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Loneliness among elderly people in Finnish health care institutions

(Systematic Literature Review)

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Loneliness among elderly people in Finnish health care institutions

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Loneliness contributes to major health problems among the elderly people and its associates are still in dispute and nurses have a limited means to alleviate it. When people get older and experience different kinds of losses they are exposed to the threat of loneliness that might lead to death. Earlier research findings suggest that about a third of elderly Finnish people suffer from loneliness in Finnish health care institutions. Current Finnish president noted that there are more than a million people over the age of 65 in the country. Polls indicate that one third of them report feelings of loneliness. He defined the term loneliness as “means that one feels excluded and that life lacks meaning”.

The purpose of this thesis research was to identify the knowledge why loneliness exists among the elderly people in Finnish health care institutions and the influencing factors of loneliness among the elderly people in Finnish health care institutions. The literature review illustrates the characteristics and influencing factors of loneliness among elderly people. The data was analyzed with qualitative content analysis. In the course of qualitative content analysis, the content of influencing factors of loneliness among elderly people in Finnish health care institutions was categorized into five subsections. They were (1) limited functional capacity, (2) illnesses, (3) death of a spouse, (4) depression, (5) lack of friends and family by Savikko et al., 2005. Method used is a qualitative systematic literature review.

The systematic literature search was conducted only from the reliable internet data base such as Ovid medline, Ebsco, Pub med, Sage journals and WHO in the field of health care, from recently published research studies in nursing and scientific journals. The data processing was done by content analysis. Findings from this study proved that loneliness has a common and distressing experience among elderly people in Finnish health care institutions. In future this study supports to understand and to recognize the factors that influence loneliness among elderly people in Finnish health care institutions. Conclusion loneliness can affect all walks of ages however loneliness among the elderly people in institutions are on the rise partly because elderly population is also on the rise.

Keywords: Loneliness, Elderly, Health, Care, Institution

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1 INTRODUCTION

This thesis about loneliness among the elderly people in Finnish health care institution came as an interest of concern for me as am working with the elderly people. I was interested in the topic because there has not been an accurate research done on why loneliness still exists among the elderly people and the influencing factors attributing to it especially in Finland. It was important topic to be studied because more elderly people fall lonely and their overall health is usually affected. Loneliness among the elderly people is on the rise especially in Finland.

According to the population forecast of statistics Finland, the number of Finnish citizens aged 65 or older was approximately 870,000 in 2006 but will increase to approximately 1.4 million by 2030 according to The National Advisory Board on Health Care Ethics (ETENE) and Finnish Ministry of Social Affairs and Health

Several studies have addressed the harmful associate of loneliness among the elderly people was connected to the impaired quality of life, poor subjective health, disability, increased use of social and health services, risk of cognitive decline, low status of elderly people in society, inhumane practices in elderly care, lack of meaning in life and neglect by relatives according to Reijo S. Tilvis et al (2011).

Loneliness is related to several characteristics that impair the quality of life of elderly people according to Tilvis et al. (2000), Victor et al. (2000), Alpass & Neville (2003), Cohen-Mansfield & Parpura- Gill (2007). Loneliness is a multi-faceted concept. In the nursing literature, the terms loneliness, feeling lonely or alone has often been used interchangeably Karnick (2005).

In this study, the elderly people refer to the individuals, who are 65 years old or older, and live in health care institution. Loneliness has been identified as a significant risk to health. However, Finnish health care system and nursing care have limited means to recognize elderly persons who may suffer from loneliness and to alleviate loneliness with nursing intervention according to Routasalo & Pitkälä (2003a; b.), timely and effective intervention in elderly people's well-being and functional ability can be supported, and elderly people living in their own home may be prolonged.

Group interventions aimed at alleviation of loneliness seem to be more promising than interventions targeted at individuals. However, the contents of previously developed interventions have not been described in detail Findley (2003), Cattani et al. (2005.)

2 THEORETICAL FRAME WORK

2.1 LONELINESS

Loneliness is a factor that in most cases essentially decreases the quality of life Cattan et al. (2005); Masi et al. (2010); Rosedale (2007); Russell et al. (1984); Stokes (1985). Loneliness is unlike social isolation, which appears often simultaneously with loneliness. Loneliness can be negative, but depending on people and context it can also become a positive experience of solitude. Loneliness is a common problem among elderly people. Elderly people's loneliness may lead to decreased quality of life, cognitive decline, increase in the use of health services, early institutionalization and increased mortality.

It has been noticed that elderly people experiencing loneliness have more interpersonal mistrust than those who do not. They rate themselves more negatively, and do not trust themselves as much as those who feel less lonely according to Masi et al. (2010). They also have a lower feeling of self-worth, and are more likely to expect others to reject them. They behave in ways that increase the probability of rejection. Shyness, anxiety and anger tend to be higher among those suffering loneliness. Overall, lonely people seem to lack self-confidence and social skills Cattan et al. (2005); Masi et al.; (2010).

The loneliness of elderly people differs from loneliness among other age groups Asher, Hymel and Renshaw (1984); Cattan et al. (2005). It plays a crucial role in elderly people's social capacity. Changes in social practices, such as less visiting among neighbours, more home based entertainment, and changing socio-demographic patterns, such as a larger number of older people living alone, have led some older people to experience diminution in contacts and communication. Even elderly people who have children and who are visited regularly by them sometimes lack companionship and opportunities for involvement with peers.

