



The Impact of Isolation and Loneliness on Elderly Well-being

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Abstract

This thesis aims to deepen the knowledge and the understanding about the phenomena isolation and loneliness, and to shed additional light on the impact of isolation and loneliness in relation to elderly people, in order to promote elderly people's well-being.

A qualitative approach was applied in the thesis and content analysis was undertaken. Data analysis began with reviewing literature repeatedly to acquire themes by highlighting the accurate content meaning. Four themes were acquired after the analysis process: isolation effect, loneliness effect, well-being concerning social isolation and loneliness, intervention and prevention.

The main results of this thesis show connections between social isolation and the elderly well-being, as well as between loneliness and the elderly well-being. As such, social isolation and loneliness arise from interaction; proper intervention and prevention have positive effects on alleviating social isolation and loneliness as well as enhancing well-being among the elderly.

Language: English

Key words: well-being, social isolation, loneliness, the impact, elderly

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1. Introduction

The world is aging fast, and one of the greatest challenges of the twenty-first century is the tremendously increased numbers of elderly (Bennett and Ebrahim 1995, pp.2-9; McInnis-Dittrich 2009, p.10; WHO_a, 2011). Increased longevity is not only a triumph for society but a huge challenge. It is essential to be prepared to address the needs of the elderly at the community level. Therefore, it would be paramount that health care providers are well versed in common symptoms or diseases among the elderly, which can often be prevented or delayed (WHO_a, 2011).

In discussions of well-being among the elderly, health status and personality are the most important predictors (Pelletier, 2004). Meanwhile, it comprises various interrelated factors, such as social isolation and loneliness (Diener *et al.*, 1999). They emphasize all the misfortunes of people who are growing old (Eliopoulos 1997, pp.4-25). Social isolation has been defined as “*a state in which the individual lacks a sense of belonging socially, lacks engagement with others, has a minimal number of social contacts and is deficient in fulfilling and quality relationship*” (Nicholson, 2008). On one hand, insecurity resulting from multiple losses can lead to a self-imposed isolation. During the ageing process, hearing and speech deficits and language differences, which present communication barriers, can foster loneliness (Eliopoulos 1997, pp37-99). On the other hand, loneliness also has been defined as a significant risk for health (Savikko, 2008).

This study seeks to strengthen the knowledge base on the effect of social isolation and loneliness among the elderly, and at the same time, deepen the understanding of the impact of those phenomena on the elderly well-being, and on whether the respondents are able to seek the causes of loneliness and isolation among elderly people.

2. The aim of the Study

The purpose of this study is to deepen the knowledge and understanding about the phenomena isolation and loneliness. Another aim is to shed new

light on the impact of isolation and loneliness in relation to elderly people, in order to promote elderly people's well-being.

The three research questions posed are:

- What is the relationship between isolation and elderly well-being?
- What is the relationship between loneliness and elderly well-being?
- How do loneliness and isolation impact on elderly well-being?

3. Literature Review

The thesis's main sources of information are based on EBSCO and CINAHL. Searches by using key words such as the elderly, well-being, isolation, and loneliness were performed. The respondents will analyze social isolation and loneliness among the elderly from a literature point of view in relation to the elderly well-being, in order to detect what sort of connections exist between those phenomena.

3.1. Well-being Among the Elderly

A person's well-being is considered as "something good". Discussions of well-being, concerning both the best methods for achieving it and whether or not it is an appropriate goal of human activity, have been frequent throughout history (Bradburn 1969, pp.1-10). It is known that health status and personality are the most important predictors of well-being (Pelletier, 2004). In consideration of the relationship between health status and age, studies show that overall dysfunction comes along with the aging process. Thus it can be seen that the two concepts, well-being and the elderly, are related. The respondents will analyze the relationship between well-being and elderly in this chapter, in order to find out if they are mutually contradictory.

Well-being is a multifaceted phenomenon which consists of various interrelated factors. It has been always referred to happiness, but what is

worth mentioning is that subjective well-being¹ is not the same as happiness although the terms are often used interchangeably. In fact, it is "*a broad category of phenomena that includes people's emotional responses and global judgments of life satisfaction*" (Diener, *et al.*, 1999). Psychological well-being is considered as a vital dimension of the elderly's quality of life (Felce and Perry, 1995). Psychological well-being is generated by two dimensions which are absence of depression and emotional loneliness; and presence of happiness, life satisfaction, feeling of security, and plans for the future (Savikko, 2008). An individual will be high in psychological well-being to the degree in which positive affects predominate over negative. On the other hand, when negative affects are in a dominant position, the individual will be low in well-being. That is to say, to gain subjective well-being, pleasure usually predominates over pain in one's life experiences (Seitsamo 2007, 24-52).

It is reported in the literature that physical activities can reflect on well-being (Boxtel, *et al.*, 1996; Gauvin and Spence, 1996). The studies have demonstrated that it is not only physical activity which contributes to well-being, but that activities of a social, productive or intellectual nature also have significant effect. Meanwhile, recent research also showed that listening to music is a common leisure activity encountered in many everyday situations, and that listening to music through a variety of strategies is a frequent source of positive emotions for the elderly ever since ancient times. Consequently, music is also considered an effective means for decreasing stress-related arousal reactions and maintaining well-being (Pelletier, 2004).

The importance of the effect of well-being among the elderly will be presented in the thesis through analysis of the phenomena social isolation and loneliness, as well as of the interaction among the three phenomena, social isolation, loneliness and well-being.

¹ The study of subjective well-being was concerned with the connection between activities, physical functioning, and general well-being (Seitsamo, 2007).

3.2. Social Isolation and Well-being Among the Elderly

Despite the large literature on isolation effects in the children and young adults, only one published study has examined the isolation effect in the elderly (Tamra, 2008). However, the human need for social connection does not fade away among the elderly (Cacioppo, *et al.*, 2010), which is to say, the elderly have the need for social connections. Decline of social connection is considered one of the various interrelated factors which compose well-being among the elderly (Diener, *et al.*, 1999). Hence, the respondents believe it is necessary and important to deepen the knowledge about social isolation among the elderly. What is more, it is showed that the relevance between the elderly well-being and isolation is arising from interaction (Felce and Perry, 1995; Bondevik and Skogstad, 1998). Therefore, the respondents will also focus on the interaction between social isolation and elderly well-being in the following chapters.

3.2.1. Definition Development of Social Isolation

According to Vangelisti and Perlman (2006, pp.485-500), social isolation is a subject concerned with the objective characteristics of a situation and refers to the absence of relationships with other people, that is to say, they believe that persons with a very small number of meaningful ties are socially isolated. Meanwhile, Nicholson (2008) also did research on the definition of social isolation and he claimed the definitions of social isolation could be presented chronologically in order to show the human cognitive development of the phenomenon.

Nicholson (2008) enumerated seven definitions of social isolation which concern the nursing field. Initially, Berkman (1983) defined social isolation as “...*irreversible loss of social attachments and community ties*”. Then, the following definition was propounded by Lien-Gieschen (1993), who claimed social isolation refers to “...*a state in which an individual experiences a need or desire for contact with others but is unable for some reasons to make contact*”. While compared the first two definition applied in one decade, it showed a obviously cognitive development, which is, Lien-

Gieschen started to consider the human being's desires or needs in her definition of social isolation (Nicholson, 2008).

The following definition was applied by LaVeist, *et al.* (1997). According to them, social isolation is "*lack of interaction with individuals within one's social network*". In other words, they believed interactions should be taken into consideration. Therefore, from then on, the definition of social isolation started to consider interaction between individuals and the whole society (Nicholson, 2008). In the year of 1998, Biordi went further in concluding the definition, which is that social isolation refers to '*where it is involuntary and perceived as negative and where the social network is shrinking in quality or quantity of contacts*' (Biordi 1998, pp.13-155). Furthermore, the quantity of social contacts is not the only factor in view. Biordi also took the quality of contacts into consideration when determining social isolation (Nicholson, 2008).

