

# **Experience of home visiting nurses**

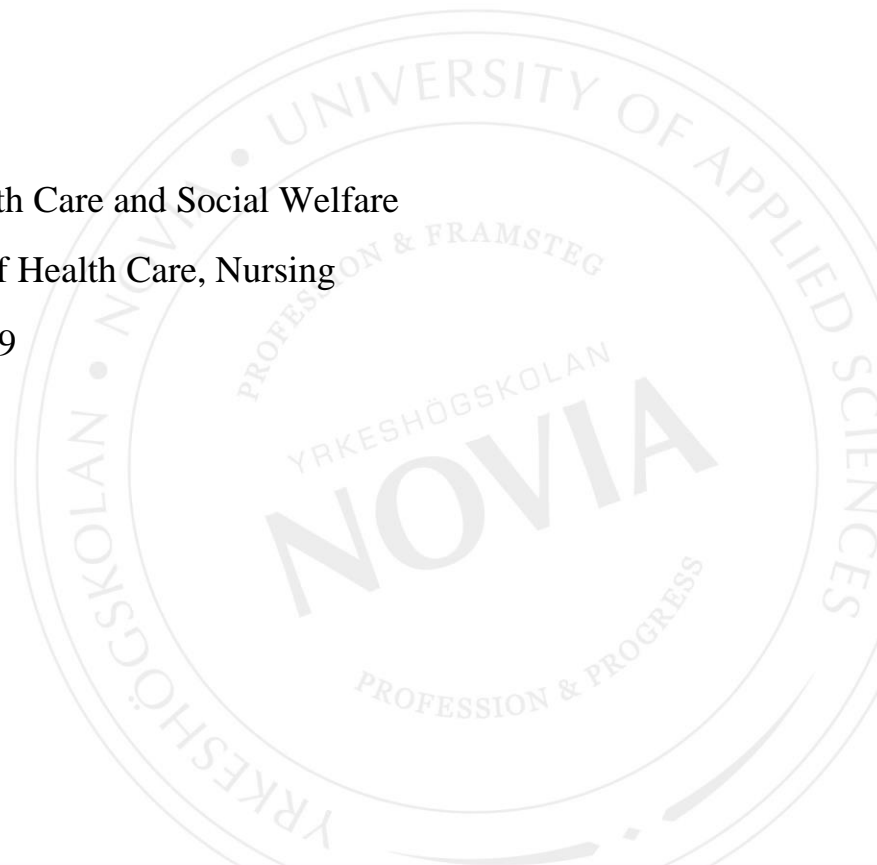
-An interview study on caring community dwelling elderly patients with feeling of loneliness in Finnish context

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## **BACHELOR'S THESIS**

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### **Abstract**

The aim of this thesis was to describe home visiting nurse experiences of elderly patient's loneliness in a Finnish context. The study focused on how feeling of loneliness among elderly patient is perceived and described by home visiting nurses and what kind of challenges in relating to care of elderly patient with loneliness they are facing.

Qualitative study method was used to illuminate the experience of nurses. Data was collected from four home visiting nurses with semi-structured interview. Recorded data was transcribed later and coded for categorization to build main concepts. Findings were then discussed and explained by applying a theoretical framework of the "Humanbecoming theory".

This study attempted to describe the loneliness, which is usually captured by subjectively, from nurse's perception. Moreover, loneliness is a significantly broad concept and understanding of its meaning differs depending on each discipline. However, understanding loneliness as an existential aspect was author's intension in this thesis.

As a result, a concept of "Process of becoming" was found for the description of elderly patient's loneliness by home visiting nurses. Moreover, two concepts of "Environment" and "Professionalism" were immersed as a challenging part for nurses to take care the elderly patients with feeling of loneliness.

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**Language:** English

**Key words:** Elderly patients, Loneliness, Humanbecoming theory, Home visiting nurse

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## 1 Introduction

Longevity is in general considered as the greatest gift from the medical technological development. However, Gruenberg (2005) described the situation as a “Failure of success”, which implies the consequence of prolonged period people suffer from chronic disease. It is because of the fact of newly discovered techniques are merely available for curing chronic disease. Regardless of its positive or negative aspect of extended human life, recent rapid demographic change has been challenging to not only the society but also those elderly people.

Finland is one of the aging countries in the world. According to Statistics Finland (2018), population of the age of over 65 will increase from 20% now to 30% by 2050. Living policy for elderly people is to continue to live independently at their home unless they require many cares to organize own life (Suomi.fi 2017). Moreover, people in Finland tend to prefer to live by themselves (Suomi.fi 2017). However, as myriad of existing studies of older adults indicates feeling of loneliness among elderly population is one of the most demanding aspects and some studies say that this psychological aspect is likely to be dismissed or unmarked by health care professionals (Smith 2012, 307; Wong 2017 1). These circumstances indicate an imminent need of supporting psychological aspect of elderly people and it is one of the essential parts of nursing role.

Thus, uncovering the reality and obtaining knowledge about loneliness among elderly patients are useful for nursing care. This study is aiming to describe home visiting nurse experiences of taking care of elderly patients with feeling of loneliness in Finnish contexts.

## **2 Background of the study**

In this chapter, concept of aging, health, home visiting nurse, and loneliness as well as previous findings of related those concepts are introduced. Since loneliness is the main theme in this study, it is presented from different aspects to help reader's understanding of author's intention.

### **2.1 Aging and old age**

In general, aging is looked by three different view which is biological, chronological and functional. Biological age refers to the change of organism in relation with time. As such seen in the process of damage in cellular and molecular level slowly affects physiological and homeostatic declining (WHO 2015) and lifestyle in the past also contributes to person's health. Chronological age has social meaning since it is used to categorize same age group without individual difference (Medeiros 2017). Therefore, it does not always reflect the feeling of old among same chronological age group equally (Naaldenberg et al. 2012). Functional age indicates the physiological limitation over each individual lifetime (Medeiros 2017).

### **2.2 Health in old age and subjective health**

The definition of health is "*a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*" by WHO. Marc (2002) describes that both individual and society are associated to build one's health. General perspective of "health in old age" is summarized by Flick, Fischer, Neuber, Schwartz and Walter (2003), who

interviewed the health care professionals, that “health in old age” is seen as the integration of autonomy, social and environmental situation despite one suffers chronic disease or struggling to physiological restrictions. In other words, “health in old age” is described as how much older adults are motivated to adjust to their ongoing physical alteration into own living situation with social and environmental support.

Thus, whether do older adults obtain the health in the concept above is considerably relevant to “subjective health” or “self-perceived health”. Several studies show the connection between self-perceived health and general health (Goldberg 2001; Machon 2016). Since multi-morbidity is the common condition among elderly people (WHO 2015), the focus of health intervention needs to be put on how to increase one’s subjective health rather than aiming to eradicate the disease which is unrealistic approach.

