



ROLE OF FAMILY IN ELDERLY CARE

Bachelor's Thesis
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Family is an integral part of everyone's life. The purpose of thesis is to explore the roles of family and significance of their participation in elderly care. The aims are to increase awareness of nursing students, nurses and families regarding involvement of family members in elderly care and to find out experience of elderly residents when family members visit them.

Research method used in this thesis is quantitative research in which questionnaires were used to collect data from elderly people. Mainly questions were about family visit and its importance, loneliness and involvement of family members in their care. Data was collected from two different elderly homes in Oulu. The research questions were: - How do elderly feel about loneliness at elderly home? How are family visits implemented? What effects do family visits have on the elderly? What expectations do the elderly have on family visits?

The study included two elderly homes of Oulu and the sample of 68 residents. The findings of the research showed that most of the elderly feels loneliness in elderly home. However, there were also elderly residents who mentioned that they do not feel loneliness at all. It was identified that the difference in loneliness feelings among elderly was greatly influenced by the number of family visit and support received by them. Further, this study helps to determine that elderly preferred to be visited by their family members as frequently as possible and they think that family visit is important for their happiness and well-being.

This research will help health care students, nurses and family members to understand value of regular family visit in elderly home, family roles and support needed to maintain the quality of life of elderly residents. In addition, nurses will involve family members in elderly care as well as family will be encouraged and motivated to participate actively.

Key words: - Family, elderly, loneliness, family visit, family participation, family support

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1 INTRODUCTION

The term elderly is used to represent aged, elder and older people. Population ageing is a global phenomenon (Dannefer & Phillipson 2010, 190). According to (Active Ageing: A Policy Framework 2002) the largest proportion of older people are in Europe and the rate of people age 60 and above is rapidly growing more than any other age group. In 2010, an estimated 524 million people were aged 65 or older- 8 percent of the world's population. By 2050, this number is expected to nearly triple to about 1.5 billion, representing 16 percent of the world's population. This remarkable phenomenon is being driven by declines in fertility and improvements in longevity. With fewer children entering the population and people living longer, older people are making up an increasing share of the total population (WHO 2011.) Therefore, entry into nursing home strongly increases with age especially among the oldest elderly.

Elderly care is important part in healthcare. Though, elderly care has been the responsibilities of family's members but in these modern societies elderly people are mainly alone at home or they are cared in elderly home. The main reason for this includes decreasing family size, two-career family and increased life expectancy. In addition, geographical mobility, limited economic capacity and change in attitude about family obligations influence family support and involvement in the lives of individual residing in elderly home (Dannefer & Phillipson 2010, 35.)

Quantitative method was used in this thesis. Questionnaires were used to collect data. The purpose of the research is to explore the roles of family and significance of their participation in elderly care. The aims are to increase awareness of nursing students, nurses and families regarding involvement of family members in elderly care and to find out experience of elderly residents when family members visit them. During our first practice in Oulu, we felt that elderly feel loneliness in elderly home. There were good nurses to care them but they had scarcity of time to chat with elderly, to meet interpersonal need and assist them emotionally. They were busy to provide physical support, routine and paper work. Therefore, family visit was significant and

necessary to connect elderly people with their family members and reduce their loneliness. That is why the topic for the thesis was chosen to signify role family in elderly care through family visit and involvement. Also, this study helps to know that family visit and support is equally important to reduce loneliness in elderly and maintain quality of life.

2. AGING PROCESS

Aging is a process of growing old. It is a normal phenomenon which includes growth and maturity of the body. There are many physical and psychological changes in the process of aging or growing old. These changes are not harmful but bodily function is gradually being decline. (Pasco & Pinellas 2013.)

“Aging can be defined as a series of time related processes occurring in the adult individual that ultimately bring life to close. It is the most complex phenotype currently known and the only example of generalized biological dysfunction. Aging influences an organism’s entire physiology, impacts function at all levels, and increase susceptibility to all major chronic diseases.” (Vijg, Jan 2007, 23.)

Most developed world countries have accepted the chronological age of 65 but it may vary and sometimes associated with age at which one can begin to receive pension benefits. The UN has not adopted a standard criterion, but generally uses 60+ years to refer to the older population (WHO 2014.) Old age has been divided into different groups: biological, physiological, emotional and functional. Biological aging is concerned with changes occurring in the structure and functions of the human body; physiological aging is concerned with individual and behavioural changes; emotional aging describes changes in one’s attitude and lifestyle dependent on one’s self-perception of being old; and finally functional aging is the comparison of individuals of the same age group in terms of those within the group being unable to maintain their functions in society (Ayranci, U & Ozdag, N 2004.)

3. CHANGES IN AGING

Aging is inevitable. It reflects many changes that occur throughout human life, since birth till death. They have to struggle and adapt different stages of life. In this process different changes occur in the human body. Especially in older age, change in whole system takes place. They have poor immune system and are more susceptible to different diseases. Some changes are explained below.