Fleury, *et al.* (2000) regarded social isolation as "*...living alone, lacking instrumental support and being unable to share life expectations with a confidant*". According to him, the social isolation is related to confidants. People who are socially isolated will be reluctant or unwilling to share the personal feeling with their own confidants. Meanwhile, Ackley and Ladwig (2004) claimed a more developed opinion, that is, it is "*loneness experiences which are experienced by individual are perceived as imposed by others as a negative or threatened state*". Compared with the previous one applied by Fleury *et al.*, Ackley and Ladwig believe that the social isolation experience was imposed by others; furthermore, they also proposed that isolation is probably imposed by all other people, not just confidants (Ackley and Ladwig, 2004 cited in Nicholson, 2008).

The next definition came from Howat *et al.*, (2004), who claim that social isolation is "*an objective state involving minimal contact and interaction with others and a generally low level of involvement in community life*". For the first time, social isolation is defined as an objective state, in the year 2004,

which is a good sign of expanding understanding of how social isolation works on a human being. Within researching on the chronological definition of social isolation, he believed that a socially isolated person lacks contacts and a sense of belonging. Later on, in the year 2008, Nicholson drew a conclusion and claimed that reasons for social isolation are multiple and complicated connecting issues between the recipient and the whole society. Then, Nicholson suggested a definition of social isolation as "*a state in which the individual lacks a sense of belonging socially, lacks engagement with others, has a minimal number of social contacts and is deficient in fulfilling and quality relationships*". However, Nicholson also insists that there are a few distinct concepts of social isolation, which are lack of social integration, social engagement and social networks. As a result, Nicholson suggested considering those distinct concepts when determining social isolation.

3.2.2. Attributes and Causes of Social Isolation

Five attributes of social isolation are defined by Nicholson (2008): number of contacts, feeling of belonging, fulfilling relationships, engagement and quality of network members. In addition, Cacioppo, *et al.* (2002) found that the temporary connection between loneliness and depressive symptoms is not an attribute to social support and objective social isolation. Cacioppo, *et al.* (2002) showed that social network size was found to be associated with loneliness and depressive symptoms. At the same time, objective social isolation and low social support are associated with loneliness and depressive symptoms (Cacioppo, *et al.*, 2010). Consequently, even loneliness, depression symptoms and their temporal connection are not attributes of social isolation, but those concepts can be causes of being socially isolated (Cacioppo, *et al.*, 2010). Therefore, lack of a sense of social belonging, lack of social contacts, lack of fulfilling and quality relationships, psychological barriers, physical barriers, low financial/resource exchange and a prohibitive environment can be possible reasons leading to social isolation (Nicholson 2008).

3.2.3. Negative Effects of Social Isolation

Turning to the effects of being socially isolated, Cacioppo, *et al.* (2002) state that social isolation or social support has been associated with increased vascular resistance², elevated blood pressure, impaired sleep, altered immunity, alcoholism³, progression of Alzheimer's disease⁴, obesity⁵ and poorer physical health. In other words, socially isolated individuals have a higher possibility of suffering from health issues (Nicholson, 2008). Also, drinking, falls, depressive symptoms, cognitive decline and poor outcome after stroke, nutritional risk, increased rates of re-hospitalization, loneliness and alteration in the family process were mentioned as specific social isolation negative effects linked to social network. The truly existing negative effects prove that social isolation has a far-reaching impact on elderly well-being (Nicholson 2008).

3.2.4. Impact of Social Isolation on Well-being Among the Elderly

The influence of social isolation on elderly well-being is a phenomenon which cannot be ignored (Vangelisti and Perlman 2006, pp.485-500). First of all, Cacioppo, *et al.* (2010) state that it is necessary to consider social connection issues when mentioning the elderly. Secondly, Berkman (2000) and Cohen (2004) claim that social isolation is a phenomenon with serious health consequences. Besides, Tamra (2008) points out that the elderly are affected by social isolation in a qualitatively similar way to younger adults, with typical isolation effects.

Tamra (2008) believes that the elderly show a significant isolation effect, even though it was reduced in parallel with findings in other areas. Which means social isolation is a vital influencing factor for the health condition of

² Vascular resistance is defined as the resistance offered by the vessels to the flow of blood, which must be overcome by the blood, so as to ensure sound functioning of the circulatory system (Tabloski 2006, pp.2-146).

³ Alcoholism is a chronic, often progressive disease in which a person craves alcohol and drinks despite repeated alcohol related problems (like losing a job or a relationship) (Tabloski 2006, pp.2-146).

⁴ Alzheimer's disease (AD) is a slowly progressive disease of the brain that is characterized by impairment of memory and eventually by disturbances in reasoning, planning, language, and perception (Tabloski 2006, pp.2-146).

⁵ Obesity is defined as a body mass index (BMI) of 30 or greater (Tabloski 2006, pp.2-146).

the elderly. Berkman (1995) claims that the elderly with small social networks are at higher risk of all-cause mortality. That is to say, to some extent, the elderly with social isolation issues are more likely to have negative health consequences. Moreover, as Nicholson (2008) also mentioned, the socially isolated elderly are among the risk group for myriad other negative health consequences, such as poor nutrition, re-hospitalization, cognitive decline and heavy alcohol consumption. Therefore, social isolation has a not ignorable influence on elderly well-being.

Nevertheless, the effects of social isolation on elderly well-being are not signalized. The elderly well-being also has effects on the social isolation state. Bondevik and Skogstad(1998) state that social isolation is more prevalent in older adults due to diminished vitality and health. In other words, diminished vitality and health are direct causes for being socially isolated among the elderly. Simultaneously, vitality and health are considered a vital dimension of elderly well-being (Felce and Perry, 1995). In sum, the relevance between elderly well-being and isolation is arising from interaction (Felce and Perry, 1995; Bondevik and Skogstad, 1998; Berkman, 2000; Cohen, 2004; Vangelisti and Perlman 2006, pp. 485-500; Nicholson 2008; Tamra, 2008; Cacioppo, *et al.*, 2010).

3.3. Loneliness and Well-being Among the Elderly

Human beings have a fundamental desire for positive and long lasting relationships (Baumeister and Leary, 1995), which influences self and identity regulation processes and health status. If the desire cannot be fulfilled, or if there are deficits in belongingness, it will motivate people to seek sources of renewed affiliation (DeWall and Pond, 2011). Suffering from loneliness means some important parts in people's lives are missing, something has to be found to replace the missing parts. It is possible that the replacement can be alcohol, drugs, pets and so on.

The causes of loneliness remain unclear, but its consequences seem to be more clear, and negative as well (Cacioppo and Patrick 2008, pp.1-20). By

middle age, lonely people behave differently from non-lonely ones. For instance, lonely people can have more alcohol intake, less physical exercise, less intake of healthy food, the sleep quality can be poorer even if the duration of the sleeping hours are the same or maybe longer. The lives of the suffering population are the same as other people's lives in any objective sense, but subjectively the lonely feel more stress. The lonely enjoy the positive things in life less than other people, and at the same time, they suffer more from the negative things (DeWall and Pond, 2011). Of all the above information, it is easily understood that people's health status is influenced by loneliness. As mentioned before, health status is one of the most important predictors of well-being. Thus, it can be seen that interaction exists between loneliness and well-being.

