Old and lonely - a nurses understanding

A qualitative research and investigating study to discover what nurses understand and perceive loneliness to be in the elderly living in long term care

Barbara Stormer Vadseth

Master Thesis – Institute of Nursing and health Sciences

UNIVERSITY of OSLO

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UNIVERSITETET I OSLO
DET MEDISINSKE FAKULTETET
Institutt for sykepleievitenskap og helsefag
Boks 1153 Blindern, 0318 OSLO

Navn:	**Dato:**
Barbara Stormer Vadseth	20 mai, 2009

Tittel og undertittel

Gamle og ensomme - sykepleiernes forståelse

- en utforskende og beskrivende studie av sykepleiernes forståelse av ensomhet blant eldre sykehjemsboere.

Sammendrag

Hensikt: Studiens hensikt er å undersøke sykepleiernes forståelse av ensomhet blant eldre mennesker som bor på sykehjem og å undersøke hvilke tiltak som iverksettes for å sikre at eldre menneskers psykososiale behov blir tilfredstilt. Denne kunnskapen er viktig for å sikre best mulig kvalitet i pleien av ensomme, eldre, beboere på sykehjem.

Teoretisk forankring: I tillegg til forskningslitteratur som omhandler eldre menneskers ensomhet ble Antonovskys teori om "stress and coping" benyttet for å beskrive sykepleiernes forståelse av sammenhengen mellom mestring av stress og utvikling av ensomhet. Watsons teori "caring" ble benyttet for å belyse hvordan sykepleierne på forskjellige måter brukte seg selv på en terapeutisk måte.

Metode: Studien har et kvalitativt, utforskende og beskrivende design. Det er gjennomført dybdeintervjuer med syv sykepleierne, som arbeider fast på sykehjemsavdelinger. Data ble analysert ved hjelp av kvalitativ innholdsanalyse.

Resultat: Informantene beskrev deres forståelser av ensomhet som en tilstand som oppstår når mennesker mangler ønsket sosial kontakt. Sykepleierne mente at årsaken til at beboerne var ensomme var tap av partnere, helse og personlig uavhengighet, og det at beboerne ikke var i stand til å mestre disse tapssituasjonene. Sykepleierne mente videre at ensomhet førte til tristhet, følelse av å være satt utenfor og alene. Noen av beboerne, som hadde adekvate mestringsstrategier i situasjonen, ble vurdert som fornøyde med sin psykososiale tilstand. Sykepleierne mente videre at det var vaskelig å iverksette tiltak mot ensomhet på grunn av at fenomenet var lite synlig og på grunn av mangel av tid. Systematisk planlegging av slike tiltak manglet. Tiltak som ble iverksatt var tilrettelegging av interaksjon mellom de eldre på institusjonen, ved hjelp av kommunikasjonsstrategier og ved å etablere personlig kontakt mellom sykepleier og den eldre. Å styrke den eldres følelse av egenverdi ble beskrevet som viktig for å motvirke ensomhetsfølelse. Iverksetting av tiltak for å lindre ensomhetsfølelsen hos de eldre var primært basert på egne observasjoner, tidligere erfaringer av iverksatte praktiske tiltak. Intuisjon og egen praksiserfaring bestemte karakteren av de tiltak som ble iverksatt. Systematisk kartlegging av de eldres psykososiale behov og prioritering av tid fra institusjonens side for å iverksette tiltakene, manglet.

Konklusjoner: Funnene i denne studien er i overveiende grad i samsvar med kjent litteratur og tidligere forskning på området. Ensomhet var vanskelig å avdekke og vanskelig gjøre noe med. Sykepleierne beskrev en situasjon der psykososiale behov i liten grad ble vektlagt i arbeidshverdagen. Dette indikerer at det er et potensial for å forbedre pleien av eldre ensomme mennesker hvis det settes mer fokus på deres psykososiale behov.

Nøkkelord

ensomhet – aldring – mestring – tap - kommunikasjon

UNIVERSITETET I OSLO
DET MEDISINSKE FAKULTETET
Institutt for sykepleievitenskap og helsefag,
Boks 1153 Blindern, 0318 OSLO

Name:	**Date:**
Barbara Stormer Vadseth	May 20, 2009

Title and subtitle

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-an investigative and descriptive study of nurses understanding of loneliness among elderly individuals living in long-term care.

Abstract

Purpose: The purpose of this paper is to discover nurses understanding of loneliness in individuals living in long-term care and to discover what type of interventions are used to promote a satisfying psycho-social life. This knowledge is important to assure the best quality care of the lonely elderly resident.

Literature review: In addition to research literature regarding loneliness in the elderly, Antonovskys theory of "stress and coping" was used to describe the nurses understanding of relationship between coping with stress and the development of loneliness. Watsons theory of "caring" was used to illustrate how nurses in different ways used themselves in a therapeutic manner.

Method: This study has a qualitative, exploratory and descriptive design. In-depth interviews were done with seven nurses working in long term care. Data was analyzed by the method of qualitative content analysis.

Results: Informants described their understanding of loneliness as a condition that arises when individuals lack the desired social contact. Nurses believed that the reason that elderly residents were lonely was the loss of spouse or partner, health, and personal dependence and that the residents were not able to cope with these losses. Nurses understood further that loneliness lead to feelings of sadness, alienation and aloneness. Residents that were seen to have adequate coping strategies were considered to have a satisfying psychosocial condition. Nurses expressed further that it was difficult to implement interventions to prevent loneliness due to time constraints and the fact that the phenomenon is difficult to identify due to its invisible nature. Systematic planning of such interventions was lacking. Interventions used to facilitate interaction between the elderly through the use of communication techniques and the establishment of personal contact between the nurse and the resident. The importance of providing the residents with feelings of positive self-regard was seen as important to prevent feelings of loneliness. Interventions to assist in the relief of the experience of loneliness were primarily based on their own observations, and earlier experiences of the effects of practical interventions. Intuition and their own practical experience determined the interventions that were provided. Systematic collection of information of the elderly individual's psychosocial needs and the prioritizing of the use of time for these needs from the management of the institution was lacking.

Conclusions: The findings in this study are to a large degree in accordance with known literature and earlier research on the subject of loneliness. Loneliness was difficult to uncover and difficult to treat. Nurses described a situation where the psychosocial needs of the elderly in their care were under prioritized in the daily routines. This indicates that their exists a potential to improve the care of the lonely elderly individual if more emphasis was placed on the importance of meeting the psycho-social needs.

Key words
loneliness - aging - coping - loss - communication

Preface

This master's thesis has been one of the most challenging experiences I have been involved with throughout my adult life. The process of discovering what nurses understand loneliness to be has lead to many reflections into my understanding of the profession of nursing, for this I am eternally grateful. My professional practice has been enriched with knowledge, empathy and the desire to discover more information in the future.

I would like to thank my advisor Solveig Hauge for her support and encouragement during this challenging adventure. Your knowledgeable and caring manner will always be appreciated.

To my husband and children, your support and patience have given me the incentive to continue to the completion of this thesis.

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1. Introduction

In Norway there are more than 40,000 residents in long-term health care facilities (nursing homes) and the numbers are predicted to be greater in the years to come. Long-term care facilities provide most institutional care for the older people in Norway. Of the older population in Norway, 8% of individuals are 67 years or older and 14.4% of people 80 years older live in these facilities (Norway Statistics, 2005). In studies of elderly living in long term care institutions approximately 50% reported feelings of loneliness occasionally, or frequently (Drageset, Natvig, Eide, Clipp, Bondevik, Nortvedt, & Nygaard, 2008) In present society, the changing roles in the family in regard to work and home situation has resulted in the health care system having an increased responsibility for the needs of the elder. This has lead to a situation of increased vulnerability for the elderly population in regard to the possibility of loneliness and isolation (Thorsen, 1988).

Nurses have a responsibility according to regulations for quality health care services for providing individuals with the fulfillment of their basic needs. Together with the individuals need for respect, security, the evaluations of the elderly individual's psychosocial situation are increasingly important. In addition to the requirement of providing necessary medical healthcare, there exists a quality assurance requirement that individuals social needs are met, this includes meaningful social contact, feelings of belonging, and the possibility to engage in meaningful social activities (Helse-og omsorgsdepartementet, 2003). In today's long term care facilities with the emphasis on remaining at home as long as possible, individuals qualifying for placement must exhibit substantial dependence due to physical and or mental impairment (Drageset et al, 2008). This presents a challenge to the health care workers responsible for the elderly in long term care to assist these individuals with the meeting of their psychosocial needs. Individuals are admitted to long-term care with a variety of complex health care problems needing a variety of skills to manage. Together with

this there has been a growing awareness of the powerful relationship between physical and mental health (Mullins, Elston, & Gutkowski, 1996).

1.1 Background for the choice of the subject

"People exist through interaction with each other. The need for contact and closeness with other individuals is an important factor in order to experience life as meaningful." (Smebye, 2005).

A major area of nursing responsibility in long term care is to assure that individual's basic needs are meet. The complex nature of the health care needs of the elderly living in nursing homes presents itself as a challenge for the nursing staff. Physical needs such as hygiene, food and medical care are often given a higher priority that the needs for social contact (Hauge, 2008). Nursing has the basic responsibility to help patients to establish contact with others and with the assistance in expressing their feelings and needs (Blix & Breivik, 2006; Henderson, 1997). Studies have shown that available physical and social activities are reported to be of a lower quality than the physical care provided (Helse-og omsorgsdepartementet, 2003). According to these criteria regulations for quality health care, basic needs are described as the possibility for togetherness, social contact, and activity. The goal of nursing in this case is to assist in the development and maintenance of satisfying contact with individuals of their choice. Social integrity is seen as one of the basic principles in nursing practice. Nurse's role is thus to support the individual's attempts to establish contact and provide assistance when so needed (Smebye, 2005).

There exists little knowledge on meeting the psycho-social needs of the elderly in the form of meaningful activities, social networks, maintaining close relationships with family and friends and the assurance of a safe and acceptable living situation for the elderly individual (Kirkevold, 2008) Research that has addressed the quality of care

given to the elderly has been primarily interested in the physical care provided. Psycho- social needs are referred to as a challenge but at a lower priority level and not as criteria for evaluating quality of life (Høyland & Ribe, 2005). In studies to investigate the quality of care provided in nursing homes, results have shown that the interaction between the nurse and the elderly individual is a determining factor to the individuals well being (Bergland & Kirkevold, 2005; Bowers, Fibich, & Jacobson, 2001). Thus, nursing staffs attitudes and perceptions into the problem of loneliness is important to discover together with what type of interventions are used to meet the psycho- social needs of the elderly. To assure purposeful and individual care of the elderly it is important to look at the knowledge base of the nurses caring for this group of individuals in regard to the meeting of their psychosocial needs, in this case, the study of loneliness.

1.2 Presentation of the Research question and problem to be investigated

Although a number of researchers have explored loneliness in the elderly population and discussed the need for interventions (Bondevik, 2000; Bondevik & Skogstad, 1998; Dahlberg 2007; Hicks, 2000; Jylha, 2004; Paul, Ayis & Ebrahim; Pettigrew & Roberts, 2008; Pilkington, 2005; Slettebø, 2008; Thorsen & Solem, 2005;Victor, Scrambler, Bowling & Bond 2005; Windriver, 1993) there is a lack of studies that have described what nurses actually understand and perceive loneliness to be. Without this understanding, there exists a difficulty in developing strategies to assist and adequately meet the needs of the elderly population. The rational for this study is to provide an understanding of what nurses working in long term care understand and perceive loneliness to be and what interventions are used to assist these individuals in meeting their basic psychosocial needs. There exists an understanding that the scope of this master's thesis will in no any way provide the ground work for reforms in the care of the elderly but the possibility exists that it can shed light on the knowledge

and needs of a small number of nurses working with the lonely elderly, living in long term care.

Research Question:

1. What do nurses understand and perceive loneliness to be in the elderly living in a nursing home.

Together with the purpose of discovering what nurses understand about loneliness it is important to discover what nursing provide in the form of interventions in the care of these individuals they evaluate as lonely. The following research questions will be asked.

2. What factors do nurses believe influence the feelings of loneliness in the elderly, living in the long-term care facility?

3. What types of nursing interventions are used to assist these individuals in the relief of their loneliness?

2. Theoretical Framework

In this chapter, central theories used in this thesis to describe the nurses understanding of loneliness will be presented. The theory of geo-transcendence will be presented to describe different happenings in elderly individuals. General theories of the loneliness of social and emotional isolation, and necessary social provision will be described. Watson's theory of caring together with Antonovsky`s theory of stress and coping will be presented and used in the discussion of the findings of this study.

2.1 Theory of gero-transcendence

The theory of geo-transcendence was developed by sociologist Lars Tornstam (2005) and is built on the disengagement theory. In this theory disengagement is considered a universal tendency in the aging individual. Individuals move away from their active and materialistic lifestyle towards a more spiritual, cosmic and overwhelming transcendent perspective on life (Mensen, 2008; Tornstam, 2005). The last area is the changing relationship to social relations. It becomes the interest of the elderly to involve oneself in the relationships with the most meaning. Superficial relationships are of a lesser interest. The need to be alone increases in importance.

The purpose of this theory is descriptive in nature and portrays the aging process as a positive and natural event. This theory can provide positive explanations for different behaviors in the elderly, for example that of social withdrawal. Activity is redefined to include unseen activity, that of rest, and contemplation. Withdraw from activity is seen as a natural occurrence and has implications as to the evaluation and assistance of the elderly in both engagement in activities but also in the natural acceptance of withdrawal (Hauge, 1998).

2.2 Loneliness: different theoretical perspectives

Different theoretical perspectives are present in the discussion of loneliness. The scientific study of loneliness has been actively pursued since the 1950's. During this time progress has been made towards the development of loneliness theories, the concept has been defined and perspectives on the phenomenon has emerged (Killeen, 1998; Ribero, 1989; R. S. Weiss, Riesman, & Bowlby, 1973; Younger, 1995). Research into the subject of loneliness found that the theory of emotional and social isolation and the necessary social provisions described by Weiss were accepted as providing a general description of the loneliness experience.

2.2.1 **Interactionist Thoery**

As a result of his research, Weiss (Weiss et al., 1973)has identified two types of loneliness, described as the interactionist theory.

In this theory loneliness is divided into two categories.

Loneliness of Emotional Isolation

Loneliness of emotional isolation represents the subjective response to the absence of a generalized attachment figure. There is often a lack of a connection to another person that provides an individual with a feeling of security and well-being (Bondevik, 1997; Weiss, et al., 1973). This type of loneliness can exhibit itself in a variety of situations when there is a lack of a general feeling of attachment. The death of a spouse not only brings about emotional isolation but can also produce social isolation. The independence of the nuclear family and the changing family social structure has made the loss of a partner a difficult event for the elderly. The death of a partner disorganizes and disrupts the emotional life of the remaining partner. There exists the possibility of the loss of an emotional connection but there also exists the possibility of the loss of the roles involved in a couple relationships. Friendships are often dependent on the interactions of couples. Transportation and economy are factors that can lead to emotional isolation and thus loneliness (Weiss, et al., 1973).

Emotional loneliness can only be relieved with the establishment of new emotional relationships. The symptoms of emotional loneliness are anxiety, restlessness, and emptiness.

Loneliness of Social Isolation

The loneliness of social isolation may be a secondary consequence of a loss that leads to emotional isolation. The loss of a spouse not only brings with it emotional isolation but leads to a change in social roles which disrupts relationships with friends. Any disruption of a person's social network through marital loss, changes in living arrangements, moving to a new area, or the aged whose social networks have suffered the combined onslaughts of retirement, disability and death may lead to this condition (ibid). The loss of contact with those who once shared a mutual contact leads to social isolation. Loneliness of social isolation is the response to the lack of a close friendship or a feeling of belonging. The symptoms of social loneliness are boredom and a feeling of detachment to the environment.

According to Weiss (ibid) the loneliness experience cannot be described the same for every individual. The only commonality from individual to individual is that both have the need and desire for closeness with one or more individual. The loneliness that is a result of these two types of isolation are closely related in that both share the common characteristic of a restless depression, and a general unfocused feeling of dissatisfaction but they also differ in the following ways. Loneliness from emotional isolation is dominated by anxiety, apprehension and restlessness whilst loneliness from social isolation is characterized by boredom together with a feeling of exclusion.

Weiss' theory can be used to understand the relationship between social interaction and psychological well-being that elderly individuals experience as a result of different experiences with social relationships. Life's experiences such as relocating, poor health, death of a significant other such as a spouse or a close friend are situations that the majority of elderly individuals face. It is important to look at

loneliness from a variety of different perspectives to understand importance of loss in these individuals (Casey & Holmes, 1995; Dugan & Kivett, 1994).

Weiss's areas of necessary social provision

Weiss (Weiss, et al. 1973; Weiss, 1974) has identified as a result of his research six important social provisions that are necessary for individual well-being. They are each individual in their content and function. According to Weiss an individual has adequate social resources when their social network satisfies their individual need for each of the six social areas, independent of quantity of persons they have contact with. The qualities of these relationships are of primary importance.

The six areas of social provisions are as follows:

“Attachment” is characterized to provide a feeling of safety, and security. This is provided by the presence of a close intimate relationship with a significant other. Lack of this relationship leads to emotional loneliness.