3.1 Physical changes

The most obvious manifestations of old age are changes in physical appearance, such as wrinkles appearing on the face; the greying of hair, slowing down of reactions, followed by restriction of movement and sense organs, and prone to chronic illnesses. Older adults do experience normal, age-related changes that may affect their lifestyle and change in whole system. Common age-related physical changes include hearing impairment, weakening vision, and the increasing probability of arthritis, hypertension, heart disease, diabetes, and osteoporosis. The proportion of older adults needing assistance with everyday activities increases with age. (American Psychological Association 2014.)

Hearing and vision problem in old age makes communication difficult. Similarly, changes in taste and smell, changes in bone and muscles takes place. Bone loss, fracture and muscles pain increases in old age. In digestive system, they have high chance of losing teeth and stomach upset, less bowel movement. Constipation is the most common problem. They also have changes in circulation for instance heart becomes slow to pump the blood. Because of this reason they have high chance of stroke. Menopause is the main changes that occur in old age women and it varies among different individual. (Smith, Suzanna & Gove, Jennifer E. 2006.)

3.2 Psychological changes

“Psychological wellbeing is considered as a core of successful aging. The ability to

be self-determined and to exercise control over one's life is critical to both psychological and physical well-being and health (Pasqualina Perrig-Chiello, Perrig Walter, Uebelbacher Andreas, & Stähelin Hannes B 2006.) In old age, there are some changes in the human brain resulting changes in behaviour too. Different diseases or mental condition like depression, memory loss, mood changes, and dementia occurs. Old people may have fear of many things related with their health condition, injuries, as well as about family and friends. So, they can feel depressed and loneliness. (American Psychological Association, 2006.)

Due to different physical and psychological changes in elderly, there is also a great chance of suicidal case. They can attempt suicide because of depression and loneliness also. Problem with memory make them difficult to remember simple things what happened just earlier. For instance, the day's new events, what was eaten for breakfast, dates. Memory generally declines with age. Lots of things go up and down during this stage of life. (Traphagan, John W 2004.)

However, poor cognitive ability can be improved by using different methods or extra activities. Involving in different games like chess, crossword puzzles or playing simple games is necessary. Exercises like swimming, walking, yoga helps to maintain the cognitive function. Also, the social involvement is the important factor to maintain it. Elderly can be more active and have the healthy brain. Those who have been involving in physical as well as social activities have less chance of depression and healthy cognitive skills. (Ganzer, Christine & Zauderer, Cheryl 2011.)

3.3 Social changes

Social role identifies and define individuals position and validate their existence in social groups such as families, workplace and communities. Social role changes throughout the lives. The different roles remain in place but the participation in that role generally depends on the health status, financial resources and mobility in the community. However, older adults continue to participate in way of these social roles even faced with diminished capacities. Retirement is one of the social changes. It is

difficult for older adult to leave the position where they get respect, regular income and social network of friends, colleagues and acquaintances. Similarly, it causes transition from the daily recognition to one with limited recognition and possible isolation. It may affect elderly psychologically. Numerous studies have shown that socialization is important for physical and psychological well-being. But social relationship gets affected with old age. Personal health declines and the ability to socialize reduced. So, only few relationships are maintained. Such relationships are social circle of family members and close friends. Older adults have strong desire to be independent and do not accept help from others. Due to decline in the health status they reached at the point where they need to accept support and help from others. Family member especially children gives assistance to them. (Brossoie, Nancy 2013.)

4. LONELINESS OF THE ELDERLY

“A situation experienced by the individual as one where there is an unpleasant or inadmissible lack of (quality of) certain relationships. This includes situations in which the number of existing relationships is smaller than is considered desirable or admissible, as well as situations where the intimacy one wishes for has not been realized. Thus loneliness is seen to involve the manner in which the person perceives, experiences, and evaluates his or her isolation and lack of communication with other people.”(Constanca, Paul & Ayis,Salma & Shah Ebrahim 2006.)

“According to Prince Harwood, Blizard, Thomas, and Mann (1997b), loneliness was more common among people living alone; lacking supportive neighbour’s, or contact with friends; upset with their relation with a child; in women, and older than 82 years. Better quality housing was associated with less loneliness.”(Constanca, Paul et al. 2006).

The research shows that about one-third of older people with age 65 above feel loneliness in their life and the outcome was even more in age over 80 (Hauge, Solveig & Kirkevold, Marit 2012). Loneliness is defined as absence of some close relationship. Almost all the elderly people who are having loneliness is because of ill health so, they can’t perform any physical activity as well as poor mental health. Loneliness is also due to poor socio economic condition and also loss of something or someone. Most of the children left home because of some reason. They left home like a birds so parents are living alone and it’s called empty nest. It can be reduced by different things for example by coping with loneliness. According to the study in China 25% of elderly family are alone and in Beijing 35% of family are suffering from loneliness. Loneliness and depression goes side by side. Because of loneliness most elderly suffer from depression. It has been supposed that loneliness will be about 90% in 2030 in China. Because of this loneliness there appear lots of problem like psychological problem, psychosocial problem. In order to make all these problems reduced such elderly people who are alone they should be properly supported with a good care (Feng-Jen, Tsai & Motamed, Sandrine & Rougemont, André 2013; see also Wu, Zhen-Qiang & Sun, Liang & Sun, Ye-Huan & Zhang, Xiu-Jun & Tao, Fang-biao & Cui, Guang-Hui 2010.)