3.3.1. Definition Development of Loneliness

Loneliness has been defined in various ways in previous literature. Loneliness is an emotion that causes individuals to act differently in an attempt to cope with it (Deangelo 2011, pp.1-15). Meanwhile, it might be neglected by most people that lonely and non-lonely people are quite alike in most respects, including attractiveness, intelligence, and social skills. As a matter of fact, lonely people spend almost the same amount of time as other people in social interaction (Cacioppo and Patrick 2008, pp.1-20).

Eight definitions have been concluded from previous scientific articles. In the year of 1973, loneliness was conceptualized and further divided into the experience of emotional isolation or of social isolation (Weiss, 1973 cited in Savikko, 2008, p.13). Being alone is not considered as loneliness in the definition since emotional isolation is being taken into account. Then Rokach and Brock found out in 1997 that loneliness is becoming a shameful thing to expose. It might be difficult to define whether someone is lonely or not, because people are unwilling to talk about it.

One year later, Andersson (1998) found out the difference between emotional isolation and emotional loneliness. Emotional isolation represents

the subjective response to the absence of a close and intimate attachment figure, for example, the lack of a loved one or a spouse. Emotional loneliness is a subjective feeling and it can only be quantified by the individual experiencing it. In Jyllä's opinion (2004), loneliness is a somewhat unstable concept. Researchers started to consider all the possible aspects that might have effect on loneliness.

In the following years, researchers undertook researches on the influence of loneliness. Loneliness is a distressing feeling leading to impaired quality of life (Jakobsson and Hallberg, 2005), cognitive decline (Fratiglioni, et al., 2000; Tilvis, et al., 2000), poor subjective health (Tijhuis, et al., 1999), disability, increased use of health and social services (Geller, et al., 1999; Tilvis, et al., 2000) and increased mortality (Herlitz, et al., 1998; Tilvis, et al., 2000). The negative effects that loneliness has brought on give a good reason for the respondents to carry on the scientific research about loneliness. At least people come to care about the health outcomes concerning loneliness.

The notion has been suggested that an older person's feeling of loneliness is not associated with the frequency of contacts but with expectations of and satisfaction from these contacts (Routasalo, et al., 2006). The quantity of the contacts is not as essential as the quality of the contacts. It can be a prediction of loneliness if the expectation is always high while the result is always dissatisfying.

Kangasniemi (2005 cited in Savikko, 2008, p.15) adds a physical loneliness to the concept of loneliness when discussing loneliness related to human relations. It refers to the fact that everyone needs to touch and to be touched. The standpoint is indirectly approved by Routasalo, et al. (2008). It has been claimed that being needed by someone is closely connected with intimate relationships and gives meaning to life (Routasalo et, al., 2006).

Savikko's definition (2008) of loneliness can be the summary of all the concepts above. Loneliness is defined as an individual's subjective experience of a lack of satisfying human relationships. In other words, it is a feeling that may be affected by the social relationship experienced by the individuals. Thus loneliness is a negative feeling causing distress to an individual.

What merits our attention is that loneliness has been interpreted into both sides as well, the negative part and the positive part. Regarding the negative part, the terms loneliness, feeling lonely or being alone have been used interchangeably in the nursing literature (Karnick, 2005). Besides, the notions of social isolation and living alone have been equal to loneliness (Victor, *et al.*, 2000). Loneliness has been defined as a personal subjective feeling of a lack of satisfying human relationships, and for this reason, loneliness is a negative feeling that impairs the quality of life of older people, such as causing depressive symptoms⁶ (Tilvis, et al., 2000; Victor, *et al.*, 2000; Alpass and Neville, 2003; Cohen-Mansfield and Parpura-Gill, 2007).

As to the positive part, researchers demonstrated that loneliness can also be of one's own accord and experienced as a creative solitude (Tornstam, 1990; Wenger, *et al.*, 1996; Andersson, 1998; Killeen, 1998; Nilsson, *et al.*, 2006). Nowadays, the positive type of loneliness is more constantly referred to as a personal choice; it concerns a freely chosen situation of long-term or temporary absence of contacts with other people (Gierveld, Tilburg and Dykstra, 2006). Loneliness is also considered as a positive opportunity, which is compounded by the experience of "love". Loneliness is viewed as a necessary aspect of life, and in life's most intimate moments people are basically "alone". Thus, it might be a challenge for nurses to differentiate between the objective nature of being alone and the subjective feeling of being alone (Donaldson and Watson, 1996). In the thesis, the respondents focus on the negative type of loneliness and its impact on elderly well-being.

⁶ Poor mental health, especially depression, is known to be a major predictor of loneliness in old age (Mullins and McNicholas, 1986; Bowling, et al., 1989).

3.3.2. Impact of Loneliness on Well-being Among the Elderly

The connection between loneliness and well-being is complex but will be analyzed in this section. On one hand, loneliness is a multifarious feeling involving a mismatch between one's desire and factual level of social connectedness and involves physiological, behavioral, and emotional effects. When suffering from loneliness, in other words, deficiency in social support presents among the elderly in one way or another. Both life events and social support could independently exert direct effects on well-being (Murphy and Kupshik 1992, pp.15-60). Thus, the fact that loneliness has remarkable effect on well-being cannot be ignored. The idea was indirectly supported by Golden et al. (2009) with an opinion that there is indeed a strong link between loneliness and subsequent psychological and physical well-being. On the other hand, well-being in the same way has great influence on loneliness. Among all the vulnerability factors for loneliness among the elderly posed by Victor, et al. (2005), marital status, increases in loneliness over the previous decade, elevated mental morbidity, poor current health, poorer health in old age than expected are related to health status and personality. It is proved that health status and personality were the most imperative predictors of well-being (Pelletier, 2004). Therefore, the respondents draw a conclusion that the well-being of the elderly affects the prevalence of loneliness. Consequently, the two phenomena loneliness and well-being interact with each other among the elderly.

3.4. Connection Between Loneliness and Isolation

According to Weiss (1973 cited in Savikko, 2008, p.13), loneliness can be separated into experience of emotional isolation or of social isolation. Emotional isolation represents the subjective reaction to the absence of a loved one or a spouse. Emotional loneliness is a subjective feeling and it can only be qualified when the individual experiences it (Andersson, 1998).

Weiss (1973 cited in Savikko, 2008, p.14) defines social isolation as a situation where an individual does not have a social network or is disappointed with the current social network. According to Cattani, et al.

(2005), social isolation represents the number of contacts and integration of an individual into the surrounding social environment. People look for social acceptance and rewards through social activities, self-esteem and respect are supposed to be acquired on the occasion. A socially isolated person may feel socially frustrated as well (Perlman and Peplau 1982, pp.123-134).

The difference between loneliness and social isolation is that loneliness, or emotional isolation, was interpreted as the subjective, unacceptable feeling of loss of companionship; however, social isolation was considered to be the objective absence or paucity of contacts and interactions between an individual and a social network (Perlman and Peplau 1982, pp.71-80). Further research shows that socially isolated persons are not necessarily lonely, and lonely persons are not necessarily socially isolated in an objective sense (Gierveld, Tilburg and Dykstra, 2006).

3.5. Interventions to Maintain Well-being Among the Elderly

Loneliness and social isolation among the elderly are often related to living alone and being in poor health. In the meantime, the feeling of loneliness is often experienced as shameful and older people may also be afraid of being or becoming a burden, therefore, they are unwilling to admit their loneliness (Killeen, 1998; McInnis and White, 2001). The situation not only makes scientific research tough, but also makes the intervention process more difficult. Previous research provides a broad field of vision that loneliness has been identified as a significant risk to health. It is also proved that to identify older people who may suffer from loneliness and to alleviate loneliness with nursing intervention are still big challenges for nursing staff (Routasalo and Pitkälä, 2003).