### **2.3 Healthy aging**

Active aging, positive aging, successful aging and effective aging are all conceptually related to healthy aging (Naaldenberg et al. 2012; Koelen et al). Therefore, the terms are used interchangeably in this chapter. Hanson-Kyle (2005) defines the healthy aging as *“the process of slowing down, physically and cognitively, while resiliently adapting and compensating in order to optimally function and participate in all areas of one’s life (physical, cognitive, social and spiritual)”*. This definition also corresponds to how older adults perceive successful aging, which is multidimensional (Phelan et al. 2004). In addition, being solely physically healthy is not for perception of healthy aging, rather senior generation feel healthy when they try adjusting their physiological declining

function to daily life. (Naaldenberg et al. 2012). Van Der Geest (2004 77) emphasizes the importance of social contacts as a factor of successful aging among age group of 85 older.

## **2.4 Different understanding of loneliness**

Although definition of loneliness varies depending on which theoretical approach defines, understanding of loneliness as a subjective emotion is congruent within the different approaches (Lars & Brady 2013).

Peplau and Perlman made eight classifications of different approaches and these are further grouped (by Lasgaard) into two main division of cognitive and affective conceptualization. Cognitive conceptualization describes loneliness as a discrepancy between man's desire and reality, which is directed by cognitive approach with emphasis on human perception in association with social connection. Affective conceptualization is guided by social need approach, which originates from psychodynamic theory with focusing on emotional aspect such as negative feeling of loneliness. (Lars & Brady 2013).

These two different approaches toward loneliness share several same understandings of which loneliness is a subjective unpleasant feeling, which is consequent in deficit of social connection. (Lars & Brady 2013).

Existential approach, on the other hand, shed light on part of a uniqueness of individual experience of loneliness by focusing on phenomenological feature. Therefore, this approach focuses on description of personal experience of loneliness. Moreover, its philosophical nature of approach gives clearly different understanding of loneliness from

other two approaches. (Lars & Brady 2013). It considers that loneliness as a part of human condition which enables us to be being throughout life process. It is an unavoidable unpleasant feeling for the discovery of individual meaning of life and growth. (Karnick 2005). Although there has not been an exact agreement on a definition of existential loneliness, it is described as subjective feeling of disassociation from individual reality despite objective self-presence in the universe (Sundström et al. 2018).

Lars and Brady (2013, 11) states that since its philosophical approach to the description of loneliness, it is considered as not suitable for validity and reliability for research purpose. However, it gives diverse feature of subjective experience of loneliness. Furthermore, many researches on loneliness incline to cause-effect mechanism, which limits the understanding of wholeness of loneliness as a phenomena (Lars & Brady 2013, 15-16 ; Karnick 2015, 11).

Karnick (2015) states that many of literature in nursing field is based on the cause-effect loneliness to understand the feeling of loneliness and it gives the sense of nurses as an alleviator of loneliness. However, if there is no agreement on what is feeling of loneliness in human as a whole, it will be difficult to see an entire person.

## **2.5 Findings of loneliness**

People often generalize as older people are lonely, it may be true that when it comes to the oldest older of aged over 80 (Dykstra 2009, 92), however a study (Yang 2017) showed that being old itself is not an enough condition to make them lonely. It is a result of more than two contributors, which is interacting each other (Yang 2018, 699). Some of these



factors already revealed are not living with spouse-partner (Yang 2018, 699), socio economic status, cultural background (de Jong Gierveld & Tesch-Römer 2012), and living alone (Sundström & Fransson, et al. 2009). Among of these factors, poor subjective health is also one of triggers of leading elderly to feeling of loneliness (Sundström & Fransson, et al. 2009).

## **2.6 Experience of loneliness**

An anthropological study conducted by Van Der Geest (2004) among elderly people in a community Ghana revealed that lack of respect showed by younger generation toward wisdom owned by older adults is associated to the experience of loneliness. That is to say being able to be useful for others rather than the absence of helper for elderly individual is the key to sustain emotional satisfaction.

Taube et al (2016) described the experience of loneliness among community dwelling older adults by the expression of “*being in a bubble*”, which implies the ambiguous separation from the society with a constant an effort to re-participate in society against physical, psychological and social burden. However, this separation implies some extent of positivity of independence which converted as a “freedom” (Taube et al. 2016). Another qualitative study revealed that older adults experience loneliness by collapse of bonding with others as a result of physiological and psychological declining associated age (Smith 2012).

## **2.7 Home visiting nurse (HVN)**

Despite the absolute need of care for elderly patients who are living in own home, shortage of personnel is apparent. The aim of home visiting nurse is to improve the health problem and support independent functional ability for people. (Bouman et al. 2008). In HVN intervention, nurses focus on disease management of a patient by empowering and teaching self-management of chronic disease (Friedman et al., 2014). Næss et al. (2018) presents that older patients who require HVN have frailty, multimorbidity, and diverse medical condition, therefore nurse should be more flexible and give care proactively. Moreover, Skingley (2013) states that community nurses have significant role to reduce the feeling of loneliness and isolation for their clients.

To perform nursing care above all mentioned, care plan and treatment need to be made based on well-organized individual assessment, then it eventually works also as a preventive intervention (Suijker et al. 2012).

## **3 Theoretical framework**

In this part, “Humanbecoming theory” which is developed by Rosemarie Rizzo Parse as a theoretical framework for this study is introduced. Her theory is based on a foundation of existential phenomenological thought with great reliant on the science of unitary human beings, which is established by Martha E.Rogers. (Marriner & Alligod 2015, 504).

### 3.1 Humambecoming theory

In her theory, Parse sees that persons are living beings which cannot be separated to understand. This thought is based on simultaneity paradigm of seeing human as unitary (Karnick 2005, 11), which is established by Martha E. Rogers. As differ from the traditional medical model (totality paradigm) of seeing human in different parts, which is body-mind-spirit, simultaneity paradigm considers human in the process of human-universe, which neither reducible nor predictable but experience ongoing change (Parker 2006, 188). Moreover, the relation of human and universe explains that human is always connected to others, ideas, plans, ancestors, history, and culture. As well as significant consistency with the “unitary human beings”, Humanbecoming theory has foundation on existential-phenomenological thought, which is supported by Heidegger, Merleau-Ponty, Sartre, and Tillich (Karnick 2005, 11).