Lack of social support and loneliness is the most common cause of degrading

physical activity as well as mental wellbeing (Active Ageing: A Policy Framework). There seems to be a particularly strong relation between loneliness and depression; loneliness is seen as a predictor of depression (Hauge, Solveig et al. 2012).

4.1 Causes of Loneliness

A third of all elderly suffer loneliness at least sometimes. The phenomenon of loneliness has also been linked with increased age. This may be due to age-related losses. Age related life events such as retirements, moving to sheltered housing, limited capability, low income, death of a partner or other relatives and health problems are the main causes of loneliness in old people. Living alone, lack of family ties, infrequent contact with family members contributes to sense of isolation and loneliness. It is usually associated with the poor physical and mental health. Similarly, change in family and decreasing number of offspring's and increasing distance between the families members due to migration can be another reasons. This is the fact that shrinking of social network, loss of family and friends or partner are causative factors. (WRVS 2012; see also Bevinn, Sarah J 2011, 71.)

4.2. Measures to reduce loneliness

Loneliness has to be reduced because it affects the quality of life of people. Different possible measures need to be taken immediately to reduce it.

Social support plays vital roles to reduced loneliness in elderly. According to the research conducted in Taiwan social support including videoconference can help to reduce loneliness in elderly especially those who are living in elderly homes. Another important factor included by social support is participation of family members in elderly care (Tsai Hsiu-Hsin & Tsai Yun-Fang & Wang Hsiu-Hung & Chang Yue-Cune & Chu Hao Hua 2010.) Communication is the key to a happy psychosocial adjustment. It is more than talking and listening, or reading and writing. It is a tool

for the kind of social interaction that can aid understanding and overcome loneliness (Dreher 2001, 9.) Therefore family member can reduce the loneliness with good communication. It can be done via verbal or nonverbal. Use of internet, telephone is very common in these days. Via such communication the feeling of loneliness can be reduced (Tsai Hsiu-Hsin et al. 2010.)

All elderly don't feel the same kind of severe loneliness. Some may need only support from family members. However, health care professional and caregiver can also assist and provide psychological support to elderly people. Involving old people in some kind of interesting extra-curricular activities helps to manage with their loneliness. It includes watching television, reading newspaper, and listening radio. Some people can't explain loneliness even they are alone. Some explain it like they are not feeling loneliness it is just their family members are busy at their work so they are not being accessible to them. So this shows that some can adjust with the situation and have the strength to explain them (Hauge, Solveig & Kirkevold, Marit 2012.)

Loneliness can be reduced by either improving the quality of relationship status or coping with the loneliness situation. In Netherland an experiment was done and there were two interventions one is with individual at home and another is at residential home in group. They had a discussion about loneliness and somehow this intervention reduced loneliness. There were a lots of intervention carried out before than this also and those intervention was not successful because of limited insight into the cause of loneliness into the target population, only one sided focused on social network development, a very wide target group so difficult to reach the target group. (Honigh-de Vlaming, Rianne & Haveman-Nies, Annemien & Heinrich, Judith & van't Veer, Pieter & de Groot, Lisette C. P. G. M. 2013.)

5. FAMILY AND THE ELDERLY

Families are the cornerstone of all human societies which have been discovered in every human culture. Family as a social institution is closest to us and its influence can be felt in everyday lives. (Morgan & Kunkel 2006, 113). It is a place where a person finds and expects the most encouragement, comfort and security and help if needed. Elderly are most happy with family life especially with their children. (Läidmäe, V & Tammsaar, K & Tulva, T & Kasepalu. 2012.) Research in many cultural settings shows that older people prefer to be in their own homes and communities (WHO 2011.)

Multigenerational family involving more than two generations are available due to increased life expectancy of people (Sousa 2009, 27-28). Even though there is increase in family generations, families are fragmented into small units and divided in different family patterns due to marriage, divorce, step family relations. Similarly, it has even increased with family trend to live separately, family member seeking job and studying in different places. This creates fewer young family members available to provide care to the elderly people. Also, there is decline in physical and cognitive functioning in old age. It causes institutionalization of elderly in nursing or elderly home. (WHO 2011.)

5.1. Quality of life of the Elderly

Quality of life is “an individual’s perception of his or her position in life in the context of the culture and value system where they live, and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept, incorporating in a complex way a person’s physical health, psychological state, level of independence, social relationships, personal beliefs and relationship to salient features in the environment.” (Active Ageing: A policy framework, Revised 2002)

In old age, the quality of life is determined by the ability to maintain autonomy and independence. Longer life expectancy of older people leads to lower quality of life accompanied by relative factors like diminished coping and cognitive ability, lower

income and decreased physiological and psychological functioning. (Läidmäe, V et al. 2012.) Therefore, family support is major concern in oldest age group people. Most of the elderly rely on their family member for assistance.