“Social integration” is experienced in relationships were individuals share a common interest. The lack of such relationships results in the feelings of disconnectedness both from friends and from the environment in general. Social integration provides individuals with information, advice, evaluation of there own behaviours and those of others.

“Opportunity for nurturance” exists in relationships where individuals provide caring and help to others. There exists a feeling of responsibility for another person's well-being and a feeling of being needed. This feeling gives life a meaning. The absence of this feeling of being needed by others leads to a feeling of a lack of purpose.

“Reassurance of Worth” is present in relationships where an individual experiences respect and recognition. A lack of this feeling can easily lead to low self-esteem and feelings of worthlessness.

“A sense of reliable alliance” is the ability to trust another individual independent of outside factors. The lack of this feeling leads to a feeling of vulnerability.

The obtaining of guidance requires having the possibility of receiving the emotional support that is involved in the process of making decisions. The absence of this relationship can lead to stress, uncertainty, anxiety, emptiness and feelings of a lack of purpose.

According to Weiss (R. Weiss, 1974) all six relationships are necessary to feel that adequate support is present and to avoid loneliness. The absence of one relationship will lead to loneliness. Loneliness according to Weiss and described by many is a normal reaction that is a present in all individuals at some time throughout life. It can vary from a mild experience of sadness, to an all encompassing, distressing feeling of loneliness. Loneliness is caused by a combination of external situational factors and internal personality characteristics. The individuals age, and the different phases of life, are influencing factors as to which relationships are experienced as the most important.

2.3 Watsons theory of Caring

The changes in the health care delivery systems around the world have intensified nurses’ responsibilities and workloads. Nurses must now deal with patients’ increased acuity and complexity in regard to their health care situation. Despite this, nurses must find ways to preserve their caring practice and Jean Watson’s caring theory (2005) can be seen as indispensable to this goal.

Watson views the “carative factors” as a guide for the core of nursing. She uses the term carative to contrast with conventional medicine’s curative factors. Her carative factors attempt to “honor the human dimensions of nursing work and the inner life world and subjective experiences of the people we serve” (Watson, 1988, pg 75). They include such things as faith-hope, sensitivity to self and others, helping trusting

relationships and the provisions of a supportive, protective, and/or corrective mental, physical, societal, and spiritual environment. A primary carative factor is the transpersonal caring relationship.

For Watson (1999), the transpersonal caring relationship characterizes a special kind of human care relationship that is the union of another individual together with an emphasis on the importance of the whole person and their existence in this world. Caring is thus seen as the moral ideal of nursing where the primary concern is for human dignity and humanity. This caring begins when a nurse enters into the life space of another individual and is able to detect or discover the individuals mental condition of being (spirit), manages to feel and understand these feelings within oneself, and responds to the situation in a way that provides the individual in their care with the possibility of a release of these feelings. There is a flow of information between the nurse and the individual. This relationship can be used to guide practice, education and research for nursing and related fields (Watson, 2005, p. 6).

Elements in this relationship depend on the following factors:

The nurse's moral commitment in protecting and enhancing human dignity, preserving and honoring the individual's spirit, and the possibility to heal since experience, perception and intentional connection are taking place. This relationship describes how the nurse goes beyond an objective assessment, showing concerns toward the person's subjective and deeper meaning regarding their own health care situation. The nurse's caring consciousness becomes essential for the connection and understanding of the other person's perspective. This approach highlights the uniqueness of both the person and the nurse, and also the mutuality between the two individuals, which is fundamental to the relationship. As such, the one caring and the one cared-for, both connect in mutual search for meaning and wholeness, and perhaps for the spiritual transcendence of suffering (Watson, 2005). The term "transpersonal" means to go beyond one's own self and the here and now, as it allows one to reach deeper emotional connections in promoting the patient's comfort and healing. Finally,

the goal of a transpersonal caring relationship corresponds to protecting, enhancing, and preserving the person's dignity, humanity, and wholeness (Ibid).

According to Watson ((Watson, 1988, 1999, 2005), a caring occasion is the moment when the nurse and another person come together in such a way that an occasion for human caring is created. Both persons individuals are unique and can come together in a human-to-human transaction which is influenced by the person's frame of reference or the including of feelings, bodily sensations, thoughts, spiritual beliefs, goals, expectations, environmental considerations, and meanings of one's perceptions—all of which are based upon one's past life history, one's present moment, and one's imagined future.

Both parties the nurse and the one being cared for need to be aware of their own consciousness and authentic presence of being in a caring moment together. The caring moment influences all parties through the choices and actions decided within the relationship, thereby, influencing and becoming part of their own life history. The caring occasion becomes "transpersonal" when "it allows for the presence of the spirit of both—then the event of the moment expands the limits of openness and has the ability to expand human capabilities" (Watson, 1999, p. 116).

2.4 The Sence of Coherence Concept

Aaron Antonovsky (1987) presents two different views on the subject of health and disease in the hope that they can be seen as two areas that can be in harmony with each other. He describes the importance of focusing on what keeps individuals healthy instead of concentrating on what makes them sick.

Sickness and health are explained in two ways.

The pathogenetic orientation is described as the development of disease. In the pathogenetic orientation the cause of disease is prioritized, in order- to treat or to prevent the development of disease. Stress is seen as a negative factor that leads the

body to a condition of imbalance. In this orientation, the development of treatments for diseases such as cancer is seen as important areas of concern.

The salutogenic orientation describes health as a process with its focus on those factors that lead an individual towards positive health. Stress and chaos are a natural part of all individuals' lives. The focus is on the possibility for change. How can individuals move toward a more positive side of health? Individuals experience of how we can influence and master the demands placed upon us are the deciding factor for obtaining good health. Individuals are exposed to many types of stress throughout life including health issues but also challenges from our environment. The normal way to look at stress is to focus on the negative consequences that these have on an individual's health. According to Antonovsky (Ibid) it is important to change the definition of stress to include a more positive salutogenetic definition. That everyone handles problems and challenges in different ways. What is important is to find new ways to handle problems in daily life that is full of stress full situations.

Fundamental in Antonovsky`s theory (Antonovsky, 1987, pg. 15) is to consider health as a position on the health ease / disease continuum and the movement in the direction towards the health end. Sense of coherence explains why people in stressful situations stay well and even able to improve their health. Three areas of problem solving are included in Antonovsky`s definition of the "sense of coherence concept."

1. Comprehensibility (the cognitive factor) the extent to which one perceives the stimulus that confronts one from the external and internal environment as making cognitive sense, as information that is ordered, consistent, structured and clear. That the individual has the ability to make sense of the stresses that come their way and possess a feeling that things will work out in the end as well as reasonably expected (Antonovsky, 1987, p.17).

2. Manageability (the psychosocial factor) the extent to which one perceives the resources at ones disposal as adequate to meet the demands placed on

one by the stimuli that is present. These resources can be resources under ones control or to resources controlled by legitimate others. This can include ones spouse, friends, doctor, or nurse whom one feels that one can count on and trust. If one has a high sense of manageability one will not feel victimized by events or feel that life is treating one unfairly (ibid).

3. Meaningfulness (the motivational factor) the extent to which one feels that life makes sense emotionally and that some of the problems and demands encountered are worth investing energy in, that challenges are worthy of engagement rather that burdens one could do without (Antonovsky, 1987 p. 18).

According to Antonovsky, when health and sickness are considered separately it can give us the wrong impression of an individual. When an individual is considered healthy or sick, there exists a risk that the disease receives attention instead of the individual. If we ignore the individual's experience of their health care problems and an individuals total life experiences it is very possible that the cause of the health care problems will not be discovered. Knowledge and understanding of an individuals life experiences are necessary in order for the individual to move towards the healthy side of the health continuum (Antonovsky, 2000)

2.5 Previous research

An extensive review of the literature using Cinahl, Pubmed, Medline and Bibsys was performed. Search words used were loneliness, aged, coping,nursing home and nurses understanding. Though the subject of loneliness has been researched in different contexts from different perspectives, no direct information was found describing the nurse's perception of loneliness in the elderly population living in long term care.

Due to the complex nature of the subject of loneliness and the importance to nursing, review articles written by nurses have attempted to describe loneliness and the related

concepts involved in this subject. Loneliness is described as a feeling of being alone despite the wish to be together with others (Killeen, 1998; Younger, 1995). It is an all encompassing, depressing condition that can affect all aspects of ones life. It is unique to every individual and therefore difficult to define. Younger manages to unravel the confusion between all the inter-related concepts. Loneliness is described as one step along the continuum from alienation to connectedness and the difference is a part of the life of everyone. Loneliness is described as a subjective state as apposed to the objective state of social isolation and aloneness. These different concepts are illustrated through the use of a continuum that attempts to describe how these related concepts affect individuals. Individuals can move throughout this continuum depending on life events, environment, and psychosocial wellbeing. Alienation is not the absence of connection but is a negative connectedness. This approach allows for effective placement of all concepts into some kind of perspective.

Through the research of the literature, information describing loneliness from the perspective of the elderly individual (Bondevik, 1997; Bondevik & Skogstad, 1998; Donaldsen & Watson, 1996; Drageset, 2000) was discovered. Although this information is relevant to this study no information was found describing what nurses actually understand loneliness to be or what type of interventions are provide in the care of these individuals.

3. Design and Method

This chapter will be used to describe this study's design and the methods used to collect data. While a certain amount of planning was done before this study was started a number of decisions evolved and were change as the study progressed. In qualitative research, the study design is often one that evolves over the course of the project. This is described as an emergent design, a design that develops as the researcher makes decisions in a knowledgeable and flexible manner to obtain the meanings as presented by the subjects in this study (Polit & Beck, 2004). The research process will be described from the planning phase, access to the field, subject selection, data collecting, ethical considerations, analysis and the evaluation of the quality of the study.

3.1 Exploratory/Descriptive design

This research project has used a qualitative exploratory-descriptive design due to the desire for a combination of a semi- structured data collection process together with the possibility of flexibility as new information presented itself. This design was used for two reasons. The goal of this study was to discover or uncover the nurses understanding of loneliness in the elderly resident. While loneliness in the elderly population has become an important area of research and there exists information on this subject (Bondevik, 1997, 2000; Bondevik & Skogstad, 1998; Donaldsen & Watson, 1996), very little has been presented about what nurses working with the elderly actually understand it to be. Exploratory design allows for flexibility to allow the researcher to develop new ideas and to develop a new understanding of a phenomenon, in this case loneliness in the elderly resident. Exploratory design has as its goal to discover new aspects of a known area of interest and it is a desired factor that the situation and the data collected controls and leads the researcher (Nord, 1998). At the same time, this study exhibited a degree of control that leads this study to be a combination of exploratory and descriptive design. Descriptive / exploratory

design share the goal of collecting and describing meanings collected in the interview process. In descriptive design, the researcher guides, and maintains a degree of control throughout the interview process (Nord, 1998) While this study developed and used an interview guide with a list of questions, there was a large amount of flexibility with regard to new information presented.

3.2 Planning Phase

In starting a project of this magnitude a number of practical activities were performed that formed the basis for the empirical section of this study. A description will be provided into the choice of research arena, access to the field, and the sampling methods used.

3.2.1 Formalities of getting started

After approval of this research proposal by Institute for Nursing Science of the University of Oslo an application was sent in to the Norwegian Social Science Data Services for project approval and permission to begin data collection. This process included the development of a formal request for the use of chosen health care facilities to conduct this research project and a letter of information to the subjects eligible to participate in this study. In this information letter, a detailed description of this project was presented describing the purpose of this study, how the study was to be carried out, and the sampling criteria (appendix 1). The nursing administrators were asked, if willing, to distribute these letters to subjects they deemed qualified for this study. The application for permission to start this research project was sent together with the prepared interview guide, the information letter to health care administrators, and a complete letter of information to subjects who were included a consent form to be sent back to the researcher. This project was approved by the Norwegian Social Science Data Services (NSD) (appendix 2).

3.2.2 **Subjects Sampling / Individual Level**

The goal of most qualitative studies is to discover meaning and to obtain different insights of the same phenomena thus generalizability is not a guiding criteria (Polit & Beck, 2004). In the boundaries of a master's thesis it has been clear that there exists a limit in the amount of subjects possible to use in order to do justice to the information gathered and to allow for the completion of this project. At the same time it is the interest of the researcher to obtain the best possible information to achieve the goals of this study.

The goal of this project was to interview 8 registered nurses working in a long-term care facility. After extensive literature review, where little was discovered about what nurses understand loneliness to be, the use of maximum variation sampling was decided on to be used when recruiting subjects for this study. This sampling method assures any common patterns that emerge from great variation are of interest and value in discovering the core experiences and central shared dimensions of a setting or a phenomenon. Variation in the sampling group could be age, gender, experience or place of work employment. When selecting a small sample with maximum variation the data collection will yield two kinds of findings. High quality, detailed description of each case, which is useful in documenting uniqueness, and important shared patterns that are important because they have emerged independently (heterogeneity). Both are important findings in qualitative inquiry (Patton, 2002). Using this method, the nursing administrators were requested to distribute the information letters to nurses working with the elderly in a long term care facility that were both newly educated and experienced nurses. No other requirements were put forward in this project.

The purpose of these interviews was to gain the nurses understandings and perceptions of loneliness in the elderly nursing home residents. The qualitative interview is a sensitive and powerful method of uncovering the experiences and lived

meanings of the subject's everyday world. Interviews allow the subjects to explain their own understandings and perceptions in their own words (Kvale, 1996).

Fourteen information letters together with the consent forms were sent to four different nursing homes in the Oslo area and distributed by the nursing administrators (appendix 3). Positive responses, together with a signed consent form were received by 9 nurses working at these nursing homes.

Sampling size is discussed in the literature as being without rules. Sample size is dependent on what you want to know, what will be useful and what can be done with the available time and resources (Patton, 2002). Throughout the interview process, 7 nurses were interviewed from three different long-term care facilities. Two subjects were not used due to time conflicts between the subjects and the researcher. This was discussed with this projects advisor and was concluded that these 7 interviewed were adequate for this project.

3.2.3 Sampling / Institutional level: Description of the research field utilized

Data collection was carried out in 3 different nursing homes in areas surrounding Oslo. An attempt was made to gain access to a wide variety of settings to enable a maximum variation (heterogeneity) sampling also in the type of institution these subjects were employed. This method was used with two purposes in mind. Long-term care facilities were chosen for their location, intercity versus smaller community locations. The three long-term care facilities had different profiles and exhibited different characteristics.

3.3 Choice of Research Method

This project has chosen to use qualitative method of inquiry in an attempt to find the answers to the research question presented earlier in this thesis. What nurses understand loneliness to be? Qualitative methods are research methods used to

describe and analysis aspects of the themes to be studied. The goal of this type of study is to discover the meanings that describe a social phenomenon as they are experienced by those involved. Qualitative methods are useful when information available is minimal or lacking (Malterud, 2003). Its strengths lie in the use of open ended questions that have no predefined answers. It has the possibility of discovering in-depth knowledge of a predetermined subject (ibid).

The choice of a qualitative method of inquiry was made after carefully reviewing the available literature on loneliness. While loneliness is a subject that has been studied over a long period of time, there was found little information on what nurses understand loneliness to be. To achieve the purpose of this study a naturalistic approach was needed to develop an understanding of the human experience of loneliness as presented by the nurses actually responsible for the care of these individuals. In naturalistic research the collection of information and analysis typically progresses concurrently as the researcher gains new insights, new questions develop, and further information is sought to confirm the new ideas presented by the subjects. Naturalistic studies result in rich in-depth information that can possibly shed light on different sides of a phenomenon (Malterud, 2003; Patton, 2002; Polit & Beck, 2004)

3.3.1 The research interview

Qualitative interviewing has at its core the perspective that subjects possess information that is meaningful, knowledgeable and able to be put into words. This information that the subjects possess, is of value and important to discover (Patton, 2002). The research interview forms the core of the qualitative research project. It is an interpersonal meeting where two people engage in a conversation that is of mutual interest. Knowledge evolves and develops through a dialogue. In the research setting it is the responsibility of the interviewer to create an atmosphere that allows the conversation or interaction to evolve into more than a normal conversation. It is essential that the interviewer develops an atmosphere in which the subjects feel free

to discuss his or her experiences, observations and personal feelings (Kvale, 1996). The researcher uses herself as a research instrument and has access to the interviewees lived meanings not only through the spoken word but through the tone of voice used expressions, and through the use of non-verbal communication throughout the interview (ibid). The conversation in a research interview is not an equal one as in a normal conversation. The situation is defined by the researcher who guides and directs the "conversation" to acquire the information desired (ibid). During the interview knowledge is created through the sharing of information, or points of view between the interviewee and the interviewer. In qualitative research it is a desired result that the information collected will reflect the subject's experiences, opinions and knowledge on a particular subject. It is therefore important that the questions asked are open ended to a degree that allows for the individual to express his or hers knowledge to the researcher It is important for the researcher to maintain a neutral position in regard to information the researcher possesses (Malterud, 2003).

