



EFFECT OF LONELINESS ON ELDERLY PEOPLE'S LIVES

Bachelor's thesis

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ABSTRACT

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MUHUMED, KHADRA & CERVINKOVA, MARKETTA:
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The purpose of this thesis was to explore how elderly people experience the effect of loneliness on daily activities and the ways of loneliness alleviation. This study aimed to give better understanding of the loneliness among elderly people and to improve quality of elderly care and services of partners of project Active Aging in Tampere region, which part this Bachelor's thesis was. As the study dealt with human emotions and feelings, qualitative approach was used. Data was collected through semi-structured interviews of six elderly people, residents or service users of Kuusela Senior Centre. Data was analysed by method of content analysis.

Results were divided into three categories, meaning of loneliness, causes of loneliness and coping with loneliness. Loneliness was perceived as both, positive, a time of one's own, as well as negative feeling, which was connected to living alone, social isolation and estrangement from the society. The most discussed issue concerning loneliness was lack of social contacts, either due to death of friends or missing their children, and this topic was especially connected to winter time, when there was little possibility to meet other people. Moreover, own personality and dependency limited the amount and choice of activities and contributed to social isolation. Bereavement over partner's death but also lack of interest from younger generations led to withdrawal from active life of some participants as well. Concerning coping strategies, solitary activities, like reading, watching television or light housework, helped the participant to stay occupied but social network, social activities and family support were more beneficial.

The findings of this thesis highly correlate with previous studies in this field and show the importance of social contacts and meaningful activity for elderly people once again, as the elderly people themselves highlighted the beneficence of different psychosocial rehabilitation groups, physiotherapy and social activities. This thesis also linked loneliness and decreased level of activities together, no matter in what order they were reported.

Key words: loneliness, elderly, activity, content analysis

TIIVISTELMÄ

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MUHUMED, KHADRA & CERVINKOVA, MARKETTA:
Yksinäisyyden vaikutus vanhusten elämään

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Opinnäytetyön tarkoituksena oli tutkia vanhusten kokemusta yksinäisyyden vaikutusta päivittäisiin toimintoihin ja tavoista yksinäisyyden lievittämisestä. Tämä opinnäytetyö oli Aktiivisesti Ikääntyen Pirkanmaalla-projektin osa. Tutkimuksen tavoitteena oli antaa parempi käsitys vanhusten yksinäisyydestä ja parantaa projektin yhteistyökumppaneiden vanhusten hoitoa ja palvelua. Koska tutkimuksessa käsitellään ihmisten tunteita ja tunteuksia, laadullista menetelmää käytettiin. Tiedot kerättiin teemahaastattelulla ja siihen osallistui kuusi ihmistä Kuuselan seniorikeskuksen asukkaista tai palvelukäyttäjistä. Tiedot analysoitiin sisällön analyysi-menetelmällä.

Tulokset jaettiin kolmeen ryhmään, yksinäisyyden merkitys, yksinäisyyden aiheuttajat ja yksinäisyydestä selviytyminen. Yksinäisyys koettiin sekä positiivisesti, omaan aikaan liittyen, että negatiivisesti, joka liittyi yksin asumiseen, sosiaaliseen eristäytymiseen tai etääntymiseen. Eniten keskustelut yksinäisyydestä koskivat sosiaalisen kontaktin puutteesta, joka johtui joko ystävien kuolemasta tai omien lasten ikävöinnistä, ja tämä aihe oli erityisen kytketty talviaikaan, kun mahdollisuus tavata muita ihmisiä vähentyi. Lisäksi oma persoonallisuus ja riippuvaisuus rajoittivat toiminnan määrää ja valintaa ja johti sosiaaliseen eristäytymiseen. Puolison kuoleman, mutta myös nuorempien sukupolvien kiinnostuksen puutteen takia osallistujista osa vetäytyi aktiivisesta elämästä. Kun puhutaan selviytymisstrategioista, yksinäinen toiminta, kuten lukeminen, television katselu tai kotityöt, auttoivat osallistujia pysymään toiminnassa, mutta sosiaalisesta verkostosta, yhteisestä toiminnasta ja perheen tuesta oli enemmän hyötyä.

Opinnäytetyön tulokset vastaavat aiempien tutkimusten tulosteita ja osoittavat, miten tärkeitä sosiaaliset kontaktit ja mielekäs toiminta ovat vanhuksille, kuten he itse korostivat eri psykososiaalisen kuntoutuksen ryhmien, fysioterapian sekä yhteisen toiminnan hyötyä. Tämä opinnäytetyö yhdisti yksinäisyyden ja toiminnan laskun, molemmista suunnista katsottuna.

Avainsanat: yksinäisyys, vanhus, toiminta, sisällön analyysi

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1 INTRODUCTION

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). Efforts to maintain elderly people active have been done by investigating all possible factors that may affect their lives. Although, loneliness is not only a specific problem to elderly people, a relationship between aging and loneliness has been established (Donaldson & Watson 1996, 952).

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.

Loneliness has been studied from many different points of view and there is no unified definition. There are other close concepts related to it, which makes the definition statement difficult. Mainly, loneliness is thought as being estranged from others. (Killeen 1998, 763-764.) Solitude is, on the other hand, seen as a positive experience needed to “achieve personal growth and freedom” (Karnick 2005, 9). Another close concept is aloneness, a state when a person is alone but does not feel lonely (Killeen 1998, 764).

Loneliness can affect both, mental and physical health. It has been linked to a variety of problems like depressive symptoms (Tiikkainen, & Heikkinen 2005, 532; Barg, Huss-Ashmore, Wittink, Murray, Bogner & Gallo 2006, 333-335), increased alcohol consumption (Acquire 2002), physical illnesses (Holmén, Ericsson, Andersson & Windblad 1993, 59; Avlund, Lund, Holstein & Due 2004, 95-96; Victor, Scambler, Bowling & Bond 2005, 369; Theeke 2009, 393) but as far as our knowledge, the research concerning loneliness and functional ability has been inadequate (Savikko 2008, 21).

The topic „Loneliness and its effect on elderly people’s lives“ was given by a project Active Aging in Tampere region, a project of Tampere University of Applied Sciences, and this Bachelor’s thesis is a part of the project. The project is financed by European Social Fund and Centre for Economic Development, Transport and the Environment. Objectives of this project are to improve and to support of physical ability and promotion of active life among elderly people in Tampere region. This project involves a variety of professionals and units specialized in elderly care. (www.piramk.fi/aip.) The research was held in Kuusela senior centre. The topic was chosen because of authors’ interest in elderly care. The authors hope that results of this thesis help better understanding of loneliness among elderly population and improve quality of care and services of project’s partners.

2 LONELINESS

2.1 Concept of loneliness

Even though the phenomenon of loneliness has been described in literature and arts since ancient time, it is difficult to define it. Loneliness is universal, still very subjective feeling, natural to all human beings. For its subjectivity, many people may be ashamed of talking about it or admitting they feel lonely because they are afraid of being stigmatized. Loneliness may also have different meaning for different people which makes understanding of loneliness even more difficult. (Killeen 1998, 763-764.)