In nursing home, the quality of care received by residents is of increasing concern. Sometimes, emphasis on only physical care and safety measures are given to maintain quality of care. When moving beyond basic care including overall quality of life, it is more broadly defined concept and believed to encompass numerous domains including comfort, security, dignity, and mental well-being. (Frahm 2009.) Loneliness, social exclusion and family rejection also comprise the quality of life of elderly (Sousa 2009, 135-136). Among nursing home residents, family involvement has been associated with better physiological and psychosocial well-being and higher provision of certain types of treatment (Port, Cynthia L & Zimmerman, Sheryl & Williams, Christianna S & Dobbs, Debra & Preisser, John S & Williams Sharon Wallace. 2005).

5.2 Roles of a family in Elderly care

Families are resilient and resourceful groups that connect us to the past and to the future in personally meaningful ways. (Morgan et al. 2006, 135). The importance of family rises with advance age as elderly need more support and help in their later life. During chronic illness or crisis the demand may even exceeds in everyday life of old people. (Gillen, M & Mills T & Jump Jenny 2003.) Family provides care to elderly people. They assist and help in variety of physical task such as bathing, dressing, giving medication and feeding them. (Morgan et al. 2006, 134-136.) They can provide basic care to elderly as care provider.

Family provides different forms of care and support including advocacy. These are especially important for older adult with mental health history, disabilities and those residing in nursing home. Family support influences the care individuals receive when living in nursing homes. Family member are most concerned and ensures that

best possible quality care is provided to their elderly in order to promote their well-being. It means supportive roles of family results in quality care (Frahm 2009.) Thus, family support is a key source of assistance, care, and advocacy, resulting in better care for nursing home residents.

Older adults prefer to spend time with their family as opposed to other acquaintances. Research suggests when time is perceived as limited, individuals prefer social networks comprised of family members and formal resources that can provide meaningful interaction and assistance. (Frahm 2009.) Lack of social support causes loneliness which results in poor medical outcomes. Social network of family and friends buffer stress and promote well being thus reducing loneliness. Therefore social support of family is also important to improve the quality of life of elderly. (Chalise, H 2010.) The way to enhance social support is to involve family member actively in the care of their relatives (Frahm 2009). For participation of family in elderly care family visit is vital in elderly home.

5.3. Family visits

Family visit is commonly done to meet their elderly ones. It helps in the assessment of their family member. Family involvement in elderly care include providing hands-on care with new roles of assessing health and needs of elderly, advocating for elderly, providing emotional support and sustaining strong relationship with elderly through regular family visits (Williams, Sharon W & Zimmerman, Sheryl & Williams, Christianna S. 2012). The different ways that family members can be involved in nursing home residents' care include active participation with staff in the resident's actual care and providing support through in-person visits or virtual visits via videoconference interaction (Tsai Hsiu-Hsin et al. 2010).

Higher levels of family support and visits are seen among individuals who are older and have greater health problems. Research suggests that it is especially vital to keep family members involved in the care of residents with dementia. (Frahm 2009.)

However, individuals who display problem behaviour prior to placement and residents who are physically and mentally declined or with cognitive impairment are less likely to be visited by their family members and the duration of visit is short too. Family member feel dissatisfied, discomfort, decreased sense of responsibility, stresses and unhappy with the situation of residents. Likewise, poor past relationship, geographical distance, decreased in family size, inability of elderly to initiate contact deter family visit (Parmenter & Cruickshank, 2010.)

Family visit is important for staff to understand about the previous history and personality of residents in order to provide individualized care. In the same way, it improves quality of life through quality care and relationships gained through social network and visits in which both gets mutual enjoyment from visits (Parmenter & Cruickshank, 2010.) Elderly living in elderly home are more prone to experience loneliness and negative health outcomes like depression, cognitive disabilities and diminished activity. Telecommunication is also one of the bridges to connect elderly with their family members (Meyer, Deborah & Marx, Tracy & Seiter, V. Ball. 2010.) It is beneficial especially for those residents whose family members are far away from them.

Involving family member in care and decision of elderly motivate them and increase frequencies of visit. It enhances communication, with staff and gives sense of community, improved relationship of residents, family and staff (Parmenter & Cruickshank, 2010.) But in some situations nursing staff hesitate to involve family member even they think that they represent helpful resource. Reasons for this include difficult to interact with family members, extra time to involve them, work overload. Similarly, some of the families are demanding, difficult and challenging too (Holmgren, Jessica & Emami, Azita & Eriksson, Lars E & Eriksson, Henrik. 2012.) However, nurses play a crucial role to increase family visit in elderly home. Higher life satisfaction has been reported by residents who receive at least monthly visits from family and the quality of the social environment is important to resident satisfaction and feeling “at home” (Port, Cynthia L et al. 2005.)

6. PURPOSE, AIMS AND RESEARCH QUESTIONS

The purpose of thesis is to explore the roles of family and significance of their participation in elderly care. The aims are to increase awareness of nursing students, nurses and families regarding involvement of family members in elderly care and to find out experience of elderly residents when family members visit them.