Interview guide

After extensive research into the topic of loneliness, an interview guide was developed (appendix 4). The advantage in using an interview guide is that it provides topics for the interviewer to explore, probe and ask questions about. An interview guide with semi- structured questions was developed in order to assist the interviewer in exploring consistently, topics of importance, while allowing the flexibility of changing the sequence of the questions as decided by the person being interviewed. With the use of this semi- structured interview form, the interviewer was free to go in depth into topics that were of importance to the subject being studied. With this method the researcher remained free to build a conversation and explore subjects as brought up by the subjects being interviewed while maintaining the focus on the predetermined subject of the nurses understanding of loneliness (Malterud, 2003; Patton, 2002).

In preparation for this study an interview guide was developed and sent out to the students, teachers and advisor before a planned master's seminar. This forum was

used to prepare the best interview guide possible to allow for collection of the best possible data. It was a very positive experience to receive input from the members of the forum and a number of questions were changed and modified. At the same time during the interview process, it was important to remain open to changes in sequences and forms of questions and to allow follow up on the answers given by the participants. Knowledge is discovered through a dialog. It is the responsibility of the researcher to create an atmosphere where information is exchanged beyond the information obtained in a normal conversation. The interviewer in this case introduced the subject of loneliness with the use of the probes and open questions. Answers were followed up in an attempt to seek more detailed information and angles on the subject (Kvale, 1996; Patton, 2002). The interview requires advanced preparation and interviewer competence. As an inexperienced researcher it is important to be knowledgeable and prepared in the interview situation. Because little information was found through the review of the available literature on nurse's perception of loneliness, it was important not to follow the interview guide strictly. The interview guide was modified throughout the interview process as information became available and adjusted to each informant (Malterud, 2003).

3.3.2 The Interview process

The interviews were completed during the months of December 2007/ January 2008. In preparation for the interviews it was important to review the available literature on interview techniques. As presented by Kvale (1996) it is important to be prepared in the interview situation. This was done through the research of literature and the preparation of the interview guide and the subjects to be discussed. Most important, it is important to be sensitive to the interview situation to provide an atmosphere where informants could talk freely in an undisturbed atmosphere.

The interviews started with a brief description of the project and the subject to be discussed. Subjects were asked to tell a little bit about themselves and their work experience. This was a positive way to start the interview to allow the subjects and

researcher to become comfortable with each other. They were also given information about the use of the tape recorder in the interview process and explained that this was a voluntary part of the study and could be turned off if this was seen as a problem. Only one subject experienced the tape recording as uncomfortable. At that time the tape recorder was turned off and the interview was transcribed from memory immediately following the interview. Though this was not an optimal situation a feeling of being true to the interview was accomplished. In this situation the interviewers active listening and memory worked as a selective filter retaining the meanings that were essential to the topic and purpose of the study (Kvale, 1996). Following each interview, detailed notes were written to describe the researcher's impression and observations during the interview. The quality of the interview is decisive for the quality of the later analysis, verification and reporting of the interviews. It is an important aspect that the interviewer attempts to verify his understanding of what was actually said in the course of the interview (ibid). As each interview was completed and the information transcribed it was apparent that the interview situation became more organized as learning progressed. This enabled for the collection of more detailed and specific information to shed light on the research question.

All interview subjects were different from one another and each interview was influenced by the characteristics of the subjects involved. As described by Kvale (1996) the ideal interview subject does not exist. It was a challenge for the researcher to motivate and facilitate the subject's accounts and to obtain interviews that were rich in knowledge for each subject interviewed. While the general feeling after this process is of a gradual improvement and success in retrieving information from the subjects involved not all interviews provided as much detailed information. The interviews lasted between 30- 50 minutes. In the initial plan the interviews were to be carried out in the health care facility. This process was not as problem free as anticipated by the researcher or the participants. Frequent interruption from co-workers, and elderly residents was experienced. Three of the participants evaluated

their work environment as non-conductive to taking the time out of their workday to participate in an interview taking approximately 45 minutes. Alternate times were arranged for these interviews. A digital voice recorder was used to record the interviews.

Transcription from the digital recorder to the written word started soon after each interview. This process allows the interview conversations to be available for closer analysis. Structuring the materiel into texts allows for an overview and is the beginning phase in the analysis process. While the interviews were transcribed word for word they were later condensed or edited to eliminate unnecessary information and to provide a better understanding of the meanings presented by the informants. It was necessary to edit some of the interview text due to the oral word has in its nature the possibility to be incomplete and informal as apposed to the written word (Malterud, 2003). At the same time it was important to remain true to the subjects when translating the subject's oral style into the written word ((Kvale, 1996; Malterud, 2003). It is also important to keep in mind that the written word that has been transcribed is a limited version of the reality presented by the subjects in this study. It provides a limited access to the meanings of the subjects involved. It is a given that some of the meanings are lost in the process of transcribing and is therefore an important reason for the researcher to remain an active part in all phases of the research project.

3.4 Ethical issues involved in this study

An interview inquiry such as is used in this project is a moral enterprise. The basis of this process is personal interaction. It affects the interviewee and the results of this interaction affect our understanding of the human situation (Kvale, 1996). Ethical issues do not belong to a separate stage of the interview inquiry but surface throughout the entire process. Therefore it is important that these issues are taken into

consideration both in the planning phase before project starts, but also as situations arise.

When humans are used as research subjects, care must be taken to ensure that the rights of these individuals are protected. There exists a code of ethics the most fundamental of these are described (Polit & Beck, 2004 p. 143) as being freedom from harm, respect for human dignity, and the principle of justice. The rights of the subject are of primary concern throughout the project. When discussing the possibility of harm it is important to be aware that study participants are exposed to various ways, these include physical, psychological, social and economical. It is the responsibility of the researcher to minimize all types of possible harm and to achieve a balance between the potential benefits and risks of participating in the research study. The psychological aspects require close attention to prevent undue distress. In the qualitative interview the researcher must use different techniques such as using care when formulating questions, providing time for "debriefing sessions to allow participants time to ask questions, and discuss areas in the data collection that are important to them. The need for care and sensitivity is important for the qualitative researcher dealing with the personal feeling and thoughts of the subjects involved. There are many reasons for people agree to participate in a research project. When asking people to participate in a research project their rights must always come first. The risk/ benefit ratio must never be to the disadvantage to the subjects involved. While all research involves some risk the risk must be minimised. The researcher anticipates the research to be of no more risk than is present in daily life.

Respect for human dignity, the right to self determination, and the right to full disclosure are important areas when discussing the ethical issues involved in research involving human subjects. The right to self determination states that participants have the right to agree to be involved voluntarily in the project without risking any negative outcome; they have the right to ask questions, refuse to give information, to ask for further information or to withdraw at any time. No undue pressure or coercion can be used to ensure participation. This is a sensitive area that requires

careful consideration on the part of the researcher (ibid). In order to ensure that the voluntary participation in research it is necessary that there exists full disclosure about the nature of the research project, the right to refuse to be involved, the researchers responsibilities, procedures for protecting anonymity, and any risks that could be involved with participation. These two elements are the basis for informed consent. Individuals possessing full knowledge of the research project including possible risks and benefits possess the ability to make and informed decision about participation in a research study (ibid).

In this project the administrator distributed the information letter with the request to participate in this research project. In this information letter, the necessary information as described here was presented and the subjects that were willing to participate returned the signed consent form with the necessary contact information. In this way the researcher had no possibility of influencing the subjects in responding to this request. The administrators were also not contacted further. Thus there existed no possibility of external pressure for participation in this project.

When discussing the ethical issues involved in qualitative research, there exists responsibilities that must be taken into account throughout the interview process. Interviewers have a responsibility to maintain a balance when probing for information. Data collection boundaries are the lengths a researcher will go to obtain information. The interviewer must balance the value of a potential response against the potential distress for the respondent (Patton, 2002).

This study involved little risk to the subjects but it was important to follow closely during the interviews. In most cases, the subjects in these interviews were relaxed and engaged in discussing loneliness as it affects the elderly. One informant who was not a native to Norway exhibited discomfort during the interview process. Different techniques were attempted to decrease this subjects feelings of discomfort. These feeling were attributed by the researcher as a difficulty for the informant to express herself in the Norwegian language. Though the informant spoke Norwegian this

apparent discomfort caused the researcher to carefully end the interview preserving the informant's feelings with respect and dignity.

3.5 Analysis and interpetation

Qualitative research is a challenging and time consuming process. Due to the naturalistic nature of data collection the interaction between the researcher and the subjects involved lead to a continual evaluation and analysis of the material presented. While in the earlier stages of the interviews, the study exhibits characteristic that are generative and emergent, following where the data leads. This changes as further information is gathered and new insights are obtained. Thus the data collection becomes more inclined towards confirmatory data collection where a desire for deeper insights exists together with recognition possible patterns or lack of (Patton, 2002). This movement from generative and emergent data collection to data confirming began early in this study and was a natural consequence of the interview process. This activity of taking notes and writing down the ideas that came to mind during an interview was the beginning of qualitative analysis. As information was collected with the help of a semi structured interview guide, the interview guide was supplemented to assist in further data collection. It is important to maintain a balance that allows for the emergent nature of qualitative studies while preserving the openness of naturalistic inquiry (ibid).

The lack of definite rules and guidelines, the enormous amount of work required, and the challenge of reducing data for reporting purposes are described as the primary reasons that qualitative data analysis is such a challenging endeavour (Polit & Beck, 2004). The analysis of qualitative data is an interactive process involving careful and detailed deliberation often reading the data multiple times searching for a deeper understanding of the material collected. Once the researcher is completely familiar with the data collected, there exists the possibility of the emergence of new insights (ibid). It is important that the analysis process is described in a way that allows the

reader to understand the process and obtain the conclusions that are presented by the researcher (Malterud, 2003).

In this study, a combination of literature was used to guide this researcher to a broader understanding of the complex process that is involved in qualitative analysis. After reading the interviews a number of times to become immersed in the data (Kvale, 1996), the researcher began to write down notes in the margins, to begin to understand the important aspects as presented by the interview subjects and the questions that were raised as to the possibility of newer and deeper meanings. This process is referred to as open coding and involves comparisons between events, actions and interactions. Differences and similarities were looked for between events, actions, and interactions, labels were applied, and grouped into categories (Rice & Ezzy, 1999).

The next phase in this process is referred to as axial coding and was started once the initial coding process has been completed. Open coding has broken down the data and now attempts were made to put the information back together in new ways. This coding involved sorting, and understanding the information that was presented (ibid). Important concepts that emerged from this in-depth exploration of the data lead to a basic categorisation scheme. Though these categories were general in nature they often described the phenomena that it represented and were changed several times through this process. At the start of this process four main categories were identified with subsequent subcategories relating to the main themes.

Table 1:

Coding scheme

A. Understanding of loneliness	C. The elderly themselves
1.Definition of loneliness 2. Prevention and care 3. Signs and symptoms 4. Causes of loneliness	1. Personal characteristics 2. Communication on the subject of loneliness 3. Family 4.Hearing, visual, communication problems 5. Dependency 6. Last stop
B. Nurses	D. Environmental factors that effect loneliness
1. Effect on staff/self 2. Experience of staff 3.Patient health care needs 4. Nurses role 5. Interventions	1. Forced to move 2. Institutionalization 3. Organisation

Table 1: Coding scheme

Once a categorisation scheme was developed it was necessary to go back to the data and begin the process of sorting the information into the appropriate categories. Each interview was read through and the natural meaning units were coded according to the categorization scheme prepared.

This process is a time consuming task that while difficult, allowed for full immersion into the data collected in this study. To assist in the organising of the coded information a conceptual file system was developed using the computer to develop

graphs that allowed the researcher to clip and paste relevant sections from the interviews into these areas. Each file was given a descriptive name that clearly suggested the meanings in the described information (Polit & Beck, 2004). There often existed situations where a meaning unit could be coded in one or more section. This required placing these same meaning units into one or more file for later analysis. This process was made much easier with the use of this clip and paste function. This allowed for a flow back and forth through the categories as new meanings and similarities were discovered. It was also important that each meaning unit was followed by an administrator code which allowed the researcher access to the master copy at any time. After each unit the interview number was written with the page number where the information could be found (ibid).

An example of this is shown as follows:

A1. What first comes to mind is they feel alone. A feeling of being cut off from others. It is very subjective the feelings of loneliness. It is dependent on the experiences you have lived and the type of life one has lived. There are different types of loneliness. Some lack the physical presence of a special someone while others have someone close by and still feel lonely.1s1

This data was placed in Category A: 1 definition of loneliness and the information came from interview 1, page 1.

Each unit was then reduced further and the central themes were written down to attempt to discover the meanings presented (Polit et al, 2004; Kvale, 1996). The themes that dominate the natural units were stated as simply as possible. It is important that the researcher be aware of the importance of remaining neutral and that the resulting themes reflect the information given by the subjects interviewed (Kvale, 1996).

Table 2

<u>Citations, condensed meanings and categories</u>

Causes of loneliness	Condensed Meaning	Category
"They are moved from their familiar environment, from their routines to a strange and unfamiliar place and this is where there will be. They lack the personal things that make up their past. That is also a form of loneliness.	Permanent change in environment, moving to a nursing home, lack of personal effects.	Causes of Loneliness
Things that can influence the elderly in feeling lonely are that they have to move here to a nursing home. That is a major thing. 1s5	Moving to a long term care facility	Causes of Loneliness

Table 2: Citations, condensed meanings and categories

The fourth step in the analysis process involves in-depth investigation into the meaning units in terms of the specific purpose of the study. In this step it is important to validate the understandings that the data reduction and categorisation scheme has provided. In this step the developed themes from the interviews were checked against the raw data to see if the material does in fact fit and represent the statements made in the interview, refining the themes as necessary (Polit & Beck, 2004). Only when this process is completed can the essential themes of the interview be brought together into a descriptive statement (Kvale, 1996). This area is called selective coding and is the process by which all categories are unified around a "core" category. The codes and categories are then compared in provide a theoretical point of integration for the

study (Rice & Ezzy, 1999). The findings of this study will be presented in chapter 4 together with direct citations necessary to illustrate these findings.

3.6 Evaluation of the quality of this study:

Qualitative researchers are interested in data quality. The central question underlying reliability and validity is does the data reflect the truth. Data reflecting the true state of human nature is of primary interest to the qualitative researcher (Polit et al, 2004). The criteria for evaluating the "truthfulness" of qualitative research generally accepted is that presented by Lincoln and Guba (Lincoln & Guba, 1985)and has been divided into four categories. These four categories are credibility, dependability, conformability and transferability.

3.6.1 **Credibility**

Credibility also called intern validity, (Malterud, 2003) describes the certainty of the truth of the data presented and of the resulting interpretations. It is difficult to answer the question if the findings of research are true or not. It is important that the study is done in a way that enhances the believability of the findings. Secondly, it is important to take steps that demonstrate the credibility. A variety of techniques can be used to improve and document the credibility of qualitative research. In this study a variety of different activities were performed in an attempt to insure the most credible data.

Prolonged engagement is an important step and involves the use of sufficient time collecting data to facilitate a detailed understanding of the views, culture, and language of the group under study. Prolonged engagement is also needed to assure a feeling of trust between subjects and researcher. This in turn leads to the increased chances of obtaining useful, accurate and detailed information. In this study interviews were conducted approximately once a week in a seven week time period. This was done to allow for sufficient time for the researcher to transcribe information and to become immersed in the data collected. This also allowed for additional

questions and ideas of interest to be developed and used in subsequent interviews. Subjects in this study were provided with general background information on the researcher and reasons for interest in the subject of loneliness together with the purpose of the study (Polit & Beck, 2004).

The method of person triangulation (Ibid) was also used. In this method information is collected from different levels of persons. Though all subjects were registered nurses it was requested in the information letter that nurses possess a variety of work experience from newly educated to experienced nurses. The nurses responding and participating in this study ranged from working 6 years to 28 years. One had completed extra education into the care of the elderly. Ages of the nurses involved ranged from 30 to 65 years of age.

The purpose of this triangulation is to provide for a basis for convergence on the truth. By using multiple methods and perspectives, researchers attempt to obtain trustworthy information thus enhancing creditability of the findings.

Credibility can also be enhanced by peer debriefing which involves sessions with peers to review and explore various aspects of the inquiry. Peer debriefing exposes the researcher to searching questions of both others who are experienced in the methods involved in the naturalistic inquiry or the phenomena being studied. In this study this method was used in two different areas of this study. While developing the interview guide before beginning the interviews a detailed description of this study along with the first draft of the interview guide was sent to all students and teachers in the master's thesis class. Feedback was requested as to the content and the possibility of further questions that would contribute to answering the research question. This was a very positive experience due to the fact that the nurses in this group come from a wide variety of backgrounds which had the possibility of contributing to the credibility of this study. Questions were reworded and additional information was added to allow for a rich and detailed collection of data during the interviews.

Another aspect of credibility is researcher credibility that is the faith that can be put in the researcher. Researchers are the instruments of data collection. Patton (Patton, 2002, p. 566) states that:

"The principle is to rapport any personal and professional information that may affect data collection, analysis and interpretation"

This includes background characteristics of the researcher that may be relevant to report if it could affect the way the researcher was received in the settings under study (Patton, 2002). Two of the institutions used in this study were well known to the researcher. The nurses interviewed were previous work colleges to the researcher. Because of this there exist reasons to believe that these informants were possibly more open then those that were not known to the researcher. This can be seen as leading to possible predispositions in that the researcher is so familiar with the environment being studied that this could affect the data obtained. On the other hand the researcher has also the possibility of increasing the trustworthiness of the researcher thus allowing for a more open exchange of information between the researcher and the subject being interviewed. Three of the 7 subjects were unknown to the researcher thus allowing for a variety of subjects being studied.