Philosophy and literature have provided different points of view on loneliness over past centuries. Ancient Greek philosophers saw people as social beings and therefore, loneliness was something undesirable. In Christianity, on the other hand, loneliness has represented a way of one's self-fulfilment and connection with God. By contrast, romanticism deals with loneliness as one's fate, unwanted but unchangeable. Romantic heroes rebel against conventions and laws given by hypocritical society and they become outcasts. In spite of being strong individuals, they feel lonely and end tragically. Finally, existentialists and humanists give another perspective of loneliness. Although they agree that person stands and acts alone and he alone is responsible for his own choices, humanists add that loneliness is a choice of one's own free will. (Karnick 2005, 8-9.)

Killeen (1998) summarizes all these perspectives into alienation-connectedness continuum. Beginning from the negative side, there are estrangement and alienation, a rejection by others or a feeling of a complete worthlessness. Next to them stays loneliness which is viewed as "emptiness due to an unfulfilled social and/or emotional life" (Killeen 1998, 764). Social isolation and aloneness are two other related concepts. Social isolation balances between loneliness and aloneness, depending on whether it is one's choice or not. Consequently, aloneness can be understood as one's preference of being alone. Unlike previous concepts, solitude has a positive meaning. It is a time on one's own that can be used for self-reflection and creativity. Killeen also covers a concept of connectedness in her work. (Killeen 1998, 764-765.) This concept was first mentioned by Younger (1995) who proposes that through suffering of loneliness, one can find connection with others, nature and universe.

Further, some authors, based on interactionist theory, distinguish between emotional and social aspects of loneliness (Younger 1995; Donaldson & Watson 1996, 955; Killeen 1998, 764). Whereas the social element simply means lack of social contacts or disaffection with a present social network (Savikko 2008, 14), Younger (1995) depicted the emotional loneliness as: “the kind of desperate, lonely Why? felt by most anyone in moments of crushing hurt, ruin, and deepest despair. ... That which gave life its meaning has become empty and void.” (Younger 1995.) Besides, interactionists believe that one’s personality determines how loneliness is perceived. According to this theory, not only quality but also the extension of loneliness may be evaluated. Interactionist theory was criticised for excluding positive side of loneliness, absence of others does not necessarily have to be a negative experience. (Donaldson & Watson 1996, 955; Savikko 2008, 16.)

Figure 1 modifies Killeen’s alienation-connectedness continuum according to authors’ understanding of the concepts of loneliness. First, social isolation was put into middle, as it was seen as a turning point between positive and negative sides of the continuum. Secondly, alienation was understood as the most negative case on the emotional, and estrangement on the social side of loneliness. Yet, authors were not able to decide which one is more severe. Finally, in authors’ point of view, there were no major differences in meanings of solitude and connectedness. Therefore, they are standing equally at the positive end.

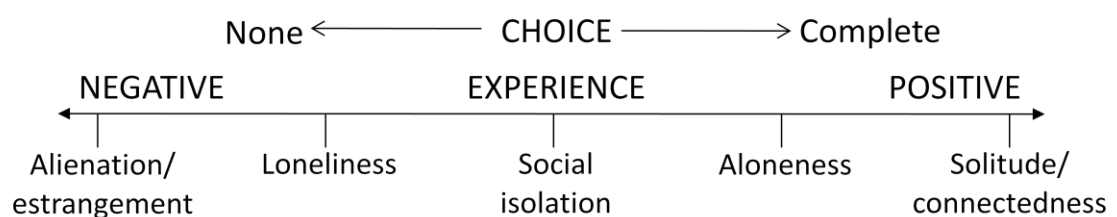


FIGURE 1. Alienation-connectedness continuum (Killeen 1998, 765, modified)

In this thesis, loneliness is thought as a negative experience. Thus, definition given by Rook (1984, according to Donaldson & Watson 1996, 953) will be used. Loneliness is:

an enduring condition of emotional state that arises when a person feels estranged from, is misunderstood or rejected by others, and/ or lacks appropriate social partners for desired activity, particularly activities that provide a sense of

social integration and opportunities for emotional intimacy. (Rook 1984, according to Donaldson & Watson 1996, 953)

In relation to nursing practice, terms social isolation and risk for loneliness, can be found in NANDA nursing diagnoses (Nilsson, Lindström & Nåden 2006, 98). According to Killeen (1998), the problem of loneliness in nursing is simplified and loneliness is viewed as a disease. She argues that there is no treatment for it and that it can only be alleviated to some degree. (Killeen 1998, 768-769.) Donaldson and Watson (1996, 953), therefore, suggest utilization of theoretical perspectives of loneliness in nursing practice. In addition to theory utilizing, Younger (1995) stresses true presence, therapeutic silence and empathy when dealing with loneliness.

2.2 Loneliness and aging

Feeling of loneliness occurs among all age groups. Though, the most vulnerable seems to be adolescents and elderly people. (Donaldson & Watson 1996, 952; Killeen 1998, 766.) Donaldson and Watson (1996, 952) claim that loneliness among teenagers is transient and more attention should be pay to elderly because they are at risk of social isolation due to reducing contacts with other people.

Loneliness among elderly population has been examined, in quantitative studies, according to demographic factors, education, socio-economic status or health. In average, one third of elderly population suffers from loneliness at least sometimes (Victor et al. 2005, 364; Savikko 2008, 40; Theeke 2009, 392). Illness, death of a spouse and lack of friends were the most common causes of loneliness (Savikko 2008, 42).

Most of studies found that loneliness is more common among women (e.g. Victor et al. 2005, 369; Savikko 2008, 40). Nevertheless, some authors (Rokach, Matalon, Rokach & Safarov 2007, 249; Theeke 2009, 394) argue that these findings are not relevant because, unlike women, men are less likely to talk about their emotions. Moreover, Rokach et al. (2007, 250) adds that there are gender differences in quality of loneliness and women are able to profit from the positive perspective of loneliness more than men.

Loneliness was associated with increasing age. The reason behind is shrinking of the social network, caused by loss of partner and friends. (Victor et al. 2005, 369; Savikko 2008, 40-43; Theeke 2009, 393-394.) However, it has been found that after age of eighty-five, loneliness does not play a significant role in elderly people's lives (Tiikkainen, & Heikkinen 2005, 529; Victor et al. 2005, 371). In this age, not amount of social contact but a quality of relationship is more important (Holmén & Furukawa 2002, 269). Another explanation of decreased perception of loneliness in this age group may be "survivor effect and adaptive response" (Victor et al. 2005, 371). Lonely people either die or move from community to institutional care or they overcome the bereavement process and adjust to new circumstances. (Tijhuis, De Jong-Gierveld, Feskens & Kromhout 1999, 494; Holmén & Furukawa 2002, 271; Victor et al. 2005, 371; Tilvis, Laitala, Routasalo & Pitkälä 2011.)

Qualitative studies focus on elderly people's perception of loneliness and their coping strategies. In Pettigrew and Roberts' study (2008), loneliness was thought, by most of elderly Australians, to be a natural part of aging and older age as a result of decreased participation in social activities due to health problems, death of friends and busy life of their children. On the other hand, many of the participants felt that loneliness can be decreased by constructive free-time activities, like reading, gardening or taking part in voluntary work. (Pettigrew & Roberts 2008, 304-306.)

Unlike in the Australian study, Hauge and Kirkevold (2009) explored elderly people's understanding of loneliness more deeply. Their findings confirmed that loneliness is highly subjective. Differences of loneliness description were found between "not lonely" and "lonely" group, by lonely people giving more comprehensive description. What more, loneliness was seen negatively and was stigmatized. The group of "not lonely" reported loneliness to be one's own fault connected to one's personality and passive attitude to life. (Hauge & Kirkevold 2009.)