The theory has three principles of which is “meaning”, “rhythmicity”, and “transcendence”. And each principle implies four postulates of giving clear understanding of the theory. These are “illimitability”, “paradox”, “freedom”, and “mystery”. Illimitability is the infinite knowing that is indivisible and unbounded. Paradox is “all at once” in a rhythm of living experience, it is not a sense of contrasting condition, rather continuous flow between the paradoxes in life. Freedom is explicated as humanuniverse, which is essential of all being stuff. Mystery is indivisible, unpredictable, and ongoing change in humanuniverse, which neither can be explained nor measured. (Rizzo Parse 2007, 309).

### **3.1.1 Principle 1: Structuring meaning**

First principle is "Structuring Meaning" which is built up by concepts of "imaging", "valuing", and "linguaging". Meaning is the realities expressed by "linguaging" that person "image" and "value" the world.

Person images the world paradoxical rhythm of explicit-tacit and reflective-prereflective way. Individual image is depending on the knowledge person possesses but it is a question of whether he or she realizes and use them or not, which is expressed explicit-tacit and reflective-prereflective in paradoxes. (Rizzo Parse 2007, 309).

Person values things under continuous paradoxical rhythm of conforming-not conforming way in relation to make choices of personal action. Therefore, value is the priority for the person and living with value is the way person express how they are becoming (Marriner & Alligod 2015, 507).

Finally, the two concepts of imaging and valuing is conveyed by third concept of linguaging. It is expressed by paradox of speaking-being silent and moving-being still to others who are close to the person. However, being exposed by linguaging is neither enough to understand the meaning to the person nor possibly for the person themselves. (Marriner & Alligod 2015, 508).

Nurses are the observer for the person who struggles to build up own image with patience and respect. Moreover, nurses try asking the meaning of linguaging and be patient even with the coming process to understand the person's value. (Marriner & Alligod 2015, 507-508).

### **3.1.2 Principle 2: Configuring rhythmical patterns**

The second principle is "Configuring rhythmical patterns", which is made by the concepts of revealing –concealing, enabling-limiting, and connecting-separating. Everyday life, which is the pattern of individual meaning and value of the personal view of the world is the product of freedom, limitation, and relations to the surroundings.

First concept of “revealing-concealing” is how person tells about themselves to others “all at once”, it is because disclosing one aspect contains the possibility of not disclosing of other part, which is paradoxically. Person chooses who to disclose or not to disclose their reality but it is also affected by how those who share the moment with the person intends to create together moment. (Marriner & Alligod 2015, 508).

Person lives every day with several choices of enabling, however every choice has both aspect of potentials and restrictions. Man can never know the outcomes, which could either possibly empower or hinder their living. Thus, the second concept of “enabling-limiting” implies living in possibilities with unpredictable result in either positive or negative sense. (Marriner & Alligod 2015, 508).

Third concept of “connecting-separating” is the pattern that person establishes the relation with other person and activity. It implies the paradox of “attending-distancing”, that is to say person is physically attending to the activity but their mind is separating. (Bournes 2000; cited in Marriner & Alligod 2015, 508).

### **3.1.3 Principle 3: Cotranscending with possibles**

The third principle is “cotranscending with possibles”, which accompanies three concepts of powering, originating, and transforming. It indicates that person is always ongoing

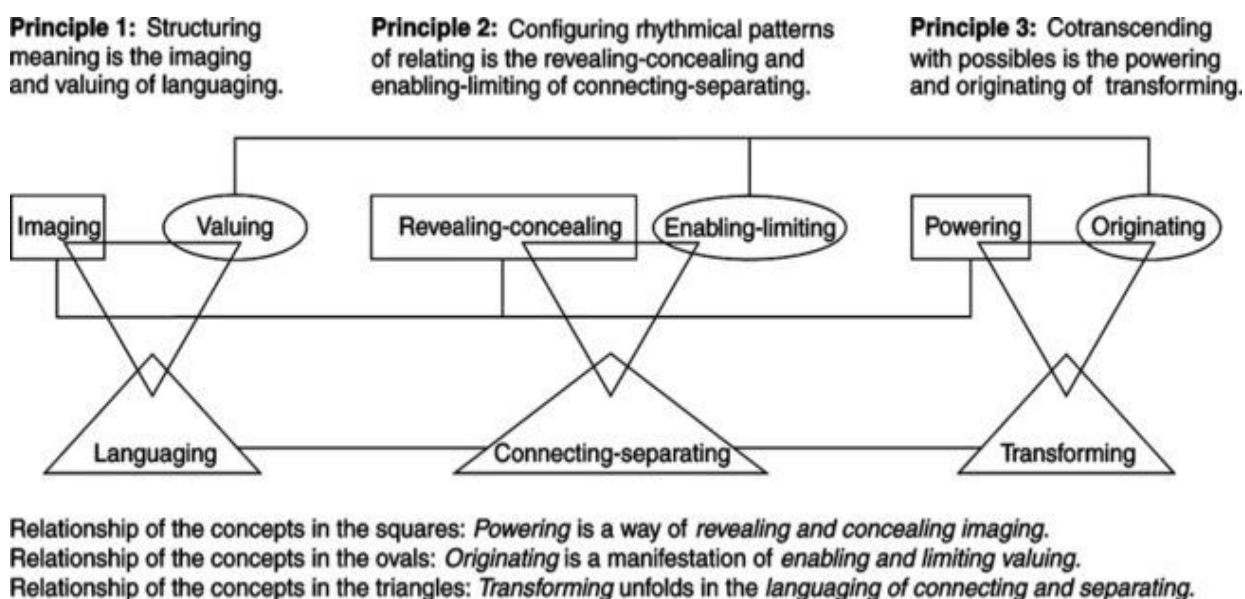
change in life and choosing from unlimited possibilities with own choice, which consequently leads the person to shift to the direction of becoming. (Marriner & Alligod 2015, 509).

The concept “powering” implies the struggle between the paradoxes of “pushing-resisting” in life. Powering is an effort to live own life with purpose among choices which person embraces with paradox of “affirming-not affirming”. At the same time this process is always entailed by the threat of flow between the paradoxes “being- nonbeing”, which is loss or ultimate death. Moreover, powering is the source of conflict that more than two powering from different person encounters. This is when the meaning and value become clear. (Parse 1981; cited by Marriner & Alligod 2015, 509).

Originating is the second concept which explains the human process of being unique. Person chooses things to be original from every-day life with paradoxes of “certainty-uncertainty”, which still have the possibility of being alike. However, this process of being unique is also made up of conforming others based on own value of world, which is describes as paradox of “conforming-not conforming”. (Marriner & Alligod 2015, 509-510).

The third concept “transforming” is the ongoing shifting process in human everyday life. Personal view is continuously affected by the happenings in the universe. It requires an effort to adjust current personal view (familiar) to the new, in other words, unfamiliar view, this is where person encounters the possible struggles in life. However, this is where person discovers new direction to pursue own wish in the human universe. (Marriner & Alligod 2015, 510).

