way to analyze the collected data for this study. The inductive analysis process includes open coding, creating categories and abstraction. While starting the analyzing process author review the research question again to keep on focus on the research questions and get the relevant aspects of content. For the first questions: what activities are

offered to elderly to alleviate loneliness: the focus point was mainly on activities for elder people. The second question: what is the nurses' role for helping elderly with loneliness: here the focus is the role of the nurses, nurses' interventions and preventions.

The first step of the analysis process was open coding, means that notes and headings are written in the text while reading it. All the collected articles were read thoroughly, and the important keywords and notes were marked, and many headings were written down in the margins to describe all aspects of the content. As a representatives, all the collected articles were numbered as follows…. 1, 2, 3.... 10, in referencing manner, which helped the author to select and re-read it again. After reading the articles, all the important notes and relevant information were highlighted and written down on the margins. The headings were collected from the margins onto coding sheets (Elo & Kygnäs 2007).

The next step after open coding is to make the lists of categories, which are grouped under higher order headings. ''The purpose of creating categories is to provide a means of describing the phenomenon, to increase understanding and to generate knowledge'' (Kyngäs 2007). When formulating categories the researcher makes a decision, through interpretation. After reading and examining the data and descriptions the list was made, and each item was categorized in a way that belongs to the similar group. And other sub categories were formed which belong to one major category. The numerous categories were reduce and collapse in one group with the same content, which helps to organize the collected data more properly. The abstraction formulating is a general description of the research topic through generating categories and the process continues as far as is reasonable and possible (Elo & Kyngäs 2007). Following table no. 2 shows a sample of the inductive content analysis categorization process. For the detail process of Preparation, Organizing and resulting phases in the Content analysis, see Appendix 2.

Table 2. A sample of the Inductive Content Analysis Categorization Process:

Research Question 1.	Sub-Categories	Main Category
What kinds of activities are offered to elderly that can alleviate loneliness?	Singing Gardening	Leisure Activities
	Internet Training Telephone Be-friendly	Technology

5.3 Ethical considerations

Ethics describe a system of standards and principles, which guide the actions, the sort of behavior and conduct that are allowed, obligatory and forbidden. Ethical issues are present in any kind of research (Fry & Johnstone 2012). Ethics is about doing "good" and avoiding harm. ''Harm can be avoided or mitigated by applying appropriate ethical principles'' (Angelica et al. 2000). To avoid any possible violating rules concerning thesis writing, the writing process was discussed with the supervisor for consent and appropriate guidance. First the topic of the thesis was chosen after the subject was finalized and discuss with supervisor. In the whole process of data collecting, analyzing and interpretation, the articles' authors' privacy and copyright was highly respected. In all processes, the author has tried to be objective and to avoid any form of bias and influencing personal views and opinion. All the materials were obtained through official academic databases to avoid copyright violation in the data collection. As a registered student in Arcada University of applied sciences, the author had an official right to access the official academic databases, such as: EBSCO,

PubMed, Sage Journals, and Science Direct. Furthermore, any scientific misconduct such as fabrication, falsification of data and plagiarism is ultimately avoided. All the collected articles' and electronics sources' references were sorted according to Harvard referencing style and all the quotations are referenced accordingly to the guidelines. To conduct this study in a scientific way, the author read and followed the regulations of good scientific writing presented by Arcada (Thesis writing Guide, Arcada 2014 Version 2.1 (4.9.2015) and research guide-lines.

6. FINDINGS

This chapter will attempt to answer the research questions by using collected data and articles. By using the inductive content analysis method the following findings was formulated (Table no.2) in groups of major category and sub categories. After the author read and analyzed the articles technology, leisure activities were selected as the main category, and the Internet training; telephone befriending; gardening; singing were used as sub categories which aim to answer the first research questions. The other half phrase of the findings is nursing intervention for alleviating loneliness among elderly, which will answer the second research question of the study.

6.1 Technology

Internet training for the elderly

The use of modern technologies, particularly the Internet, is a popular method of maintaining social contact among people. The Internet has become an accepted routine and ''means of communication'' for many people, including older people (Shapira et al. 2006). The opportunities like 'online therapy and counseling', 'online support groups' and 'health-related information' can improve the quality of life of elder people (Barak 2006; Cohen & Perach 2013). While the traditional method requires special effort, Internet-based communication is an easy and direct way to keep in contact with other people. For community-living older individuals, communication with family and friends through access to online social media networks and emails is an effective way to reduce feelings of loneliness (Brownie & Horstmanshof 2011). Although, only the small proportions of older people use Internet compare to new generations and other age groups. But the things like doing ''online shopping; banking, gaming, donating and learning'' are some effective ways to be active in the society and a new life style. Especially for those older people, who are not physically active or who are not able to participate in social programs, go shopping or playing outdoor games. Internet training program has improved older peoples' positive attitudes toward ageing (Shapira et al. 2006; Brownie & Horstmanshof 2011; Skingley 2015).