2.3 Loneliness and functional ability

Biological theory of aging explains natural changes in body systems. Quality of life may be affected by decreased cardiac output and diminishing ability of heart to respond to stress, decreased lung capacity and decreased gas exchange. Loss of bone density and

muscle strength and size, and degeneration of joint cartilage can limit mobility. Therefore, reduced speed in nerve conduction affects response time, and reduced cerebral circulation affects balance. Decreased efficiency of sensory organs strongly impacts functional ability of elderly people. (Eliopoulos 2010, 49-61.)

Referring to above mentioned, impaired vision and hearing as well as poor self-rated health have been associated with loneliness (eg. Victor et al. 2005, 369; Savikko 2008, 41). Further, relationship between loneliness and having a chronic illness, a cognitive impairment or a mental disorder and a depression has been established as well (Holmén et al. 1993, 59; Avlund et al. 2004, 95-96; Tiikkainen & Heikkinen 2005, 532; Victor et al. 2005, 369; Barg et al. 2006, 333-335; Theeke 2009, 393). Moreover, loneliness among elderly people has been connected to higher morbidity and mortality (Tilvis et al. 2011).

Positive life orientation, on the other hand, plays an important role in elderly people's lives. More than half of the participants, of a Finnish study, with positive attitude were alive after ten years comparing with one third of the rest of the sample. Although, it does not protect against mobility and cognitive decline, significantly less people with positive life orientation were in institutional care in five years' follow up. (Pitkala, Laakkonen, Strandberg & Tilvis 2004, 411-412).

Concerning functional ability, Holmén et al. (1993, 59) found connection among impaired cognition, need of help with activities of daily living (ADLs) and increased experience of loneliness. These findings were supported by Jakobsson and Hallberg's (2005, 499) survey, where a dependence in instrumental activities of daily living (IADLs) meant to be a predictor for loneliness. On the other hand, the functional dependence showed to reduce perceived loneliness by increased social contacts with care providers (Bondevick & Skogstag 1998, 337). Loneliness was also associated with higher scores in insomnia severity index in a study concerning sleeping disturbances among older drivers (Vaz Fragoso, Araujo & Van Ness 2008, 719) and with higher fatigue levels (Moreh, Jacobs & Stessman 2010, 891). Low diversity in social network and low social participation were, according to Avlund et al. (2004, 95), related to decline of functional ability among the elderly in 1.5 years' follow-up study.

Furthermore, interventions for loneliness alleviation were examined. Findlay's (2003) literature review shows that there is only little evidence of the positive impact of these programmes on elderly people's lives as only few studies involved follow-up or evaluation of the programmes. This review divides interventions into individual, group, service provisions and internet usage. The greatest promise is seen, from the individual ones, in gatekeeper programmes which are based on identifying socially isolated individuals in community and referring them to support services and service provisions as these improve health and well-being of elderly clients, and last but not least, using internet and email as a way of communication. (Findlay 2003, 650, 654-655.) Moreover, it has been recently found that exercising programmes achieved good results to decrease feeling of loneliness as well (Lempinen et al. 2006, 462).

3 PURPOSE OF THE STUDY AND RESEARCH QUESTIONS

The purpose of the thesis is to explore how elderly people themselves experience loneliness and its effect on everyday's activities. This study aims to give better understanding of the loneliness among elderly people and to improve quality of elderly care and services of Active Aging in Tampere region project's partners.

Research questions:

1. How does loneliness affect daily activities of elderly people?
2. What are the coping strategies used to decrease the feeling of loneliness?
3. What kind of activities elderly people find of interest?

The first question refers to the casual daily life of elderly people, their attitude towards aging and life at older age and a role of loneliness in their lives. The second question covers hobbies and interest of the elderly people and their social network. Answers to the third question will help Kuusela Senior Centre to improve services for elderly people.

4 METHODOLOGY

4.1 Qualitative research method

Due to the nature of the research topic, qualitative method was chosen as a research method for this thesis. Qualitative research is a way to explore life experience, like human emotions or behaviour, and to give them a meaning (Holloway & Wheeler 2002, 3; Burns & Grove 2005, 52). It is based on a holistic approach and allows researchers to examine specific phenomenon more entirely and deeply (Burns & Grove 2005, 52). Qualitative research, therefore, aims to describe or explain a phenomenon or to define new theories (Holloway & Wheeler 2002, 11).

Due to the holistic view, qualitative research is widely used in health sciences and somehow, qualitative research and nursing are interconnected. In modern nursing, as well as in qualitative research, client/participant centeredness is emphasized. Furthermore, nurses daily use interviews and observations when assessing patients not only to treat the physical problem but also to find patients' perceptions and emotions connected to illness. Both, nurses and qualitative researchers use critical thinking, reflexion and evaluation before reaching a conclusion. (Holloway & Wheeler 2002, 19-21.)

There are several important elements in qualitative research. Firstly, the primacy of data, qualitative research is a dynamic process which derives from incoming data. Usually, data is collected and analysed continuously. This allows forming of new ideas and research development. (Holloway & Wheeler 2002, 10-12.) The second element is multiple realities, diverse perception of outside world of each individual. Moreover, individual views change over time. This means that our knowledge is bound by a certain situation and time. (Burns & Grove 2005, 52.) Referring to above mentioned, Holloway and Wheeler (2002) argue that researchers should acquaint with the people and the settings, they intend to study, and see them as wholes, within the scope of their economical, political and cultural views. Last but not least, the focus of qualitative research is on participants' own "perceptions, meaning and interpretation" of the phenomenon. (Holloway & Wheeler 2002, 10-12.)

Thus, within the frame of this thesis, qualitative research was the best method to choose to give elderly people the opportunity to describe their feelings and emotions. However, as the findings of qualitative research are context bound, the findings of this study can be interpreted only within the settings of Kuusela Senior Centre and present time.

4.2 Data collection

Interviewing is one of the most common methods of gathering data in qualitative research (Holloway & Wheeler 2002, 79). It means a verbal communication between a researcher and a participant in order to obtain valid and reliable information (Burns & Grove 2005, 396). There are several types of interviews, structured, semi-structured and unstructured. In semi-structured, also called a focused interview, a guide is formed to cover research topic. Unlike with structured interviews, this protocol allows researchers flexibility, e.g. changing question sequence according to interview development or giving additional questions. Yet, it still focuses on areas to be discussed and assures similarity of data from all participants. (Holloway & Wheeler 2002, 82.) For these reasons, the semi-structured interview was chosen as data collection method of this thesis.

First, a topic guide with open-ended questions in English (Appendix 1) was created to conduct the interviews. The questions were divided into three different discussion themes, loneliness and daily activities, coping strategies and Kuusela Senior Centre. As all the interviewees were Finnish speaking, the topic guide was translated into Finnish language (Appendix 2). The Finnish version was tested for face validity, through peer and working life partner's reviews, and content validity, through a pilot interview (Polit & Beck 2008, 213-214, 458-459).

There are no rules for the sample size in qualitative research and the number of participants depends on the purpose of the study and on depth of gathered information. (Holloway & Wheeler 2002, 128; Burns & Grove 2005, 358.) As the authors were not sure about the number of participants and a way of recruitment, a purposive sample, with altogether six people, three from Kuusela residents and three from service users, was chosen by the working life partner. The inclusion criteria were age over 65 years,

good mental health and interest in discussing the topic. Informed consent and topic guide were sent to all participants two weeks before the study.