These three principles are all interconnected to form the process of humanbecoming as it is showed in the figure below. However, in this study especially two principles of “structuring meaning” and “cotranscending with possible” as well as its supporting concepts, are applied to explain the phenomena.



*Figure 1. Relationship of principles, concepts, and theoretical structures of the human becoming theory. Source: (Nurse Key 2017)*

## 4 Aim and problem definition

The aim of this study is to describe home visiting nurse experiences of elderly patients' loneliness in Finnish contexts. The aim is also to describe the challenges for home visiting nurses experience in the care of elderly patients regarding to feeling of loneliness. The study focuses on elderly patients living at home and in need of home care. The questions of this study are

1. How do home visiting nurses describe loneliness among elderly patients ?
2. What are the challenges for home visiting nurses when caring elderly patients with the feeling of loneliness ?

## **5 Method**

In this chapter, description of qualitative study method, research approach of descriptive phenomenology, data collection, data analysis process, and ethical issue will be presented.

### **5.1 Qualitative method**

Qualitative method is directed by the naturalistic paradigm, which is one of ways to see the world. From this viewpoint, it is considered that reality is constructed by every individual. That is to say the number of reality is corresponding to the number of every individuals. (Polit & Beck 2008, 15-17).

Human nature, which creates own reality by many experiences throughout life, is qualitative materials. Thus, exploring qualitative materials is the way to know the world. The material which is human experience is obtained by an inquiry of researcher and participant. The information obtained in the method is rich and in-depth that allow to explain intricate phenomenon of human nature. Thus, the closest way to know the world is to know the human. (Polit & Beck 2008, 15-17).



However, it is not suitable for generalizability of findings due to the small number of participants in inquiry. (Polit & Beck 2008, 15-17).

With the use of this method, author believes that the nature of experience by home visiting nurses who takes care of elderly patients with feeling of loneliness will be illuminated.

## **5.2 Data collection**

In this study, self-report data is collected by semi-structured interviews. Self-report sampling is an effective way to know one's belief, thought, and perception of the person by simply asking (Polit 2004, 320). A researcher uses the narrative information to further polish and make a consistent phenomenon experienced by participants (Polit 2018, 205). However, the description which is articulated by language (Amedeo 2012) may not be well correspondent to the feeling or behaviour of a participant (Polit 2004, 320). Semi-structured interview is the interview which is performed under broadly prepared questions to make sure the conversation follows the topics (Polit 2018, 204). It is suitable because that the topic has specific objective that researcher wants to discover. Therefore, several prepared questions could lead interview conversation toward certain direction (Polit & Beck 2012, 537).

Four participants are chosen for this study from home visiting nurses who takes care of elderly patients in Finland. Two nurses are Finnish origin and other two nurses were born and grew up in foreign country and had nursing education in Finland. The year of experience as a home visiting nurse varies from 8 months to 4 years. Face to face semi-

structured interview is recorded and later transcribed for analysis. The interview questions are attached in Appendix 1.

### **5.3 Data analysis**

The primary goal of data analysis is the coordination and construction of the raw data material with certain frames and consequently to give the appropriate meaning on it. Polit and Beck (2008) describe the challenging aspect of qualitative data analytic process with three main reasons. Firstly, its unavailability of universally established analytic method results in the research outcome to be validated more difficult. Second its reductionist aspect of data management step, which is held in first stage, requires considerable time and effort to making small accessible data from large amount of narrative material for analysis. Lastly, the necessity of scaling down the data with still holding the content richness in order to report on limited pages is demanding.

In this study, all above mentioned processes begin with the transcription of interview record. Several alterations of data are likely to happen under this stage either intentionally or unintentionally, which should be kept minimally. (Polit & Beck 2008, 507-515). In next step, code is given according to the researcher's subjective interpretation of the data. Saldaña (2009, 4-8) says that coding process is a discovering activity with using subjective lens to see the data and shift them for analysis phase. Coded data are then categorized for comparing each category to formulate themes or concepts and it is the moment that the data, which is the reality develops into generalized abstract idea, which is concept or theory (Saldaña 2009, 9-11).

## **5.4 Ethical issues**

The data for this study is collected by semi-structured interview, therefore ethical consideration is essential part of protecting right for the informants. Moreover, as a nature of qualitative study, which explores personal perspective area, being ethically sensitive is inevitable (Polit 2018, 80). The data is first stored in the recording App in mobile phone and after transcribed to paper form, they were kept at student home and used only for the study.

## **5.5 Beneficence**

Firstly, the study must contribute to participants in beneficial way. Besides, physical and mental discomfort should be strictly restricted. The study method of which relatively close relationship between researcher and participant must avoid taking advantage from it (Polit 2018, 79-80).

## **5.6 Informed consent**

Secondly, the decision of whether an informant joins or retire an interview and asks or answers the questions are free of choice. These decisions need to be made based on the full disclosure of content of the study and possible advantage and disadvantage. However, self-determination on the full disclosure so called informed consent are likely to interfere

the participation of the study (Polit 2018, 81-83). Form of informed consent used in this study is attached in Appendix 2.

## **5.7 Justice**

The criterion of participant selection must be based on the study qualification. It should not be based on specific group with susceptibility. Furthermore, it is important to treat the participants fairly despite unexpected declining of participation. Anonymity is one of the protective ways of privacy for the participants (Polit 2004, 149-150) and confidentiality is established in this way (Polit 2018, 83).

(Loneliness)

| Concept                    | Category                                | Subcategory                                      |
|----------------------------|---|--|
| <b>Process of becoming</b> | Lack of substantial existence of others | Need of being beside                             |
|                            |   | Being isolated                                   |
|                            |   | Need social connection                           |
|                            |   | Need of family connection                        |
|                            | Lack of meaning of life                 |  |
|                            | Against one's will                      | Unfulfilled wish                                 |
|                            |   | Difficulty of adjustment in change of later life |
|                            | Vague but solid problem                 | Something ambiguous but serious problem          |
|                            |   | Expressed differently                            |

(Challenge)

**Concept****Category****Subcategory****Environment**

Reality of patient's situation

Resources

Time limitation

Material limitation

**Professionalism**

Out of nursing role

Recognition of nursing role

Mentally influence

Empathy

Struggle

Stress

Adjustment

## 6 Presentation of results

The findings of the study are divided into two main parts (1) Nurse's perception of loneliness experienced by elderly patient (2) Nurse's challenges. It is summarized into table in previous page. Each part has several categories, which is constructed by some subcategories. They are eventually grouped into one or two concepts. Nurse's description of elderly patient with loneliness is conceptualized as "Process of becoming", which is followed by four main categories as well as subcategories. Moreover, nurse's challenge has 2 concepts of "Environment" and "Professionalism", which is also followed by categories and subcategories respectively. Further detailed explanation of the result is given below. The name of the category is shown with italic and bold form, following subcategories are shown smaller font.