When entering the fourth age, and especially the last elderly phase, the feeling of loneliness tends to become even more common. The fourth age is a phase when a person needs an increasing amount of help from others to manage in everyday activities Stuart-Hamilton (2000). During the fourth age, the need for care and dependence on others increases due to illnesses and declining functional capacity. Also, during this period the need for social services, especially health care services, increases added Karisto and Konttinen (2004); Jyrkämä (2005). This is influenced by loss in meaningful relationships and a decline in

functional capacity, which is often a result of restrictions caused by chronic illness and lack of meaningful participation. Health problems prevent some people from getting out, and this may also lead to boredom and loneliness. Studies show that living alone and being socially isolated tend to increase the likelihood of experiencing loneliness. In contrast, having an intensive social network decreases the feeling of loneliness Jylhä (2004).

2.2 ELDERLY

The term elderly means an ongoing change of ageing. In easy terms elderly is defined as growing old of a person, meanwhile changes such social, psychological and physical aspects are revealed as individual's age. In dealing with the elderly, terms such as gerontology and geriatrics are commonly used according to Lopez-Otin et al., (2013). Gerontology means the study of the physical (biological), psychological and social issues related to the elderly. Geriatrics means preventing or managing diseases affecting elderly individuals. Geriatrics deals with offering medicine and supporting aspects such as nursing to the elderly people.

Elderly person forms the base of this study. According to the population forecast of statistics Finland, the number of Finnish citizens aged 65 or older was approximately 870,000 in 2006 but will increase to approximately 1.4 million by 2030. . The number of persons aged over 85 is showing particularly rapid growth. According to the population forecast, the number of Finnish citizens aged over 85 was 94,000 in 2006 and will increase to 220,000 by 2030. The fact that over 60% of Finns will live past the age of 75 reflects our rising life expectancy according to the Population Statistics (2009). Statistics Finland.

Elderly population is the fastest growing population in the world, World Health Organization (2002, 6). This increases demands on social and health services and also on governments to finance these services Eliopoulos (2010, 11). Earlier research findings suggest that about a third of elderly Finnish people suffer from loneliness. Experiencing loneliness is related to culture in the sense of cultural expectations Routasalo P & Pitkälä K. (2004; 13: 303-11.)

Concerning Finland, the number of people over 65 years of age is estimated to rise from present 17% (905 000 people) to 29%, which would represent 1.79 million people, by the year 2060 (Official Statistics of Finland 2009). The incidence of loneliness in Finnish elderly population is rather high. According to Savikko (2008, 40-43), 39% of Finnish elderly population experience loneliness at least sometimes.

2.3 HEALTH CARE INSTITUTION

Institutional care includes long-term care services that are supplied or available 24 hours a day in institutions that also serve as places of residency for those receiving care. Therefore 'institutional care' stands for institutions and living arrangements where care and accommodation are provided jointly to a group of people residing in the same premises, or sharing common living areas, even if they have separate rooms. This does not include, however, temporary or short-term stays, such as respite care'.

Recent study between 2005 and 2007-8 that was carried out in Sweden and Finland, aimed to show the link between aspects of social capital (a network of relationships among people) and loneliness among the very old living at home and in health institutional care settings of elderly people shows that loneliness was experienced 'often or sometimes' by 55% of those living in health care institutional settings, and by 45% of those living in their own homes according to Fredrica Nyqvist (2013).

In Finland statutory institutional care services include the institutional services provided in elderly people's homes, in the inpatient wards of municipal health centers and in specialized care units. In addition, long-term institutional care is given in various types of nursing homes and homes for disabled war veterans. NGOs and private enterprises also provide institutional care for elderly people. Nearly all the municipal health centers have a hospital or an inpatient ward. The hospital treats people who have fallen ill suddenly and provides care for patients transferred there for follow-up or rehabilitation after specialized care. A large patient group is elderly people receiving long-term care.

Usually the person or her/his family expresses their need to receive care in the institution. The decision on long-term institutional care is usually the responsibility of a local working group, which normally includes at least a health visitor and/or home helper, the doctor responsible for long-term care in the municipality, and the social worker for older people's welfare. A psychologist and a physiotherapist, for example, can also take part in the working group. Living in a health care institution seems to be associated with an increased prevalence of loneliness when compared to those living in the community Jylhä (2004), Parkkila et al. (2000).

3 PURPOSE OF THE STUDY AND RESEARCH QUESTION

Loneliness among elderly people in Finnish health care institutions is still evident. The purpose of this study aims to point that loneliness is still a major problem among elderly people and gives a better understanding of the reasons contributing to loneliness among the elderly people in Finnish health care institutions.

Research Questions.

1. Why loneliness exists among the elderly people in health care institutions?

4 METHODOLOGY

4.1 SYSTEMATIC LITERATURE REVIEW.

This thesis is based on the method of systematic literature review. Systematic literature review is a summary of the research that focused on a single question or questions. Systematic literature review system is conducted in a manner that tries to identify, select, appraise and synthesize quality research evidence relevant to the question, Centre for evidence-based medicine (2009.) In other words literature review “aims to review the critical points of current knowledge including substantive findings as well as theoretical and methodological contributions to a particular topic. Literature reviews are secondary sources, and as such, do not report any new or original experimental work.”

In health care services systematic review has an important role in evidence-based approaches and in decision making. On the other hand it enables information and research about health and social care to be viewed within its particular contexts and set amid other similar information. Literature review helps the health personnel to implement the recent developments and research on any health topics in their professional lives. Petticrew (2001,98-99;) Aveyard (2010,5-6.)

In literature review databases and original articles are assessed and retrieved Full protocol is written in advance and in details while conducting the literature review. The questions are framed and the appropriate methods are chosen. The features of the questions are expressed as an aim. The research questions determine the process of conducting the review and help to refine the ideas of the review into a set of precise objectives.