Interviews were carried out either in the Senior Centre or at participants' homes according to their preferences. Four interviews were conducted at participants' homes and two in conference room of Kuusela Senior Centre. Both researchers were present during the interviews. The age of participants ranged from 65 to 87 years. All the interviews were audiotaped except for one participant who decided not to give permission for it. This was respected and the interview was handwritten. This interview was involved in the analysis as well. The length of interviews varied from twenty to forty minutes.

A pilot interview was carried out one week before the final research. A pilot study is a small preparatory study conducted before the main research in order to demonstrate the feasibility of the final research and to improve data collection tool (Burns & Grove 2005, 42). Although piloting is not necessary in qualitative research, it was important for the authors to test their Finnish language, because none of the authors is a native Finnish speaker, and interviewing skills as this was the authors' first research. Another reason for pilot study was to determine the effectiveness of data collection instrument. (Holloway & Wheeler 2002, 80; Polit & Beck 2008, 214.) As there were no major changes done in the topic guide, the pilot interview was used in data analysis.

4.3 Data analysis

Data analysis aims to classify research data and to give them a meaning (Polit & Beck 2008, 507). In qualitative research, it is "a complex, time consuming and iterative activity" (Holloway & Wheeler 2002, 235). No matter what approach is used, there are several common steps. Firstly, interviews are transcribed verbatim and field notes are organized. Then, the transcripts and the notes are read repeatedly. The final stage of data analysis is coding and categorising. (Holloway & Wheeler 2002, 235.)

Qualitative content analysis is a method of identification of prominent topics by sorting words, phrases or sentences from the text into smaller units according to their similarity. The technique simplifies the data into symbolic entities which are the first step in

abstraction and generalization of the data. (Burns & Grove 2005, 554-555; Polit & Beck 2008, 517-518.)

Graneheim and Lundman (2004) suggested a selection of unit of analysis. In their opinion, whole interview is the most suitable one because it is large enough to be assumed as an entity and small enough to be remembered as a context for the meaning unit. A meaning unit groups words or sentences according to their content and context. (Graneheim & Lundman 2004, 106.) Another step in data abstraction is a code, a symbolic name for the meaning unit. It is important that the codes are understood within the context of the study. The codes are then ranked into categories based on their common features. No data should be omitted due to lack of category and no data should overlap within the categories. Usually, the categories are developed first and the data is coded according to the scheme. Category can be divided into several sub-categories. Theme unifies the main concepts of categories and sub-categories. (Graneheim & Lundman 2004, 107; Burns & Grove 2005, 548; Polit & Beck 2008, 509-511.)

All the steps mentioned above were carefully followed during the analytic process. As the authors were not native Finnish speakers, special attention was given to understanding of records. Before transcription, the records were listened repeatedly. The records were then transcribed verbatim and translated to English by using internet translation tools MOT dictionaries and Google translate. Time needed for transcription of thirty minutes of an interview was approximately six hours. The length of transcripts varied from six to eleven pages. Altogether, there were forty-nine pages of transcribed material, using font size twelve and spacing one and half.

As there was little knowledge about the researched phenomenon, inductive approach was used. First, in data organization, open-coding was used. Transcripts were read through for several times independently and notes were written into text by each researcher. After all necessary meaning units were found, they were written down, compared and given a code. At this point, a category scheme was developed as well. The codes were finally grouped into three categories, meaning of loneliness, causes of loneliness and coping with loneliness, under the unifying theme daily life and loneliness (Appendix 3). (Elo & Kyngäs 2008, 109-111.)

At the end, the number of six participants showed itself as sufficient for the purpose of this research as the data became repetitive and no new relevant information would have appeared by another data collection. Saturation of the data was therefore reached. (Polit & Beck 2008, 70-71.)

4.4 Ethical considerations

Before each research, legal and ethical issues have to be considered (Holloway & Wheeler 2002, 47). The authors received the permission for the research from the project Active Aging in Tampere region as well as from Kuusela Senior Centre. Signed informed consents were obtained from the participants before each interview. Ethics is a philosophical principle that deals with “dignity, right, safety and well-being” of participants and each researcher should follow these four basic principles (Department of Health 2005, 7).

Participants’ right of autonomy assures independent decision making based on thorough information about a research (Holloway & Wheeler 2002, 52, 58). Concerning this thesis, all the participants received informed consent with description of research purpose, methods, discussion topics and way of results presentation two weeks before the interviews. The researchers went through main points of the informed consents once more before the interviewees signed the form. The right to withdraw at any time before the thesis is published was stressed. (Elo & Isola 2008, 222.)

Researchers have to assure participants’ well-being. No harm must be done to the participants and the benefits of the project should outweigh its potential risks (Holloway & Wheeler 2002, 53). The risks of this research can be evaluated as a temporary discomfort as the participants may have experienced unpleasant feelings while talking about loneliness (Burns & Grove 2005, 190-191).

Safety refers to confidentiality and security. As full anonymity could not be guaranteed due to face-to-face interview, promise that identities would not be revealed was given. It was assured that data will not be revealed to any other party and the material was stored in a locker. After the approval of the thesis, all the material will be destroyed. As

the sample size was rather small, authors decided not to use any demographic data and the participants were marked H1 – H6 to keep their privacy. (Holloway & Wheeler 2002, 61.)

Under dignity was understood fair treatment of the participants and selection of material, as the identity of participants should not be recognized from the quotations used in the report (Holloway & Wheeler 2002, 62; Elo & Isola 2008, 222-223). The authors tried to create same conditions for all the interviewees, sending the informed consents two weeks before the interviews, going through its main points once again, giving the opportunity to ask questions before the interviews and making the results available for the participants (Burns & Grove 2005, 189-190).

As the target group was elderly population, some special features in conducting interviews had to be taken into an account. Elderly people's understanding and decision making can be affected by impaired hearing or vision, poor health or cognitive disability (Holloway & Wheeler 2002, 51). Thus, one of inclusion criteria was good mental status. To assure participants' understanding and to give them an opportunity to ask about the research, informed consent and topic guide were discussed before each interview once again (Elo & Isola 2008, 222).

For sensitive topics, like one of this thesis, Elo and Isola (2008) recommend small talks before and after interviews to support a feeling that participants are not only researched objects and attention should be paid also to ending of the interview. Therefore, the interviews were started with questions concerning the participant's life to get to know the interviewees better and to create comfortable atmosphere and they were ended with neutral questions, concerning senior centre, as interviewee should never be left in sad state of mind. (Elo & Isola 2008, 218, 220.)

Due to the nature of discussed topic, one participant started to cry after the first question of the interview was asked. The researchers reassured the participant, napkin was given to wipe the tears and few minutes later the interview was restarted.

5 FINDINGS

5.1 Meaning of loneliness

Almost all participants claimed that they do not feel lonely right now but most of them had some experience with loneliness from their past. Loneliness was perceived as both, positive and negative feeling. As a positive experience, for some participants, loneliness was seen as time on their own, when they can have a rest from all the happening around and can peacefully read or watch television.