### 6.1 Process of becoming

The concept "process of becoming" that emerged from nurse's description of elderly patient's loneliness contains four categories which is "lack of substantial existence of others", "lack of meaning of life", "against one' will", and "vague but solid problem".

#### ***"Lack of substantial existence of others"***

This category contains four different subcategories which is "Need of being beside", "Being isolated", "Need of social connection", and "Need of family connection".

“Need of being beside”

Nurses perceive the feeling of loneliness of their patient by being offered to stay for a while or being offered coffee. Moreover, nurses try to respond to their patient’s wish by own way such as staying little longer or offering walk. This explains that nurses are aware of the importance of being beside for their patient’s feeling.

*“.. I don’t know maybe since they long for presence of other people whenever we arrive they say umm just stay for a while and have some coffee with me, they want to talk..”*

*“..I can be there and talk to them..”*

“Being isolated”

Nurses understand their patient’s loneliness by way of either directly expressed by their patient subjectively or from their patient’s current situation objectively.

*“..they elderly people and they are almost they they are alone..”*

*“..they express themselves that they are alone..”*

“Need of social connection”

Nurses think that social interaction is one of the essential activities for elderly patients to moderate feeling of loneliness. Therefore, nurse tends to suggest to their patient for joining some social activity or they wish that their patients could join the activity.



*“..group gathering because it’s like social therapy also, they will meet other people they would be other people it’s like be in social community, socializing with other people..”*

“Need of family connection”

Some nurses see clear difference of their patient’s satisfied feeling within the conversation or facial expression when their patients talk about family. Thus, they emphasize the importance of presence of family for those elderly patients with feeling of loneliness.

*“..because whenever their family come and visit them you will see the bright and smile faces..”*

***“Lack of meaning of life”***

Nurses describe that those elderly patients with loneliness are less motivated to perform one’s daily life. One nurse even compares those who are less lonely and lonely patients in daily activities, which gives her understanding of having more activities give less loneliness. Nurses are likely to see loneliness in patient’s attitude which can be active or passive in daily life. Nurse also describes that loneliness in elderly patient is something closer to their personality which is difficult to alleviate.

As well as nurse thinks that the importance of keeping motivation on one’s daily life, they believe that finding patient’s interest helps relieving from feeling of loneliness. Nurses try to find it from conversation such as talking about their old good memories and sometimes suggest to try them out.

*“..she tell me it seems like umm just like a routine I am just waiting for death bed to be ready.”*

*“..some elderly who lives at home they don’t feel lonely but they have activities and a lot of stuff to do but then there is umm quite many who is sitting there alone in their house whole day just waiting for umm the home care nurse to come and visit them.”*

*“..loneliness is one aspect that more of personal identity.”*

*“..it would be more exciting for them to do by themselves yeah just know what your client interest..”*

*“..I would I suggest whatever topic I was talking with them I document the person liked this..”*

### ***“Against one’s will”***

This category has two subcategories of “Unfulfilled wish” and “Difficulty of adjustment in change of later life”

“Unfulfilled wish”

From this subcategory, two slightly different nurse’s view but ultimately leads to the similar understanding on elderly patients with loneliness is observed. One nurse describes that if there are more options for their patients to spend daily life with others, they will feel less lonely. On one hand, other nurse denies of living in elderly care home as a way of feeling less lonely. Although two nurses have own opinions on elderly home, both nurses believe that respecting their patient’s own choice is the key for less suffering from loneliness.

*“..live together like in a not necessarily elderly home but they in apartments next each other or perhaps share dining room or some..”*

*“..I don't feel like being an old peoples home is the solution to loneliness or that one I don't really from what I would want the culture of living as a human not just being pushed a place where someone thinks that you think, it should be nice that it's after as a result of they followed up that is somebody's wish..”*

“Difficulty of adjustment in change of later life”

Nurses see that loneliness in elderly patients comes from the struggle of alteration in their later life which is unavoidable in human life. For example, one nurse explains of her patient's life change by retirement, which had been engaged as a teacher for many years with a lot of people around to sudden transition to be alone at home. These changes in later life make elderly people more difficult to adapt in everyday life.

*“..just telling a bit disappointing a bit and umm frustrating in her part because as what I've said used to be with people then all of a sudden she is alone in her home..”*

*“..someone who has retired they are very it's very hard to transit to the life of the retirement..”*

**“Vague but solid problem”**

This category consists of two subcategories of “Something ambiguous but serious condition” and “Expressed differently”

“Something ambiguous but serious condition”

In this subcategory, it is observed that nurse recognizes more serious problem in their patients apart from reasons for having home visiting nurse care. Moreover, two nurses perceive their patient's health condition which originate from more loneliness than somatic problem.

*"..for me I think this patient they get more severe with their than illness current illnesses because of loneliness.."*

*"..they can say they have some head problems but they haven't so can be problems.."*

"Expressed differently"

Nurses see patient's feeling of loneliness from by being expressed directly by way of crying, voicing out self, or showing accommodating attitude to nurses. Even if its different form of expression by the elderly patients, these expressions give nurses understanding of their patient's need of interaction.

*"..sometimes she just cry, she feel lonely and its seems like she lives in prison cell.."*

*"..I can would say the loneliness in many aspects because in they showed how eager they were waiting for us.."*

## **6.2 Environment**

The concept of "Environment" is one of the concepts which presents the challenges for home visiting nurse. This contains two categories of "Reality of patient's situation" and "Resources". Later category has further two subcategories.

***"Reality of patient's situation"***

In this category, surrounding situation of elderly patient, which seems to be mostly a family related matter, gives feeling with difficulty to nurses. This indicates that nurses believe the power of family is quite important on feeling of loneliness.

*“ I think it is can be a challenge and also umm when you know how hard it is to umm for them to get a place at elderly care home or you um know that they have relatives but maybe relatives don’t take enough time to meet the elderly person or visit or call or something like that..”*

*“..they have no relatives and yeah and they children not care yeah they have no one.”*

### **“Resources”**

Resources have two subcategories of “time limitation” and “material limitation”. Lack of time is the very common challenge for nurse when they try to offer some care for feeling of loneliness in addition to the medical nursing care. Moreover, material resource such as more personal and budget which could be related eventually time limitation is observed by a nurse.