The research questions are expanded into of full protocol later which forms method section of the review. The databases are searched by using the different search terms. The original articles are retrieved. Relevant data is extracted on outcomes and quality. The appropriate articles are chosen for the review. The results of the articles are written. Finally the discussions and conclusion are made in accordance to Aveyard (2010, 10); White& Schmidt (2005, 56-59.)

4.1 DATA COLLECTION

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

4.1.1 LITERATURE SEARCH

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

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

A literature search of Ovid Medline, Pub med, Ebsco, Sage and WHO was performed using the key words “LONELINESS”, “ELDERLY” ,”HEALTH”, “CARE”, “INSTITUTION”. The limited age was 65 and over.

Table 1. Shows the results of the search engine.

Database and search date	Search method	Limiters	Search words	Search result			
Ebsco	Advanced search	2000-2013 Full text	1. “Loneliness” AND “Elderly people” AND “Health” AND “Care” AND “Institution”.	1			

			<p>2. "Loneliness" AND "Elderly people" AND "Health care" AND "Finland"</p> <p>3. "Loneliness" AND "Elderly patients"</p>	<p>2</p> <p>31</p>			
Ovid Medline	Advanced search	2000-2013 Full text	<p>1. "Loneliness" AND "Elderly people" AND "Health" AND "Care" AND "Institution".</p> <p>2. "Loneliness" AND "Elderly people" AND "Health care" AND "Finland"</p> <p>3. "Loneliness" AND "Elderly patients"</p>	<p>0</p> <p>2</p> <p>15</p>			
Pub med	Advanced search	2000-2013 Full text	<p>1. "Loneliness" AND "Elderly people" AND "Health" AND "Care" AND "Institution"</p> <p>2. "Loneliness" AND "Elderly people" AND "Health care" AND "Finland"</p>	<p>13</p> <p>20</p>			

			3. "Loneliness" AND "Elderly patients"	376			
Sage	Advanced search	2000-2013 Full text	"Loneliness" AND "Elderly people" AND "Health" AND "Care" AND "Institution" 2. "Loneliness" AND "Elderly people" AND "Health care" AND "Finland" 3. "Loneliness" AND "Elderly patients"	85 31 135			

Table 1.Result of a random Literature search using search engines

4.1.2 DATA SELECTION

The data was selected from the literature searched on the basis of purpose of the study and research question. Most of the selections were currently published on loneliness among elderly people in Finnish health care institution. The articles were full text and research based articles which were published between the years 2000 and 2013. All articles were published in a scientific journal. The articles that were chosen reflect the aim and purpose of the study.

Manual searches included reference lists in other than English-language articles and slightly Finnish language too. Mostly the articles were recently published. The author has covered

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

Finally, the search yielded over 400 articles (table 1) which were used, though 10 articles were retained for a thorough review and analysed focusing on the research question. The review literature was based on both qualitative and quantitative studies of previous studies in order to sharpen the knowledge and information about loneliness among elderly people in Finnish health care institutions.

The academic journal articles chosen for review in this study that were more relevant are arranged in alphabetical order as shown in appendix 1., that describes the details about the authors, the year of publication, purpose of the study, method of data gathering, participants, and central significant findings to the thesis.

4.2 DATA ANALYSIS

Data analysis aims to classify research data and to give them a meaning Polit & Beck (2008, 507). The data analysis process will be qualitative content analysis. Qualitative content analysis is commonly used in nursing studies but little has been published on the analysis process and many research books generally only provide a short description of content analysis.

Qualitative content analysis has been defined as a research method for the subjective interpretation of the content of text data through systematic classification process of coding and identifying themes or patterns, Hsieh & Shannon, (2005, p.127). The main aim of the qualitative content analysis is to build a model that describes phenomenon of loneliness among elderly people in Finnish health care institutions.

The aim of using content analysis was to attain a condensed and broad description of phenomenon of loneliness among the elderly people in Finnish health care institutions. To illustrate the analysis process the concept of loneliness and its sub-categories were chosen by deductive analysis which is generally based on earlier work such as literature reviews, Sandelowski (1995), Polit & Beck (2004), Hsieh & Shannon (2005).

Categorisation was done and all the data are reviewed for content and coded for correspondence with or exemplification of the identified categories, Polit & Beck (2004). The sub titles were categorised in the following way: poor functional limitations, depression,