Ei se mitään, mä en o niin yksinäinen. ... Ja välillä mä tykkään olla yksin. ... Saa katoa [televisiota] ihan rauhassa. (H6)

It means nothing, I am not so lonely. ... And sometimes, I like to be alone. ... I can watch [television] quite in peace. (H6)

In a negative point of view, loneliness was connected to lack of social contact, have no one to talk to or to a feeling that no one cares. Participants who experienced loneliness negatively gave more detailed description. For H4, loneliness meant:

...kun ihminen elää ilman puhekumppania. ... Tätä [yksinäisyys] on kuoleman tapa vai ihmisille, tätä [yksinäisyys], ...ihminen muuttuu ihan erikoisesti toisenlaiseks. (H4)

...when a person lives without someone to talk to. ... This [loneliness] is a way of death for people, this [loneliness], ...a person becomes completely different. (H4)

5.2 Effect of loneliness on daily activities

This study did not find that loneliness would affect any particular activity, yet loneliness seemed to decrease activities of elderly people in general, as the majority of interviewees did not enjoy doing things alone. The group of service users seemed to be more vulnerable to the feeling of loneliness than the resident group.

Most of the participants reported need of help either with ADLs or other daily activities due to their health problems. This contributed to decline of activities in general and also limited the choice of activities because elderly people had to adjust their activities according to schedule of their caregivers. Another factor leading to dependency was fear. Some of them were afraid that their symptoms would get worse during a physical activity. Fear of falling because of slippery roads and darkness and decreased outside activity during winter season was noted as well.

Moreover, interviewees, especially those living in community, also described that during winter, they had less opportunities to meet other people which lead to seasonal increased feeling of loneliness and decreased level of activities.

Joskus aina vaan tuntuu jotta se, ainakin talven aikana kuin ei o, kesällähän siellä on paljon [ihmisiä], niin totta, ulkona istun niiden kanssa ... , mutta talvella kun sitä ei o siten niin paljon. (H2)

Sometimes, it just feels that, especially during winter time when it is not, there is a lot [of people] in summer there, yeah so, I am outside sitting with them ... , but in winter, there is not so many of it. (H2)

All the participants were living alone. Therefore, lack of a company for desired activities was the main issue raised during the interviews. Most of the interviewees complained about busy family members and lack of regular personal contact with them, still none expected that children would take care of him/her. Hence, losing their partners and friends was seen as a greater problem concerning social isolation and consequentially less activities.

Personality and one's own attitude were found as a determining factor for contact with other people and activities of interest. For those with the positive view, being alone was a creative and relaxing moment of the day. They tried to use the time on their own by different ways of relaxation. Contradictory, the rest of the interviewees felt more isolated and were also more passive in participating in social activities and activities of interest. One participant used word bitterness when abandoning needlework because it was not appreciated. Another interviewee stated:

Hiljainen. Mä oon hiljainen. ... En pääse porukkaan. (H1)

Quiet. I am quiet. ... I do not get along with people. (H1)

A death of a close person was a factor that contributed to withdrawal from active life. Some participants explained that after partner's death they lost interest in the world around. Half of the participants also felt that elderly people are neglected by major society and that no one really cares of what they think and how they feel and they lacked emotional support and encouragement.

...ja kun mä olen ollut pitkiä aikoja sairaalassa, nii tuotta, siis talon puolesta ei kukaan käynyt kysymässä mua. ...jos kellään muulla ei olis velvolisuuksia meitä kohtaan, heidän pitäis olla, että he ottaa selvää nyten mikä vaivaa ja kävisivät katsomassa ja kävisivät kotona katsomassa ja kysymässä kuinka menee. (H4)

...and when I have been in hospital for a long time, well yeah, well, no one from the house came to ask about me. ...if no one other has responsibility to us, they should have that they know what is wrong and they should come and should come home to see and ask how it goes. (H4)

Concerning activities, death of partner and neglect were found as risk factors for losing interest in activities and meeting other people as these interviewees were talking about compulsory activity attendance.

5.3 Coping strategies

There were slight differences among the participants and between residents and service users groups in the ways of dealing with loneliness. In this study, coping strategies of elderly people were divided into social, physical and mental.

All participants agreed that the most important is to be mentally occupied, to have activities which would keep them busy and fill their day.

Ja täällä on niitä toimintoja kaiken semmosia ja mä pidän osallistua niihin. ...Mä lähdän tästä ... ja tapan siellä kavereita, nii, se päivä taas kierähtää sitten. (H3)

And there are all those activities here and I like to take part in them. ... I leave from here ... and meet friends there, so the day is gone again. (H3)

Handcraft, reading, light housework and television watching were mentioned as such activities. Whereas, for Kuusela residents, watching television meant an active way of meeting other people, for service users, this was the last choice to deal with loneliness when there was nothing more to do.

Ainakin on hiljaista, ei o se hulina ympärillä, sitä on aina tarpeeksi. Mä en viihdy yksin olemaan. Vaikka toisen kerran, kyllä jotakin minun telkkaria vasta rupee avaamaan sitten, kun ei o muita... (H2)

At least it is quiet, there is no hum around, it is always enough of it. I do not feel comfortable to be alone. But sometimes, I start to switch something like television on when there is nothing else... (H2)

Friends and family support of elderly people played an important role in coping strategies of loneliness. For all the participants, being with other people was very important. Most of all, they enjoyed the time they spent with their peers chatting together. All the participants reported that they have friends or companions in the senior centre. For Kuusela residents, meeting with former work colleagues and friends from outside of Senior Centre was a source of connection to outside world and emotional support. The service users, on the other hand, appreciated going to the Senior Centre and meeting their peers there.

Kuuselaan käynti auttaa sekä henkisesti, että kiputoimintaa. Siellä on toisten mukana ja suunnitellaan ja tehdään kaikkia ja muuta. Siinä jää niinku toisille, siellä jää tommoset vaivat, se niinku helpottaa ja niinku semmoinen iloisempi mieli. (H4)

Going to Kuusela helps both, in a personal way and in pain relief. One is with others, plans and does all those things. One shares with others, one leaves own troubles there. It helps and cheers up one's mind. (H4)

Although, all the participants kept in touch with their families mostly on phone, calling to children was found contradictory as some of the interviewees complained that their calls were not always answered due to children's business. It also did not help in loneliness alleviation to all intents and purposes but only made some of the interviewees missing their children less. On the contrary, those participants whose family was actively involved in the care, some of the interviewees stated that their own children act as primary caregiver, felt less lonely and were more active, as they, together with their children, were going for a walk or shopping.

Another way of loneliness alleviation was, for some participants, visiting of summer cottage. This meant a time when they could be together with their families or old friends but also a time for the hobbies like gardening or fishing.

Even though, all the interviewees had health problems limiting their mobility, they enjoyed outdoors activities, like walking, and some of them were using, for this purpose, voluntary services. The majority also participated in different physiotherapy and rehabilitation programmes, available in Kuusela Senior Centre or in other organisations. They attended these programmes at least once a week. These programmes were other methods of loneliness alleviation. Not only they increase the interactions among the old people but also helped them stay active and improved their mental well-being, as described in previous quotation.