*“..they want to talk but of course you cannot spend you are full shift in that house, you need to go to the other clients house.”*

*“..if there would be more staff like there would be more personnel like for example umm one personnel do medicine the laboratory and doctor’s order..”*

### **6.3 Professionalism**

Four categories of “out of nursing role”, “recognition of nursing role”, “mentally influence”, and “adjustment” are identified as challenge with given concept of professionalism.

#### ***“Out of nursing role”***

From this category, nurses tend to feel that caring their patient’s loneliness is exceeding their skill, which requires more special knowledge such as psychological approach.

*“..it doesn’t motivate me to always being in a sad person who is very lonely because I feel like I lack of skills..”*

*“..it would be nice but also if someone with a psychological very educated to understand the need of an old person elderly care.”*

#### ***“Recognition of nursing role”***

On the other hand, nurses understand that their presence for elderly patient has an important meaning. One nurse describes that her regular visit to patient creates certain relationship between nurse and her patient, thus it gives her understanding of nursing role.

*“..nurses who visit patients is quite important for the patients because especially when I were at umm hemsjukvården yeah um we visit same patients every second week for a long time, we visit them regularly so umm you get to know each other quite well..”*

*“..someone was waiting for me to deliver something so my presence was very important for them..”*

#### ***“Mentally influence”***

This category has three subcategories of empathy, struggle, and stress. These are interconnected each other and some nurses tend to have strong empathy on their patients which increase the other emotions in subcategories, on one hand other feel less and vice versa.

#### “Empathy”

With some degree of difference how much nurses feel empathy to their patients, they share the feeling of loneliness with their patient and it gives them painful feeling.

*“..umm you can feel a little bit not sad but have yeah when you see the patient is sad and lonely feel with them (small laugh).”*

#### “Struggle”

Self-doubting feeling on nursing care in home-based nursing is also observed by one nurse. It shows struggle between own ideal nursing care and real situation nurse faces. This feeling possibly leads to thought of discontinuation of being home visiting nurse.

*“..did I do my job well did I serve my client well, did I practice what I promise to do to my client, sometimes I question myself like that,..”*

#### “Stress”

Nurses experience stress by seeing their patient with loneliness. It seems mostly come from the helpless feeling of own self-trusting nursing care with several limitation.

*“..when we keep on seeing sadness in them that affects my well-being..”*

*“..they are just they are just asking for very small thing someone to talk to be with them so yah I think it psychologically stressful.”*

### ***“Adjustment”***

In this category, it presents that nurses have a probable tendency to adapt their emotions separating from what they face and feel from caring their elderly patient with loneliness. Some describes it by using the word professionally in either negatively or positively sound. It seems to be a strategy for some to handle their stressful feeling or for others it may be their natural trait to be less attached from their patient.

*“..as a nurse how I can help the persons because we are covered under whatever doing it anyway not our own its according to the rules..”*

*“..I will think professionally that this is my work that there is nothing I can do about it right now because these are the situation current situation for this client so yeah you have to be like professionally strong to say no to do to these patient who wants to stay with little longer..”*

## **7 Discussion and critical review**

In this section, discussion of results, the use of method, and conclusion are presented. Result is discussed with based on Parse’s humanbecoming theory as well as study background.

The findings indicate that nurses observe four identified characteristics in the elderly patients with the feeling of loneliness. These are “lack of substantial existence of others”,



“lack of meaning of life”, “against one’s wish”, and “vague but solid problem”. Author identified common feature of these four characteristics based on Parse’s humanbecoming theory and thus labelled them as “process of becoming”. These each category as well as nurse’s challenging part is also discussed in order.

### **Lack of substantial existence of others**

One speculation is that nurses observe the “linguaging” of their patients and interpret them as a feeling of loneliness. For instance, offering coffee, either expressing themselves alone or being silent, or showing happiness during the conversation of family topic are all considered as “linguaging”. It is according to Parse, “*structuring meaning*” of one’s part of life based on their value and image. Nurses observe one part of their patient’s meaning of life and understand as loneliness.

### **Lack of meaning of life**

Another speculation from this category is that nurses observe the “struggling” moment of elderly patient where they stand on the continuum line of living-dying situation. The result suggests that nurse understands “lack of meaning of life” from their patients and they perceive it as a feeling of loneliness. It is indicated by the nurse’s descriptions of elderly patient which is “waiting for death” or “sitting whole day” as well as nurse’s action such as “document the patient’s interest” or idea of “finding patient’s interest”.

Similar study conducted by Sundström (2008) reveals that when elderly people suffer from existential loneliness, they think a lot of coming death and regret of life. Besides these reflective thoughts, elderly people struggle to find meaning in current situation.

This is explained by the concept “powering” in the Humanbecoming theory that “powering” is an effort to live own life with purpose among choices. This is always followed by the paradox of “being-nonbeing”, which is ultimate death. However, Parse states (according to Marriner & Alligood 2010, p509) that this conflict is also the key to find out meaning and value for the person.

### **Against one’s will**

Nurses recognize feeling of loneliness in elderly patients when their patient’s “value” does not match the situation surrounding. Subcategory of “unfulfilled wish” is explained by the concept of “*valuing*” in the first principle of the Humanbecoming theory. When there are limited options or no choices, for example the case of the patient that nurse presents in this study, some elderly patients want to move to group home but it is not possible due to limited availability, their wish which is the reflection of person’s “value” tends to be disregarded and, according to Parse it indicates that person live the way they do not confirm what they believe. This situation is perceived by the nurse as associated with the feeling of loneliness of their patients.

Moreover, subcategory of “difficulty of adjustment in change of later life” is explicated by the concept of “*Transforming*” in the third principle of “*cotranscending with possible*”. When nurses describe that their patient are struggling with the life-style alteration, elderly

patients could be experiencing paradox of “*familiar-unfamiliar*” moment. Parse describes (according to Marriner & Alligood 2010, 510) that human is living under the ongoing change in everyday life in relation with the universe. As one nurse tells about the difficulty of turning from retirement in elderly patients, it is surely the big transformation, which requires energy and new perspective on their life. This struggle originates from the period of shifting process from situation “*familiar to unfamiliar*” is the “*transforming*”. Moreover, this period is where nurse finds out that their patients are feeling lonely. According to Marriner and alligood, the way nurses are present in this process gives different outcomes, which could either lead patient to the motivating direction or the other.

### **Vague but solid problem**

When nurses interpret their patient’s situation as loneliness for “something ambiguous but serious problem”, they experience uncertainty to understand what their patient shows by the concept of “*linguaging*” in the principle of “*structuring meaning*”. Nurses are present with their patient who is expressing themselves in some form of “*linguaging*” but instead of figuring out what is the meaning of the “*linguaging*” directly, nurses tends to connect other information, such as patient’s somatic medical situation or other information to understand the “*linguaging*” as a feeling of loneliness.