3.6.2 **Relevance**

Relevance is closely related to creditability. The question her is if the design and the method were appropriate to the answer the questions asked in the study. It is described earlier the reasons for the choice of design and method where the reasons for the choice of design were described. Malterud (2003) describes the importance of the researcher carrying out a detailed literature review. At the start of this project several data bases were researched to uncover available information on the subject of loneliness. Key words such as loneliness, aged, nurses role, and understanding were used. New research was done after analyse of the interviews when new subjects of interest presented themselves in relationship to discussion of the findings of this

study. In this process it is important for the researcher to adequately describe the process from start to finish. Earlier in this section the interview process, transcribing and the different processes in the analyse phase were in detail discussed..

3.6.3 Transferability

Transferability according to Lincoln and Guba`s (Lincoln & Guba, 1985) framework refers to the generalizability of the data or in other words the ability of the findings to be transferred to other settings or groups. Previously it has been described the different sampling methods used in order to collect the richest data possible. This information has as its purpose to enough information in this research report to allow the readers to evaluate the potential applicability to other contexts (ibid). In describing this study both the subjects used, the type of institutions, and the type of questions asked were described to provide for the possibility that this project could in fact be repeated. In this process the researcher influences all aspects of this process. The researcher as an independent person brings to this their own style and experience. That a proportion of the informants knew the researcher may influence them to be more open then they would be with an unknown research. An attempt was made to remain neutral in all aspects of the interviews to assure the collection of accurate data.

4. Presentation of Findings

The institutions chosen for this study met the request for subjects to discuss their understandings of loneliness positively. The first impression from the majority of nurses was that of an understanding of the importance of the study but also an uncertainty of their own value as informants. At some point or other, in all interviews, the subjects expressed an opinion that the discussion of loneliness was a necessity, but it was not a subject easily talked about.

> *"I'm not sure what I have to say will be much help, but it is such an important subject that I will give it a try."*

While all informants expressed a strong interest in this study, they exhibited difficulty describing their understanding of loneliness in an abstract and theoretical way. When the researcher raised the subject of loneliness and asked them to express their knowledge verbally, they all seemed to hesitate, looking for words. In their responses, they all had to use examples from their personal and professional experiences and stories relayed from the elderly residents to express their understanding and perception of loneliness.

During the process of presenting the data collected, there emerged five main areas to describe the nurses understanding of loneliness in the elderly, living in long term care. These areas are divided as follows: 4.1 Understanding loneliness, 4.2. Factors: The experience of loss, 4.3 Symptoms of loneliness. 4.4. Treatment of loneliness; what nurses do, 4.5 Possible changes to assist loneliness

4.1 Understanding Loneliness

The informants of this study discussed their general understanding of loneliness as being a subject that was difficult to concisely define. Much of the information presented describing their understanding evolved in an unconscious way. That the

subject of loneliness was brought to focus because of the questions asked caused the informants to reflect on the importance of the subject of loneliness.

4.1.1 Subjective, painful, and invisible for all concerned

The nurses in this study exhibited an understanding that loneliness was present in the elderly living in long term care but that this experience was not one easily or often talked about among themselves. This was further associated with a perception that loneliness manifests itself in a feeling of helplessness and discomfort for those recognizing loneliness in others, leading to avoidance. One informant described her understanding of loneliness as subject that led to inner feelings of discomfort. Because of this it was often avoided. When it couldn't be avoided, loneliness was described as a subject that adversely affected the nurse herself, it was described as follows:

> *"It does affect me if I first stop and think about the reasons why they are lonely. It can be extra painful for me when I see just how much pain they are in, how lonely they really are."*

This nurse expressed an understanding that due to the painful nature of loneliness it was a feeling that was suppressed when possible. If - and when these feelings were acknowledged, they led to a feeling of discomfort. This discomfort of being met with the suffering of loneliness on a daily basis led this subject to describe her response to these feelings as follows.

> *Most of the time I try to let the idea of loneliness slide off me because I have so much to do, but sometimes that too is impossible. Everyone is so busy and it hurts to know that I just can't manage to do everything. "*

The difficulty dealing with these feelings led the nurse to a further unconscious avoidance of the subject of loneliness. Loneliness is avoided unconsciously by omitting the subject from everyday conversations involving the elderly. This avoidance showed that not only was it a painful subject for those experiencing

loneliness but a difficult one for those around to acknowledge and discuss. One informant described this as follows:

> *"Loneliness is* ***not*** *a subject that we discuss everyday. It is more routine to discuss skin, or if they are wet. While the subject of loneliness is a very important one, we just don't discuss it often enough. We should but unfortunately it is not a subject we discuss either with the residents or among ourselves regularly."*

This nurse expressed an understanding that while important, other more visible problems were easier, and more common subjects of discussion. These areas were given a higher priority due to their immediate and more visible nature. Loneliness on the other hand was a subject that was often overlooked.

Another informant described the conflict between prioritizing psycho-social responsibilities and the responsibilities to other health care needs as follows:

> *"The focus is primarily on the somatic care of the individual. It is easier to see, easier to measure. This is a high paced, intense work area requiring that you are many places at the same time. Consequently it is very easy to ignore what you don't hear or see because you have so much else to do. There exists no formal requirement or plan in the care of loneliness. You can let it pass you by because it is invisible."*

Psycho-social needs are described by the respondents as not recognized as a necessity due to under prioritizing. These needs due to the invisible nature are often overlooked. There are no visible consequences for the nurses when this activity is not accomplished. However, underlying dissatisfaction was described as being present due to the negative feelings of inadequacy and discomfort that result from the inability to provide assistance to the elderly individuals experiencing loneliness.

At the same time, the difficult nature of loneliness was further compounded by the fact that many elderly are reluctant to discuss the subject of loneliness, both with the staff, their relatives, and between the residents in the care facility. One nurse described it as follows:

"The elderly are very silent, quiet around the subject of loneliness. We attempt use observation to find out what is going on with them. We often use conversation in an attempt to find out how they are doing. It is a very important activity that I have a belief that we don't do a good enough job with."

This avoidance of the subject of loneliness on the part of the elderly was described as a challenge to this nurse to attempt to assist in meeting the psycho-social needs of this individual. When it was difficult to use traditions methods such as conversation, it was imperative to attempt to find other methods of detection. A feeling of inadequacy expressed by this nurse is interpreted to further influence the difficult nature of the loneliness experience. Lack of communication and silence leads to further silence - and avoidance of the subject of loneliness.

Every human is unique

When describing their individual understanding and perception of what loneliness is in the elderly living in long term care a main theme presented itself from the majority of subjects. Loneliness was described as being a phenomenon that was impossible to absolutely define precisely due to the fact it exhibits itself differently from person to person.

One informant stated her understanding while including herself in this description.

"Loneliness is very subjective, even I have certain ideas what loneliness is for me. For the elderly it is a subjective feeling that is determined by the life they have lived, the type of family structure they have had, and what kind of experiences they have lived."

In including herself in the description of loneliness, this nurse was also vague as to what loneliness represents for her. This statement is interpreted to show that these individual feelings of loneliness are of such an intimate private nature that this nurse held these feelings to herself, if she was in fact cognisant of what these feelings were.

Another subject described this subjective feeling of loneliness as being different to detect thus difficult to treat. It is understood to be common experience that every individual experiences at some point in life. The important factor here is that it is how an individual is affected that is important when dealing with loneliness.

> *"It is very subjective feeling, the experience of loneliness. Loneliness is very individual for each and every person. We have to remember that loneliness is experienced by everyone at one time or another. What is important is how the individual handles or is affected by it."*

From this informants statement we may interpret that it is difficult - or impossible to make too wide generalisations to a larger group. The great individual variation in the area of loneliness also makes it difficult to describe, detect and treat. Many factors vary and they all have strong influence at the same time. Some of these factors may be variation in each individual background, family structure and previous experiences with loneliness. Everyone has this experience of different degrees. The important thing is how individual resilience factors help a person to handle the stress related to loneliness.

4.1.2 Different than just being alone: Alone in the crowd

In describing their understanding of loneliness in the elderly residing in a nursing home, the subjects attributed loneliness to be a feeling of being an outsider among those around them. Loneliness was not the dependent on being physically alone but was the inner feeling of aloneness and lack on connection with those around them. This was further described as feelings of being "alone in a crowd".

One informant described it as follows:

> *"The absence of loneliness is not just that they have people around them but they have a mutual connection, relationship with these people."*

This was interpreted as this nurses understanding, that loneliness was a consequence of an individual feeling alienated, from those around them. Positive relationships are dependent on the mutual two - way communication of feelings of worth and positive

regard. When an individual is surrounded with individuals where this mutual connection is missing, loneliness can be the result.

The ever changing social structure of the nursing home, were described as contributing to this negative perception of being alone, leading to an inner feeling of loneliness.

> *"When the elderly are confronted day after day with new faces it can contribute to their loneliness."*

This description by this subject shows the understanding that loneliness is a feeling that comes from coming face to face with something that is unpleasant, negative, something that an individual has been forced into. When confronted with new and unfamiliar faces it leads an individual to attempt to avoid this confrontation by withdrawing even more.

One informant described it as follows:

> *"That chemistry between residents is important. The elderly that live here did not have a choice over which they will live with and spend time together on a daily basis."*

This confrontation is further enhanced when individuals are "confronted" by individuals with different interests and personalities. They may not "match" with those around them and a lack of social integration is the possible result. A lack of control over ones own social environment is attributed by the informants to contribute to withdrawal and isolation. Individuals are dependent on the positive regard others show them. A lack of chemistry and feelings of mutual connection between individuals leads to withdrawal into oneself and thus a feeling of being alone in the crowd. When an individual experiences this feeling together with others, it reinforces the idea that one is unworthy, different. These individuals often choose to retire back to their rooms. The loneliness of being alone is described as less painful for many.

"They end up living in a new place, with new - and strange people further enhancing the feelings of loneliness. Not everyone manages to adjust and be satisfied in this situation. This is a fact of life in long term care."

This nurse describes the situation that the elderly residents in a long term facility do not have a life situation and an infrastructure around them that favor an easy social life. Being forced to interact with new individuals and new situations and frequently having to repeat the difficult social process of connecting with new people, causes individuals to withdrawal as a form of self - protection, thus leading to loneliness.

In describing their understanding and perception of loneliness the nurses touched on a statement that there exists a general belief in society that elderly residents at a nursing home are lonely and without contact with others, spending a majority of their time alone. Discussing this, the difference between the two phenomena; loneliness and solitude, came up. One nurse described this understanding as follows:

"The elderly have different needs for contact and closeness. This is important when discussing loneliness. Not everyone who prefers to be alone is lonely."

Contact and closeness was understood to be the pre-requisite for having a satisfied psycho-social experience in life. The nurses in this study described an understanding that individuals experience these feelings differently which is important when discussing loneliness. It is vital to determine what each individual themselves want in regard to contact and if these needs for contact are met. When these needs are not fulfilled, there exists a deficiency which results in the occurrence of loneliness.

The generalization that loneliness is caused by an individual spending too much time alone is discussed further by another subject in this study.

"We often live with the belief that if the elderly are lonely that putting them together is a better solution then them sitting alone in their rooms."

This common practice of placing the elderly in the common rooms to provide them with social contact was recognized by this nurse as being a nursing action caused by

the myth that loneliness is caused by any individual being alone. She also stated that this myth often leads health care workers to place individuals together in the common rooms believing that they are benefited by this action. The understanding that loneliness is more complex was described further.

> *"But I am not really sure that pressuring them to be out in the common rooms is in fact a help. Maybe they feel lonelier being surrounded with strangers then if they were alone in their own room."*

This statement indicates that when dealing with loneliness the myth that being together with others relieves loneliness is often used in an attempt to prevent loneliness. The myth that being alone is the ultimate reason for loneliness leads the nurse to place the elderly together, in the hope that loneliness will be relieved. At the same time, due to the researcher's question, she recognizes that being surrounded by unknown individuals is possibly a worst solution because it can lead to inner feelings of not belonging. The determining factor is that this feeling of aloneness is so individual that it can occur both when you are alone, and when you are with others, when feelings of mutual regard or connection are absent. The statement also points out the distinction that loneliness can be described as "unwilling" solitude.

Solitude

That all individuals are unique and that loneliness is a subjective experience different for everyone was describe by the majority of informants. The need for social contact was often determined by the life an individual had led. In this context, solitude was understood by the nurses to be a positive desired situation. Loneliness was described as the opposite of solitude, as being negative and undesirable.

> *"People are very different from one another. If a person has been alone much of his- or her life it can be a natural thing to be alone, to remain in their room."*

While being alone can be normal for one individual, another individual experiences this as distressing and painful. This nurse used this example to illustrate that an individual with a former large social network throughout life can express more feelings of loneliness than one who has been alone. Another subject described this solitude as follows.

> *"There are some residents that in fact enjoy their own company and the feeling of solitude they get by being alone. The quietness of retiring back to the room gives them an inner solitude."*

For these individuals solitude provides them with a feeling of contentment. Loneliness is a different emotion; it is the desire for social contact that is not available.

The need for solitude is also described by two of the informants as being a direct consequence of growing old. One nurse described this as follows:

> *"We have to remember that the elderly that live here are tired. Not everyone wants - or needs a lot of contact with other. They just want to rest."*

4.2 Factors: The experience of loss

The nurses in this study described their understanding and perception of loneliness in the elderly living in long term care as a consequence of a number of different factors. These factors are divided into two different categories: 4.2.1 Stressful life events and 4.2.2 the internal invisible plague.

4.2.1 **Stressful life events. Forced by circumstances**

Informants described factors in the lives of the elderly living in long term care such as stressful life events as being contributing factors to the development of loneliness. While discussing these factors they described the fact that while one individual experiencing these events and adjusts, another individual develops feelings of

loneliness. How these individuals cope with these events was seen as a determining factor in the development of loneliness.

Loss of Intimacy, Grief

The subjects in this study described loneliness as often being caused by the loss of an intimate partner or significant other. This loneliness is described as being a direct consequence of the loss of someone, or something that gives these individuals feelings of belonging. This loss of an individual or individuals that one was close to was described by the subjects in this study as leading to feelings of emptiness.

> *"Many of the elderly have reached a point in life were they have lost through illness and death the people that have been important to them. A feeling of trust and mutual connection has been lost. This could be close friends, their spouse and family."*

It was discussed by all informants that many people feel loneliness from time - to – time. That is a natural situation in human life. However, the fact that many residents in care facilities experience the losses of close individuals as they age was described by the nurses in this study to directly lead many individuals to feel detached from those around them. The loss of intimacy and feelings of belonging that one receives from significant individuals in ones life leads to a feeling of emptiness when one experiences the loss of these relationships. The ability to develop new connections and feelings of intimacy are difficult for many, thus leading to chronic feelings of aloneness and loneliness.

Grief and sadness is described as not being solely caused by the loss of a loved one through death. Loneliness is understood to be the result of a loss of home, close contact with family and moving to a new environment.

> *"For the elderly, the stress of moving away from their families, their memories and their familiar environment contribute to the development of loneliness."*

Familiar environment and personal belongings are described by one subject as providing an individual with feelings of belonging. Having to move away from this environment is described as leading to detachment and feelings of being separate from the environment around them.

Loss of control - forced to move

In everyday life individuals have the free will to chose where they will live and with whom. The ability to make decisions about oneself is a fundamental right each individual possesses. When poor health and age related changes occur, a number of choices are no longer available or possible. As an example where one will live and/or with whom. One nurse described this understanding as follows:

> *"An individual, who has experienced a stroke no longer, has the free choice to live alone in a house that has two floors. This choice, due to circumstances, is often taken away from this individual. This lack of control can lead to hopelessness and withdrawal into oneself and further withdrawal from other."*

All informants discussed freely their perception that loneliness was related to the need to move to a long term care facility. While in itself, the move to a nursing home was not solely attributed to being the cause of loneliness, they described in different ways the feelings that came from such an important life event. Loneliness was attributed by these nurses to be a consequence of a loss of control. One informant said:

> *"Loneliness is a consequence of a lack of feelings of control over oneself and ones environment."*

The nurses described the elderly as being faced with strong challenges and having little control over the outcome. The ability to feel that one has the ability to influence and make choices is often lacking. When one is confronted with poor health and the resulting dependence on others, a nursing home often remains as the only option. Forced by these circumstances the elderly individual is deprived his/her free choice of

social - and physical environment. This loss of control results in some cases to withdrawal, defeat, resignation and a feeling of loneliness.

Role changes - opportunity for nurturance

One informant in this study described her understanding of loneliness as often being a result of a decrease in the contact between the elderly, his/her family and significant others. This loss was not always due to death, but was also described as a consequence of reduced level of contact, due to reduced possibilities for maintaining contact. The elderly seemed to experience that the contact available was not adequate and a deep wish for more induced loneliness. This inner desire for more contact with family and friends is verbalized by one subject as being an area of conflict when discussing loneliness. Individuals have a basic need for social contact but expressing this need is understood to cause a role conflict in some individuals.