5.4 Activities of interest

The most commonly mentioned activities were physiotherapy, being outside and different social activities. When talking about free time activities, participants usually referred to those they used to have when they were younger. It was noticed that these were not called hobbies. Interviewee H2 explained:

No, ei ne voi olla sanoa harrastukseksi, mutta mä teen käsitöitä, kesällä on virkkaaminen, talvella sitten on neulominen. ...silloin [nuorena] piti olla aina töissä ... tai olla lasten kanssa ja ne melusi ympärillä. Ei silloin jäänyt harrastamaan muuten aikaa. No, tietysti niille piti sukija ja lapasta ja kaikkea tommosta tehdä ja, niin kun pojille villahousut, villapaitoja neuloin, sitten harrastusta sain ihan tarpeeksi. [nauraa] (H2)

Well, I can't call them hobbies, but I do handcrafts, crocheting in the summer, during winter then knitting. ...then [when I was young] one always had to be at work ... or with children and they made noise around. There was no time for hobbies those days. Of course, socks and gloves and all those things had to be done and, like when for boys, stockings and woolen shirts were knitted, then I got enough of hobbies. [laughs] (H2)

Participants reported that Kuusela Senior Centre offers variety of handcraft activities and some of them were taking part in fabric dyeing course. However, most of the interviewees stated that they would like to participate in more such courses, like loom work, needlework, knitting or china painting.

Going to sauna was an integral part of interviewees' lifestyle. They enjoyed either being alone there or going to a public sauna. One of the participants appreciated public sauna for seniors programme as s/he found new friends there. Social activities, like musical performances, arranged in Kuusela Senior Centre, were also seen as an opportunity to meet other people. On the other hand, from the rehabilitative activities, the participants found physiotherapy, brain gym and discussion groups as most helpful for their age group as these help to improve physical and mental health.

6 DISCUSSION

6.1 Discussion of the process

First of all, the authors faced the dilemma whether to choose qualitative or quantitative methodology. As none of the authors had previous experience with the research, nor was a native Finnish speaker, quantitative methodology seemed to be easier to conduct the research. On the other hand, there was only little research done in this field and the thesis was about to deal with human emotions and feelings which made the authors decide for the qualitative approach. That meant thorough familiarization with the studied concept and methodology. Due to the sensitive topic and vulnerable target group, ethical issues had to be considered before the research as well.

As there is only one word for loneliness in Finnish language, “yksinäisyys”, a meaning of loneliness for the interviewees was crucial. Although, almost all the participants stated not to feel lonely, they used real examples from their past to describe loneliness. Though talking about such a sensitive topic, the participants were open and helpful and their answers seemed to be honest. After each interview, the authors reflected on it and discussed their feelings and notes.

Data analysis turned to be a real time-consuming process, especially the data transcription and translation, as there were forty nine pages of transcribed material at the end and transcription of thirty minutes of the record took approximately six hours. The authors carefully discussed what material to use in the thesis.

6.2 Discussion of the findings

The main purpose of this thesis was to explore how elderly people experience the effect of loneliness on daily activities and the ways of its alleviation. Presented findings showed relatively high correlation with previous studies in this field (McInnis & White 2001, 133-134; Pettigrew & Roberts 2008, 304-306; Savikko 2008, 42; Selmo 2008, 25-26; Hauge & Kirkevold 2009). Furthermore, this research supported McInnis and

White's (2001, 134) findings about increased perception of loneliness during the certain day time or season.

Loneliness was mainly connected to being alone and living alone, as both positive and negative meaning. Positively, the participants enjoyed the time spent alone for relaxation or activities of interest, like reading or watching television. In negative point of view, being alone was equal to being isolated from others, having no company for desired activities. Unlike in other studies (Pettigrew & Roberts 2008, 304; Hauge & Kirkevold 2009), loneliness was not seen so critically and surprisingly, personality as a cause of loneliness was mentioned by "lonely" participants themselves.

Even though the majority of the participants claimed not to feel lonely, as they were participating in different rehabilitation groups, during the interviews, it was found that service users are more susceptible to suffer from loneliness than the resident group. The social life of service users was, due to the health problems, mostly dependent on care provider's availability which limited the amount and choice of activities and made this group more socially isolated. This topic was especially connected to winter time, when there was little possibility to meet other people, also among those participants who did not call themselves lonely. Therefore, contradictory with McInnis and White's (2001, 133-134) or Pettigrew and Roberts's (2008, 305) studies, presence of the senior centre and other people of the same age played an important role in social life and loneliness alleviation of these participants.

As expected, the most discussed issue, concerning loneliness, social life and activities, was death of a spouse or a close friend. Moreover, participants felt they were estranged from the rest of the society and even from their own children, as the interviewees were complaining children being too busy or far away. On the contrary, no one expected that children would take care of him/her. Similarly, McInnis and White (2001, 133) described a conflict between disappointment over the lack of contact with the family and fear of asking too much from them. For the participants, regular contact with family or family involved in one's care, on the other hand, played an important role, as they felt being appreciated and being cared. Pettigrew and Roberts (2008, 304-305) stressed the regularity in activities, like calling to, dining with or visiting the family or friends, as this gave an order to the life of elderly people and was something they could look forward to.

Most participants stated that the most important coping strategy was to stay occupied. Whereas the group of Kuusela residents had every day programme in the centre, the service users used solitary activities like reading, light housework, handcraft or watching television for this purpose. When it came to hobbies, neither reading nor handcraft was called a hobby by this group and they were referring to activity programmes in Kuusela Senior Centre or in other organisations.

These programmes were important for elderly people because they were meeting other people of the same age and with the similar problems. The psychosocial rehabilitation groups improved their mental, physical and social wellbeing, as they involved physiotherapy, brain gym, musical activities and newspaper reading and discussion.

One may argue about what causes loneliness and what is its consequence. Figure 2 attempts to show a relation of loneliness to activity of elderly people in connection with the results of this thesis. Whereas dependency and personality decreased activity of elderly people and were factors leading to social loneliness, social loneliness itself was found as a cause of decreased activities of elderly people as they were missing a company for activities of interest. Bereavement after partner's death and neglect were described as a feeling of inner emptiness, which can be covered under a term emotional loneliness, and made participants withdraw from active life as well. The connection between social and emotional loneliness was not found, however, can be predicted in a way that lack of social contacts causes an emotional withdrawal.

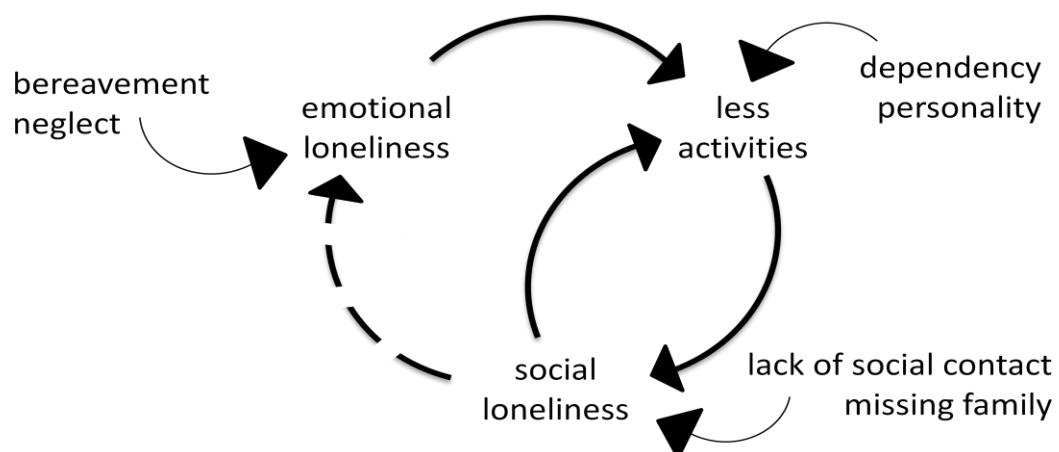


FIGURE 2. Causes and consequences of loneliness

As in all qualitative studies, also findings of this thesis are time and place bound (Burns & Grove 2005, 52). Although the description and the causes of loneliness would probably be the same in the future, the ways of its alleviation can be expected to change during the time. The coping strategies of the participants of this thesis were based on traditional values like family, work and nature. With long distances between the family members or the technological boom during last decades, it may be difficult to keep up for today's elderly people (Hauge & Kirkevold 2009) but with generational changes, these technologies, like internet, will become more important as ways of loneliness alleviation among elderly people as well (Findlay 2003, 654-655).