Telephone befriending program

The telephone considered as one of the greatest inventions of the technology communications era. Telephone communication can bring joy or convey sorrow. Simply by dialing a few numbers, we can reach out and talk someone. Befriending telephone program introduces the client to individuals, (either volunteers or paid workers), to provide some form of companionship and often assistance (Cattan et al. 2010; Skingley 2015). Trained volunteers make regular weekly telephone contact for a friendly and informal chat. Typically, calls last between 15 and 20 minutes each week. Telephone befriending is low cost methods to help isolated old people to re-engage with the community, gain more confidence level knowing there's a friend out there. For older people living alone telephone befriending provides a sense of security. The telephone befriending service made on older people's to establish a meaningful friendship with their befriender providers, who they felt cared about them. Contact with their befriender had increased older adults self-confidence and inspired them to go out and socialize with people (Cattan et al. 2010; Skingley 2015).

6.2   Leisure Activities

Gardening

''Disability-free life expectancy has decrease with overall life expectancy, and this lacks the improvement in older people's mental health and their engagement in adult learning, leisure or voluntary activities'' (Skingley & Bungay 2015). Gardening is defined as ''the art and science of growing flowers, fruits, vegetables, trees and shrubs, resulting in the development of the minds and emotions of individuals'' (Tse 2010). ''Gardening activities promote enthusiasm and a sense of responsibility and accomplishment''(Tse 2010). Learning new gardening skills can incites curiosity among older people. Gardening experience was a very positive among the participants, they expressed feelings of pleasure, and happiness and responsibility while taking care of plants, and felt pleasure in being involved in a plant care program. ''Gardening can extend the social network of participants by providing opportunities to foster social interaction with each other'' (Tse 2010). There are positive effects of garden activities in psychological wellbeing in community-dwelling older adults

(Cohen & Perach 2013). While taking care of plants, the participants got involved in social activities. They shared their knowledge, experience and skills with each other in plant care. ''Gardening activities provide regular physical activity that enhances physiological stability, high-level functioning and significantly lower levels of loneliness''(Tse 2010; Brownie & Horstmanshof 2011). It is noted that gardening activity may be a good strategy for enhancing physical and cognitive function, as well as socialization among older people. Participants stated that the level of physical activity is increased, while doing hand movement with transferring seeds and walking exercise while taking plants to the place where there is more sunlight to exposure (Tse 2010; Brownie & Horstmanshof 2011).

Silver Song Clubs (Singing)

The community- based groups Silver song club is organized by the experienced musicians and volunteers. It is arranged for the older people to gather and sing together. Silver Song Clubs suggested lots of health related benefits to older people such as: 'enjoyment, better mental health and wellbeing, increased social interaction, improvements in physical health, cognitive stimulation and learning, and improved memory and recall'. Enjoyment was the most common suggestion among participants. They enjoyed a singing session and looked forward to their next session. The participant's response the feeling of enjoyment may have extended beyond any early time. The 'positive affect' has been linked to ''lower mortality, morbidity and pain levels'' in older people (Skingley & Bungay 2015). Participants suggested the improved feelings, even taking passive role in a club have a positive effect. Community singing for older people found positive effects on measures of depression and loneliness in comparison with a control group. Some participants experience Silver Song Club as a group activity, benefits greater than other individual music programs, or any social meetings and gatherings. Older people think that song clubs as a place for chatting, having a cup of tea as a socialization. As physical health improvements, singing participants mention improved breathing with singing experience. Therapeutically it was quite effective for their breathing difficulties, so they like joining the groups and feel physically more confident. Concentration stimulated mental activity, many participants mention concentration involved in song club activities. Which helps them to forget about their problems and experience a greater sense of

wellbeing. While singing they have to concentrate in musical instruments, coordinate, and looking at the words and then finding the beat. The participants spoke about their past experiences as memories and recall of past events that comes with music. Some participants felt it made them sad but they respond to it and accept them as a part of life (Skingley & Bungay 2015).