> *"Even though it is common that the elderly express the desire for more visitors, they often possess an understanding that their families have responsibilities and little time. This causes an inner conflict between the need and desire for visitors and the feeling of caring and responsibility that they have toward their family members. They have a fear of being a burden."*

Attachment and feelings of connection provide for feelings of safety. This feeling of connection is dependent on the mutuality of this relationship. The elderly as fathers and mothers are described as having a primary need to care for their children and close family. It is a role that has been a dominant area in many individuals life. Old age leads in many cases to the changes of these roles. Aging mothers and fathers are now no longer responsible for their children's happiness and welfare. Now the roles have been reversed and this reversal leads to feelings of a lack of purpose. The need to be responsible and provide caring for others gives their life purpose. This nurse's description of the elders feelings of responsibility for their significant others well-being, led to her hesitation in discussing her need for more social contact with her family. This individual chose to "suffer in silence" to avoid placing undue stress on

family member. She would not be a burden to her family members. While her need for feelings of attachment where not met, her need to nurture and care for her family was. Loneliness is seen as a balancing act in this situation.

This subject described her observation of the elderly alternative resolution of this conflict as follows:

> *"I feel that it is easier for the elderly to talk to us then to their family. They are hesitant to give their family guilt or to be a burden to them. It is easier to tell us they are lonely because of the relationship we have with them."*

This conflict is according to this subject relieved by the presence of a neutral party. This neutral party, the nurse, provides the individual with the possibility of expressing their inner feelings of separateness, and loneliness without compromising their feelings of caring and responsibility.

Role changes - gender differences

Role changes and their influence on loneliness were described by three of the nurses in this study as being different for men and women.

> *"Women who have lost a spouse often are lonely due to a lack of purpose and intimate contact. They have a feeling of worthlessness because they no longer have someone to take care of."*

Two of theses nurses described loneliness to be a consequence of role changes that occur later in life. The loss of a spouse was described as influencing how these women felt about themselves. The loss of the role of being a wife, a mother and house wife was described to lead to lack of feelings of worth and a feeling of having no purpose in life.

Another nurse described her understanding of the role changes that effect men as being a contributing factor to the development of loneliness.

> *"Men are especially lonely in a nursing home. They have the most problem with the change of routines, developing relationships. Loneliness affects also men who have a wife at home."*

Men were described as having more difficulty developing relationships in long term care. This was attributed as being due to a difficulty adjusting to change. New relationships were described as being particularly problematic for men as there were fewer men in long term care and that they lack shared common interests. For men, small talk is harder to accomplish thus they tend to be more withdrawn and silent.

Failing Health -long term implications

The nurses in this study perceive loneliness to be a possible consequence of failing health. Fear and insecurity that develop due to failing health is attributed to the development of loneliness. Developing insecurity over ones health inhibits individuals from developing and maintaining relationships. The need to concentrate on ones self leads the individual to withdrawal from others thus leading them into loneliness.

> *"Many that come to us have lived alone with failing health and the stress of failing health which has lead them to feelings of loneliness."*

This informant describes this situation as leading an individual to be lonely and to feel additionally lonely when admitted to a nursing home. The long-term effects of living with fear and uncertainty result in withdrawal from others. These individuals while possibly desiring company have through fear and feelings of insecurity due to failing health, developed a pattern of self preservation that doesn't allow others in.

However, obtaining a place in a nursing home does not always cause negative feelings and loneliness. Another subject described these same feelings of fear and insecurity that have developed while living at home alone, as having the possibility of being relieved by moving to a nursing home. This relief from loneliness is attributed to the feelings of safety and security provided when they no longer feel alone and afraid while dealing with their health problems.

> *"But for many elderly living at home with feelings of fear, insecurity and often declining health moving to a nursing home is a positive experience."*

One informant described this phenomenon as being dependent on the individual coping skills. While both individuals experienced fear and insecurity at home each handled this situation differently.

Loss of vital senses and abilities needed for communication

Reduced ability in using human senses to communicate is a common - and inevitable result of growing old. The ability to communicate in usual ways with others decreases or becomes impossible. Loneliness in the elder is described by the nurses to often be a consequence of a breakdown in this ability to communicate.

Hearing loss was described by all nurses as a contributing factor of loneliness. One described it as follows:

> *"When the elderly sit together they have trouble picking up everything that is said. When hearing is a problem the elderly tend to withdraw into themselves."*

Hearing loss is a common occurrence in the elderly population. Those living in long term care suffering from hearing loss have difficulty following the conversations around them. Thus they are silent and withdrawn. This inability to follow conversations contributes to individuals feeling isolated and alone.

Two of the subjects in this study discussed the loneliness that exhibits itself in individuals suffering from aphasia.

> *"Individuals with aphasia are often lonely. They understand what is being said to them but because of their aphasia they can't express themselves like they want to. It is very frustrating for everyone, themselves, their families, and often from the staff themselves. They can't manage to say what they want to say. This leads to withdrawal, and defeat."*

This citation described the nurse's fundamental understanding of loneliness from a variety of different perspectives. First: the inner loneliness that an individual suffering from aphasia experiences comes from their inability to communicate with

others. This leads to intense feelings of frustration of not having the ability to express oneself. This can then leads to withdrawal from others, feelings of defeat and finally a chronic state of loneliness.

Friends, family and health care workers experience feelings of discomfort when attempting to communicate with individuals suffering from aphasia. This frustration can lead to avoidance of this uncomfortable experience leading to further feelings of isolation and thus loneliness.

4.2.2 **The inner, invisible plague**

Nurses in this study described inner feelings as being contributing factors to the experience of loneliness. Lack of control, low self esteem estrangement and their own mortality were described as being a part of the loneliness experience. In the following sections these areas will be described further.

Lack of control over self - vulnerability

In describing their understanding of loneliness in the elderly living in long term care the concept of personal vulnerability was described as being a factor of importance. Changes in body image and a lack of control over ones self was described as being a contributing factor to an individual's feeling of loneliness. One subject explained this as follows:

> *"Having to ask for help to go to the toilet or to require help during mealtimes is so embarrassing that many avoid this situation, thus they are even more isolated and lonely."*

Lack of control over ones body are seen as leading to feelings of embarrassment and thus to the avoidance of situations that could lead one to be vulnerable to these negative feelings. The development of these feelings tends to lead elderly individuals to isolate themselves in order to avoid these situations. Dependency on others was described by the nurses to lead to feelings of vulnerability when requiring help of

others. The informant described this situation as being a contributing factor to individuals acquiring low-self esteem and feelings of worthlessness and thus becoming lonely.

The physical changes that one must accept as old age progresses leads to feelings of weakness and vulnerability.

> *"Generally I think that when an individual begin to lose the functions that they have taken for granted it can lead them to be lonely. One day they could walk out to the common rooms when they wanted, the next they have to have help. This leaves them feeling vulnerable not only to their body but also to the vulnerability of being dependent on others."*

This vulnerability when dependent on others, deals also with the ability to trust the individuals that are around you. When discussing elderly individuals the nurses described this situation as being a difficult one due to low staffing and the presence of new and inexperienced staff on a regular basis.

Low self - esteem

In discussing loneliness the nurses described the importance of a person's integrity and the need to acknowledge each individual as an independent individual, deserving the utmost respect and caring. Individuals have the need to feel valued for whom they are and the experiences they have acquired.

> *"What is important is that I respect their wishes. I understand that they have a lifetime of experiences and it is important that I respect their wishes."*

Without this feeling of respect and esteem provided by others, an individual develops feelings of inadequacies and low self-esteem. This lack of appraisal and regard cause them to feel unimportant to those around them. This citation is interpreted by the researcher to express the nurses understanding those feelings of unimportance, and a lack of control leads to feelings of worthlessness thus leading to loneliness.

Another subject described the importance of providing an individual with feelings of worth through the use of conversation.

> *"We talk about normal everyday things. I have a small child and I refer to things that happen at home and can use this to come into their life and their experiences."*

The activity of asking for advice or discussing what another person has as an opinion or experience, provides an individual with both positive regard from others but allows an individual to have positive regard for ones self.

> *"I have respect for their long life and feel they have a lot to give us by sharing their experiences."*

Without this respect and interest in an individual's opinions and experiences can cause a feeling of worthlessness, and feelings of low- self esteem and is attributed to lead to loneliness.

Estranged and alienated

Individuals in long term care are described as being often confronted with individuals with different levels of physical and mental impairment. To spend their remaining lifetime in such environment may be a challenge. Loneliness is understood and perceived by the subjects as a feeling of being separate from those around you, of being different, and of not belonging. One informant described her understanding of loneliness as follows:

> *"The fact is that for many of the residents it creates a feeling of sadness to see the other residents in the common rooms. One resident sits and sleeps in his wheelchair, one yells out and makes strange noises, and another one sits there with his head hanging. This is distressing for many, thus it is preferable to remain in their room."*

By seeing these other "sick" people around them, they may feel different and apart from those individuals. This environment is described as contributing to feelings of vulnerability and fear. As a consequence of these feelings, individuals feel the need to

avoid these feelings of alienation and estrangement. In this case we may see an example of a kind of “unwilling” solitude as a self -protection measure that can lead to loneliness. Despite their need and readiness for social integration they preferred to remain alone in their rooms as a better alternative than being alone around other individuals.

Another informant described this withdrawal to their rooms as giving them back their feelings of self.

> *“For many individuals it is important to put personal things around them that provide them with a feeling of belonging. Pictures and furniture are basically memories are important to many that live in a nursing home. These things help to remind them of whom they are and who they have been.”*

Feelings of estrangement and alienation from the environment are described by many of the subjects as being reduced, if they have a feeling of a home - like environment to retire back to, when needed and desired. Without this, inner feelings of loneliness and separateness are often the result.

Deaths waiting room

The process of aging and death is the reality that individuals in the nursing home face on a daily basis, and are reminders of their own mortality. This was described by the nurses to be a large contributing factor to the experience of loneliness.

> *“I think it makes them thoughtful and sad when we tell them that another resident has died. I think that it is because they are daily reminded that they are in fact old themselves and death is also close for them.”*

This statement points out that accepting the reality of ones own mortality may lead to a deep feeling of being alone. This acceptance or recognition of ones owns mortality may therefore lead many to withdrawal into themselves, thus leading them to inner feelings of isolation. This point was further emphasised by another of the informants:

> *”A number of years ago an elderly man said…I have come to deaths waiting room. I won’t be leaving this place alive. The only way out of this place is in a wooden box.”*

This nurse used this example in describe her understanding that feelings of hopelessness when faced with something as final as ones own death. It is understandable that this can lead an individual to loose feelings of hope and the desire to interact with others. This elderly man described his move to the nursing home as a reminder that this is the last stop in life. The idea that this move is the final phase in life seems to cause individuals to withdrawal from others, in an attempt to prepare for death. “Deaths waiting room” gives off impressions of despair, hopelessness and loneliness.

4.3 Physical and psychological symptoms of loneliness

As a result of this study about nurses understanding of loneliness they had to think through how they detected symptoms and attributed them to be caused by loneliness. Several informants gave their information on this subject and there was a strong consensus present between the nurses describing these observed behaviours. A majority of the informants also seemed to understand that loneliness exhibiting itself in behaviors that could present themselves in a variety of different ways, both physical and mental. These behaviors were interpreted as being detrimental to the individual’s physical and mental health. These informants described two main patterns of behaviors. The lonely elderly became significant more contact – seeking and out – going, and the opposite, the lonely elderly became significantly more withdrawn.

4.3.1 **“Cling on to anyone they can”**

One informant described some of the patterns of behaviours present in the elderly as a result of the uncomfortable feeling that arise when one experiences loneliness:

"You see that they become restless and uncomfortable without being able to explain what it is. They wander around looking for something or someone. It can happen during the quiet times when we are for example not out with the residents."

Some informants described these behaviours as being an attempt to relieve feelings of loneliness by seeking out contact with other individuals. The elderly seemed to act restless and had an obvious need for contact with others. Another nurse described the same symptom as following:

"Others have such a strong need to have contact, to find some relief from the negative feelings of loneliness that they cling to anyone they can."

This statement is interpreted to show that loneliness is so painful for some that the lonely person will actually "cling to anyone they can" in an attempt to escape from their loneliness.

4.3.2 **"Lost their spark of life"**

The same nurse who described her observations of the symptoms as "cling to anyone they can" also observed and interpreted symptoms of loneliness in the opposite direction:

"The lonely are often very quiet, with no spark in their eyes. They give the impression that the have just given up, that they just haven't anything to live for, nothing interests them. They withdraw into themselves."

Here the symptoms of loneliness were described as a change of behavior where losing interest in their surroundings lead to withdrawal.

Another nurse described her understanding of loneliness as exhibiting itself in behaviors that could present themselves in a variety of different ways:

"There are physical and psychological signs and symptoms of loneliness. Psychologically it shows up as sadness, withdrawal, lack of initiative. Loneliness can lead to negative thoughts that show in how much they engage in social situations. Physically, they can lose their appetite and energy."

Here she confirms statements from other informants but adding loss of appetite and energy, as possible signs of loneliness. Her understanding included also a distinction between psychological – and physical symptoms.

4.4 Treatment of loneliness: What nurses do

The nurses in this study described their understanding of loneliness and the different roles required of them in assisting the lonely individual. These areas have been divided into four different roles described as necessary for the informants of this study. They are described as follows: The nurse as the facilitator, the matchmaker, the companion, and the mediator.

4.4.1 **The nurse as the facilitator**

The informants in this described their understanding of loneliness as being a deficit in the desired and available contact with others. Social contact was described as being possible at different times throughout the day. In the boundaries of the nursing home environment the nurses described mealtimes as being an important arena for the elderly to find some help for their loneliness. It was described by one of the nurses as being the main social activity that involves everyone. While all individuals do not join the others for mealtimes it is encouraged by the nurses in an attempt to facilitate feelings of belonging and connection with those around them. One nurse described this as follows:

> *"Mealtimes are absolutely the best time we have to help the lonely resident…we attempt to create a welcoming atmosphere where the residents feel they are important to the group…we attempt to help the elderly to get to know the people that they are now interacting with daily."*

The nurse as a facilitator was described as a role the nurses understood was important in the psycho - social care of the elderly. Loneliness is understood to be the lack of desired contact. For some individuals being surrounded by strangers contributes to feelings of separateness and loneliness. Therefore, sometimes some individuals desire

to remain in their rooms. To facilitate this problem one nurse described their responsibility to promote positive social interaction as being a normal occurrence in their line of duties. This activity takes place in the social setting to enhance contact among the elderly but also between the elderly and their family.

The role of the facilitator describes the actions the nurses believe are necessary in attempting to establish a feeling of connection and normalcy in nursing home life. One nurse described giving verbal support and encouragement to provide individuals with a feeling of being important and desired. The nurses described their perception that it was a necessity that they were present during mealtimes and other social situations, in order to make these social situations into a positive nature for the elderly.

One informant described this interaction as follows:

> *"During mealtimes, we assist in holding a conversation going by supplementing, following signals from the elderly that they have fallen out of the conversation and picking up on the nonverbal communication. It is a real art to manage this and to see that it actually works. When it works the elderly laugh and interacts in a natural way. It is dependent on us to help this process along."*

This described the nurses understanding that reciprocal, meaningful, communication between two people are important to prevent or minimize feelings of loneliness. The challenges facing the elderly living in long term care, with large amounts of new people, are further influenced when different degrees of hearing, speech and health care problems exists.

An understanding of this was further described by another informant who observed, that without the nurse's assistance, little interaction occurred.

> *"I feel that when we take the time to sit down together with more than one person, we can get a conversation going. Without us, the elderly sit quietly and interact minimally between each other. They don't seem to be able to get this started without us."*

Loneliness is uncomfortable for the individual but is also an uncomfortable feeling for family members that witness their elder relative's loneliness.

> *"Yesterday a family member called to talk about her lonely mother and how she just sits in her room. I expressed an understanding of the problem but had to point out the fact that her mother had the right to make her own decision about where and with whom she spends her time. It is difficult, but I have to respect her wishes. I have no right to decide on her behalf that she must join the group or come out for mealtimes."*

In this case this nurse acted as the facilitator between the resident and the family member. The importance of respecting the elder individual's right to remain in control of her self was advocated by the nurse and in opposition to the wishes of the family member. This showed the nurses understanding of the importance of feelings of worth and control and the importance to be a wise "middle – man" in such conflicts.

4.4.2 **The nurse as the matchmaker**

The nurse as a matchmaker was used to describe their understanding that when discussing social contact it is important that this contact be both meaningful and desirable. Individuals are described as being dependent on the positive regard they give - and receive from others. The emphasis is the importance of contact being both positive and reciprocal in nature, and that it is dependent on the feeling of connection with others. The nurses describe their understanding that the elderly often are forced to live together with individuals with a variety of different personalities and interests. The importance of the nurse as a matchmaker was described by one informant as follows.

> *"The residents get to know each other, both the positive and the negative. Not everyone gets along together. The chemistry can be completely lacking. Therefore it is important to put individuals together that share some common interests."*

As a matchmaker the nurse described their role as having a responsibility to investigate and discover which individuals had common interests and personalities. After learning about the individuals, it is important to attempt to facilitate a new relationship by placing them together during mealtimes and/or social situations. One informant also described the importance of involvement of a short term resident, to add “spice” and new interests into the group.