With timely and effective intervention, the elderly's well-being and functional ability can be supported, and living in their own homes may be prolonged even though it might be hard to identify if someone is suffering from loneliness or not (Savikko, 2008). However, it has been argued that loneliness cannot be "cured" with interventions; it can only be alleviated and

made less painful (Killeen, 1998). In order to find out effective intervention to relieve loneliness and social isolation among the elderly, and at the same time, to improve older people's well-being and their quality of life, two steps have been followed.

First, health promotion⁷ services and activities have long been considered important in providing support to develop, improve and maintain social contacts and mental well-being (Walters, *et al.*, 1999 cited in Cattan, et al., 2005, p.42). For instance, health education as a fundamental part of health promotion has a significant effect on elderly well-being. The traditional approach to health education supposed that people would "obey doctor's orders" for the purpose of becoming healthy, and only physical health was taken into consideration at that time. These kinds of approaches were proven to be a failure by a huge mass of research (Beattie, 1991). However, modern approaches to health education think highly of the physical, psychological, practical and social context of people's lives, with the aim of enabling them develop the autonomy. In addition, a modern approach explicitly aims at both positive health and prevention of negative aspects, recognizes sociopolitical context and major constraints to health-related behavior (see Appendices 1: Table 1). Thus, improving the health status of the elderly is proved to be important, as well as the prevention of social isolation and loneliness, which is often ignored by most people but which is becoming an imperative task for both health care professionals and the whole society.

It implies that the recipient's beliefs, culture and knowledge of health education are respected; health educators are not the only experts who know which relevant and appropriate information to pass on. In this way, the communication between health educator and recipient is two-way. The

⁷ Health promotion was defined as "the process of enabling older people to increase control over and improve their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs and to change or cope with the environment". Health is seen as a resource for everyday life, not the objective of living. Health is a positive concept, encompassing social and personal resources as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being. Derived from the World Health Organisation's definition (WHO, 1986).

elderly have the right to speak for themselves, the final health suggestion will be made by both health educator and the recipient (the elderly), in order to reach an optimal intervention for the recipient. During the intervention, participants change from bystanders to active agents in their lives (Savikko, 2008). Changes of the attitude are proved beneficial to the maintenance of elderly well-being. As Routasalo, et al. (2006) also mentioned in the article, empowering the elderly may not be enough to alleviate deep, existential loneliness but may be enough to improve mastery over their own lives and initiative to break social isolation and improve psychological well-being.

Second, social isolation and loneliness should be taken into consideration simultaneously; the concept has been increasingly acknowledged in international policy and in some national health strategies as well (Cattan, et al., 2005). In order to consider social isolation and loneliness along with the intervention, it is suggested that the interventions should be promoted along with psychological suggestion. With a well-planned and professionally led psychosocial group intervention, it is possible to socially activate and to empower lonely, older people; furthermore, the well-being of the elderly can be strengthened (Routasalo, et al., 2006).

After a period of study, Cattan, et al. (2005) pointed out that effective interventions to relieve loneliness among the elderly shared a couple of characteristics: they are group interventions with a focus on educational input; they evaluate an existing service of activity; participants are identified from agency lists, or through mass-media solicitation; the study and the quality was judged to be high; physical activity (only 2 cases out of 10) were effective in reducing loneliness. An example to prove the point is from Caserta and Lund's case study (1996). Caserta and Lund suggested that effectiveness of self-help groups in reducing depression and loneliness may be improved by social contacts with group members outside the group and intra-personal resources, such as self-esteem, competencies and life satisfaction. At the same time, they found out that the majority of one to one interventions were not able to demonstrate a significant effect in reducing

social isolation and loneliness. Those interventions are also considered as the only major feature of "ineffective" interventions conducted in people's own homes.

Another effective activity that reported a significant reduction in loneliness or social isolation was a social activation program in a senior citizens' apartment building. The intervention was designed to encourage inhabitants to help organize social activities and to take more responsibility for daily household chores. There was a significant increase in social activity participation after six months. The participants took control over the activities by themselves (Arnetz and Theorell, 1983). The study also revealed that the participants who were initially most pessimistic and those with internal locus of control, had the greatest decrease of loneliness (Cattan, et al., 2005). It was also proved that mental health promotion interventions for the bereaved were likely to be valuable (Tilford, Delaney and Vogels 1997, pp.51-55).

To summarize the above information, studies in which participants are encouraged to take part in various activities have shown more promising results (Arnetz and Theorell, 1983; Cattan, et al., 2005). Group interventions aimed at alleviation of loneliness seem to be more promising than interventions targeted at individuals. The optimal number of participants in the groups seems to be seven to eight (Cattan, et al., 2005). The research findings can be indicators for future interventions targeted at alleviation of social isolation and loneliness among the elderly.

4. Theoretical Framework

The Neuman systems model is a holistic framework to organize nursing knowledge based on systems theory which was developed in 1970 (Neuman 2002, pp.3-33). Neuman conveyed that each person is a complete system; the goal of nursing is to assist in maintaining client system stability (Polit and Beck 2008, pp.11-159). It believes that the patient is a system and at the same time the patient is in constant interaction with

intra-⁸, inter-⁹, and/or extra-¹⁰personal phenomena¹¹ (see Appendices 2: Figure 1).

Each layer of the Neuman model is made up of five person variables, that is, physiological¹², psychological¹³, socio-cultural¹⁴, spiritual¹⁵ and developmental¹⁶. Ideally, each of the person variables should be considered simultaneously and comprehensively. The basic structure (or central core) is made up of the basic survival factors that are common to the species. The factors include: system variables, genetic features, the strengths and weaknesses of the system parts; for example, hair color, body temperature regulation ability, functioning of body systems homeostatically, physical strength and value systems. The human being's system is open, so it is dynamic and constantly changing and evolving (Neuman, 2002).

According to Neuman (2002), the flexible line of defense is the line of resistance, the outer barrier or cushion to the normal line of defense. If it fails to protect to the normal line of defense, the lines of resistance become activated. It is dynamic and can be altered in a relatively short period of time. Neuman (2002) conveyed that the middle layer is the normal line of defense. It represents system stability over time. It is considered to be the usual level of stability in the system.

The normal line of defense can change over time in response to coping or responding to the environment. Then, the inner layer of the system is lines

⁸ It occurs within people. E.g. feelings (Neuman 2002, pp 4-269).

⁹ It occurs between individuals. E.g. role expectation (Neuman 2002, pp 4-269)

¹⁰ It occurs outside individuals. E.g. job or financial pressure (Neuman 2002, pp 4-269)

¹¹ The phenomena are known as environmental stressors. Such stressors as social isolation, loneliness, loss, pain, cultural change and identity may invade the normal line of defense, or the patient's health situation (Neuman 2002, pp 4-269).

¹² Physiological refers to the physicochemical structure and function of the body (Neuman 2002, pp 4-269).

¹³ Psychological refers to mental processes and emotions (Neuman 2002, pp 4-269).

¹⁴ Socio-cultural refers to relationship and social/cultural expectations and activities (Neuman 2002, pp 4-269).

¹⁵ Spiritual refers to the influence of spiritual beliefs (Neuman 2002, pp 4-269).

¹⁶ Developmental refers to those processes related to development over the lifespan (Neuman 2002, pp 4-269).

of resistance. It protects the basic structure. It only becomes activated when environmental stressors invade the normal line of defense. It is affected by support factors, education level, social connections, and outlook on life which are not easily changed. For instance, if the flexible line of defense is weak and the normal defense line is invaded, a stress response occurs. Then, the resistance line will be activated to prevent a severe health consequence. That is to say, if social isolation or/and loneliness occur among the elderly, the patient may respond to it by activating his\her own resistance line to get rid of the stressor. If the lines of resistance are effective, the system can get reconstitution¹⁷ but if the lines of resistance are not effective, the resulting energy loss can result in death (Neuman, 2002).