6.3   Nursing Intervention

Loneliness is 'a complex and multi-dimensional' universal phenomenon, and proves difficult to define' (Murphy 2006). It is often assumed that older people are lonely, yet loneliness does not necessarily accompany older age. Nurses need to explore this assumption so that loneliness can be recognized, and its' implications be understood (Donaldson & Watson 1996; Murphy 2006; Brownie & Horstmanshof 2011; Skingley 2015). A nurse's role in alleviating loneliness in elderly care can be defined in social implication of nursing practice. Because recognizing loneliness and reducing it can improve the quality of life, it is crucial for nurses to pay attention to older people's feelings of loneliness (Donaldson & Watson 1996; Murphy 2006; Skingley 2015). The levels of assessment can vary from individual to influencing policy. Through a variety activity, nurses can play a key role in reducing loneliness and social isolation (Donaldson & Watson 1996; Murphy 2006; Brownie & Horstmanshof 2011; Skingley 2015).

Loneliness has grave consequences for the mental and physical well -being of older people (Murphy 2006; Shapira, et al 2006), so it is important to intervene at the appropriate time in order to prevent it. Health status is improved and loneliness decreases when there is increased social interaction between elderly people in nursing homes (Routasalo, et al 2008; Cattan et al 2010). Nurses and other caring professionals play a role in designing and implementing interventions to alleviate loneliness in the elderly. It is possible to empower, socially activate, and strengthen the well-being of lonely older people with a well-planned, professionally led psychological group intervention (Routasalo, et al 2008; Tilvis, et al 2011). Because of their everyday contact with older individuals, community nurses are able to stay aware of any changes, which suggest a predisposition to loneliness, such as bereavement, depression or

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lack of regular visitors. The contact with isolated older people; nurses are able to become familiar of individual interests or preferences. Knowledge of this is important, because interventions are successful only if there is participant involvement (Skingley 2015).

Education plays a vital role in enabling nurses and other health care professionals to recognize the signs and symptoms of loneliness in the elderly (Murphy 2006). Nurses who care for older people face many challenges, and they must be able to recognize the signs and symptoms of loneliness, as well as the necessary interventions. The issues surrounding loneliness should be explored in both undergraduate and postgraduate nursing programs, and in training sessions and workshops for staff, who work with older people (Murphy 2006). The challenge for nurses involves the complex task of promoting and maintaining the interest of older people to enjoy everyday living (Routasalo et al. 2008; Murphy 2006). There is some evidence, which demonstrates that nurse-led work groups on techniques such as reminiscence, touch, drama and art can alleviate loneliness and increase self-esteem in the elderly (Donaldson & Watson, 1996; Brownie & Horstmanshof 2011; Cohen & Perach 2013).

In times of economic restraint, it must be recognized that many interventions to alleviate loneliness and isolation require resources that may not be available. For community nurses, their influence may extend only to those they are in contact with (Skingley 2015). The helping professions (which include nursing) have not fully recognized the problem of loneliness among the elderly (Donaldson & Watson 1996; Murphy 2006). There has been some recognition of loneliness by the nursing profession, and in nursing textbooks; loneliness in the elderly has been included as topic, as well as the caution in viewing loneliness as an abnormal occurrence (Donaldson & Watson 1996). Loneliness is a valid emotion, and the assumption is made that all elderly people have the same needs, regarding loneliness is defied by Murphy (2006). In a study by Donaldson (1996), 50% of elderly people described themselves 'never to be lonely' and declared that loneliness is not always accompanied by negative consequences. Despite these findings, when loneliness is problematic for sufferers, nursing intervention directed at the prevention and alleviation of loneliness must not only ease suffering, but be cost effective (Donaldson & Watson 1996).

7. DISCUSSION

Loneliness is experience by many older people, and it is a serious problem for many of them. Loneliness has been found to correlate with both physical and psychological health and higher levels of loneliness in older adults increases the possibility of earlier nursing home entry (Cohen & Perach 2013). Living in a nursing home can have negative effects for some older people, which include reduced physical activity, lack of stimulation, reduced socialization with family and the community, and loneliness (Tse 2010; Brownie & Horstmanshof 2011). A reduction in psychological well -being, quality of life and cognition can occur with loneliness, which may lead to declining health, increased use of healthcare services and mortality (Routasalo et al. 2008).