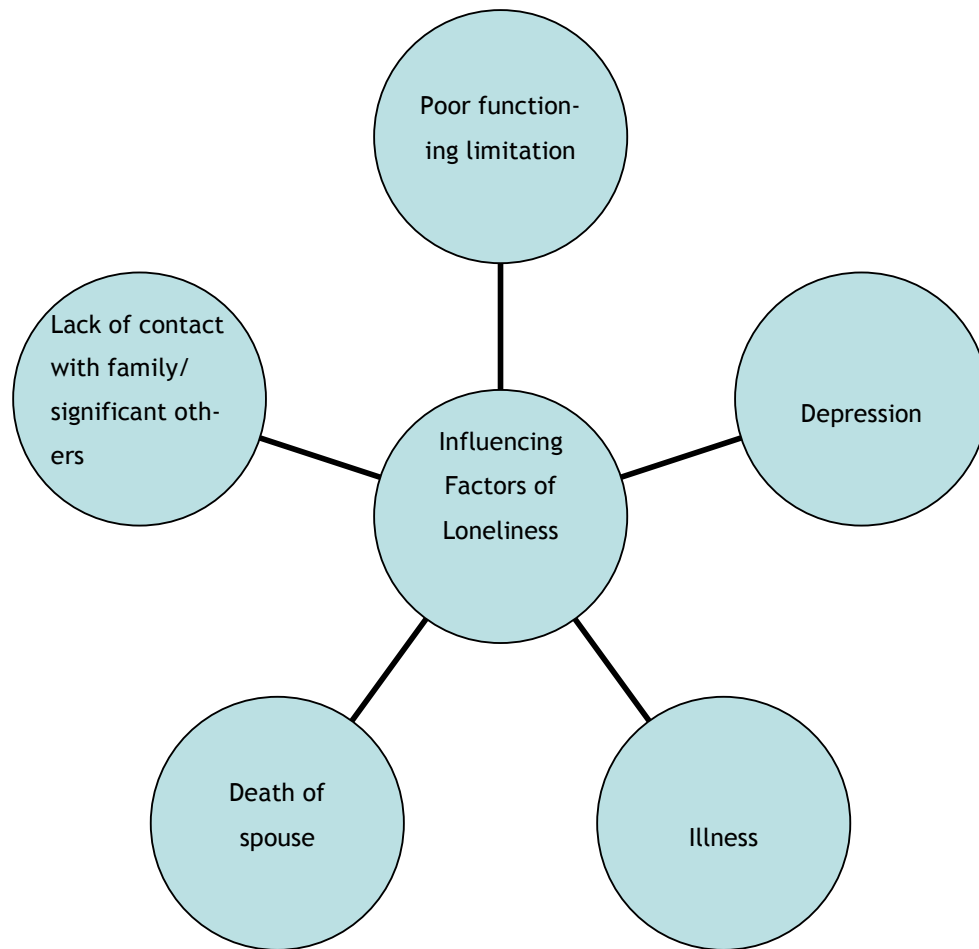
illness, death of the spouse and lack of contact with family members/significant others. The umbrella concept to these categories is created with the name of: Influencing factors of loneliness among the elderly people in Finnish health care institutions.

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

- Poor functional limitations
- Depression
- Illness
- Death of the spouse
- Lack of contact with family members/significant others.

The analysis process will explore the literature under each of these headings in more details with an evidence based description for achieving the sense of loneliness among elderly people living in Finnish health care institutions.

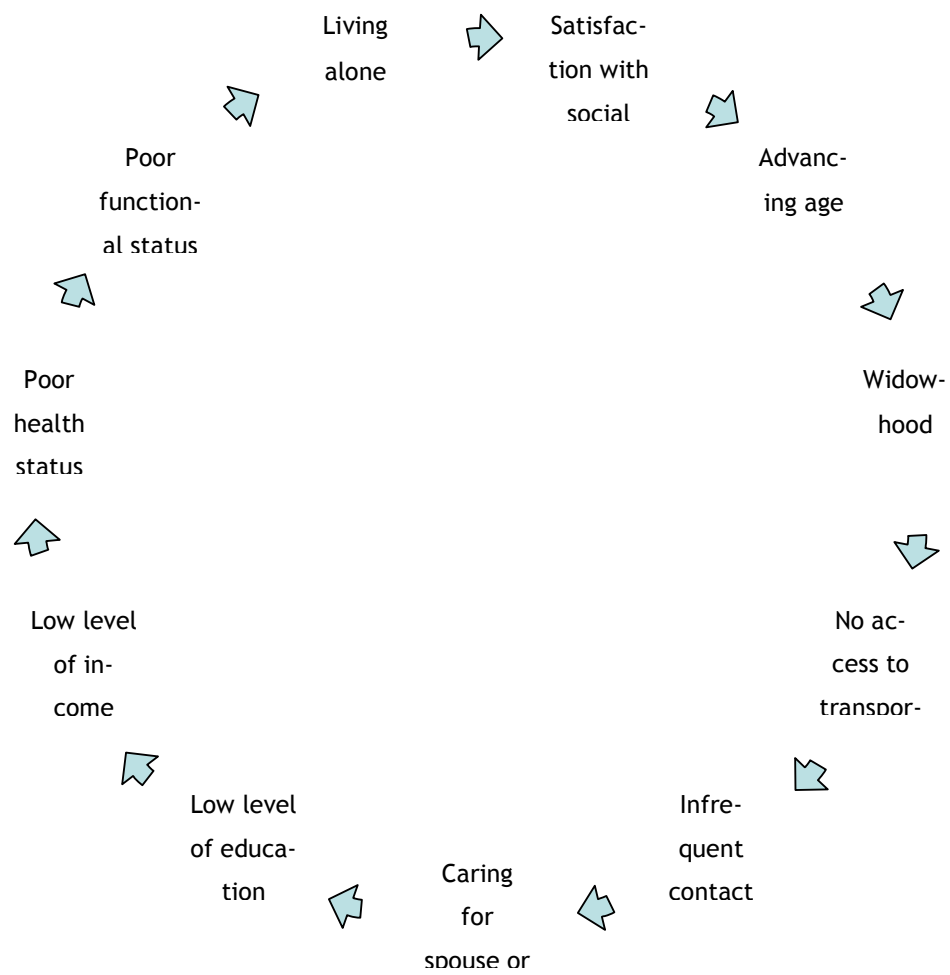
Figure 1 illustrates and describes the influencing factors of loneliness



5 FINDINGS OF THE STUDY

The findings of the study are based under the description of the content of loneliness among elderly people in the Finnish health care institution that formulate the analysis process of the study. Therefore the analysis process of the study is categorized under five main groups which are the out outcome of the study: Figure 1 shows the general content of loneliness among the elderly population. Figure 2 shows the content findings of the Influencing factors of loneliness among the elderly people in Finnish health care institutions.