As defined by Neuman's model, prevention is the primary nursing intervention. Primary prevention occurs before the system reacts to a stressor. It strengthens the patient's flexible line of defense to enable him/her, and it also manipulates the environment to reduce or weaken stressors.

Therefore, primary prevention includes health promotion and maintenance of wellness (Neuman, 2002). Secondary prevention occurs after the system reacts to a stressor. It focuses on preventing damage to the central core by strengthening the internal lines of resistance and/or removing the stressor. What is more, tertiary prevention occurs after the system has been treated through secondary prevention strategies. Tertiary prevention offers support to the patient and attempts to add energy or reduce energy needed in order to facilitate reconstitution.

Nurses aim to assist the elderly to strengthen the lines of defense and resistance to promote health and reduce the likelihood of severe health issues. Within the process of maintaining the knowledge of attributes,

¹⁷ Reconstitution is the increase in energy that occurs in relation to the degree of reaction to the stressor. Reconstitution begins at any point following initiation of treatment for invasion of stressors. Reconstitution may expand the normal line of defense beyond its previous level, stabilize the system at a lower level, or return it to the level that existed before the illness (Neuman 2002, pp 4-269).

causes and effects of isolation, it highlights how to reduce the risk of social isolation among the elderly within the whole society; how nurses put effort into helping the elderly get rid of loneliness and social isolation; and how to enhance the well-being among the elderly.

5. Methodology

In the thesis, a qualitative research method was chosen because it is a flexible approach to the collection and analysis of data. On the basis of the collection and analysis process, consequently, related knowledge was shown directly from previous researches. Analysis can be made, and meaning and new understanding may be found from previous researches as well.

Qualitative researchers are continually examining and interpreting data and making decisions about how to proceed based on what has already been discovered. The advantages of qualitative research are mainly the flexible approach to the collection and analysis of data as well as the fact that researchers usually focus on an aspect of a topic that is poorly understood and about which little is known, and therefore, researchers do not develop hypotheses or pose highly refined research questions before going into the field. The general topic area may be narrowed and clarified on the basis of self-reflection and discussion with colleagues (or clients), but researchers may proceed with a fairly broad research question that allows the focus to be sharpened and delineated more clearly once the study is underway.

The disadvantage of qualitative research is that researchers do not know ahead of time exactly how the study will proceed, and in the meantime, the method of consulting the literature before collecting data might influence researchers' conceptualization of the phenomena under study. According to the principles, the phenomena should be elucidated based on participants' viewpoints rather than on any prior information. The uncertainty of how the study will proceed can be an advantage as well. In the beginning of the research, it provides a flexible approach and a wide area for conducting

research, as changes can be made at any time. In order to avoid the influence by previous researches, the respondents established an outline of the thesis before going into the field (Polit and Beck 2004, pp.115-138).

In the qualitative research method, the respondents try to understand the phenomena of loneliness, isolation and well-being, in order to find out the effects of isolation and loneliness and their impact on elderly well-being. At the same time, the phenomena were described and interpreted based on content analysis. The phenomena have been interpreted in both analytic and descriptive ways, which in return, is a significant promotion in relation to the aim of the study. More knowledge was obtained through analyzing previous scientific and approved articles.

5.1. Content Analysis

Content analysis is one of myriad research methods of analyzing written, verbal or visual communication messages (Cole, 1988). It is regarded as a flexible method for analyzing text data (Cavanagh, 1997). Research using qualitative content analysis focuses on the characteristics of language as communication with attention to the content or contextual meaning of the text. The goal of content analysis is to provide knowledge and understanding of the phenomena under study. According to Hsieh and Shannon (2005), there are three approaches to qualitative content analysis: conventional, directed, or summative. The specific type of content analysis approach chosen by a researcher varies with the theoretical and substantive interests of the researcher and the question being studied (Weber 1990, pp.21-23).

Conventional content analysis is performed in this thesis. According to Hsieh and Shannon (2005), a conventional approach to content analysis is used with a study design whose aim is to describe a phenomenon. In the thesis, the aim is to deepen the knowledge and understanding about the phenomena isolation and loneliness. Another aim is to shed new light on the phenomenon loneliness in relation to elderly people, in order to promote

elderly people's well-being. The aims are obviously corresponding to conventional content analysis criteria. The type of design is chosen when existing theories or research literature about a phenomenon are limited. Researchers allow the themes or names of the themes to flow from the data instead of using preconceived themes. Researchers engage in the data to allow new insights to emerge (Kondracki and Wellman, 2002).

Data analysis begins with reviewing literature repeatedly to obtain immersion and to achieve a sense of the whole (Tesch, 1990 cited in Elo and Kyngäs, 2008, p.109). Data are read word by word to acquire codes by first highlighting the exact words from the literature that seem to capture key concepts (Morgan, 1993). After that, the respondents approach the literature by making notes of the first thoughts and initial analysis. As the process continues, labels for codes emerge and are sorted into categories based on how different codes are related. The emergent categories are used to organize codes into meaningful themes (Patton, 2002 cited in Hsieh and Shannon, 2005, p.1279). Findings generated from the content analysis are based on the respondents' unique perspectives and grounded in the actual literature (Hsieh and Shannon, 2005).

6. Conduction of Study

This study has been ordered by the Medibothnia project, within the project Leading for a Change - Placing the Elderly in the Centre (See Appendices 3a, 3b). The study is undertaken in western Finland. It runs from 1st September, 2010 to 29th September, 2011.

Five articles from the total literature review have been chosen to perform content analysis. The articles are chosen by three different aspects: culture, year and research method. First, the articles are original from different cultures in diverse countries: Finland, the United Kingdom and the USA. Second, the years of the articles range from 1996 to 2009. In addition, the research methods of those articles vary, including content analysis, data analysis, and modeling technique. As a result, the respondents prefer to

choose those five articles as the foundation of analysis.

6.1 Results

Through the process of analyzing the five articles by tabulation, various overview including author and year, title, place of study, method, aim and main outcome are made more comprehensible and more apparent. Consequently, the table was completed as seen below.

Overview of the article as material for analysis

Author and year	The title	Place of study	The method	The aim of the study	The main outcome
Cattan M., White M., Bond J., Learmouth A., 2005	Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions	Cambridge University	Data analysis	Prevent and alleviate social isolation and loneliness as well as find out the effectiveness of the health promotion interventions among older people.	Educational and social activity group interventions that target specific groups can alleviate social isolation and loneliness among older people. The effectiveness of home visiting and befriending schemes remains unclear.
Bireta T.J., Surprenant A.M., Neath I., 2008	Age-related differences in the von Restorff isolation effect	The college of New Jersey, Ewing, NJ, USA	Data analysis	To compare isolation effects in younger and older adult and to test a prediction of the associative deficit hypothesis that older adult will show reduced isolation effects.	The findings are consistent with related research which older adults demonstrate similar- but smaller- benefits for distinctive information to those for younger adults.

Overview of the article as material for analysis (conj.)

Author and year	The title	Place of study	The method	The aim of the study	The main outcome
Nicholson Jr, 2009	Social isolation in older adults: an evolutionary concept analysis	Yale University	Content analysis	A report of an analysis of the concept of social isolation as experience by older adults.	Five attributes were identified: number of contacts, feeling of belonging, fulfilling, relationships, and engagement with others and quality of network members. Antecedents included: lack of relationship, psychological barriers, physical barriers, low financial and resource exchange, and prohibitive environment.
Routasalo P.E, Reijo S. Tilvis, Hannu Kautiainen and Kalsu H. Pitkälä, 2008	Effects of psychosocial group rehabilitation on social functioning, loneliness and well-being of lonely, older people: randomized controlled trial	Helsinki	Data analysis	Explore the effects of psychosocial group nursing intervention on older people's feelings of loneliness, social activity and psychological well-being.	With a well-planned and professionally led psychosocial group intervention, it is possible to empower and to socially activate lonely, older people and to strengthen their well-being.