The research questions were:

How do the elderly feel about loneliness at elderly home?

How are family visits implemented?

What effects do family visits have on the elderly?

What expectations do the elderly have on family visits?

7. IMPLEMENTATION OF RESEARCH

7.1 Research Method

Quantitative research is a study done with the use of numerical data and statistical techniques. Quantitative method is used to describe new phenomena. It emerged from a positivist position, which has developed more latterly into a post-positivist approach. The approach helps to find the relationships between variables as well as answer hypotheses or research questions through a scientific approach. The quantitative designs mainly used in nursing research are experimental, quasi-experimental and survey. The questionnaire survey used in this research is designed to obtain data from representative sample of elderly residents. It is appropriate for descriptive and co-relational studies. It helps to produce reliable and meaningful results that can be compared. It is generally carried out in large scales assessment. (Moule, P & Goodman, M 2009, 184-288.) Therefore, quantitative approach is used in this study.

7.2 Data collection

The term questionnaire is often used interchangeably with 'survey'. It is common and easy method of data collection in social and health research. Similarly, it is quickest, cheapest, confidential method of collecting data from large number of people. It is mainly used to collect background information, attitudes, beliefs, opinions, perceptions, expectations, experience and behaviour of the client. They can be used in descriptive, co relational and experimental studies. (Parahoo. Kader 1997, 246-250.) Ethical implications and the validity and reliability of questionnaires were examined. Range of questionnaires was made with multiple choice formats to make easy for elderly to answer. However, most of the questions were semi closed to allow participants to express their own opinion too. For comparison options such as satisfied, dissatisfied, happy, sad, never, sometimes, rarely, always have been used as multiple choice.

Appendix 1 questionnaires were used for data collection as it is easy for elderly to answer. Data were collected from 10th March to 24th March in form of questionnaires. An official approval was obtained from the two elderly homes of Oulu. One is Metsolan Kartano and another is Mikeva OY. Overall, 53 and 30 questionnaires were distributed in two respective elderly homes. From Metsolan Kartano, 46 questionnaires were received and only 22 questionnaires were obtained from Mikeva OY. Questionnaires were prepared at first in English and then translated in Finnish by Finnish teacher and also checked by our thesis supervisors. The questionnaires were written on the basis of theoretical framework and research questions.

The inclusion criteria were the following: age 60 and above, ability to communicate, understand and answer the questions as well as recognize at least a few people from their environment. In the questionnaires, first part was about background information and other four main questions were research questions which included different sub questions to get answer of our research questions.

7.3 Data analysis

Statistics are the methods and techniques used to collect, analyze, interpret and present data. Frequency, central tendency and dispersion are the main measures of descriptive statistics. Descriptive statistical technique was used in which numerical data are organized, summarized to portray or describe important features. Meaningful numbers are presented to summarize whole data representing sample size, frequencies, highest and minimum values (Parahoo, Kader 1997, 342, 349.)

Data analysis was done with the use of statistical methods. Background information was analyzed based on variables such as age and gender. Other answers collected in second part of questionnaires were classified in different categories according to the suitable options. Categorical variable chose by majority of residents were obtained. The number of times variable appears in the data were counted and frequencies were identified. It helps to get the most repeated options answered by most of respondents

in the questionnaire. Absolute numbers, percents were used and calculated (addition, subtraction and multiplication) to find the highest and the lowest results. Similar and different answers were collected, compared with each other and possible co-relations are made.

Bar graphs and pie chart were used to present and visualize data and the findings.

7.4 Reliability and Validity

Reliability refers to precision and consistency of information obtained in a study. The researcher's measure of reliability include; the stability of measure, the internal consistency and equivalence. (Polit & Beck, 2010, 106.) It can be tested through administering questionnaire on two different occasions. Slight changes in the questions can be made with change in form or an order. Then, the responses can be compared. Same result need to be obtained repeatedly to ensure the reliability of questionnaires. (Parahoo, Kader 1997, 264,265.)

Validity of questionnaires means its ability to measure what it is actually intended to measure. It can be ensured by comparing the research findings from questionnaire with data collected on same phenomenon by other methods. Use of existing questionnaire validated in previous research measuring same process, the tool can be presented as pre-validated. Also, some data obtained in the future will confirm the validity of present questionnaire. To assess validity, questionnaires can be submitted to panel of judges with experience and knowledge on related topic in order to get suggestion too. (Moule P & Goodman, M 2009, 303, 304; Parahoo, Kader 1997, 270-272.) Researcher always tries to avoid errors and mistakes, but still the reliability of the results varies. So, it is very important to measure the reliability and the validity of the research.