Interventions employed by healthcare professionals to alleviate loneliness may sometimes be ineffective (Murphy 2006). Loneliness can be complex, and there are several factors associated with loneliness, such as demographic and personal characteristics; coping mechanisms; income, social networks and health; and life events like bereavement, migration and retirement Murphy 2006; Shapira et al. 2006; Routasalo et al. 2008; Tilvis et al. 2011; Brownie & Horstmanshof 2011). In order to identify and meet the needs of older people, a multi-disciplinary approach is strongly suggested (Murphy 2006). While nurses play an important role in improving the situations of those they are in contact with, few nurses have the time to keep up to date with the latest academic research. Community nurses may be involved in such activities as: keeping up to date with evidence, mapping local provision of effective interventions and influencing policy (Skingley 2015). Despite the recognition of loneliness in the elderly by the nursing profession, accepting it as a valid diagnosis may be problematic (Donaldson & Watson 1996). Donaldson & Watson (1996) describe the 'busy self-reliant' health worker who struggles to acknowledge loneliness, while conversely also stress that theories on how to help with loneliness are lacking. In order for a list of local group activities to be discussed as part of a care plan, community nurses should be connected with various local groups. Individuals can either be linked or referred to these activities, depending on the situation. In some of the projects, nurses themselves are involved in the provision of

interventions. For instance, nurses may provide health education to community groups (Skingley 2015).

7.1   THEORITICAL FRAMEWORK AND NURSING ROLE

The Geriatric Rehabilitation Nursing Model used for this study, which identifies the basic elements of rehabilitation nursing. Nurses can use this Nursing model as a framework and guideline in elderly care while dealing with loneliness. ''The rehabilitation of older patients is a long and slow process, little by little, through emotional encouragement and concrete support from nurses; the patient's self-belief can be restored'' (Routasalo et al. 2008). In this study 5 out of 10 articles include a nursing implication, while other articles are with general suggestions and activities nurses could use as resources for alleviating loneliness in elderly care. In geriatric rehabilitation a nurse is in a key position in the whole process. Thus, nurses have to assess the patients' health problems, including the individuals' loneliness. Rehabilitation is a health-oriented process and its focus point is on supporting the patients' ability to accomplish and perform things in everyday life. Discussing together with family members and patient, nurses can discover the interest, and activities the patient enjoy to do. Regarding interest and performance, they can refer client to the specific service center and programs; such as joining clubhouse or different educational training program, involving in professional group interventions and activities such like art, drama, and singing. Involving in these activities and groups can help older clients regain the social life and decrease the level of loneliness (Brownie & Horstmanshof 2011; Skingley & Bungay 2015).

Nurse and the multidisciplinary team together set the objectives and goals of the care process also evaluate patient's situation and the results. The nurses' role in this model considering the loneliness is to support patient's emotions, maintain physical function, teaching and to encourage in whole process. But patients' own commitment and motivation is an essential factor to gain the aim of the care plan. Regarding the study, patients' commitment is to cooperate with health care professional in achieving the set goals in alleviating loneliness to prevent health risks. Another element of this model is nurses' commitment, their own

attitudes, knowledge and skills towards rehabilitation, which includes various therapeutic functions. The nurses' commitment is to apply the knowledge of nursing science and the practical skills. The decision that helps clients' health and promote the mental well -being in rehabilitation care process (Routasalo et al. 2004; 2008).

8.   CONCLUSION

The risk of loneliness in older people, especially in those who are over 80 years old and live alone, is growing social issue. While nurses encounter older individuals at their most vulnerable, they may be unable to accurately assuage a patient's loneliness because they are often hurried and lack sufficient time to do so (Donaldson & Watson 1996; Murphy 2006). Nurses play an important role in providing social support to older clients in the community who experience loneliness. However, rushed working conditions leave nurses with little time to talk to their clients (Murphy 2006). Though feelings of deeply rooted loneliness may not alleviated completely with empowering older people, but can assist them to gain mastery of their own lives, decreasing social isolation, and improving their psychological well-being. The studies demonstrated not all types of interventions were uniformly successful. It is apparent that more work is needed to develop interventions, which are consistently beneficial in decreasing loneliness. More research is needed, too, before a particular intervention can be considered effectual and appropriate for wider dissemination. Although most studies reported some successful interventions, but also concluded with questions do remain. Because the needs of older people can vary, there is a general consensus that some degree of flexibility is required in delivering and adapting group services such as befriending. While limited data exists in interventions, such as Internet training, gardening, leisure and volunteer activities were found to improve social relationships and alleviate loneliness of those living in residential aged care facilities. Alternative research is required to assess the effectiveness of management plans, which include the role of computer-based interventions, that seek to strengthen social networks and decrease feelings of loneliness in residents in long-term aged care facilities. By engaging with community groups, older people may benefit in numerous ways. One possibility is that community nurses could inquire about the interests of older people, in order to refer them to local activities, which match their interests. A nurse is in a primary position in Geriatric Rehabilitation, throughout the process of assessing the patient's health problems, which include evaluating the degree of the individual's loneliness. Both the patient's commitment to the care process and the nurse's commitment to promoting the patient's health are required to achieve the goals. Despite the research, there are still limitations in evaluating interventions that reduce loneliness. First, there is a lack of