Figure 1: General factors contributing to a risk of loneliness in the elderly population



Source: Savikko et al., (2005) Drennan, et al., (2008) Schnittger et al. (2011)

Figure 2: Influencing factors of loneliness among the elderly people in Finnish health care institutions.

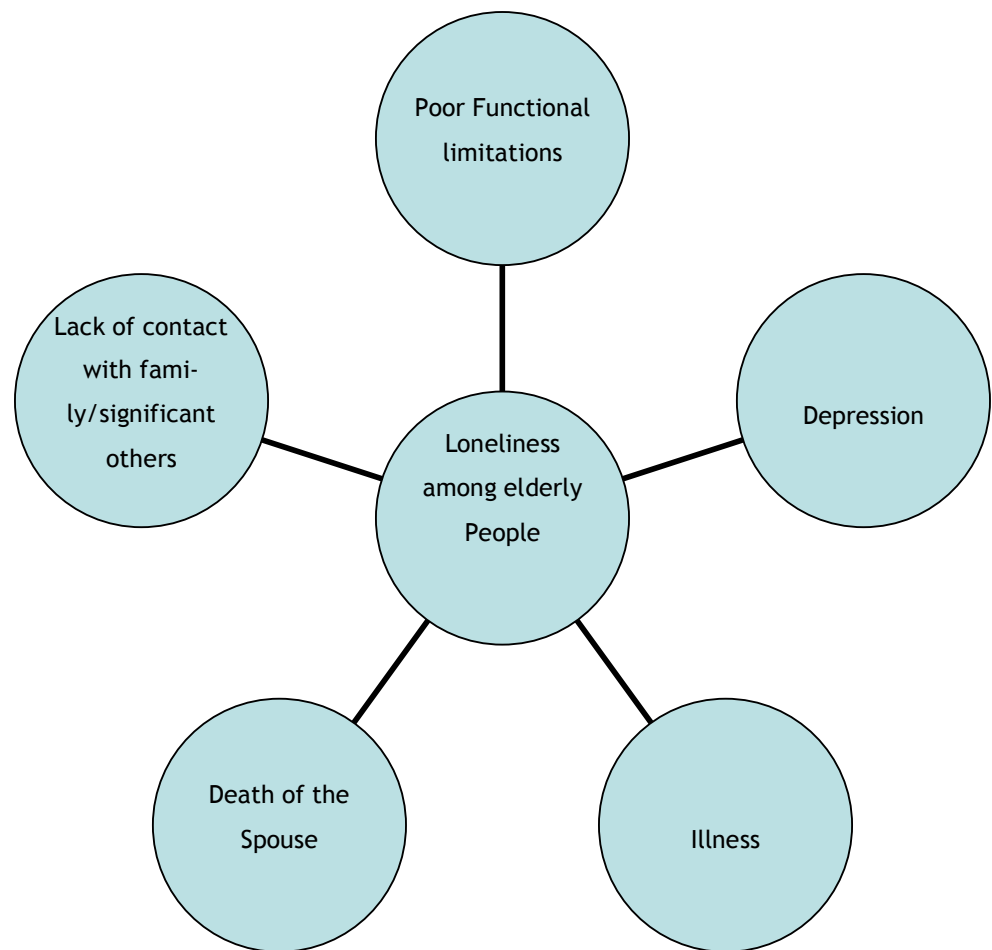


Figure 2: Influencing factors of loneliness among the elderly people in Finnish health care institutions.

5.1 LIMITED FUNCTIONAL CAPACITY

Poor functional capacity refers to the capability of performing tasks and activities that people find necessary or desirable in their lives. Limitations in functional capacity cause problems in everyday living. Physical disorders may cause problems in functional capacity by affecting mobility or the senses in a way that causes difficulties in performing everyday tasks. Increasing attention has been paid to the measurement of the functional capacity of people with mental illness. Patterson and Mausbach, (2010).

Functional capacity consists of different elements: activities of daily living (ADL), instrumental activities of daily living (IADL), social functioning, cognitive functioning, mobility and the senses, particularly vision and hearing. ADL means the ability to perform basic self-care functions, such as eating and getting out of bed. IADL functions, such as cooking and shopping, are necessary for independent upkeep, San et al., (2007). In addition, impairment in instrumental activities of daily living (IADL) function has been shown to be related to loneliness according to Jakobsson & Hallberg (2005), Tiikkainen (2006).

The ability to move around at home or outside of the home has a major impact on one's everyday life. Chronic conditions may cause problems in walking and stair climbing, thereby diminishing the social environment and reducing possibilities to live an independent life, Bhattacharya et al., (2008).

According to the World Health Organization (WHO), poor functional limitation is any health problem that prevents a person from completing a range of tasks whether simple or complex. Due to poor functional capacity the elderly people tends to entirely depend on the health care worker which can be seen as an impacts on quality of life, health and wellbeing that easily leads to loneliness.

5.2 ILLNESESS

Loneliness has been identified as a significant risk to health. However, Finnish health care system and nursing care have limited means to recognize elderly people who may suffer from loneliness and to alleviate loneliness with nursing intervention suggested Routasalo & Pitkälä (2003a; b.)

Loneliness, in turn, is a risk factor for various physiological and health outcomes. Moreover loneliness has been associated with increased vascular resistance and elevates blood pressure, Hawkley et al, (2010).