> *“For some of our residents the possibility of meeting new faces is a positive thing. We live in a small community and the ability to interact with new individuals can be very positive. What is important is that we present them for each other and assist them in finding common interests.”*

The statement from this informant is interpreted to show the nurses understanding that assistance from them, was a necessary activity in order to assist individuals in finding areas of interest and thus to some degree preventing and facilitating loneliness.

The nurse as the companion

When discussing loneliness the nurses described loneliness in a variety of ways. The elderly were often described as having little - or no visitors and spending large amounts of time alone or together with individuals they had no connection with. The nurses described their role as being one that often could be described as being one of a companion to the elderly.

One nurse described this as follows:

> *“Many elderly have a desire for company and attention from the staff. They emphasis their thanks when they are given time and attention. It can be as little as taking the time to drink a cup of coffee with them during breakfast. Very little is often needed to provide them with a feeling of belonging.”*

The staff is described as being of primary importance in some individual’s social network. Taking the time to give these individuals a feeling of positive regard and feelings of worth was considered as important and not a big time - consuming

activity. This nurse’s statement may be interpreted to mean that there exists a myth; a common opinion that many believe that to decrease loneliness there necessitates the use of large amounts of time. Her statement can in fact be an example of the opposite. Showing an interest in another human being does not always require a lot of time. In many cases it is the quality of the interaction and not the quantity that determines its effectiveness.

One informant discussed the conflict that exists when discussing the nurse’s role as the companion, from the perspective of the nurse - and from that of the lonely individual.

> *”We see a lot of loneliness. There is actually very little visitors, very little staff, and to few activities. For many elderly, the days are just too long. We are in - and out of their rooms many times throughout the day. I can spend 30 minutes with one individual and feel like I have used a lot of time because I then only have 6 and a half hours left of my work day to do everything that I am responsible for. The reality is that they have a larger amount of time left during the day to be alone.”*

This statement is interpreted to describe the conflict that present when discussing loneliness. This nurse has provided this individual with companionship, according to her, for a relatively large amount of time. Giving this half hour of her time gives her positive reinforcement that she has done a lot. At the same time, on a more unconscious level, the same nurse is forced to accept that this is in most cases not enough. This leads to negative feelings on the part of the nurse and continual feeling of loneliness on the part of the individual. Thus while seeing the importance of attempting to take on the role of the companion; this subject describes this as a less than optimal situation.

Another nurse described their role of providing companionship as being possible during situations where assistance with the activities of daily living was needed.

> *"I feel that the morning routines of care is best time that we can give them individual attention and can accomplish something to fight against loneliness. But to be truthful, we have a tendency to rush through because of the lack of time and the amount of activities we have waiting for us."*

Though it was considered an opportunity to provide some assistance with loneliness, this informant expressed honesty that this activity was often not prioritised due to time constraints and other work responsibilities.

When discussing the nurse's role as a companion to those requiring help with their basic needs, it was a consensus among the subjects in this study that individuals that needed a lot of physical care from the nurses were less lonely then those individuals that were more independent.

> *"The elderly that have few needs sit alone a lot in their rooms. It is a fact that we have less contact with them then with those who need more help. We see them at mealtimes and maybe we stop inn quick and ask them if everything is ok. It is very superficial. In these cases, the danger of loneliness exists."*

Another informant described the companionship provided through activities:

> *"It is incredible what happens with many of the residents if we just take the time to go for a little walk or a trip to the local shopping center. This little thing can brighten up their day and make a big difference. These individuals, that are healthy enough to be taken out for a cup of coffee, get a lot out of it."*

This statement can be interpreted as giving the individual companionship leading to feelings of normalcy. Taking a trip away from the environment of the nursing home provides these individuals with both companionship and allows for a change of scenery. This nurse used the words "if we just take the time" or "this little thing" to describe the activity of spending time with these individuals they consider to be lonely to some degree. The impression given by this nurse is that though it is not very time consuming to perform these activities that provide an individual with important psycho-social support, it is an area that could be improved upon. This nurse further described that time - constraints and low staffing inhibited them from these activities.

4.5 Possible changes to assist loneliness

The nurses in this study described some possible areas that could be changed in the health care system that had as its result the possibility to decrease loneliness. These areas were mealtimes, removal of common hiding places, and the use of time. These areas will be described in the following sections.

4.5.1 **Mealtimes - the highlights of the day**

When asked what could be done to prevent or to decrease loneliness in the elderly living in long term care facilities the nurses expressed a number of ideas. The intention of these ideas was to facilitate a better social integration and thereby a possibly decrease of loneliness.

One nurse described the possibility of changing the basic system of mealtimes as being an interesting idea that could contribute to decreased loneliness. In her reading into the care of the elderly, this nurse discovered an alternative way of organising that sparked her curiosity:

> *"In Denmark, they organise the nursing homes differently. Since mealtimes are considered a social anchoring point, they have 7 small meals a day. They have decided that since meal times are when the elderly actually interact, it would be positive both socially and nutritionally."*

This idea corresponded with this nurses own experience that mealtimes were the times of the day that the nurses had the possibility of assisting individuals to achieve some type of positive interaction, to decrease loneliness.

Recognition that environment can influence feelings of loneliness was understood by one nurse to be an area that needed more emphasis:

> *"Many elderly can be influenced by our stress mentality. The rush in, eat on the run, and rush out. It is important to provide a calm, positive social atmosphere to facilitate mealtimes as a positive social setting."*

Social situations such as mealtimes were described as being of major importance in assisting with loneliness but were often described as being influenced by outside pressures. Prioritizing mealtimes by making them a pleasant and desired situation for both the residents and the staff, was described as an intervention that was a possible - and a needed solution. This informant described this as an intervention that was possible and cost - effective, without major changes in the system. However it required a commitment on the part of the staff. According to this nurse it was imperative to make this a requirement in the daily life of long term care, and not as an activity that happened sporadically.

4.5.2 **Removal of a common "hiding place"**

When discussing the negative nature of loneliness it has been discussed previously that recognising loneliness in others is an uncomfortable experience which leads to avoidance, both from the one experiencing loneliness but also from health care workers. This same informant, when discussing the innovated ideas she had read about in Denmark, discussed her curiosity about the effects of taking away the nurses exclusive work area.

> *"They have also done away with the personnel room. In that way when nurses are finished with the physical care of the elderly then they use their time interacting with the elderly, instead of sitting separate from them."*

It was described as an interesting idea from this nurse of what the consequences would be if the nurses had no choice but to spend time with the elderly instead of spending time in the staff room. Coffee breaks and quiet times could be used more productively together with the elderly. In order to accomplish this it was possible that such a drastic measure was needed.

4.5.3 **Use of time - a matter of prioity**

Prioritizing psycho- social activities was described as an important activity when discussing their understanding and perception of loneliness. Due to the invisible

nature of loneliness these activities where often put off to another time. Reasons given throughout all the interviews were the nurse's own description of their busy work day, a high number of more visible tasks and the basic idea that low staffing was a contributing problem. However, increasing the number of nurses was not the only solution, to get more focus to psycho- social health care. One informant described it as follows.

> *"We are dependent on having enough staff to carry out small trips or activities. It doesn't really require all that much time on our part, but it is just that it is not a visible priority."*

Her main point was that these activities were dependent on the use of quality of time as apposed to quantity of time. This was often mentioned throughout the interviews. A simple conversation, taking a cup of coffee, or going for a small trip, that in fact didn't require all that much time, were included in a number of the statements. However, what was missing was the simple prioritizing of psych-social interventions, as a required part of the daily care of the elderly. The psycho - social needs were described as needing to be made more visible, both for the nurses and for the responsible persons in management.

5. Discussion

This study had as its goal to investigate what nurses perceive and understand loneliness to be in the elderly living in long term care and what type of interventions were used in the nursing care of these individuals.

Central findings describe loneliness as being a painful and difficult subject leading it to be overlooked and as a health care problem needing more attention by the nursing profession. Nurses exhibit an understanding that stressful life events and difficulty coping with these events are contributing factors to the feelings of aloneness attributed to loneliness. The invisible and painful nature of the loneliness experience seems to have as its result that the nurse's interventions in the care of these individuals suffering loneliness lacks systematized planning and prioritizing.

The nurses described their understanding of loneliness in the elderly by using direct examples from everyday life. This has lead to difficulties discovering what loneliness is from the nurse's perspective. Findings lead to a further search into the available literature where the challenge was to attempt to find relevant information that described the nurses understanding of loneliness, little extra information relevant to this study was discovered. The discussion will primarily be based on Jean Watson's caring theory (Watson, 1988, 1999, 2005), Antonovskys theory of salutogenesis and definition of health (Antonovsky, 1987, 2000), and different theories of loneliness as presented by Weiss (Weiss, et al., 1973 Weiss, 1974).

To be able to organize the findings of the nurses understanding and perceptions of loneliness into a higher level of understanding, a metaparadigm framework developed by (Kim, 2000) will be used. She has proposed a theoretical framework designed to systematizing phenomena and concepts as seen from the nurse's perspectives. Kim's domains are just frameworks for organising the phenomena observed. A more specific analyze will then be done using other theories for explanation of the specific nature of the findings and discussed in the following sections:

- Loneliness: an inner ache
- Doing meaningful nursing
- Planning the care of the lonely individual

Analysis of the findings showed that some themes were repeated throughout the three categories and emphasized the main idea that the informants in this study were aware that the study of the subject of loneliness was important in the nursing perspective to provide a good quality of life to elderly individuals. In following section this will be discussed more in detail.

5.1 Loneliness: an invisible, inner ache

In discussing loneliness informants reflected continually over their understanding of loneliness in order to come to conclusions about what they in fact understood loneliness to be. This need to describe this phenomenon from the perspective of the individual can be compared to Watson's transpersonal caring relationship which describes a relationship where there exists a connection with another person taking into account the individual's dignity, humanness, and individuality. This interaction or caring moment begins when the nurse enters the life of another individual, and is able to detect another individual's condition of being, feels this condition within herself and responds to the condition in such a way that the individual has the ability to work towards a resolution (Watson, 1988, p. 63).

When discussing loneliness it was described as a difficult subject for all concerned due to the invisible nature. Loneliness was described as a subjective experience that is different for all individuals and experienced by everyone at some point in their life. The painful nature of the loneliness experience was described as affecting both the nurse and the individual in their care. The fact that nurses have described loneliness

as being a subject little talked about shows that the nurse is dependent on the use of an individual moral perception to determine what needs and actions these individuals require and what plan of care should be instituted. It is her caring consciousness that guides the care provided (Watson, 2005). This nurses caring consciousness allows the nurse to use experience and perception showing concern for the individual. Loneliness is described as being so little discussed both between nurse and individual but also between nurses that recognition of this condition was dependent on the nurses independently using their skills of intuition where they must draw on previous experiences allowing them to process information on how to provide care to these individuals.

This invisible nature and the myth that loneliness is absent in the company of others leads to placing the elderly together in the common room as a way to provide individuals with social interaction and is described as a daily occurrence in long term care. In the process of describing this activity that had as its meaning to provide the individual with social contact, the informant reflected an inner understanding that this action possibly caused further loneliness in some individuals. Though this subject described her actions of placing individuals in the common room as being a consequence of her beliefs that being alone was the cause of loneliness, she also showed ambivalence that this was in fact possibly detrimental to the elder individual's own wants and needs.

This ambivalence presented by this nurse is where an ethical dilemma appears. The informant, through her dialog with the researcher, describes a practice that is a common occurrence in the care of the elderly living in nursing homes. Research confirms this finding, as an often occurring practice, and shows the elderly having little or no interaction with each other unless a health care worker is present to facilitate the interaction. If not present, individuals tend to leave this room. Residents, who can not physically remove themselves, often withdraw into themselves, in an attempt to avoid this undesired situation (Hauge, 2004). The concept of "ethical judgement", according to Kari Martinsen (Kirkevold, 1992), is a form of "*situational*

competency" which describes the nurse's knowledge that contributes to her understanding of the complex nature of individual actions, where ethical choices are important. Ethical judgement is to understand a situation on the basis of knowledge and compassion and therefore act with a good disposition and in a humane way. The myth that leads nurses to place individuals together in the common room, with little thought to the needs or desires of the elderly, presents itself as a lack of ethical judgement. This can be explained by the difficulty in recognising and understanding the concept of loneliness and acting out of beliefs that are not based on actual knowledge. This is, in my judgement, a consequence of the invisible nature and the low priority of meeting the psychological needs of the elderly residents. Weiss (Weiss, et al., 1973 Weiss, 1989) describes the activity of being placed in a room without any connection as a lack of social integration and leads individuals to feelings of disconnectedness with the social environment in general and thus contributing to loneliness. This subjective, emotional feeling of loneliness was described strongly by the nurses in this study.

Loneliness is described as an uncomfortable, painful experience caused by the feeling of being alone, the lack of available social contact while desiring the company of others, being together with others without feeling a mutual connection and as a negative feeling of disconnectedness from the environment around them. This painful condition leads to feelings of distress, sadness, and inner feeling of detachment and occurs when an individual lacks the desired social or emotional connections with other individuals. This feeling of detachment and aloneness described by the informants is supported in different research articles dealing with the subject of loneliness (Bondevik, 2000; Killeen, 1998; L. A. Peplau & Perlman, 1982), and describes these nurses basic understanding of loneliness seen from the clients perspective.

Loneliness as described by the informants and supported by Weiss (1973) describes loneliness as having a strong emotional component. The feelings of separateness and detachment described as arising from different situations have a strong connection

with the relationship of social and emotional isolation. Individuals are described as exhibiting signs of loneliness as a result of life events. Death of a spouse, the loss of ones home and the loss of ones health contribute to different types of experiences and feelings that are perceived by the nurse to lead to the negative painful feelings that they consider to describe loneliness. Loneliness that results from the emotional isolation that occurs with these life-changing events is an important one according to the nurses in this study. Individuals are seen as withdrawn, listless, and uninvolved in the environment around them. They often lack the initiative needed to develop new relationships. The lack of a generalized attachment figure leads individuals to lack a feeling of connection that gives them security and feelings of well-being (Bondevik, 1997; Weiss, et al., 1973).

Informant's description of loneliness as being a consequence of the lack of desired contact that occurs after the loss of a loved one is seen as a painful phenomenon that can have as its origin in the individual's grief response. Common psychosocial and emotional responses described by the informants as describing their understanding of loneliness as feelings of being alone, an empty sad feeling can be compared to the models of *bereavement* which describe grief as feelings of being alone, yearning for the lost individual, loss of purpose and difficulty maintaining social relationships (Walker & Payne, 2004). Loneliness is the result when these feelings of sadness and inability to adjust to these losses, results in a continual feeling of emptiness and detachment from the environment around them. When this condition is not of a short-term nature, but becomes a chronic problem, it results in the necessity of nursing interventions to try to reinstate a feeling of well being and feeling of connection needed to prevent the development of loneliness. Research supports these informants understanding that a lack of this kind of relationship leads to insecurity feelings attributed to emotional loneliness (Gupta & Korte, 1994; Weiss, et al., 1973; Weiss, 1989). Loss of a partner was described as leading some individuals to experience feeling of inadequacy, low self-esteem and feelings of worthlessness. These conditions were perceived by the informants of this study to be a component of the

loneliness experience. The inner feelings that lead an individual to question their worth and their importance in a social situation were seen as indicators of loneliness. In a study of the impact of the low self esteem and loneliness it was found to support to some degree the findings described by the informants of this study that low self-esteem is a component of the loneliness experience. (van Baarsen, 2002).

It is an awareness of the reasons for a person's vulnerability and an awareness of the reasons for their condition that assist the nurse in planning and providing individually based nursing care. This requires a "moral sensitivity" as described by (Nortvedt, 1995). The informants described loneliness consistently as being a painful difficult subject dependent on the experiences individuals have had throughout life. This awareness shows that while being a difficult subject, informants exhibited an inner awareness of morally relevant factors that are related to the patient's vulnerability and contributing to their being lonely. This awareness of the persons as a holistic being describes the informants understanding that loneliness must be seen in the context of the mind, body and spirit. Many factors; such as dependency, loss, poor self-image and isolation were common contributing factors to an individual's experience of loneliness. Respect for individual differences and the ability to adjust - and plan the individual care is described as a professional challenge. Sensitivity to the moral impact of the patient's condition is of primary importance to this beneficial action because the patient due to illness is often unable to express these needs and discomforts (Nortvedt, 1995; Watson, 1988).

5.1.1 Why are some individuals lonely, while others are not.

Loneliness was seen as a negative and painful feeling arising due to difficulty adapting to stressors presented throughout the aging process. An inner, painful feeling of defeat and sadness was described as a consequence of the stressors presented and was understood by the nurses in this study to lead to withdrawal from those around them. This loneliness was described not as being caused by the lack of available social contacts. In fact social contacts could be present but due to the

individuals stress situation they seemed not able to utilise this available potential social contacts. That loneliness was a subjective experience being different for every individual thus making it a difficult phenomenon to describe and to identify. Informants described individuals in the same situation, with the same amount of social contact, as exhibiting different ways of coping with the loss of a loved one. While an individual, after a period of grief, found meaning in life and was content, another individual showed signs of sadness, distress and loneliness.