consensus regarding the definition of the concepts as well as differing terminologies. Second, there is also some difficulty in measuring   loneliness, in order to identify appropriate samples for research and in establishing research measures. Third, the variety of interventions described in the research makes comparisons difficult (Skingley 2015).

9. STRENGTHS, LIMITATIONS AND RECOMMENDATIONS

The result or the conclusions of the study should be regarded as tentative. The number of review articles was small and therefore not necessarily representative of all the varied groups of older people. In particular, the large proportion with a certain period of happiness or positive feedback may have influenced overall findings. It is important to acknowledge that all older adults have unique characteristics, which makes it challenging to distinguish the relationship amongst the interventions' contexts, processes and outcomes. The correlation that exists between loneliness and poor health is relevant to nursing. Donaldson & Watson (1996) reported the relationship between loneliness and poor nutrition, and Murphy 2006 has observed the relationship between loneliness and depression. Other risk factors include decreased social support; certain socio-demographic factors (e.g., living alone; no surviving children; female gender); low economic status; marital condition (e.g., single); declining health and mobility, including sensory impairments (e.g., visual and auditory deficits); and life events (e.g., loss and bereavement) (Brownie & Horstmanshof 2011; Tilvis et al. 2011).

Though the crisis of loneliness in the elderly is receiving increased recognition, there is a lack of research on the efficacy of nursing assessment and intervention that could alleviate the problem and lessen the adverse effects. This intervention could be successfully implemented in a variety of settings by the following factors: taking advantage of group dynamics; goal-oriented working; and providing the participants power in decision-making and supporting their commitment. It has been noted that by adapting good health habits people can live longer and healthier lives, which also decreases the possibility of having to depend on the medical system (Tse 2010). When older increase their independence, maintain closer social ties, and adapt a positive outlook, ageing might become less difficult (Shapira et al, 2006).

Education about loneliness might develop nurses' ability to assess its signs and the clinical syndrome before harmful effects develop. Education can help nurses to apply appropriate care; support and services, while making a good care plan to increase the quality of life of elderly people. They can also encourage the elderly to involve in-group activities led by nurses or professional groups such as gardening, singing, and Internet training. These

activities have positive effects on elderly people who suffer from loneliness. While not only being passive participants in-support group programs, but also being active and involved in specific activities is an essential key point to achieve target goals. Older people are then provided with opportunities to impact the content and the processes of group meetings, and to also influence on decision-making procedures.

However, the study was limited to the English articles focusing mainly in Europe and in the UK, rather than only in Finland. Although the author tried to search articles for ''loneliness and ageing'' within the elderly living in Finland, only a few articles which were in the English language were found. Other articles were not accessible because of the Finnish language. Furthermore, the author also investigated leisure activities for older adults specially living in Helsinki, Espoo and Vantaa region, but since all the websites were only in Finnish, they were not used. Although some service center with activities for the elderly were found in (hel.fi) national information webpage of Finland, it was limited by basic information that was not sufficient for research study.

Some of the services like Telephone support and Be-friendly are the most accepted clients' services, which can be run especially for community dwelling older people. These services play a substantial role in alleviating loneliness and making the elderly feel of sense of security, ''that there is somebody out there''. However, in the health care setting nurses usually have limited time for medical care procedures, and this makes them less able to be aware of the problem of loneliness in the elderly. Thus, it could be better if nurses are provided sufficient medical care hours and working conditions. Consequently, nurses, could have more time to communicate and educate elder people, and encourage them to participate in group interventions and other activities.