In this thesis, the database searches were conducted from reliable internet databases such as EBSCO, ELSEVIER and CINAHL. Advanced search and reviewed articles were used by searching related words or key words of the topic. Similarly, books, reliable internet source as well as internet books from Ebrary were used for

reference. Questionnaire is the way of communication between the researcher and the subject. It is designed on the basis of research questions. First part of questionnaire entails background information. Other main questions were based on research questions. Similarly, sub-questions were included in main research question to get the results of research questions. Different ordinal and categorical variables such as sometimes, never, satisfied, dissatisfied, happy, sad e.t.c were used in options to get the actual findings. Questionnaire was reviewed by instructors. Questions were translated from English to Finnish by the Finnish native speaker, supervisor of this research. Simple vocabulary was used. It also helps the elderly participants to understand easily and reduce their confusions. The reliability of questionnaire refers to the consistency with which respondents understand, and respond to, all the questions. It also depends largely on questions wording and questionnaires structure. (Parahoo, Kader 1997, 265, 268.) All the questionnaires were filled by the Finnish elderly people living in elderly homes in Oulu.

7.5 Ethical considerations

Ethical implication is important to consider from start to end of the research process. It safeguards patient's rights and ensure their safety. The ethical principles are beneficence, non-maleficence, fidelity, justice, veracity and confidentiality. Beneficence means research work should benefit participants and society whereas non-maleficence refers that study should be harmless from both physical and psychological aspects. Fidelity is concerned with the participant's safety if some risk occurs in between of research process. Justice on one hand ensures equality among all participants without any bias while veracity involves being truthful towards respondents. Confidentiality is needed for maintaining privacy and informed consent to participate in the study. (Parahoo. Kader 1997, 78-79)

The research plan was approved by the authorized person of Lapland University of Applied Sciences. Ethical principles such as fidelity, veracity, justice, beneficence, non-maleficence, confidentiality were considered. Permission (Appendix 3) was

obtained from elderly homes to carry out research. Participants were informed about purpose of the research, asked for their will, interest and personal decision was taken into considerations to answer the questionnaires. Informed written consent was received from participants. All the answers were kept confidential. Personal information in questionnaires was excluded. Those residents who didn't participate in the research, their decisions were respected. Likewise, pressure was not given to residents in case of incompleteness of questionnaires. It was informed that they can terminate the participation in between also if any difficulty arises.

8. RESULTS

Results are classified according to the research questions. Possible comparisons are made and co-related based on the research findings.

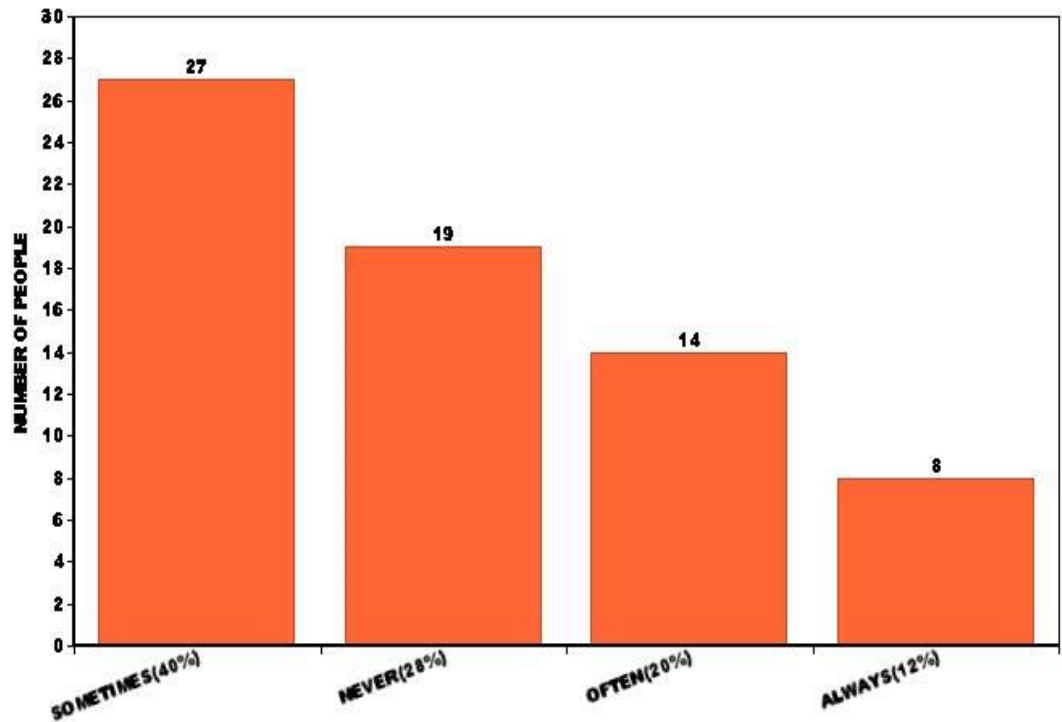
8.1. Background of the respondents

In total of all 68 residents, 54 (79%) were female and 14 (21%) were male. It shows the fact that females have relatively high life expectancy than males. Higher numbers of residents (47%) were in the range of 80-90 years. Regarding marital status of residents, 54% were widows. Only 9% were unmarried.

Illness was the main reason answered by 29.4% of residents to move to an elderly home. Similarly, 22% and 19% of residents answered other reasons and none to care at home respectively. Change in family structure was another reason given by 8.8% of residents. Other typical reasons mentioned were to get good care and services, bad memory, alone at home and death of partner.