6.3 Trustworthiness

The aim of trustworthiness, in qualitative research, is to support the findings of the research and every researcher has to seek a way to achieve the four criteria, credibility, dependability, transferability and conformability, of trustworthiness (Holloway & Wheeler 2002, 254).

Credibility is crucial element for establishing trustworthiness and deals with how the findings of the study are reliable (Shenton 2004, 63-64). In this study, a purposive sample was chosen by the working life partner according to inclusion criteria. To ensure the validity of this research, the Finnish version of the topic guide was tested for face and content validity through the native Finn peer and working life partner's reviews and also through the pilot interview. An establishment of early familiarity with the culture of the participants and organization improves understanding, cooperation and relation of trust among the researcher and the participants (Shenton 2004, 65). A pre-visit was done before data collection in order to get known the environment. Five of the interviews were carried out in the Kuusela Senior Centre, except one interview which was done at participant's home. The reason was to give the interviewees calm environment and to talk about their feelings and experiences openly without disturbances. After the first interview was carried out the researchers noticed a need of modification of some of the topic guide questions. All of the interviews were audiotaped except one participant did not give a permission to audiotape, so the researchers respected the interviewee's choice and it was written down.

Dependability is an important step for evaluating the quality of data and its stability over time and condition (Polit & Beck 2008, 539). Both researchers read the transcripts several times and marginal notes were done for coding independently. The authors compared their notes and gave a code. After coding was completed a category scheme was developed. After data analysis, the findings were sent to working life partner for a feedback. The part of the Bachelor's thesis process was seminars participation every month. During these seminars, the authors were given the feedback from their peers and tutoring teachers. The authors took part in two personal meetings with the supervising teacher as well. Consolidated criteria for reporting qualitative studies: 32-item checklist (Tong, Sainsbury & Craig 2007, 352) was used to enhance the credibility and dependability of this research.

Transferability deals with the extent to which findings of the study can be applied to other situation (Polit & Beck 2008, 539). The researchers interviewed six elderly people with an inclusion criteria from Kuusela Senior Center. As the sample was rather small, the findings cannot be generalized for all settings but there is still transferability value. Although, there was a special part concerning Kuusela Senior Centre in the topic guide, the guide can be, with little changes, used for other similar setting as well as for home care services.

Conformability deals with objectivity of the data (Polit & Beck 2008, 539). The interviewer bias were decreased by both authors present during the interviews and their reflection and sharing and discussing the findings. Five out of six interviews were audiotaped, so for any doubts, the records could have been listened. The authors paid attention to the quotations to be context bound, still these were the authors' choices.

7 CONCLUSION

This thesis linked loneliness and decreased level of activities together, no matter in what order they were reported. Once again, this research showed the importance of social contacts and meaningful activity for elderly people. The elderly people themselves highlighted the beneficence of different psychosocial rehabilitation groups, physiotherapy and social activities available in Kuusela Senior Centre or by other organisations. The authors hope that this findings help to improve the elderly care and services not only in Kuusela Senior Centre but also in other co-operative institutions of Active Aging in Tampere region project.

However, further research is still needed, especially among the elderly people in community, as these were in increased risk of loneliness and social isolation more than the resident group. There is also only little research done among elderly people with decreased cognitive function in this field as well.

REFERENCES

- Acquire. 2002. Alcohol misuse among older people. Acquire - Alcohol Concern's Quarterly Information and Research Bulletin. 34. Read 13.2.2011. www.alcoholconcern.org.uk/
- Active Aging in Tampere. Read 2.1.2010. www.piramk.fi/aip
- Avlund, K., Lund, R., Holstein, B. & Due P. 2004. Social relations as determinant of onset of disability in aging. *Archives of Gerontology and Geriatrics*. 38, 85-99.
- Barg, F., Huss-Ashmore, R., Wittink, M., Murray, G., Bogner, H. & Gallo, J. 2006. A mixed-methods approach to understanding loneliness and depression in older adults. *Journal of Gerontology*. 61B(6), 329–339.
- Bondevik, M. & Skogstad, A. 1998. The oldest old, ADL, social network, and loneliness. *Western Journal of Nursing Research*. 20(3), 325-343.
- Burns, N. & Grove, S. 2005. *The practice of nursing research: conduct, critique, and utilization*. 5th edition. Philadelphia: Elsevier/Saunders.
- Department of health. 2005. *Research governance framework for health and social care*. 2nd edition. www.dh.gov.uk
- Donaldson, J. & Watson, R. 1996. Loneliness in elderly people: an important area for nursing research. *Journal of Advanced Nursing*. 24(5), 952-959.
- Eliopoulos, C. 2010. *Gerontological nursing*. 7th edition. Philadelphia: Lippincott Williams & Wilkins.
- Elo, S. & Isola, A. 2008. Ikääntyneiden haastattelun erityispiirteitä. *Hoitotiede-Journal of Nursing Science*. 20(4), 215-225.
- Elo, S. & Kyngäs, H. 2008. The qualitative content analysis process. *Journal of Advanced Nursing*. 62(1), 107–115.
- Findlay, R. 2003. Interventions to reduce social isolation among older people: where is the evidence?. *Aging & society*. 23, 647-658.
- Graneheim, U. & Lundman, B. 2004. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today*. 24, 105-112.
- Hauge, S. & Kirkevold, M. 2009. Older Norwegians' understanding of loneliness. *International Journal of Qualitative Studies on Health and Well-being*. Read 17.1.2011. <http://www.ncbi.nlm.nih.gov/pmc/>
- Holloway, I. & Wheeler, S. 2002. *Qualitative research in nursing*. 2nd edition. Oxford: Blackwell publishing company.

Holmén, K., Ericsson, K., Andersson, L. & Windblad, B. 1993. ADL capacity and loneliness among elderly persons with cognitive impairment. *Scandinavian Journal of Primary Health Care*. 11(1), 56-60.

Holmén, K. & Furukawa, H. 2002. Loneliness, health and social network among elderly people – a follow-up study. *Archives of Gerontology and Geriatrics*.35, 261-274.

Jakobsson, U. & Hallberg, I. 2005. Loneliness, fear, and quality of life among elderly in Sweden: a gender perspective. *Aging Clinical and Experimental Research*. 17(6), 494-501.

Karnick, P. 2005. Feeling lonely: Theoretical perspectives. *Nursing Science Quarterly*. 18(1), 7-12.

Killeen, C. 1998. Loneliness: an epidemic in modern society. *Journal of Advanced Nursing*. 28(4), 762-770.

Lempinen, P., Heikkinen, R., Kauppinen, M. & Heikkinen, I. 2006. Activity as a predictor of mental well-being among older adults. *Age & Mental Health*. 10(5), 454-466.