Furthermore, tackling loneliness among the ageing population is a challenge that cannot be ignored, both at an individual and wider community level. This paper has addressed the above issues, and made some modest recommendations for future directions in nursing research. Studies of special populations, such as the cognitively impaired, are also needed. The

preventive ways in reducing loneliness should be emphasized and warrants a wider investigation. Hence, further study can be done in:

- How an older person with disabilities such as blindness, deafness or severe mobility problems deals with loneliness, and what kind of services and activities are available for them to alleviate loneliness.
- What is the possible prevention of loneliness in older adults? (Rather than interventions) Since the interventions are only aimed at tackling loneliness after they have occurred, perhaps it is better to investigate the causes of loneliness at as early a stage as possible rather than the symptoms of problems (Cattan 2009). Prevention is better than the cure; it can maintain good health, independence and wellbeing in older people.

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APPENDICES
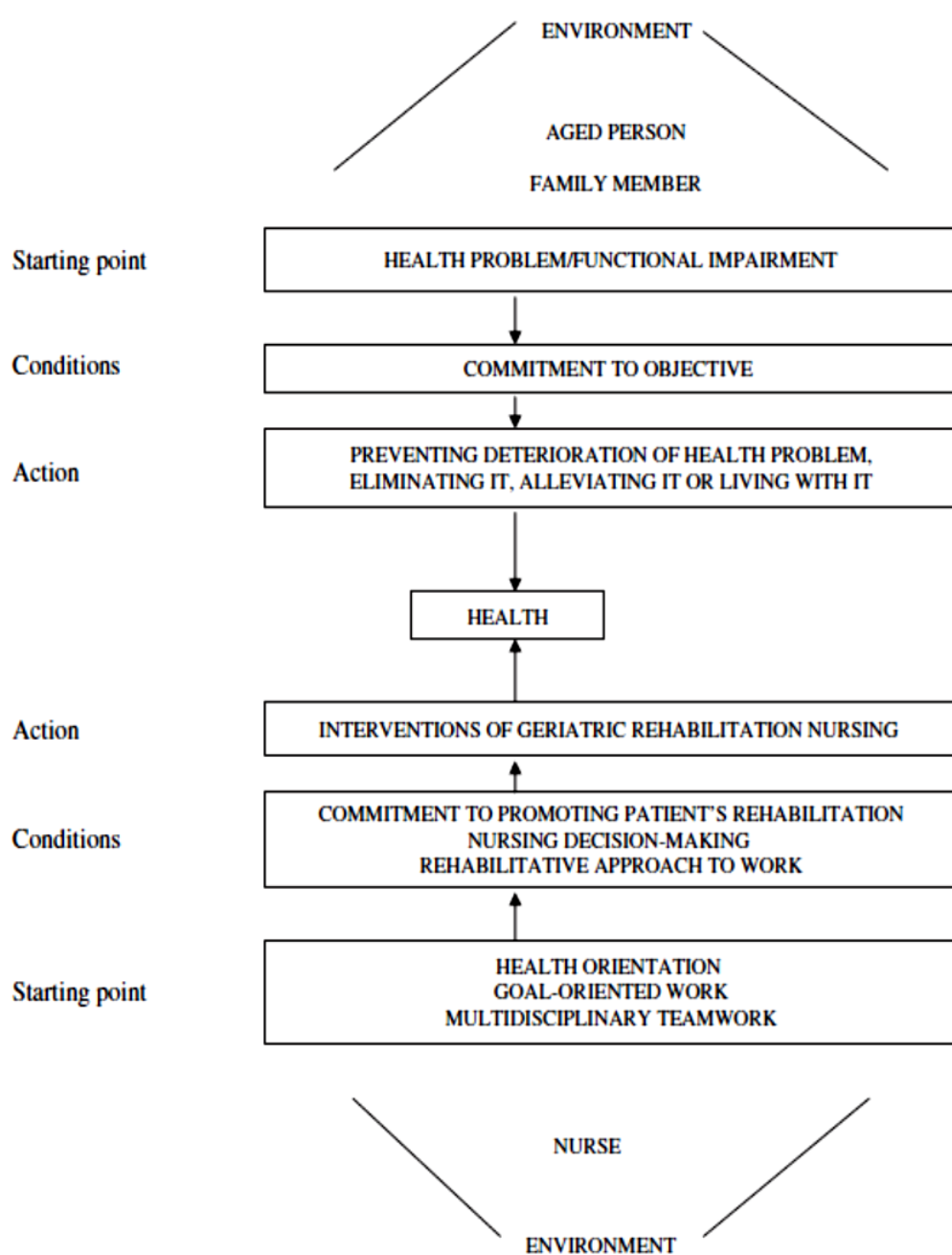
Appendix 1. Figure 1. Geriatric Rehabilitation Nursing Model: International Journal of Nursing Practice 2004
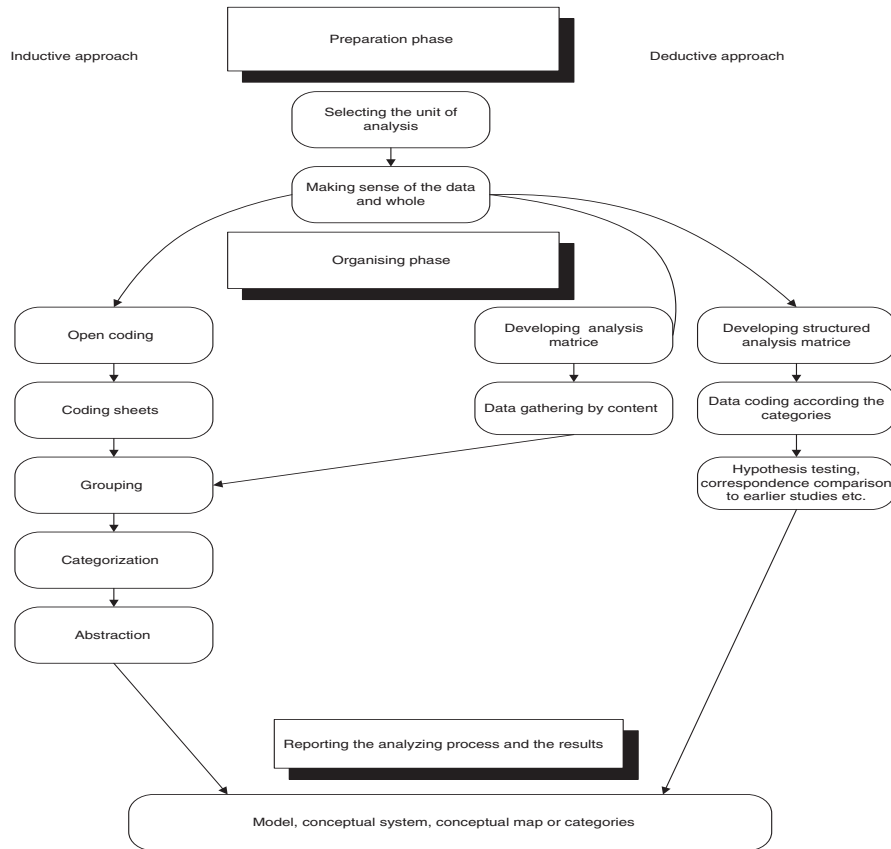
Figure 1 Preparation, organizing and resulting phases in the content analysis process.