Increased the risk of the onset of disability, Holwerda et al, (2012), impaired sleep and altered immunity, Pressman et al (2005), progression of Alzheimer's Disease and increased chance of developing clinical dementia, Holwerda et al, (2012), obesity. Lauder, Mummery, Jones, & Caperchione, (2006), and poorer physical health. Caspi, Harrington, Moffitt, Milne, & Poulton, (2006). In fact loneliness has strong associations with depression and may in fact be an independent risk factor for depression among the elderly people.

Loneliness in elderly people is a major risk factor for cardiovascular disease, as well as for other health problems such as depression and dementia. Its effects may be mediated through elevations in the stress hormones. This leads to an increase in blood pressure, which can cause heart attacks and strokes.

5.2 DEPRESSION

Depression is a clinical syndrome having specific diagnosis criteria. The disorder is characterized by sadness, low mood, pessimism about the future, self-criticism and self-blames retardation or agitation, slow thinking, difficulty concentrating and appetite and sleep disturbances. In general the term depression is used in elderly people to mean depressive symptoms because they may not meet the diagnosis criteria. The depressed mood described in the diagnostic criteria of clinical depression may differ from the depressed mood in elderly that includes several affective responses such as anxiety, irritability etc. According to Zauszniewski, Morris, Preechawong & Chang (2005), Fulbright (2010), 386; Waugh (2006, 27.)

In elderly people, it can be difficult to diagnose depression because it appears along other mental and physical illnesses, Waugh (2006, 29). Thus, depression has been usually viewed as under diagnosed in older people. Gaboda, Lucas, Siegel, Kalay & Crystal (2011, 673). Symptoms of depression in elderly people are often overlooked and untreated because they coincide with other late life problems. Elderly people with depressive symptoms have poorer functioning compared to those with chronic medical conditions such as lung disease, hypertension or diabetes. Depression also increases the perception of poor health, the utilization of medical services and health care costs WHO (2013.)

Depression in elderly is leading cause of disability after heart disease. Some community studies have reported that more than eighteen per cent of the individuals over the age of 65 years are affected by depression annually. In addition, ten to twenty-five percent of elderly

are with the symptoms of depression. It has been identified that depression is a major health concern and is one of the top two conditions for quality improvement among elderly. Thus, depression is a major health care concern among frail elderly. Prevalence of depression in elderly ranges from fifteen to 36.8 percent. According to Fulbright (2010, 386;) Waugh (2006, 27.)

5.3 DEATH OF SPOUSE

The writer of this thesis believes that the essence of being human means, we exist within a social structure where we interact with others. We spend time together, talking, laughing and sometimes crying. But there are times in life where interaction becomes minimal. Everyone experiences loneliness at one time or another, and these feelings usually do not last long.

However, loneliness sometimes takes on a different role in the lives of elderly people. Firstly Lack of companionship can become a way of life that has a negative impact on the overall health of the elderly, whether the loneliness is caused by the loss of a loved one, distance from family and friends, or an inactive social circle. Loneliness in the elderly raises the potential for certain health risks, including depression, high blood pressure, and heart disease.

Secondly as elderly person/people grow older, it is important to understand the hazards of becoming socially isolated and inactive. Lack of companionship, not having anyone to lean on for emotional support, can cause elderly to internalize negative feelings instead of dealing with issues head on. Internalizing these feelings compounds the sense of loneliness and isolation, which in turn increases the risk of the elderly developing health problems.

Thirdly humans are social creatures who interact to support and nurture one another. For elderly, seeking companionship—whether through a friend, loved one, or pet—gives them a sense of value and purpose that provides a sense of security and happiness. This value and purpose are vital to ensuring the elderly derives enjoyment in his or her daily life activities and remains physically healthy.

5.4 LACK OF CONTACT WITH FAMILY MEMBERS AND SIGNIFICANT OTHERS

The write thought that this would be a good extract example of this phenomenon. It shows how a single writer wrote about loneliness employing several different portrayals. The text is an extract from a letter written by a reader.

... What would you think if nobody had time to come and visit you anymore? How would you feel if your children had the time to take a two-week vacation in Spain and a weeklong skiing vacation in Lapland, but not for Mothers' Day, for just a very short visit to you, bringing along one more set of bed sheets or a tablecloth to put to the chest of drawers? And you weren't even able to change the sheets, and your lamp was broken last autumn, and nobody has replaced it. ... Oh sure, the granny will thank them for the visit and the presents with tears in her eyes, but really what she is crying over is her loneliness before the visit, and thinking about what lies ahead. It is my opinion that longing and loneliness lead to premature dementia. There is too much time to dwell upon your thoughts and nobody to break the chain of sad memories, and we all have those. It is human contact that keeps you abreast of things. (12/2005 ET)

In the context of loneliness, the role of family members/significant others appears contradictory. Both empathic and critical tones are present when dealing with this issue. The question of moral responsibility positions the relatives either as neglectful or exhausted by their many responsibilities and thus unable to care for their elderly family members. The relationship between children and elderly parents is often a concern in the scientific literature, but the results for loneliness are also contradictory, Drageset (2004); Zhang & Hayward (2001); Zhang & Liu (2007).

The quantity as well as quality of social interactions and contact with the family has been identified as predictors of well-being, Cohen, (2004); Fiorillo & Sabatini, (2011). Regular contact with children may be beneficial to health in a number of ways, for example it may facilitate access to social support and healthcare and help promote health messages, thus ensuring that healthy behaviour is adopted. Fiorillo & Sabatini, (2011). There is also evidence to suggest that regular social contact combats stress and anxiety through the provision of effective practical and emotional support and also by acting as a source of self esteem and respect. According to Fiorillo & Sabatini, (2011).