Overview of the article as material for analysis (conj.)

Author and year	The title	Place of study	The method	The aim of the study	The main outcome
Wenger G.C., Davies R., Shahmasebi S., Scott A., 1996	Social isolation and loneliness in old age: review and model refinement	Cambridge University	Using a multivariate modelling technique	Refine models of isolation and loneliness as well as find out the critical factors for isolation and loneliness.	Three variables are present in both isolation and loneliness: household composition, morale and support network type. Mortality and admission to residential care have been found to be correlated with both isolation and loneliness. Isolation has further been linked with poor rehabilitation and mental illness; and loneliness with depression. Interventions which increase contact and interaction are likely to have preventative outcomes in terms of maintain well-being among the elderly.

Four themes were obtained after the analysis of the articles, which comprise isolation effect, loneliness effect, well-being concerning social isolation and loneliness, intervention and prevention.

Isolation effect

The theme is selected because isolation effect itself is one of the key points in the thesis. It would be meaningless if the effects of isolation are not presented when the respondents seek the impact of social isolation and loneliness on elderly well-being. In addition, the phenomenon of social isolation becoming a growing problematic issue among the elderly is being spoken of repeatedly in the literature. Thus, it is inevitable that the effects of isolation should be brought up and talked over.

- *"Compared with persons who had five or six social ties, those who had no social ties were at increased risk for incident cognitive decline after adjustment for age, initial cognitive performance, sex, ethnicity, education, income, housing type, physical disability, cardiovascular profile, sensory impairment, symptoms of depression, smoking, alcohol use, and level of physical activity."* (Bassuk et al., 1999)
- *"Researchers have reported a number of specific negative effects linked to low social networks, such as heavy drinking."* (Nicholson, 2008)
- *"Socially isolated older adults are at risk for myriad other negative health consequences, for instance, poor nutrition."* (Locher, et al., 2005)
- *"The group of patients who were socially isolated or at high or moderate risk for isolation, were 4-5 times more likely to be re-hospitalized within the year, than low isolation risk patients."* (Mistry, et al., 2001)

Thus it can be seen that being socially isolated leads to serious and debilitating negative health consequences for older adults (Nicholson, 2008), which is relevant to the topic of the thesis.

Loneliness effect

The phenomenon that loneliness is an authentic and long-standing issue among the elderly is being mentioned tautologically within the literature; meanwhile, the theme is selected because the loneliness effect itself is also one of the key points of the thesis. While the respondents did a literature review on the impact of social isolation and loneliness on elderly well-being, it will be a deficiency if the respondents disregard the effects of loneliness. Hence, loneliness is not ignorable to be discussed and mentioned.

- *“As individuals, loneliness is often a shameful thing to expose, so it is that they were more reluctant to admit their loneliness.”* (Routasalo, et al., 2003; Killeen, 1998; McInnis and White, 2001)
- *“Lacking of satisfying human relationship could be both a reason and result of loneliness, and impaired quality of life, cognitive decline, poor subjective health, disability, increased use of health and social services and increased mortality are brought out by loneliness.”* (Routasalo, et al., 2003)
- *“Loneliness is a negative feeling that impairs the quality of life of older people, such as depressive symptoms¹⁸.”* (Tilvis, et al., 2000; Victor, et al., 2000; Alpass and Neville, 2003; Cohen-Mansfield and Parpura-Gill, 2007)
- *“Loneliness is also considered as a positive opportunity, and it is viewed as a necessary aspect of life.”* (Donaldson and Watson, 1996)

Well-being concerning social isolation and loneliness

The theme is chosen because of its importance of revealing the general health status of the elderly who have been suffering from social isolation and loneliness. The significance of all the preventive interventions can be presented only if people realize how social isolation and loneliness can influence the elderly's status of health as well as how related diseases have

¹⁸ Poor mental health, especially depression, is known to be a major predictor of loneliness in old age (Mullins and McNicholas, 1986; Bowling, et al., 1989).

impact on the elderly's well-being.

- *"Both isolation and loneliness are associated with poor health and/or loss of mobility."* (Wenger, et al., 1996)
- *"In the context of social policy and service provision for elderly people the fact that biological reactions to stress may increase physical susceptibility to disease and mental illness indicates that amelioration of these stressful conditions can improve health as well as quality of life."* (Wenger, et al., 1996)
- *"Mortality has been associated with both isolation and loneliness."* (Abrams, 1983)
- *"Poor mental health, particularly depression, is known to be a major predictor of loneliness in old age."* (Bowling, et al., 1989)

The above findings are about the predictors of social isolation and loneliness. The other way around, the experience of loneliness among the elderly is always leading to impaired quality of life and weakening of the elderly's living conditions at home. (Routasalo, et al., 2008)

Intervention and prevention

The reasons why the theme is chosen are the following: first of all, intervention and prevention have significant impact on social isolation and loneliness. Besides, those two subjects were repeatedly presented in the literature when discussing social isolation, loneliness, well-being and the elderly. Furthermore, if the suffering of social isolation and loneliness among the elderly is the respondents' starting point for the thesis, intervention and prevention will be the ultimate aim to improve current states. Hence, it is essential to bring them out.

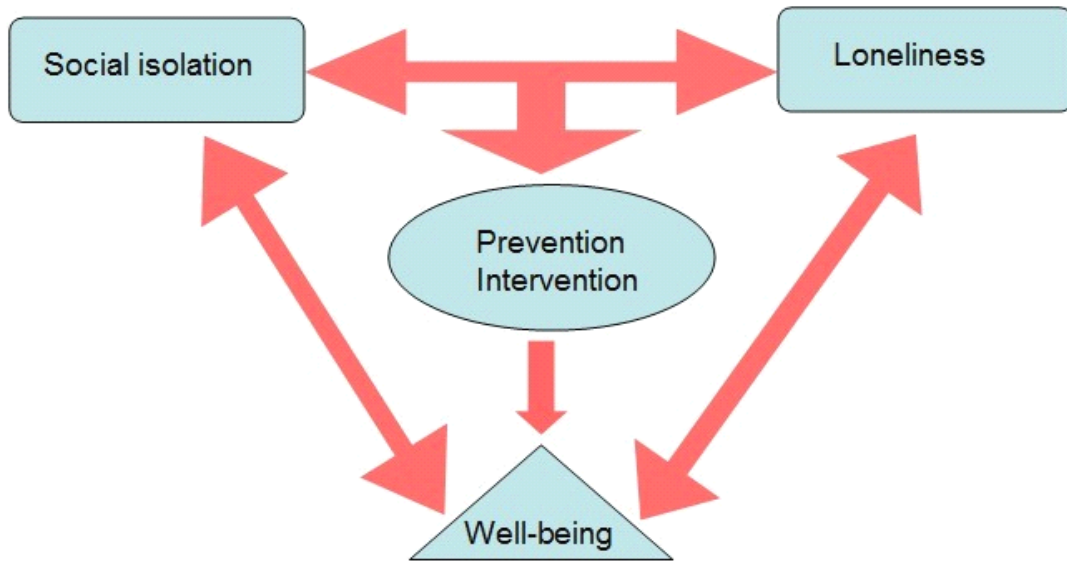
- *"In Sweden, Andersson aimed to alleviate loneliness by using group meeting and discussion about health themes for lonely older people. As the result, social interaction and physical health improved among*

those who took part in the group. ”(Routasalo, *et al.*, 2003, Andersson, 1984)

- *“Individuals with greater levels of social support at the onset of the intervention were more likely to maintain reduced loneliness.”* (Cattan, *et al.*, 2005; McAuley, *et al.*, 2000)
- *“Health promotion¹⁹ services and activities have long been considered important in providing support to develop, improve and maintain social contacts and mental well-being among elderly people.”* (Walters, *et al.*, 1999)
- *“A complex network of different types of friendships might be the best protection against loneliness.”* (Walters, *et al.*, 1999)
- *“Programs that enable older people to be involved in planning, developing and delivering activities are most likely to be effective to reduce social isolation and loneliness.”* (Walters, *et al.*, 1999)

The additional understanding of this thesis results in a thought model: the impact of social isolation and loneliness on elderly well-being (see Thought Model). The interaction between social isolation and elderly well-being is arising from each other, as with loneliness and elderly well-being. The two phenomena social isolation and loneliness are connected. The connection is presented by sharing parts of the attributes of the phenomena. Inseparable connections among those phenomena result in required intervention and prevention, in order to promote well-being among the elderly.