Nurses understand that the expression of loneliness by elderly patients is different. This is also explained by the concept of “*linguaging*” in the first principle. As Parse depicts that human reveal their experiencing reality by “*linguaging*”, with paradox of “*speaking-being silent*” (Marriner & Alligood 2010, 507-508), the way elderly patient expresses

their reality also differs, for example some speaks out the feeling and others show by attitude. These are all considered as “*linguaging*” according to Parse. “*Linguaging*”, in other words, different expressions is used as a way to share the reality which the person face, however it does not mean that the person who is shared the reality understand as the one feel. In this study, although the nurse senses the several different ways of expression by their patients as showing loneliness, it cannot be completely understood as it expressed. However, as Parse says, the meaning is revealed by asking further questions, which is developed during conversation and that is nurses in this study perform to understand the loneliness. (Marriner & Alligood 2010, 508).

### **Reality of patient’s situation**

As some nurses describe that “*reality of patient’s situation*” especially the family matter is as one of the challenges when it comes to take care of feeling of loneliness, it is not something nurses can change or intervene directly. Moreover, its cultural family system in Finland plays a major role to construct an environment and reality. Although nurses perceive it as a challenge, they try another approach to support their patient’s loneliness.

### **Resources**

“*Resources*” as another challenge is more complicated due to the relation with more organizational problem, which nurses have no control on. One nurse mentions about budget to be able to use for home visiting nurse but it is not possible to discuss in here

due to the lack of information about the fact. However, it seems that “*time limitation*” is the main challenges when it comes to take care the aspect of loneliness. It is because that nurse’s understanding of caring for their patient requires time associated care such as being present or having conversation.

### **Out of nursing role” and “Recognition of nursing role”**

As a challenging part for home visiting nurse, understanding the limitation of own role, which stands for as “*out of nursing role*” and simultaneously “recognition of nursing role” is observed. When nurses try to take care and focus on their patient’s loneliness, they tend to realize limitation of own knowledge and skills due to its multifactorial aspects of loneliness.

The study conducted by Sundström et al (2018), which investigated the perception of health care professionals on encountering of existential loneliness among elderly people showed that they realize limited ability to handle their client’s existential loneliness. It is because expression of existential loneliness by their client evokes professional’s own existential concern.

Both results show different reasons to cause the feeling of incompetence toward caring loneliness, however there is at least association between elderly people’s feeling of lonely and nurse’s self-evaluation of competence.

However, nurses also find themselves as an important person to take care of their patient’s psychological challenge.

### **“Mentally influence” and “Adjustment”**

“Mentally influence” and “Adjustment” belongs to the challenging part for home visiting nurses. Although this is somehow a predictable result, two roughly dividing nurse’s feelings of “empathy” and “struggle and stress” is visible. Despite most of the nurses in this study have empathy for their patients with suffering loneliness, one emphasizes specially more stressful emotion as well as empathy, which others do not so much. This difference seems to be eventually associated to their adjustment attitude toward nursing work. That is the more nurse perceives as a stressful way of seeing elderly’s loneliness, the more they perceive professional attitude as a negative sense and vice versa.

A study (Sundström 2018) shows that one aspect of overcoming difficulty for professionals in encountering caring elderly people with existential loneliness is personality of caregiver such openness, courage, and curiosity and having ability to see elderly person’s view. Although this is only a possible support to explain and associate the finding of the study to explain where the difference between empathy or strong stress and struggle comes from, it could be a reason.

## **7.1 The use of method**

The purpose of this study is to describe the experience of home visiting nurses. It is the subjective experience which is expressed as an individual reality. Exploring the individual reality is the major strength of using a qualitative study method which is used in this

inquiry. In addition to the suitability of the method to the study, evaluating the quality of a study gives a discussion on a qualitative study.

Trustworthiness is corresponding term of “reliability and validity” for giving a qualification of a study. Polit and Beck (2008, 539-540) presents Lincoln and Guba’s Framework that trustworthiness has five criteria of *credibility*, *dependability*, *confirmability*, *transferability*, and *authenticity*.

First criterion of *credibility* is the assurance of data and interpretation without presupposition and disguise. Unfortunately, this criterion is not achieved on this study. It is because of English as an interview conduction language is not a mother tongue for any of participants including author. This clearly disturbs the data which is not exactly presenting participant’s reality.

Second criterion of *dependability* is stability of the result with probable repeated inquiry in similar context. Since this study does not have specific informant criteria, the broadness of the study condition could largely influence on other trial. In this sense, dependability is not achieved.

Third criterion of *confirmability* is objectivity that is only reflecting participant’s information. In the analytic process, effort is made to interpret the given data without inquirer’s personal thought.

Fourth criterion of *transferability* is potential transfer for generalization of the result. This study is not suitable for generalization due to the reasons mentioned above.

Fifth criterion of *authenticity* is that how much a study can introduce diverse realities in the certain research field to readers. Although this study does not achieve many of criteria for trustworthiness, it could be caught a glimpse of several different home visiting nurse's perceptions as an authenticity. However, the number of four nurses for a sample might not have been enough to capture diverse experience to lead the knowledge.

## **7.2 Conclusion**

In this study, how home visiting nurses experience the loneliness of their elderly patients during the interaction was described. There is an agreement on about the feeling of loneliness is a subjective feeling and there are many findings from that aspect. However, this study attempted to illuminate it from a nursing point of view by applying the Humanbecoming theory. Consequently, it is described as "Process of becoming" that how nurse perceive the feeling of loneliness of elderly patients.

Since author does not use any theoretical framework for the result of challenging part, it may not be sufficient to underline the outcomes. However, the results as a probable reality to present current situation in home vising nursing field could reflect the problems which needs to be pay attention for the future improvement.

Lastly, throughout this study, author's perception of loneliness has been shifted from loneliness as an uncomfortable separable feeling to something as a part of human being. It is due to the present situation that despite a plenty of findings related to loneliness with cause-effect dimension, it is still far from the relief of its painful feeling. Alleviation of feeling of loneliness may be an ultimate goal, however its multifactorial causation of



loneliness makes nurses feel powerless to achieve it. Therefore, more focus may need to be put on a different approach to see the feeling of loneliness for current rapid aging world.

## **Appendix 1**

### **Questions for semi-structured interview**

1. Can you please tell me about experience of caring for elderly patients in home care?
2. Can you please tell me about how your patients express their loneliness?
3. How can you help the patients?
4. What would you like to do?
5. How would you express the challenges for the home visiting nurse that elderly patients' loneliness brings?
6. Do (or how do) the elderly patients' loneliness and expression of it affect on the home visiting nurses work and encounter with the patient?