Lack of social contact is a known risk factor for poor physical health outcomes Cacioppo & Hawkley, (2003) and depression (Hawthorne, 2008). Contact with family becomes especially important when an individual lives alone or is in advanced years and possibly in poor health since isolation can create the conditions for problems with older people's physical and mental health. WRVS, (2012b). Limited contact also leads to a loss of intimacy, which further exacerbates loneliness, isolation and depression. Allen (2008).

Usually elderly people are abandoned and forgotten, waiting for their families, relatives or significant others in their institutional care beds or having professional only the health care provider (Nurse) as their only social contact. Elderly people themselves are positioned as passive objects, capable only of waiting.

6 CONSIDERATIONS

6.1 ETHICAL CONSIDERATION

Ethics refers to moral principles or values that generally govern the conduct of an individual or a group while conducting a research. As a researcher it was my responsibility to my future profession, clients and my reader/s to adhere to high ethical standards to ensure that both the function and information are not brought to dispute.

Research ethics is a complex construct, essentially concerned with the principles of right and wrong conduct. Gallagher, (2009), that reflect various epistemological paradigms and methodological practices within particular social and cultural contexts according to Trussell, (2008). Over years now developments within loneliness among the elderly people studies have lead to increased recognition of importance as the population of the elderly in increasingly growing in alarming rate.

The writers ethics research customs the rights and wrongs in the theory and practice, thus science and study morals, an activity in the academic context. Ethical issues in this study lay on three related processes, firstly the description of the phenomena, followed by classifying it and seeing how the concepts interconnect. The first step was to come up with thorough and comprehensive description of the phenomenon under study. This study includes information about the context of an act, the intentions and meanings that organize action, and its subsequent evolution. Classification is the second process in Without which the writer wouldn't have no way of knowing what it is that he/she is analyzing and the author could not make meaningful comparisons between different bits of data. So, classifying the data was an inte-

gral part of the analysis. Moreover, the conceptual foundations upon which interpretation and explanation of this study are based lay on it, Miles M, Huberman A (2001)

Just like any other study, nursing research or studies requires honesty and integrity, Ethical issues must be remembered throughout the whole process. It starts when deciding the topic, thought out the publication, Burns-Grove (2005). While writing this thesis the writer was obligated to recognize and protect human rights, it was a constant temptation to write about the loneliness among the elderly people living in Finnish health care institutions, but ethics had to be observed because this age group is a vulnerable group of people in our society.

Since the paper was done through literature review, the writer did not need to ask for permission from anyone or anywhere except from the supervisor. To ensure correctness the writer chooses articles scientific and approved, since this was literature review, the writer was also obligated to quote the source and respect the publication rights of the owner.

6.2 TRUSTWORTHINESS

Trustworthiness in this study was first priority; the writer used the most valued data, the primary data, meaning that the data used in this study was only from the original written by person who conducted the study, reviewed studies by the second person were not included. The writer is confident that trustworthiness was attained because all the articles used were research based, so the information is trustworthy.

All the unworthy data was removed contributing to the trustworthiness of the study which helped to ensure that irrelevant material do not influence the data collection and its analysis this way the writer was able to avoid bias results and provided reliable description of the phenomenon. The writer directed her focus on the specification of research purpose and question aligning the whole process to the research purpose and research questions.

The writer was the vital tool in the whole process so that trustworthiness is ensured. Trustworthiness for the writer was very important and meant methodological soundness and adequacy by scrutinizing the transferability, dependability, credibility and conformability which are the four essential elements for evaluation of a qualitative research in a literature review process.

The researches were conducted only from the reliable internet data base such as Ovid Medline, Ebsco, Pub med, Sage journals and WHO in the field of healthcare, which ensures degree of surveillance. The correctness of the search was insured with expertise assistance. Only original researches, with apparent and trustworthy research methods were included in the

review. Chosen literature was read and attentively analyzed as shown in the appendix. The Credibility of the writer was dependent on training provided by the school, track record, and presentation of self. However findings review that Loneliness among elderly people in Finnish healthcare institutions can still be studied more because it is evidence that it exists among the elderly population in institutions as show in this paper.

6.3 DISCUSSION AND FINDINGS

The aim of the literature review was to describe the existence of loneliness among the elderly people in Finnish health care institutions and the influencing factors of loneliness on their well-being.

The findings were as anticipated; loneliness among the elderly people in Finnish health care institution has become a distinct social concern in Finnish health care institutions. Before going further it is important to mention that the literature reviewed that loneliness is a multifaceted concept. In the nursing literature, the terms loneliness, feeling lonely or alone have often been used interchangeably, which is quite confusing for the reader when different concepts are presented as the same. Loneliness, while not currently recognized as a clinical syndrome, has recently become the focus of much attention due to its correlation with an increased risk for cardiovascular disease and other degenerative conditions in the elderly that usually leads to early death.

Although there is no universal definition of loneliness, it is perhaps best described by Victor et al as being the 'deprivation of social contact, the lack of people available or willing to share social and emotional experiences, a state where an individual has the potential to interact with others but is not doing so and a discrepancy between the actual and desired interaction with others' Victor, Scambler, Bond & Bowling, (2005).

Loneliness is a distressing feeling which has been defined as an individual's subjective experience about lack of satisfying human relationships . The terms loneliness and social isolation have often been used interchangeably but they are distinct concepts . Social isolation refers to the number of individual's social contacts, and can be objectively measured.