McInnis, G. & White, J. 2001. A phenomenological exploration of loneliness in the older adult. *Archives of Psychiatric Nursing*. 15(3), 128-139.

Moreh, E., Jacobs, J. & Stessman, J. 2010. Fatigue, function, and mortality in older adults. *Journal of Gerontology*. 65A(8), 887–895.

Nilsson, B., Lindström, U. & Nåden, D. 2006. Is loneliness a psychological dysfunction? A literary study of the phenomenon of loneliness. *Scandinavian Journal of Caring Science*. 20, 93-101.

Official statistics of Finland. 2009. Population projection 2009–2060. Read 25.10.2010. http://www.stat.fi/til/vaenn/2009/vaenn_2009_2009-09-30_tie_001_en.html

Pettigrew, S. & Roberts, M. 2008. Addressing loneliness in later life. *Aging & Mental Health*. 12(3), 302-309.

Pitkala, K., Laakkonen, M., Strandberg, T. & Tilvis, R. 2004. Positive life orientation as a predictor of 10-year outcome in an aged population. *Journal of Clinical Epidemiology*. 57, 409–414.

Polit, D. & Beck, C. 2008. *Nursing research: generating and assessing evidence for nursing practice*. 8th edition. Philadelphia: Lippincott Williams & Wilkins.

Rokach, A., Matalon, R., Rokach, B. & Safarov, A. 2007. The effects of gender and marital status on loneliness of the aged. *Social Behavior and Personality*. 35(2), 243-254.

Rook, K. 1984. Research on social support, loneliness and social isolation towards an integrated review of personality. In Donaldson, J. & Watson, R. 1996. Loneliness in elderly people: an important area for nursing research. *Journal of Advanced Nursing*. 24 (5), 953.

Savikko, N. 2008. Loneliness of older people and elements of an intervention for its alleviation. *Annales Universitatis Turkuensis*. Nro 808. Turun yliopisto. Hoitotieteen laitos. Doctoral thesis.

Selmo, E. 2008. Aging and functional capacity – stress factors and coping resources. Jyväskylä university of applied sciences. School of health and social studies. Bachelor's thesis.

Shenton, A. 2004. Strategies of ensuring trustworthiness in qualitative research projects. *Education for Information*. 22, 63-75.

Theeke, L. 2009. Predictors of Loneliness in U.S. Adults over age sixty-five. *Archives of Psychiatric Nursing*. 23(5), 387–396.

Tiikkainen, P. & Heikkinen R. 2005. Associations between loneliness, depressive symptoms and perceived togetherness in older people. *Aging & Mental Health*. 9(6), 526–534.

Tijhuis, M., De Jong-Gierveld, J., Feskens, E. & Kromhout, D. 1999. Changes in and factors related to loneliness in older men. The Zutphen elderly study. *Age and Ageing*. 5, 491-495.

Tilvis, R., Laitala, V., Routasalo, P. & Pitkälä, K. 2011. Suffering from loneliness indicates significant mortality risk of older people. *Journal of Aging Research*. Read 14.2.2011. <http://www.sage-hindawi.com/journals/jar/>

Tong, A., Sainsbury, P. & Craig, J. 2007. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*. 19(6), 349-357.

Vaz Fragoso, C., Araujo, K. & Van Ness, P. 2008. Prevalence of sleep disturbances in a cohort of older drivers. *Journal of Gerontology*. 63A(7), 715–723.

Victor, C., Scambler, S., Bowling A. & Bond, J. 2005. The prevalence of and risk factors for loneliness in later life: a survey of older people in Great Britain. *Ageing Society*. 25, 357-375.

World Health Organization. 2002. Active ageing: a policy framework. Read 2.11.2010. <http://www.who.int/ageing/publications/active/en/>

Younger, J. 1995. The alienation of the sufferer. *Advances in Nursing Science*. 17(4), 53-72. Read 1.3.2011. Journals@Ovid

TOPIC GUIDE

1. Effect of loneliness on daily activities

Can you describe your casual day? What are the best moments, the worst moments?

How would you describe your health? Does your health limit you anyhow in ADLs? Do you need help with ADLs (what, how many times per day/week)?

What does loneliness mean? Why do people feel lonely? Do you sometimes feel lonely and why? In what way, you think, does loneliness affect your daily life?

2. Coping strategies

How do you perceive aging process? Have there been any changes in your life that could affect the feeling of loneliness?

Do you have any hobbies, interests (what, how often)? Do you regularly participate in any social activities?

Can you tell us about your family and friends? How often do you meet them or talk to them?

3. Kuusela Senior Centre

What services do you use? What activities do you take part in? What services do you find most useful/helpful? What activities you enjoy most?

Do you have friend among other service users?

Can you find in Kuusela all services/activities you require? Are the services/activities suitable for your needs? What would you improve? What service/activities would you like to have in Kuusela?

TEEMARUNKO

1. Yksinäisyyden vaikutus päivittäisiin toimintoihin

Voisitteko kertoa tavallisesta päivästäne? Parhaat ja huonoimmat hetket?

Millaisena pidätte terveyttänne? Vaikuttaako terveystilanteenne toimintakykyynne?

Tarvitsetteko toisten apua (kuinka usein, mitä vuoksi)?

Mitä yksinäisyys tarkoittaa teidän mielestänne? Miksi ihmiset ovat yksinäisiä? Kärsittekö joskus yksinäisyydestä ja miksi? Millä tavalla yksinäisyys vaikuttaa teidän arkipäivisiin?

2. Yksinäisyydestä selviytyminen

Miten koette vanhuutenne? Onko elämässänne ollut muutoksia, jotka ovat vaikuttaneet yksinäisyyden tuntemukseen (Kuuselaan muuttaminen esim.)?

Harrastatteko jotakin (mitä, kuinka usein)? Osallistutteko säännöllisesti yhteiseen toimintaan?

Voisitteko kertoa meille perheestänne ja ystävistänne? Kuinka usein tapaatte tai puhutte heidän kanssa?

3. Kuusela Seniorikeskus

Mitä palveluja käytätte? Mihin toimintaan osallistutte? Mitkä palvelut ovat hyödyllisimpiä? Millaisesta toiminnasta nautitte eniten?

Onko teillä Kuuselassa ystäviä?

Saatteko Kuuselasta kaikki tarvittavat palvelut? Ovatko Kuuselan palvelut ja toiminta teille sopivia? Mitä Kuuselan palveluja haluisitte parantaa? Minkälaisia palveluita haluisitte saada Kuuselasta?

CODING TREE

CODE	SUB-CATEGORY	CATEGORY	THEME
Time on one's own	Time on one's own	Meaning of loneliness	Daily life and loneliness
Being forgotten	Being estranged		
Being alone	Social isolation		
Have no one to talk to			
Living alone	Living alone		
Health problems	Dependency	Causes of loneliness	
Fear			
Busy family	Missing family		
Family far away			
No one cares	Neglect		
No one listens			
Attitude	Personality		
Shyness			
Winter time	Lack of social contact		
Death of friends			
Death of partner	Bereavement		
Watching TV	Occupation of mind	Coping with loneliness	
Have mind occupied			
Enjoying nature			
Reading			
Handcraft			
Light housework			
Going for a walk	Physical activities		
Physiotherapy/rehabilitation			
Kuusela activities	Social activities		
Chatting with others			
Family involved in care	Family support		
Regular family visits			
Friends	Social network		
Phone calls			
Cottage			
Volunteers			