¹⁹ Health promotion was defined as "the process of enabling older people to increase control over and improve their health. To reach a state of complete physical, mental and social well-being, an individual of group must be able to identify and to realize aspirations, to satisfy needs and to change or cope with the environment". Health is seen as a resource for everyday life, not the objective of living. Health is a positive concept, encompassing social and personal resources as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being. Derived from the World Health Organisation's definition (WHO, 1986).



Thought Model: The impact of social isolation and loneliness on elderly well-being

7. Ethical Consideration

The thesis has been done according to the recommendations of The International Council of Nurses' 'Codes of Ethics for Nurses', which is intended as a framework of ethical standards and a guide to support nurses in their ethical conduct in practices (Lindh, Severnsson and Berg, 2007). In ethical considerations, the focus is placed on issues of moral responsibility, human rights and justice to protect a subject from discomfort and harm (Polit and Hungler 1999, pp. 559-588; Burns and Grove 2001 pp.17-33).

In the thesis, human rights and moral responsibility have been paid full respect. The code clearly states the ethical responsibility of nurses (Lindh, Severnsson and Berg, 2007). It claims that in providing care, the nurse promotes an environment in which human rights, customs and spiritual benefits of the individual, family and community are respected in the §1 of Nursing and People (ICN 2006). In this thesis, first of all, the phenomena loneliness, isolation and well-being have been described in an analytic and relatively comprehensive way in order to deepen the understanding. Secondly, all the phenomena were classified and different definitions of the

same phenomenon were compared through literature review, as these significant comparisons were part of the analytic process in order to unscramble how development of the phenomena.

Moreover, isolation and loneliness truly widely exist among the elderly (Vangelist and Perlman 2006, pp.485-500). When mentioning isolation and loneliness especially among the elderly, it is inevitable that it will easily evoke threatening emotional discomfort of patients, nurses and the respondents. For the respondents, therefore, to deepen related knowledge, find out the development and realize the existing issue will help nurses decrease the risks and side-effects of social isolation and loneliness. At the same time, it provides better chances to promote the environment of human rights, values, customs, and spirituals benefits of patients.

ICN (2006) also claims that the nurses share responsibility to sustain and protect the natural environment from depletion, pollution, degradation and destruction based on social values and needs. The respondents in highlighting the issue give an opportunity to be more responsible within protecting the nursing environment from negative atmosphere, such as social isolation and loneliness.

8. Critical Review

The respondents begin the thesis on an international issue, global aging (Bennett and Ebrahim 1995, pp.2-15). We have captured social isolation, loneliness and well-being among the elderly, along with ageing. Within the process of literature reviewing, only by synthesizing these disparate views do the respondents grasp the full connection between social isolation and loneliness. As the respondents observe, the intervention and prevention of social isolation and loneliness link the thesis from the theory to the practice.

Due to the flexibility of collecting and analyzing data, a qualitative method was chosen for the thesis. As it is well known, a qualitative study does not

make the thesis come directly from reality, even though all articles we selected are scientific and originate in reality. In other words, the thesis has not got valuable first-hand information. Therefore, to some extent, there is actually a lack of direct connection between the thesis and the present situation in reality, in the respondents' point of view.

Nevertheless, the thesis itself and the respondents have profited greatly from abundant article reviews and literature analysis. It deepens our understanding of the theoretic present situation of the subject, and furthermore, a deepening understanding through content analysis makes us able to see both reality and future more clearly out of the present situation. In addition, things happen for a reason, social isolation, loneliness and well-being have their causes; and things will cause the consequences and have effects afterwards. Hence, the respondents hold that intervention and prevention are essential to discuss. Besides, intervention and prevention of social isolation, loneliness and well-being are closely integrated with the current state.

9. Discussion

As the proportion of the elderly in global population grows, it becomes increasingly essential to understand age-related changes and issues. For many elderly people, social isolation and loneliness are becoming the main obstacles for them to enjoy the rest of their life. Analyzing the relationship between social isolation, loneliness and well-being not only deepens the knowledge of the three phenomena, but also provides an overview of how the three phenomena interact with each other.

As to social isolation, it is a phenomenon with serious health consequences (Berkman, 2000; Cohen, 2004). Causes leading to social isolation can be lack of a sense of social belonging, lack of social contacts, lack of fulfilling and quality relationships, psychological barriers, physical barriers, low financial/resource exchange and prohibitive environment (Nicholson, 2008). The relevance between elderly well-being and social isolation is arising from

interaction (Felce and Perry, 1995; Bondevik and Skogstad, 1998; Berkman, 2000; Cohen, 2004; Vangelisti and Perlman 2006, pp.485-500; Nicholson, 2008; Tamra, 2008; Cacioppo, *et al.*, 2010).

With regard to loneliness, it is a negative feeling causing distress to an individual, as well as impairing the quality of life of the elderly (Savikko, 2008). The difference between loneliness and social isolation is that loneliness, or emotional isolation, was interpreted as the subjective, unacceptable feeling of loss of companionship; however, suffering from social isolation implies that the socially isolated person lacks contacts and a sense of belonging. The connection between social isolation and loneliness is complicated, since socially isolated persons are not necessarily lonely, and lonely persons are not necessarily socially isolated in an objective sense (Gierveld, Tilburg and Dykstra, 2006).

As far as intervention is concerned in the thesis, the opinion that effective intervention can alleviate social isolation and loneliness among the elderly has been put forward. It has been shown in the researches that group-based, goal-oriented interventions in which the participants are allowed to influence the content of the intervention are the most effective in alleviating loneliness. The optimal number of participants in the groups seems to be seven to eight. Group interventions aimed at alleviation of loneliness seem to be more promising than interventions targeted at individuals (Cattan, *et al.*, 2005).

To sum up the main points of the thesis, the relationship among social isolation, loneliness and well-being is complicated but still analyzable. When people grow older, the health status and personality change at the same time, which may directly influence social connections of the elderly. Thus, social isolation and loneliness become frequent among the elderly. Meanwhile, well-being could be affected by the change of health status and personality. What is more, it has been proved that both social isolation and loneliness influence elderly well-being. In return, the well-being has an effect

on social isolation and loneliness. Hence, the three phenomena interact with each other and are inseparable concerning the topic of the thesis. The model (see Thought Model) gives an explicit view about the relationship.

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Appendices:

Appendix 1

The list below shows clearly the key differences between "traditional approach" and "modern approach" to health education.