Loneliness can be evaluated only by the individual experiencing it. In Finland, about one third of elderly people suffer from loneliness . Poor functional status, widowhood, living

alone, depression, feeling of being poorly understood by close persons, and unfulfilled expectations of contacts with friends have been the most powerful explanations for suffering from loneliness. Thus, the quality and satisfaction of relationships are more important determinants of loneliness than the actual number of contacts.

Loneliness among the elderly people in institutional health care places has become more of a distinct social concern and evidence. One would think that with the advances in health care policy and procedures things would have improved. However recent research reveals that the problem has not only persisted but become worse. A recent US study reveals that over half (55%) of the residents living in long-term care homes report being often or sometimes lonely according to Nyqvist, et al., (2013)., and the rates of 'severe' loneliness are approximately double that for nursing home residents compared with community-dwelling residents. Victor, (2012). We should be shocked and concerned. Why? Loneliness has been linked with intense emotional suffering, depression, falls, and numerous negative health outcomes, significantly increasing hospital admission rates and health care costs. Victor (2012). Yet fundings continues to focus heavily on medical issues such as the management of physical health conditions. The management of mental health, and in particular the management of loneliness and depression is just as, if not more important.

According to Tilvis, Victor, Alpass, Neville, Cohen-Mansfield and Pappas-Gill (2007) Loneliness is common among the elderly people. And that loneliness is related to several characteristics that impair quality of life of elderly people, like depressive symptoms and decreased subjective health. Whereas Tilvis and Jylhä (2004) indicates that loneliness among the elderly people may lead to cognitive decline, increased need of help and use of health services as well as early institutionalization. That risk factors of loneliness in old age include sociodemographic, health, and social characteristics and have been mainly examined in community-based studies De Jong Gierveld & Dykstra, 2008; Paúl & Ribeiro, 2009; Savikko, Routasalo, Tilvis, Strandberg, & Pitkala, (2005).

Regarding elderly people living in nursing homes or in institutions, especial attention has been given to the effect of institutionalization on loneliness that is according to Dykstra, van Tilburg, & Gierveld, (2005); Pinguet & Sorensen, 2001; Savikko et al., (2005); Tijhuis, De Jong-Gierveld, Feskens, & Kromhout, (1999).

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

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

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8 Appendice 1.

Authors	Names of publications	Purpose of the study	Design	Findings
Reijo S.Tilvis, Venla Laitala, Pirkko E.Routasalo and Kaisu H.Pitkälä 2011	Research on Aging	The study is about suffering from Loneliness indicates significant mortality risk of older people.	A survey was conducted via postal questionnaire sent randomly to selected community-dwelling of elderly people (>74 years) from the Finnish National Population Register.	Findings shows that suffering from loneliness is common and indicates significant mortality risk in old age.
K.H.Pitkala, M.L.Laakkonen, T,E, Stranberg and Reijo S. Tilvis 2004	Journal on clinical epidemiology	“Positive life orientation as a predictor of 10-year outcome in an aged population,”	A survey and a follow up assessment for a positive life orientation.	Positive attitudes have a long-standing impact on prognosis in old age.
K.H.Pitkala, Pirkko E.Routasalo,H.Kautiainen and Reijo S.Tilvis 2009	Journals of Gerontology—Series A Biological Sciences and Medical Sciences	Effects of psychosocial group rehabilitation on health, use of health care services, and mortality	The survey was done via a randomized, controlled trial	Psychosocial group rehabilitation was associated with lower mortality and less use of health services.

		of older persons suffering from loneliness.		
U.Jakobsson and I.R.Hallberg 2005	Aging - Clinical and Experimental Research	Loneliness, fear, and quality of life among elderly in Sweden: a gender perspective	A cross-sectional study (postal questionnaire) with a randomised and age-stratified sample	Loneliness and fear are common among elderly.
Savikko N, Routasalo P, Tilvis R S, Strandberg T. E, and Pitkälä K. H. 2005	Arch Gerontol Geriatric	Predictors and subjective causes of loneliness in an aged population.	A postal questionnaire was posted from a random sample of 6,786 elderly people (≥ 75 years of age).	The findings was to examine the prevalence and self-reported causes of loneliness among Finnish older population.
Savikko N, Routasalo P, Tilvis R S, Strandberg T. E, Pitkälä K. H. and 2006	Gerontology	Social contacts and their relationship to loneliness among aged people	The data were collected with a postal questionnaire	The findings supported the view that emotional loneliness is a separate concept from social isolation
Savikko N, Routasalo P, Tilvis R, Strandberg TE, Pitkälä K. 2006	Int. journal	Loss of parents in childhood - associations with depression,	A postal questionnaire was posted from a random sample of 3728 elderly people	Loss of parents was associated with lower level of education, physically heavy lifetime work, and

		loneliness and attitudes towards life in older Finnish people	ple (>or=75 years of age).	not being married. Though Surprisingly many people from older generations had lost their parent/parents in their childhood, but it is not associated with depression, feelings of loneliness or other attitudes towards life.
Nyqvist F., Cattan M., Andersson L., Forsman A.K., and Gustafson Y. 2013	Journal of Aging Health	Social capital and loneliness among the very old living at home and in institutional setting	A cross-sectional population-based study in 2005-2007	Loneliness was experienced by 55% percent of those living in institutional settings often or sometimes and 45% of those living in their own homes.
Routasalo P, Pitkälä K. 2004	Clin Rev Gerontol	Loneliness among older individuals	A population based savey	Findings shows that when people become older they experience loneliness
Jylhä, M. 2004	Journal on Aging	Old age and loneliness	A follow-up research that was ment to indentify self-reported loneliness among	Findings shows that loneliness was reported as continuously among the older people.

			older adults over time.	
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