8.2 Loneliness in elderly homes

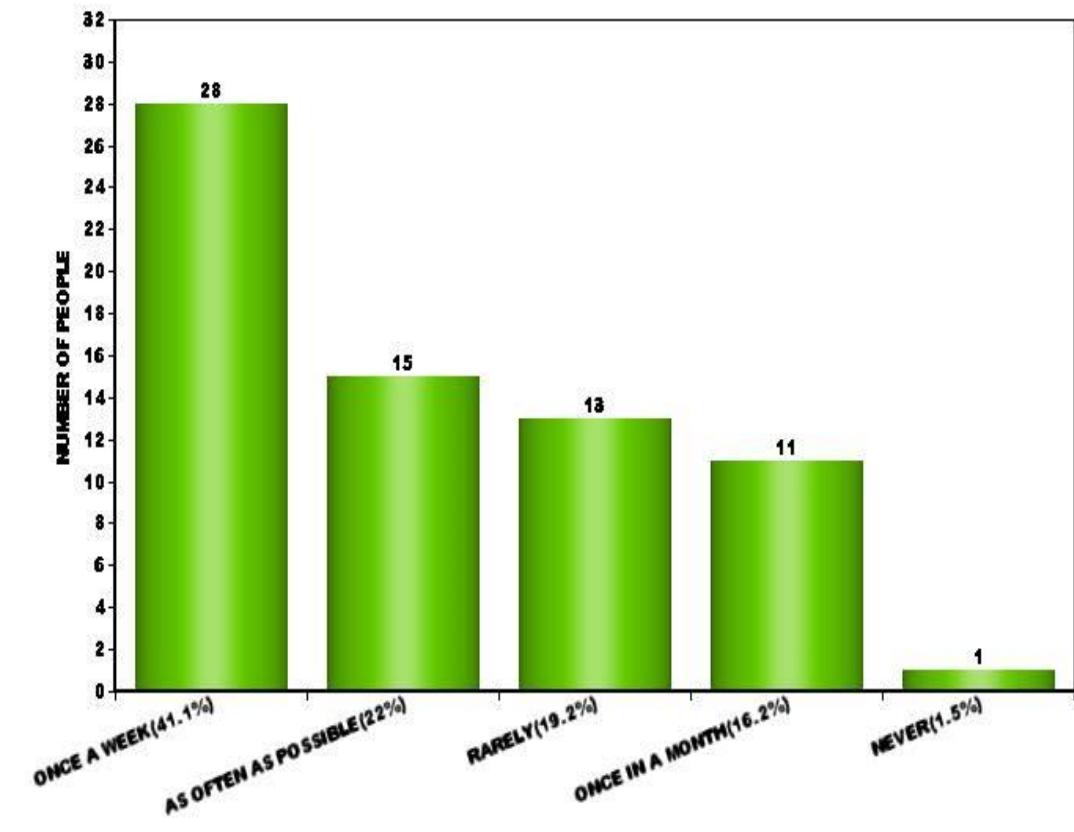
40% of residents answered that they feel loneliness sometimes while 12% of residents were found to feel loneliness always. In contrast, 28% of residents answered that they didn't feel loneliness at all therefore they didn't answer the following question about reasons to feel loneliness. The chief reason to feel loneliness was missing family which was answered by 30.9% of residents. Other reasons were feeling alone (10.3%), no one talks to me (4.4%). Some residents chose more than two options. For instance, feel alone and miss family, feel alone and no one talks to them as well as miss family. (Graph1)



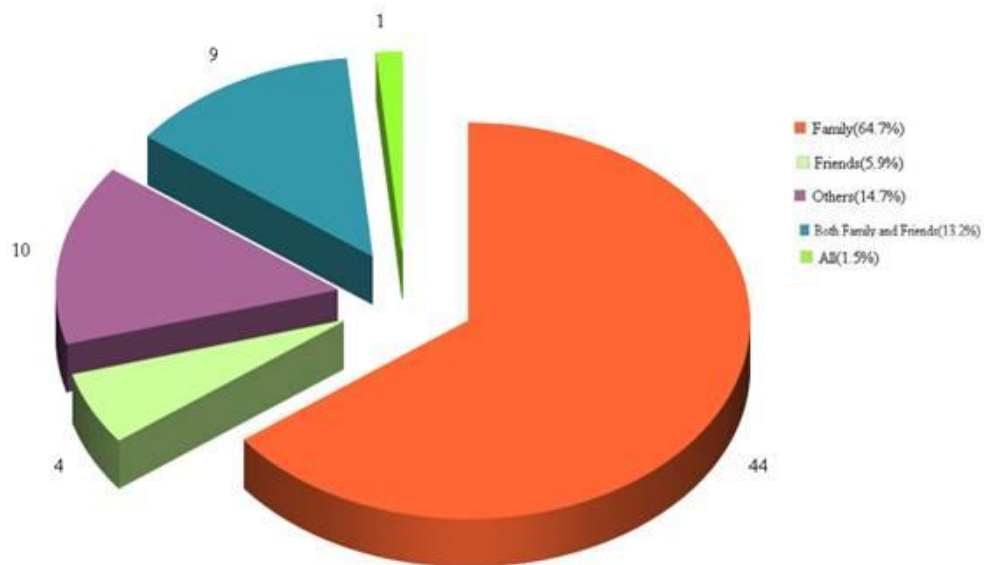
Graph 1. Elderly feelings about loneliness