## Appendix 2

### Informed consent

I am a third-year nursing student at Novia University of applied sciences. I am currently doing a study about “Experience of home visiting nurses-An interview study on caring community dwelling elderly patients with feeling of loneliness in Finnish context.

I am asking for your voluntary participation in my study with data collection and I am going to make an interview.

My purpose of the study is to describe the experiences of home visiting nurse experiences of elderly patients’ loneliness in a Finnish contexts and what challenges are home visiting nurses experience in the care of elderly patients regarding to feeling of loneliness. The study focuses on elderly patients living at home and in need of home care.

If you participate you will be asked about your experience as a home care nurse, your emotions and feelings, thoughts, your struggle in the reality.

The interview will take approximately 30 to 40 minutes.

Data collected from this interview is used solely for my study. Only I and my supervisor have the access to the data and it is stored carefully.

If you have any questions about the study, please feel free to contact me.

Sachiko Terayama **phone:** 046-997354/ [sachikoterayama@edu.novia.fi](mailto:sachikoterayama@edu.novia.fi)

(Supervisor: Lena Sandén-Eriksson phone: 044-7805342/ [lena.sanden-eriksson@novia.fi](mailto:lena.sanden-eriksson@novia.fi))

Participation of this study is completely voluntary. If you decide not to participate there will not be any negative consequences. Please be aware of that, if you decide to participate, you may stop participating at any time and you may decide not to answer any specific question.

By signing in this form, I am attesting that I have read and understood the information above and I freely give my consent/assent to participate.

**Adult informed consent:**    **Date reviewed and signed** \_\_\_\_\_

(Printed name of Research participant) **Signature:**

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### Appendix 3 - Loneliness

| Concept             | Category                                | Subcategory               | Quotation   |
|---------------------|---|---------------------------|---|
| Process of becoming | Need of substantial existence of others | Need of being beside      | ".. I don't know maybe since they long for presence of other people whenever we arrive they say umm just stay for a while and have some coffee with me, they want to talk..".   |
|                     |   | Being isolated            | ".... their children are at work or not living in the same city they elderly people and they are almost they they are alone.."<br><br>"..they express themselves that they are alone.."   |
|                     |   | Need of social connection | "..group gathering because it's like social therapy also, they will meet other people they would be other people it's like be in social community, socializing with other people.."   |
|                     |   | Need of family connection | "..because whenever their family come and visit them you will see the bright and smile faces.."   |
|                     | Lack of meaning of life                 |                           | "..she tell me it seems like umm just like a routine I am just waiting for death bed to be ready."<br><br>"..some elderly who lives at home they don't feel lonely but they have activities and a lot of stuff to do but then there is umm quite many who is sitting there alone in their house whole day just waiting for umm the home care nurse to come and visit them."<br><br>"..loneliness is one aspect that more of personal identity."<br><br>"..it would be more exciting for them to do by themselves yeah just know what your client interest.."<br><br>"..I would I suggest whatever topic I was talking with them I document the person liked this.." |
|                     | Against one's will                      | Unfulfilled wish          | "..live together like in a not necessarily elderly home but they in apartments next each other or perhaps share dining room or some.."  |

|  |                         |  |  |
|--|-------------------------|--|--|
|  |                         |  | <p>“..I don’t feel like being an old peoples home is the solution to loneliness or that one I don’t really from what I would want the culture of living as a human not just being pushed a place where someone thinks that you think, it should be nice that it’s after as a result of they followed up that is somebody’s wish..”</p> |
|  |                         | Difficulty of adjustment in change of later life | <p>“..just telling a bit disappointing a bit and umm frustrating in her part because as what I’ve said used to be with people then all of a sudden she is alone in her home..”</p> <p>“..it’s very hard to transit to the life of the retirement..”</p>  |
|  | Vague but solid problem | Something ambiguous but serious condition        | <p>“..for me I think this patient they get more severe with their than illness current illnesses because of loneliness..”</p> <p>“..they can say they have some head problems but they haven’t so can be problems..”</p>   |
|  |                         | Expressed differently                            | <p>“..sometimes she just cry, she feel lonely and its seems like she lives in prison cell..”</p> <p>“..I can would say the loneliness in many aspects because in they showed how eager they were waiting for us..”</p>   |

## Challenge

| Concept         | Category                       | Subcategory         | Quotation   |
|-----------------|--------------------------------|---------------------|---|
| Environment     | Reality of patient's situation |                     | <p>" I think it is can be a challenge and also umm when you know how hard it is to umm for them to get a place at elderly care home or you um know that they have relatives but maybe relatives don't take enough time to meet the elderly person or visit or call or something like that.."</p> <p>"..they have no relatives and yeah and they children not care yeah they have no one."</p> |
|                 | Resources                      | Time limitation     | "..they want to talk but of course <u>you cannot spend you are full shift in that house,</u> you need to go to the other clients house."  |
|                 |                                | Material limitation | ".. <u>if there would be more staff like there would be more personnel</u> like for example umm one personnel do medicine the laboratory and doctor's order.."  |
| Professionalism | Out of nursing role            |                     | <p>"..it doesn't motivate me to always being in a sad person who is very lonely because <u>I feel like I lack of skills..</u>"</p> <p>"..it would be nice but also if someone with a <u>psychological very educated</u> to understand the need of an old person elderly care."</p>  |
|                 | Recognition of nursing role    |                     | <p>"..nurses who visit patients is quite important for the patients because especially when I were at umm hemsjukvården yeah um we visit same patients every second week for a long time, we visit them regularly so umm <u>you get to know each other quite well..</u>"</p> <p>"..someone was waiting for me to deliver something so my presence was very important for them.."</p>          |
|                 | Mentally influence             | Empathy             | "..umm you can feel a little bit not sad but have yeah when you see the patient is sad and lonely <u>feel with them</u> (small laugh)."   |
|                 |                                | Struggle            | "..did I do my job well did I serve my client well, did I practice what I promise to do to my client, sometimes I question myself like that.."  |
|                 |                                | Stress              | "..when we keep on seeing sadness in them that <u>affects my well-being..</u> "   |

|  |            |  |  |
|--|------------|--|--|
|  |            |  | <p>“..they are just they are just asking for very small thing someone to talk to be with them so yah I think it <u>psychologically stressful</u>.”</p>   |
|  | Adjustment |  | <p>“..as a nurse how I can help the persons because we are covered under whatever doing it anyway not our own its <u>according to the rules</u>..”</p> <p>“..I will think professionally that <u>this is my work</u> that there is nothing I can do about it right now because these are the situation current situation for this client so yeah <u>you have to be like professionally strong</u> to say no to do to these patient who wants to stay with little longer..”</p> |



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