This description by the informants can be discussed and supported by using Antonovsky's (1987) theory of salutogenesis. Individuals that exhibit the painful signs of loneliness after the loss of a loved one that do not resolve over time can be described as having obtained a chronic sorrow. They can also be seen having a low sense of manageability. These individuals can be described as developing loneliness when they perceive that the resources at their disposal are inadequate to meet the demands posed by the stimulus that are required of them. They possess a feeling that they lack the resources to adequately meet the stresses that present themselves in them and that leads to feelings of defeat and emptiness and thus loneliness.

When discussing loneliness the subjects of this study described the importance of understanding that loneliness is not a universal characteristic in the elderly living in long term care. The informants, when asked to describe their understanding of loneliness, stressed the importance of describing what Kim (2000) would classify as an "*essentialistic*" concept. According to Kim (2000) it was important to clarify understanding of what normal and usual characteristics and processes that human beings experience in everyday life. Informants supported this idea when needing to describe what they considered normal behavior and responses in order to then describe their understanding of loneliness. An understanding of normality was used by the informants to describe and aid in their understanding of the concept of loneliness.

When discussing loneliness the importance of looking holistically at the personhood of the elderly, to determine the need for interventions was seen as an important aspect and shows the informants caring perspective(Watson, 2005). According to the informants all individuals experience events in life differently and have different needs in regard to social contact. This was a deciding factor if the individual could be evaluated to be experiencing loneliness. However, a strong understanding was presented describing a vast majority of elderly as not exhibiting signs of loneliness. This understanding is supported in various research studies (Bondevik, 1997, 2000; Drageset, 2002; Daatland, 2005; Halvorsen, 2005; Kirsten Thorsen, 1983).

That loneliness was not present in all individuals, was seen to be a result of how individuals cope with the different stressors that occur in life. The informant's description of the way some individuals adjust to the stressors such as; the loss of a loved one or to the loss of health, and still remain free from loneliness, can be further understood by the use of the theory of salutogenesis (Antonovsky, 1987, 2000). Fundamental in this theory is to consider health as a position on a health ease/dis-ease continuum and the movement in the direction towards the health end. According to this theory stress and chaos are a natural parts of all individuals' lives (Antonovsky, 1987). While these individuals were described as being "bombarded" with life changes and the loss of many of their social networks, informants gave a description that many elderly maintained a good quality of life, living and remaining healthy and as a consequence were minimally affected by the loneliness experience. These individuals seemed to adjust to the changes that present themselves. However, how the individuals can identify and influence their internal and external resources and reuse them in order to satisfy their needs seemed to be deciding factors to be able to cope with such changes in a health promoting manner. Antonovsky (1987) described this as a "sense of coherence" (SOC) that enables them to finding solutions in stressful situations. It was initially assumed that the SOC seemed to be relatively stable over time and not completely developed until about 30 years of age.

Later studies have also shown that SOC is found to be relatively stable over time. However, despite his original assumptions of stability, SOC tends to increase with age over the whole life span. The oldest people scored highest on the SOC (Eriksson, 2007 p.66) This might be a contributing factor to the ability of some individuals to deal with stressors and changes in life and remain free of loneliness as described by the informants of this study.

Informants described the process of aging as being a natural event that leads many individuals to seek out solitude and quiet time alone to reflect on their lives and to use the time to recapture energy needed to perform the activities required of them. The need for solitude was also seen as a normal process in the issue of health and was attributed to be a different phenomenon then that of loneliness. This withdrawal was described by the informants as being often confused or misinterpreted in the health care setting as being a sign of loneliness.

This natural withdrawal from social relationships as described by the informants can be compared to Tornstam (Tornstam, 2005) theory of *geo-transcendence*. It becomes the interest of the elderly to involve oneself in the relationships with the most meaning. Superficial relationships are of a lesser interest. The need to be alone increases in importance. Informants described many elderly as adjusting to the aging process in a natural way, which is supported by the theory of *geo - transcendence*. The aging process was understood by the informants to be a positive and natural event for many elderly living in long term care. Tornstam's (ibid.) theory can provide relevant explanations for different behaviors described as being present in the elderly, for example that of social withdrawal. Activity is redefined to include unseen activity, that of rest, and contemplation. Withdrawal from activity is seen as a natural occurrence and has implications as to the evaluation and assistance of the elderly in both engagements in activities but also in the natural acceptance of withdrawal (Hauge, 1998). The informants described an understanding that a large proportion of elderly living in long term care were not lonely, which is also supported by researchers in the field of loneliness (Bondevik, 2000).

5.1.2 **"The more frail – the less lonely"**

Nurses in this study described their understanding of loneliness to be dependent on the contact or connection they have with those caring for them and the environment around them. A feeling of mutual connection was discussed by all informants to be important to prevent feelings of separateness. This can be described as the nurses "*caring consciousness*" according to Watson's (1999) theory of "*transpersonal caring*". When discussing the individual needs in their care, the importance of the use of self to give individuals feelings of worth, were seen as being effective during the morning routines involved in the activities of daily living. When time was taken to connect with these individuals, it resulted in some relief of the feelings of aloneness. This use of time in the caring moment provided individuals with human to human contact that is described as essential in providing individuals with feelings of connection and belonging. The emphasis presented by these informants was that when this contact or relationship was prioritized it had as its goal to communicate to these elderly their importance as human beings. Informant's description can be compared to the caring relationship presented by Watsons (ibid.). In this theory the relationship between the nurse and the client goes beyond an objective assessment, showing concerns toward the person's subjective and deeper meaning regarding their own health care situation. The nurse's caring consciousness becomes essential for the connection and understanding of the other person's perspective.

Individuals requiring the practical skilled care of the nurses on a regular basis were described as being more satisfied and less lonely. The physical touching and transactions of providing the elderly a feelings of worth and recognition while performing routine care such as; bathing, dressing and toileting, provided individuals with closer relationships and more social contact then those requiring less assistance. This contact during activities of daily care is seen by the informants and supported in research (Bondevik, 1997; Bondevik & Skogstad, 1998; Drageset, 2000, 2004) to have the possibility of facilitating social contact. Social contact due to the need for this care reduces or inhibits the experience of loneliness. Informants described their

importance as "*attachment figures*" for some individuals. The use of the interpersonal process and assessment while providing care to individuals allows nurses to assess for changes and assist with care, but the interpersonal nature of this contact provides individuals with possibilities for social interaction. Virginia Henderson (Henderson, 1997) describes that it is easier for any person to develop an emotional supportive role with another while providing a tangible service. This describes another reason that individuals requiring more care may feel less lonely than those who are more independent. Individuals needing little practical assistance were described as needing health care workers to prioritize time to provide for their psychosocial needs. This is supported by Weiss (1989) that "*an attachment figure*" can be one that provides an individual with feelings of security.

5.2 Doing Meaningful nursing:

When discussing the nurses understanding of loneliness it is impossible to fully separate nurses from clients when discussing their understanding of loneliness. The nurses understanding of loneliness is influenced by their own experiences as human beings, but also by their experiences as health care professionals. In discussing the phenomenon of loneliness nurses in this study were asked what type of interventions or techniques they used to provide care to the elderly individual needing assistance to overcome health problems such as loneliness. In the next chapter the issue of discussion will be on how loneliness influences the relationship between the nurse and the elderly.

5.2.1 **Developing a professional relationship**

In the nursing home environment the nurse-client interaction varies from individual to individual dependent on their personality and their health status. When individuals are together they touch, are connected physically, emotionally and feel each other's humanity. All contact or interaction constitutes a relationship of some kind and

describes the evolving nurse- patient relationship. It is stated by Morse (1997, p.330) that

"*The central core of nursing is the interaction between the nurse and the patient and that the purpose is to make the patient comfortable*".

In describing their understanding of loneliness it was stressed that the client - nurse interaction, by the simple use of oneself, was an important one in assisting with the psychosocial needs of all individuals in their care. Any contact or interaction develops into a nurse – patient relationship and evolves over time. The nurses reported that they used simple strategies such as conversation and observation during care situations to develop insights into the elderly individual's situation.

One informant discussed her own experiences of loneliness in an attempt to show the painful nature of this condition. This sharing of common experiences was described by one informant as being important to establishing everyday contact with individuals. This idea presented by the nurse has a strong foundation in Watson's (2005) "clinical caritas processes". These processes have as their basis the importance of a deeper dimension into the caring process, taking into consideration the individuals inner feelings (Watson, 2005). This caring process that stresses the nurses presence in the caring situation as involving both the one care for and the one providing the care. Though described as difficult to accomplish due to time constraints, this was in fact an activity that these nurses described as accomplishing daily with the individuals in their care.

5.2.2 **Mutuality**

The use of self to reduce the feelings of loneliness was described by all respondents as beings an important skill to assist in facilitating the negative feelings of detachment and separateness that came with a feeling of loneliness. It was described

as being an activity that was often as simple as taking the time to sit and drink a cup of coffee, to provide individuals with a feeling of social interaction, caring and belonging. This idea presented by the nurses in this study in relationship to loneliness is that simple everyday contact provides individuals with the possibility of a mutual sharing of information and connection. Loneliness is understood by the informants to be a negative condition necessitating in an intervention to assist in optimal health. This spontaneous conversation in an everyday environment in long term care provides nurses and clients with important information into the process of becoming familiar with each other and developing a connection. This type of conversation described by the informants is supported in literature (Hummelvoll, 1982) to be important to developing a therapeutic relationship. According to Watson (Watson, 1999, p. 116-117), the caring occasion becomes "transpersonal" when

"it allows for the presence of the spirit of both—then the event of the moment expands the limits of openness and has the ability to expand human capabilities"

This is described by the informants as an important function that takes place in the client nurse interaction. Being available when the elderly individual has the need for someone to talk to or assistance of the nurse in establishing contact with others were seen as a primary responsibility of the nursing profession in regard to the care of individuals now living in long term care. These spontaneous conversations are described by the informants and supported in literature to have different characteristics and content and are important to allow for the exchange of knowledge that allows nurses to understand what the different needs are of separate individuals (Hummelvoll, 1982). These types of interactions are described by the subjects to allow for the nurse and client to mutually give of oneself, which is described by the nurses in this study as being an important factor when discussing loneliness.

Watson's transpersonal caring relationship (2005) describes the different factors taken into consideration by the nurses in this study when developing a nurse client relationship. The informants stressed the importance of individuality, dignity and

respect, and the different experiences that they take daily into their caring practice with the goal being the potential to assist individuals in acquiring a more satisfying social life and thus better health.

5.2.3 The "*face to face*" conversation

Informants described, and supported in literature (Bondevik, 2000)the importance of simple conversation as being an activity that has the possibility of stimulating the memories of elderly individuals thus guiding them to an increased engagement and focus on the present. The process of remembering and presenting these memories to others provides individuals with feelings of importance and of being recognised as important individuals. In the daily life of the elderly it was discussed that there are fewer events that give individuals a feeling of "*self*" and of their own importance thus leading them to feelings of inner loneliness. Therefore it is important to use previous memories to allow individuals to experience the events that have made them into who they are (Blix & Breivik, 2006; Bondevik, 2000). This allows for recognition and an emphasis on ones own identity. It was recognised by the informants that elderly individuals possess experiences and memories that, when discussing loneliness, are important to utilize in order to enable them as a professional partners, to empower them by mobilisation of their human resources to protect and promote their own health and well-being (Eriksson, 2007).

Informants stressed that each elderly individual must be considered as an independent individual. This description of their understanding of the individuality of those in their care and the processes used to assist them in achieving a more positive social environment and thus possibly decreasing loneliness describes Watson's (2005) transpersonal caring relationship. This use of conversation and techniques to promote positive self image and positive regard emphasises the uniqueness of each individual but also the mutuality between the nurse and the individual in her care. What is

important to this relationship is the protecting and preserving of the person's dignity, humanity and inner feelings of contentment (ibid). In the following section the impact of interaction in regard to nurses understanding of loneliness will be discussed.

5.2.4 **Facilitating interaction**

The nurse role in promoting positive social interactions between residents is described as being an important activity to facilitate loneliness. The informants described in different ways the observation and belief that in most cases, in order for them to provide individuals with feelings of mutual connection, it required them to possess skills of facilitating relationships. One informant described this activity as a form of art. This assistance as described by the nurse was often the determining factor to the assistance feelings of normalcy and providing individuals with some type of normal social contact in the environment in which they now live.

Watson describes this activity as clinical caritas processes as a guide to the core of nursing. It describes the processes in nursing that goes beyond the medical treatment. These clinical caritas processes attempt to

" honor the human dimensions of nursing work and the inner life world and subjective experiences of the people we serve" (Watson 1997 p. 50).

The creative use of self in the caring process to assist individuals in their care is an important nursing responsibility. The creation of healing environments, which includes the provision of supportive external and internal environments are important processes for the nurse in a caring relationship (ibid). These are variables that the nurse manipulates in order to provide support and protection for the individuals mental and physical well-being.

To achieve positive social settings, nurses described promoting interaction by using different communication techniques such as introducing themes of interest, and contact between individuals. Often the result was that communication started to flow

in a positive way. For this to occur, it was necessary that the nurse possessed and used her skills of noticing, both the verbal and non - verbal communication that was present in a situation. In situations where the nurse was not present to facilitate these interactions, individuals were quiet and withdrawn and they removed themselves from the situation as soon as possible. The informants of this study describe this role as being one of the most important ways to assist in meeting the psychosocial needs of the individuals they considered to be struggling in the context of loneliness. When this activity was done systematically, there was an improvement in the interaction, both between residents and also between the nurse and the individual. It required the creative use of self and a conscious prioritising of these activities. What was described by the informants in this study was also supported by earlier research (Bergland & Kirkevold, 2005, 2008; Hauge, 2004), that without this initiative from the nurses, the outcome of social interaction between residents was minimal. In situations where no interaction occurred in a social context, the feeling of loneliness as being "*alone in a crowd*" was described as the result for some of the elderly.

5.2.5 **Quality of relations**

The nurses often described their role as being the closest companion to the lonely individual. In that respect the nurses underlined the importance of being sensitive to each individual's needs and wants in relationship to contact with others. The different wants and needs for contact between caregivers and residents and its importance for individual thriving is also described through research done by Bergland (et al, 2005). Bergland underlines the importance that nurses need to aware - and sensitive to the type of contact desired by the individual, to both assist with reducing loneliness but also to maintain an individual integrity (Bergland et al, 2005, 2008; Kirkevold, 2008). The informants also understood the importance that contact between the nurse and the individual must be meaningful and reciprocal (both ways) and that the staff is considered in many cases to be the primary social network of some individuals living

in long term care. This finding is supported in various studies (Bergland et al, 2005, 2008; Hauge2004). The quality of the interaction between the nurse and the individual is seen as important to assisting the lonely individual. Weiss (1973, 1989) described this as one of the relational provisions necessary to all individuals. This provision is "*Reassurance of Worth*" and is presence in relationships where an individual experiences of respect and recognition. A lack of this mutual reassurance may lead to a feeling of low self-esteem and feelings of worthlessness.

Due to the pressures of time and acuity of the individuals in their care, informants described situations where ample time was not given to prioritize lonely elderly and the care needed to give these individuals a feeling of connection. (Nortvedt, Pedersen, Grothe, Nordhaug, Kirkevold, Slettebo, Brinchmann, & Andersen, 2008). This lack of time and priority leads to a dilemma. According to Watson (2005), who states that the nurse, i.e., the caregiver, needs to be aware of her own consciousness and authentic presence of being in a "*caring moment*" with her patient? Moreover, both the one cared-for and the one-caring can be influenced by the caring moment through the choices and actions decided within the relationship, and thereby influencing and becoming part of their own life history. Informants described being influenced by the caring moment both positively and negatively. When this caring moment was successful and both individuals connected for a mutual goal, for example during mealtimes, this informant described the caring moment as a form of art, thus giving both parties positive feelings. In the caring moment where time and resources did not accomplish successful result, dissatisfaction was present on both sides in the caring relationship.

5.3 Planning the care of the lonely individual

According to Peplau (H. E. Peplau, 1988) nursing can be viewed as an interpersonal process that involves interaction of two people with a common goal. This common goal may be defined and oriented by the client, nurse or others involved like the

family of the elderly or de management of the nursing home (Kim, 2000). Reaching the goals provides the incentive for the therapeutic process. It is in my opinion that this process in regard to the subject of loneliness is greatly inhibited. The informants described loneliness, as being under prioritized and that the planning of these activities was seldom done in any systematic manor. Despite this, the importance of discovering what each individual elderly wants in regard to social contact (i.e. goals for care defined by the client) was seen as an important activity and imperative to the understanding of loneliness. In order to assist with loneliness it is important to determine the needs and wants of every individual and develop a plan of care accordingly (Kirkevold, 2008). When discussing loneliness and the psychosocial needs of individuals living in the nursing homes represented in this study the fact that presented itself was that there was in almost all cases no concrete plan involving the care needed to assist individuals with their psychosocial needs. Only one informant reported a routine of collecting information on the elderly social networks upon arrival to the nursing home. However, using this information in enactment to facilitate social relationships for the elderly was solely dependent on the nurse taking the time, having the opportunity and carrying out the activities needed to assist in this activity.