APPENDIX 2. Figure no 2. Preparation, Organizing and resulting phases in the Content analysis, Journal of Advanced Nursing 2008

Data-bases	Search keywords	Number of Hits	Number of Hits (After Implying inclusion and exclusion criteria)	Selected No. of Relevant Articles	Final No. of chosen articles
EBSCO CINAHL	'Loneliness' 'Older people' 'Nurses'	13	10	2	1
	'Loneliness' 'Elderly' 'Nurses'	41	24	3	2
	'Loneliness' 'Elderly'	535	130	1	1
	'Loneliness' 'Elderly' 'Nursing prevention'	156	94	3	2
PUBMED	'Loneliness' 'ageing' 'Nurses' role'	171	63	4	1
	'Loneliness' Older people' 'Intervention'	133	51	1	1
SCIENCE DIRECT	'Loneliness' 'Elderly'	310	156	2	1
SAGE JOURNAL S	'Loneliness' 'Elderly' 'Nursing Intervention'	737	367 (Pub. Year between 2000-2016) Hints 20	3	1

Appendix 3. Table illustrates the search processes of databases relevant and selected number of articles

APPENDIX 4. Summary of Selected Articles

Studies	Aim	Method	Nursing implication /Nurses' role	Result/ Conclusion
Promoting older adults' well being through internet raining and use	The psychological impact of learning how to use computers and the Internet in old age	A quasi-experimental research design	Volunteers or a professional staff provides the training not clear nursing role mention.	A significant improvement in all measures except physical functioning. Computer and Internet use seems to contribute to older adults' well-being and sense of empowerment. By affecting their interpersonal interactions, promoting their cognitive functioning and contributing to their experience of control and independence.
Older people, isolation and loneliness: implications for community nursing	Interventions to alleviate the effects of loneliness and isolation The role that community nurses can play to help the older individuals and communities	Evidence Review	Nurses can play a vital role in minimizing loneliness through a variety of activities. These may be at several levels, from individual assessment through to influencing policy.	Community nurses can play a valuable role in improving the situation for those they are in touch with. The associations between loneliness and health status has started to evaluate interventions intended to tackle the problem.
Therapeutic effects of an indoor gardening program for older people living in nursing homes	To explore the activities of daily living and psychological well-being of older people, And To examine the effectiveness of a gardening program in enhancing socialization and life satisfaction, reducing loneliness and promoting activities of older persons daily iving in nursing homes	Quasi-experimental pre and post test control group design	Indoors gardening program is highly recommended in the nursing home environment. (Assist by nurses/volunteers and other staffs)	Significant improvements in life satisfaction and social network and a significant decrease in perception of loneliness for older people, while the activities of daily living were unchanged.
Loneliness in elderly people: An important area	To review the phenomenon of loneliness in elderly people and to put the potential problems of	Systematic literature review	Nursing intervention directed at prevention and alleviation cannot only ease the suffering of the	Loneliness correlate with physical and psychological problems. It is receiving increasing recognition in the

for nursing research	loneliness in this group within the realm of nursing practice and research		lonely, but can be cost effective. And there should be a nursing diagnosis of loneliness.	nursing literature, but there is still a lack of research on the effectiveness of nursing assessment and intervention.
Loneliness: a challenge for nurses caring for older people	Loneliness and its impact on older people. The challenges facing nurses and other healthcare professionals in helping older people to deal with loneliness.	Double-blind review	Nurses must pay attention to older people's feelings of loneliness because recognizing and reducing these feelings could increase the quality of life.	There are many challenges that nurses' face while caring older people. Nurses need to be able to recognize the signs and symptoms of loneliness as well as appropriate interventions. The challenge is to promote and maintain older people's interest so that each person can enjoy the experience of everyday living.
The Silver Song Club Project: singing to promote the health of older people	To determine the successes and challenges of running the clubs , To gain participants', volunteers' and managers' perspectives on their experiences of a Silver Song Club, with particular reference to any impacts perceived relating to health and wellbeing.	Systematic literature review	Community nurses should be aware of local activities, and a musical interest of elder people to inform appropriate referral.The implications should be seen within the wider, holistic approaches to health and health promotion.	Community singing may be beneficial to the wellbeing of older people. The most obvious and immediate effect, of enjoyment, which, it has been linked to positive health; Improved physical health, cognitive ability and memory have resulted from commitment to attending a club.
The Management of Loneliness in Aged Care Residents: An Important Therapeutic Target for Gerontological Nursing	The management of loneliness in aged care residents as an important therapeutic target in gerontological nursing.	Literature review	''Intervention Plan Care'' for Alleviation of Loneliness in Residents in aged care facility (Care plan done by Nurses)	Higher level of loneliness might be an artifact of poor physical and psychological health that precipitates the need for admission into a facility. Leisure and volunteer activities improve social relationships and alleviate loneliness. Research is needed into the effectiveness of management plans.
Interventions for Alleviating Loneliness Among Older Persons: A Critical Review	This systematic review examines the utility of loneliness interventions among older persons	Quantitative and qualitative - mixed method	Different educational and health promotion interventions conducted by professionals (nurses, volunteers and other staff)	It is possible to reduce loneliness by using educational interventions focused on social networks maintenance and enhancement. The specific therapy techniques in reducing loneliness is highlighted and

				warrants a wider investigation. Studies of special populations, such as the cognitively impaired, are also needed.
The use of telephone befriending in low level support for socially isolated older people -an evaluation	The purpose was to assess the impact of different models of telephone-based befriending services on older people's health and well - being	A mixed methods and Interview	Services provided by volunteers (Not clear role of nurses' mention)	Befriending schemes provide low-cost means for socially isolated older people to become more confident and independent and develop a sense of self-respect potentially leading to increased participation and meaningful relationships.
Effects of psychosocial group rehabilitation on social functioning, loneliness and well-being of lonely, older people: randomized controlled trial	To explore the effects of psychosocial group nursing intervention on older people's feelings of loneliness, social activity and psychological well-being	Questionn aires	Education might help nurses to access signs and clinical syndrome of loneliness. They can also encourage elderlies to involve in-group works leading by nurses.	New sensitive measurements of loneliness are needed to measure fluctuations in feelings of loneliness, Well-planned and professionally led psychosocial group intervention can empower and activate lonely older people and strengthen their well-being.