Health education	
Traditional approach	Modern approach
Assumes that health educators are the experts, and they know which relevant and appropriate information to pass on.	Respects and values the beliefs, culture and knowledge of recipient of health education as well as the educator.
Concentrates on health educators giving information to passive recipients.	Assumes education is participatory and communication is two way.
Information may be transmitted by verbal instruction or written leaflets.	Concentrates on developing life skills, self-esteem and autonomy.
Concentrates on prevention of disease and negative health.	Explicitly aims at both positive health and prevention of negative aspects.
Emphasizes physical disease and medical risk factors.	Physical, social and mental aspects are all considered equally important.
Assumes people are free to choose their behavior.	Recognizes sociopolitical context and major constraints to health-related behavior.
Efforts are targeted at individuals.	Efforts may be targeted at individuals, groups and/or communities.
The collective and social context of health is not addressed.	Addresses both the individual and collective (social) context of health

Table 1. Cowley and Billings, 1997 cited in Redfern and Ross, 1999, p.204

Appendix 2

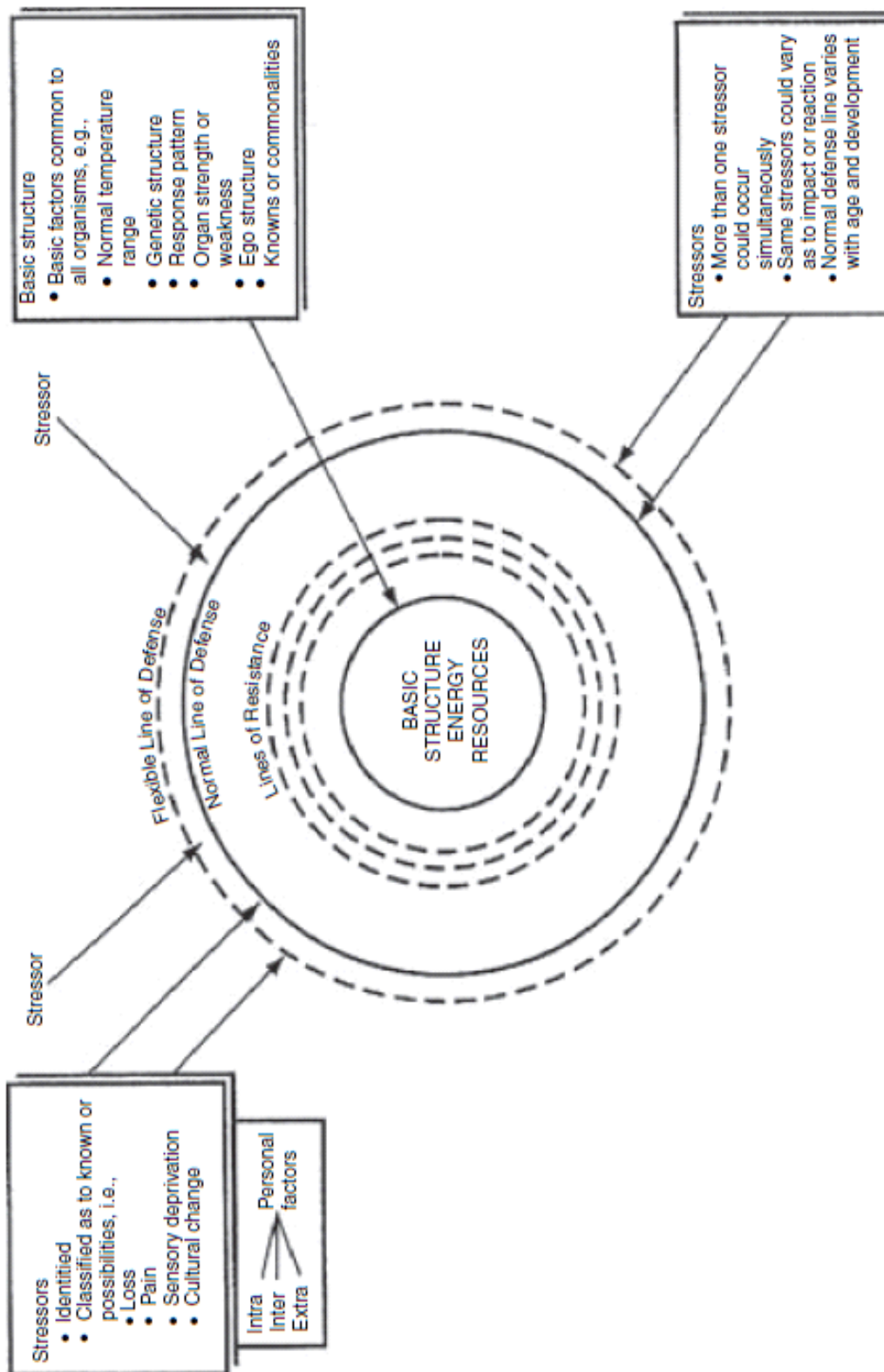


Figure 1 Neuman and Fawcett, the Neuman Systems Model by B. Neuman (2002) The Neuman Systems Model, 4th ed., pp.3-33



UPPDRAGSAVTAL MELLAN STUDERANDE OCH UPPDRAGSGIVARE

Uppdragsgivare

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Studerande

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 Kontaktuppgifter bluespiritzi@hotmail.com
 Utbildningsprogram Nursing 08

Handledare

Uppdragsgivaren: Namn _____
 Kontaktuppgifter _____

Yrkeshögskolan Novia: Namn Rika Levy Melmborg
 Kontaktuppgifter rika.levy.melmborg@novia.fi

Examensarbetet

Syfte The purpose of this study is to deepen the knowledge and understanding about the phenomena isolation and loneliness. Another aim is to shed new light on the impact of isolation and loneliness in relation to elderly people, in order to promote elderly people well-being.

Arbetsrubrik _____

Upplägg och tidsdisposition _____

Upphovsrätt

Upphavs- och äganderätten till examensarbetets resultat tillhör alltid den/de studerande. Uppdragsgivaren ges med detta avtal oinskränkt rätt att använda examensarbetets resultat

Ja Nej _____

Övriga villkor

Uppdragsgivaren betalar antingen Yrkeshögskolan Novia eller den studerande för examensarbetet

Ja _____ Nej

Uppdragsgivaren har för avsikt att utnyttja resultaten i sin verksamhet

Ja Nej _____

För övriga villkor som exempelvis tystnadsplikt, publicering eller ekonomisk ersättning avtalas separat.

Datum och underskrift

26.5.2011

Yvonne Hilli
Uppdragsgivare

Yuchun Wu
Chang Zhang
Studerande

PA/representant YH Novia

Appendix 3b

HADB41

BESTÄLLNING AV LÄRDOMSPROV

1. Enhet/avdelning, organisation, adressuppgifter Project Medibothnia
2. E-mail adress _____
3. Projektets syfte och innehåll The impact of isolation and loneliness on the elderly well-being / The purpose of this study is to deepen the knowledge and understanding about the phenomenon loneliness. Another Aim is to shed new light on the impact of isolation and loneliness in relation to elderly people, in order to promote elderly people well-being.
4. Projektet skall utmynna i To raise wellness about loneliness and well-being.
5. Lämplig tidpunkt för projektets utförande 1st Sep. 2010 - 29th Sep. 2011
6. Projektansvarig på enheten/avdelningen Literature Review
7. Deltar avdelningspersonalen i projektet. Ja Nej
8. Önskemål om antal studerande som deltar i projektet 2 studerande
9. Projektet finansieras av beställaren*. Helt Delvis Inte alls
10. Övrigt _____

Ort/Datum Vasa 26.8.2011

Namnunderskrift Yrannis Hillu

Tjänstställning Projektledare

Beställningen skickas till

Yrkeshögskolan Novia
Hälsovård och det sociala området
Seriegatan 2,
65 320 Vasa

* separat avtal uppgörs vid behov.