The informants of this studied stressed the importance of providing individuals who require less assistance in daily routines with time and attention while admitting that this was often overlooked due to time constraints. Research (Teeri, Valimaki, Katajisto, & Leino-Kilpi, 2007) and the statements of the informants of this study support that the meeting of psychosocial needs of individuals in their care is considered an important one to the profession of nursing and provides them with important job satisfaction. Despite this it has been documented to be an activity that is performed primarily when all other practical activities are accomplished. Routine work are rigidly scheduled and planned such as medication and dressing changes are activities that nurses are held directly accountable for and are accomplished with. The other less visible work, such as psychosocial care giving, is often overlooked or

neglected (Bowers, et al., 2001; P. Nortvedt, et al., 2008; Teeri, et al., 2007). This was also stressed by the informants in this study when discussing the complex nature of the care of loneliness.

Nursing deliberation includes the five structures of context, aspects of nurse, aspect of client, nursing goals and nursing means. Elements from these structures such as; work load, lack of staff, the complex nature of the elderly individual health care needs and acuity of the clients in the setting can inhibit the deliberation process and actions taken (Kim, 2000). These elements were also described repeatedly and understood, by all informants of this study, as inhibiting factors for a proper care in order to facilitate loneliness. The reported strong focus on the somatic care of the individual was described as often leading to the psychosocial needs of the individuals to be overlooked. While these psychosocial needs were described as being addressed daily in their care of the elderly, it was in a haphazard way depending on the day – to - day acuity and their heavy work load. This was supported in research on clinical prioritizations (P. Nortvedt, et al., 2008) that there exists a tendency to disregard important needs of older patients such as physical activity, communication and psychosocial needs. According to Kim (2000) this area of deliberation should be rational and decisive but that actual practice is often haphazard or intuitively organised as opposed to intentional and automatic. This is supported by the informant's description of the care of individuals experiencing loneliness as being random and unplanned. The informants also reported stress and dissatisfaction with their ability to meet the needs of these individuals leading them to feelings of dissatisfaction with the care they were able to provide. This dissatisfaction is described by Morse (2006, p. 84) as possibly leading caregivers to withdrawal from emotional involvement in order to allow them to keep working by reducing the effort needed to care for these individuals.

Facilitating loneliness was described as being an activity that was not systematically planned and they were not held accountable for it, if not performed. The need to overlook or to let the subject of loneliness slide off one was described by an

informant as necessary in order to avoid the pain that it invoked in the nurse herself, when time constraints prevented her from addressing this issue, in a way that relieved the individual's pain. This response is described as a "*self focused, second level response*" by Morse (2006), in her expanded theory of caring. The need to detach oneself from an individuals pain allows the caregiver to continue working by reducing the effort of giving care and eliminating the need to experience any of the individuals pain. The description of rushing through morning routines and performing these activities without engagement of the individual is a way of legitimizing or justifying the treatment of an individual in a detached way.

6. Conclusion

This study had as its purpose to discover what nurses understand loneliness to be in the elderly living in long term care. Together with this, it was important to discover what factors were attributed to the development of loneliness and what interventions were used by these nurses to assist the elderly to obtain a relief from the loneliness experience. The subject of loneliness has been researched from a variety of angles but little has been done to discover what nurses understand loneliness to be and what information they use to plan and carry out the care of these individuals. In a health care system that is becoming more and more acute as time goes by, the importance of addressing the issue of loneliness is an important one.

Through the use of in depth interviews of seven nurses working in long term care, a description of loneliness as a painful, uncomfortable feeling resulting from a deficit in the desired social contact was discovered. Feelings of not belonging, low self esteem, grief, and difficulty coping with events in life such as poor health or the need to move into long term care were considered to be factors leading to the development of loneliness for some individuals.

In discussing their understanding of loneliness informants primarily used examples from practice and from their experience in the care of elderly individuals. Loneliness was seen as a difficult phenomenon to clearly define due to its abstract and invisible nature. According to the nurses, this resulted in a situation where loneliness was under prioritized and often overlooked. Though routinely unplanned, the nurses described various activities used to assist individuals in meeting their needs for social contact and acquiring feelings of belonging. Facilitating interaction between residents and between staff and residents was seen as an important skill to assist in the relief of loneliness.

More knowledge is needed describing nurses understanding and perception of loneliness and what caring practices can be used to further assist in meeting the

psychosocial needs of these individuals. Though the informants of this study described in detail their understanding of loneliness a broader study is needed to uncover the educational needs of the nurses responsible for the care of the elderly. A possible study could include a larger group of informants interviewing both nurses and elderly about their understanding of loneliness, combined with the collection of unstructured data through the use of participant observation. In this way interventions preformed by the nurses that are of the more intuitive and unconscious nature could be observed and collected. It has been a challenge for the nurses in this study to describe the loneliness and the interventions provided due to the invisible and often overlooked nature of the loneliness experience.

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Appendix 1 - Access to the field

UNIVERSITETET I OSLO
DET MEDISINSKE FAKULTET

Institutt for sykepleievitenskap og helsefag
Seksjon for sykepleievitenskap
Postboks 1153 Blindern
N-0318 OSLO

Søknad om å få tillatelse til å intervjue sykepleiere som jobber på sykehjemsavdelingen om deres forståelse av ensomhet blant eldre sykehjemsbeboere.

Jeg er student ved Institutt for sykepleievitenskap og helsefag, seksjon for sykepleievitenskap, ved Universitet i Oslo. Dette semesteret har jeg startet arbeidet med min masteroppgave. Studiens foreløpige arbeidstittel er: *"Sykepleierens forståelse av ensomhet blant eldre beboere på sykehjem"*. Denne henvendelsen gjelder søknad om tillatelse til å gjennomføre en del av studien blant ansatte ved Deres sykehjem.

Min arbeidserfaring i de siste 13 år har vært primært innen eldreomsorgen på sykehjem. Aldersdemens og rehabilitering er noen av de områder som har vært mitt arbeidsfelt. Min erfaring er at sykepleiere stilles ovenfor stadig økende, faglige utfordringer i møtet med pasienter som befinner seg på sykehjem. Pasientene har blitt stadig sykere og krever mer avansert pleie. Samtidig har det vært en økende interesse for at eldre skal oppleve en verdifull hverdag. Generelt er ensomhet et økende problem i dagens samfunn. Den eldre del av befolkningen lever lengre og opplever derfor ofte å miste sine nærmeste. Til tross for at det har vært en del forskning om ensomhet blant eldre, finnes det lite informasjon om hva sykepleiere tenker om ensomhet og hva de setter inn som tiltak for den ensomme eldre. For å sikre en helhetlig og bedre aldersomsorg det viktig å finne ut mer om disse spørsmålene.

I gjennomføringen av min oppgave ber jeg om tillatelse å intervjue 2-3 sykepleiere fra din institusjon. For å få til størst mulig variasjon, oppdage mest mulig informasjon, ønsker jeg å intervjue både forholdsvis nyutdannede - og erfarne sykepleiere. Det er ønskelig at sykepleierne har sitt daglige arbeid knyttet til eldre på langtidsavdelingen.

Dersom tillatelse blir gitt, håper jeg at dere kan være behjelpelig med å distribuere min forespørsel til sykepleiere som vil være aktuelle for utvalget. Jeg vil sørge for at forespørselsbrev med ferdig adresserte - og frankerte konvolutter vil bli levert til institusjonen, så snart jeg eventuelt har mottatt en positiv bekreftelse fra dere. Deltakernes - og institusjonens anonymitet og konfidensialitet vil bli ivaretatt etter gjeldende retningslinjer.

Datainnsamling vil skje ved individuelt intervju der sykepleieren vil bli intervjuet av undertegnede. Jeg planlegger ett intervju med hver sykepleier. Intervjuet vil ta ca.1 time. Undersøkelsen planlegges gjennomført i oktober 2007, etter nærmere avtale med den enkelte sykepleier. Jeg håper at det gis mulighet for å gjennomføre intervjuene i sykehjemmets lokaler, i sykepleiernes arbeidstid.

UNIVERSITETET I OSLO
DET MEDISINSKE FAKULTET

Det vil bli innhentet tillatelse fra Datatilsynet for å gjennomføre undersøkelsen. Min veileder ved Instituttet for Sykepleievitenskap er førsteamanuensis Solveig Hauge, tlf. 22 84 46 18, e-post solveig.hauge@medisin.uio.no

Utover den tid som sykepleierne bruker av sin arbeidstid er det ingen kostnader for sykehjemmet knyttet til deltagelse. Institusjon vil få et eksemplar av den ferdig oppgaven etter sensurering. Oppgaven er planlagt innlevert den 01. juni 2008.

Jeg håper denne henvendelsen gir tilstrekkelig informasjon for deres vurdering min søknad. Dersom dere har flere spørsmål vedrørende opplegg eller gjennomføring, kan jeg kontaktes pr. mobiltelefon: 412 18 189.

Jeg håper på et snarlig svar.

Med vennlig hilsen,

Barbara Stormer Vadseth

Barbara Stormer Vadseth
Student - Mastergrad i Sykepleievitenskap.
Stinaåsen 4
3478 Nærsnes

Appendix 2 – Approval from Norwegian Social Science Data Services

Norsk samfunnsvitenskapelig datatjeneste AS
NORWEGIAN SOCIAL SCIENCE DATA SERVICES

Harald Hårfagres gate 29
N-5007 Bergen
Norway
Tel: +47-55 58 21 17
Fax: +47-55 58 96 50
nsd@nsd.uib.no
www.nsd.uib.no
Org.nr. 985 321 884

Solveig Hauge
Seksjon for sykepleievitenskap
Institutt for sykepleievitenskap og helsefag
Universitetet i Oslo
Postboks 1153 Blindern
0318 OSLO

Vår dato: 16.10.2007 Vår ref :17500 / 2 / KH Deres dato: Deres ref:

KVITTERING PÅ MELDING OM BEHANDLING AV PERSONOPPLYSNINGER

Vi viser til melding om behandling av personopplysninger, mottatt 14.09.2007. Meldingen gjelder prosjektet:

17500	*Sykepleiernes forståelse av - og innsikt i, ensomhet blant eldre beboere på sykehjem*
Behandlingsansvarlig	*Universitetet i Oslo, ved institusjonens øverste leder*
Daglig ansvarlig	*Solveig Hauge*
Student	*Barbara Stormer Vadseth*

Personvernombudet har vurdert prosjektet og finner at behandlingen av personopplysninger er meldepliktig i henhold til personopplysningsloven § 31. Behandlingen tilfredsstiller kravene i personopplysningsloven.

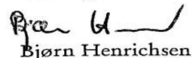
Personvernombudets vurdering forutsetter at prosjektet gjennomføres i tråd med opplysningene gitt i meldeskjemaet, korrespondanse med ombudet, eventuelle kommentarer samt personopplysningsloven/-helseregisterloven med forskrifter. Behandlingen av personopplysninger kan settes i gang.

Det gjøres oppmerksom på at det skal gis ny melding dersom behandlingen endres i forhold til de opplysninger som ligger til grunn for personvernombudets vurdering. Endringsmeldinger gis via et eget skjema, http://www.nsd.uib.no/personvern/melding/pvo_endringsskjema.cfm. Det skal også gis melding etter tre år dersom prosjektet fortsatt pågår. Meldinger skal skje skriftlig til ombudet.

Personvernombudet har lagt ut opplysninger om prosjektet i en offentlig database, http://www.nsd.uib.no/personvern/register/

Personvernombudet vil ved prosjektets avslutning, 15.08.2008, rette en henvendelse angående status for behandlingen av personopplysninger.

Vennlig hilsen



Bjørn Henrichsen

Kjersti Håvardstun

Kontaktperson: Kjersti Håvardstun tlf: 55 58 29 53
Vedlegg: Prosjektvurdering
Kopi: Barbara Stormer Vadseth, Stinaåsen 4, 3478 NÆRSNES

Appendix 3 - Information letter to informants

UNIVERSITETET I OSLO
DET MEDISINSKE FAKULTET

Institutt for sykepleievitenskap og helsefag
Seksjon for sykepleievitenskap
Postboks 1153 Blindern
N-0318 OSLO

Forespørsel om å delta i forskningsprosjekt:

Sykepleierens forståelse av ensomhet blant eldre sykehjemsbeboende.

I forbindelse med min mastergrad i sykepleievitenskap gjennomfører jeg et prosjekt som skal beskriver hvordan sykepleiere forstår, og har innsikt i, ensomhet blant eldre sykehjemsbeboende. Ensomhet er et omfattende helse- og sosialt problem som mange eldre opplever. Hensikten med prosjektet er å komme frem til hva sykepleierne, som jobber med eldre som bor på sykehjem, forstår om ensomhet. Målet er å bidra til økt forståelse av ensomhet og identifisere den kunnskap om ensomhet som ligger hos sykepleierne slik at livssituasjonen til de eldre sykehjemsbeboende kan bli bedre. Informasjon som samles inn vil bli brukt i min masteroppgave ved Universitet i Oslo.

I denne forbindelse ønsker jeg å intervju 8 sykepleiere fra fire forskjellige institusjoner. For å få til et best mulig representativt utvalg ønsker jeg å intervjue både forholdsvis nyutdannede og erfarne sykepleiere, som jobber på sykehjem.

Sammen med ansatte på de andre tre sykehjemmene får du denne forespørselen om deltakelse i studien. Det er frivillig å være med og du har mulighet til å trekke deg når som helst underveis, uten å begrunne dette nærmere. Dersom du trekker deg vil alle innsamlede data om deg vil bli slettet. Opplysningene vil bli behandlet konfidensielt, og ingen enkeltpersoner vil kunne kjenne seg igjen i den ferdige oppgaven. Opplysningene anonymiseres og opptakene slettes når oppgaven er ferdig, innen juni 2008. Av personlige opplysninger vil du kun bli spurt om din arbeidserfaring. Ingen andre personlige informasjoner vil bli samlet. Du vil få tildelt et nummer, som vil identifisere deg. Ingen navn vil bli brukt, dette for å ivareta din anonymitet.

Intervjuet vil bli tatt opp på lydbånd og deretter transkribert i sin helhet. Hvert bånd vil få et referansenummer som knytter seg til en manuell navnliste. Navnlisten og samtykkeerklæringen vil bli oppbevart nedlåst og atskilt fra lydbåndene, og begge vil bli makulert etter at masteroppgaven er sensurert. De opplysninger som jeg gir, skal ikke kunne føres tilbake til deg som person.

Jeg vil bruke båndopptaker og ta notater mens vi snakker sammen. Intervjuet vil ta ca. 40min. og vi blir sammen enige om tid og sted.

Dersom du har lyst å være med i dette studiet er det fint om du skriver under på den vedlagte samtykkeerklæringen og returner denne i vedlagt konvolutt.

UNIVERSITETET I OSLO

DET MEDISINSKE FAKULTET

Hvis du har spørsmål kan du kontakte meg på mobil 412 18 189 eller via e-post til b.k.s.vadseth@studmed.uio.no. Du kan også kontakte min veileder Solveig Hauge ved UiO, Seksjon for sykepleievitenskap, på telefonnummer 22 84 46 18 eller e-post solveig.hauge@medisin.uio.no.

Studien er meldt til Personombudet for forskning, Norsk samfunnsvitenskapelig datatjeneste A/S.

Dersom du har spørsmål eller kommentarer etter intervjuet, kan du kontakte Barbara Vadseth, eller min veileder førsteamanuensis Solveig Hauge, på tlf. 22 84 46 18, ved Institutt for sykepleievitenskap. Barbara Vadseth kan kontakte deg, med samme begrunnelse, og eventuelt gjøre avtale om et nytt intervju.

Med vennlige hilsen,
Barbara Stormer Vadseth
Barbara Stormer Vadseth
Stinaåsen 4
3478 Nærsnes

Din underskrift her, viser at du ønsker å delta i intervjuet, på disse premisser.

Samtykkeerklæring:

Jeg har mottatt informasjon om studien om sykepleierens forståelse av ensomhet og ønsker å stille på intervju.

Signatur...

Telefonnummer...

Appendix 4 – interview guide

Intervjuguide: *Sykepleierens forståelse av ensomhet:*

1. **Hvor lenge har du arbeidet på Sykehjem?**
2. **Kan du beskrive din egen forståelse av hva ensomhet er?**
3. **Hvilke oppfatning/erfaringer har du med ensomhet, blant eldre i sykehjem?**
4. **Kan du beskrive kjennetegn på ensomhet hos eldre mennesker i sykehjem?**
5. **Hva ser du?**
6. **Kan du beskrive og forklare ting som påvirker et eldre menneske som opplever ensomhet?**
7. **Hvem er det som blir mest ensomme på sykehjem**
8. **Hvordan kan ensomhet påvirke eldre menneskers helse og livskvalitet?**
   - **Livskvalitet:**
   - **Helseplager som kan være en konsekvens av ensomhet:**
9. **Hvordan kan ensomheten forebygges når en bor i sykehjem?**
10. **Hvilke utfordring møter du i å forebygge ensomheten på sykehjemmet?**
11. **Hva kan gjøres for å hjelpe den eldre som opplever ensomhet?**
12. **Ensomhet. Hvordan utrykker de eldre hvordan de har det.**
13. **Hvordan blir du selv påvirket når du daglig har ansvar for eldre, ensomme mennesker?**
14. **Kan du beskriver hvordan å være alene er ikke alltid å være ensomme.**