8.3. Implementation of family visits

Regarding family visit implementation it was found that most of the family members visit their elderly member regularly once a week (41.1%). Likewise, 22% were visited as often as possible and 16.2% once in a month. However, there were also 19.2% residents who were visited rarely and 1.5% never visited by their family members. It was found that the residents who are regularly visited seem to feel less loneliness or no any loneliness at all than other residents. (Graph 2)



Graph 2. Number of visits by family members in elderly home



Pie chart 1:- Elderly preference about the visitors

Except family member they mentioned that they have other members (e.g:- friends) who visited them sometimes. But generally it was found that most of the residents preferred to be visited by their family members than others (64.7%). (Pie chart 1)

Majority of residents answered that family visit is important to make them feel happy (45.5%) and necessary for their well-being (17.6%). Likewise, some residents chosen both options that family visit is important both for their happiness and well-being (25%).

Mainly mobile phone was used by residents (66.1%) and there were also residents who used both mobile phone and letter (19.1%) to make contact with their family members.

8.4. Effects of family visits on the elderly

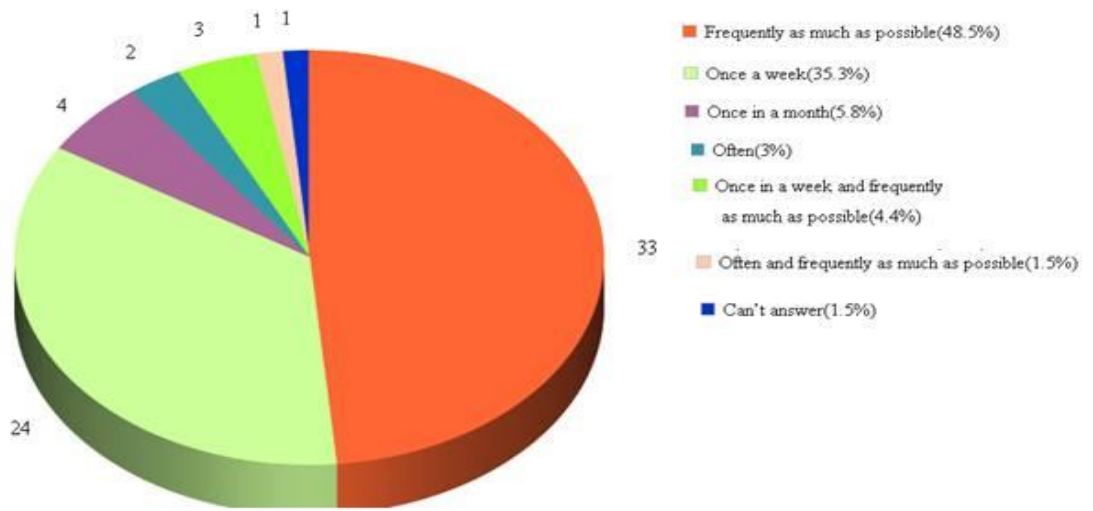
Regarding family visit, most of the elderly admitted that they feel happy (35%) and

satisfied (36%). Remaining 29% mentioned that they feel both happy and satisfied. Majority of elderly seems to be fully satisfied and happy when family member visits them. Also, it was found that they relate their quality of life with family visit and thinks that family visit have effect on the quality of nursing care. 59% elderly agreed upon this fact. This may be due to the family concern and support towards them.

In questions about reason for rare family visit, 16.1% didn't answer anything because they had regular family visit from their family member. But 20.5% answered that their family member lives far. In addition, 17.6% and 13.2 % mentioned their family members were busy and they have work respectively. 7.3% also said that they are not important for their family.

8.5 Expectations of the elderly

Elderly residents expected to be visited by their family member as frequently as much as possible (48.5%) even though they knew the fact that their family members lives far away or gets busy in their daily lives with work. They expected their family member to visit them, go outside as well as help in financial matters. But there were also some residents who didn't expected anything from their family members. (Pie chart 2)



Pie chart 2:- Elderly expectation regarding family visit

9 CONCLUSION

The results from this research show that most of the elderly were female and widow. Mainly the age range of elderly was 80-90 years. Illness was the main reason to move to elderly home followed by no one to care at home. It was mentioned that majority of residents feel loneliness sometimes. Large number of residents admitted the reason to feel loneliness were that they miss their family members and feel alone. However, there were also some elderly who didn't feel loneliness at all so they didn't state any reason to feel loneliness.

It was found that most of the family member visits their elderly regularly once a week. But there were also residents who were rarely and never visited by their family member. Those residents who had regular family visit seem to feel less loneliness than others who were visited rarely. Similarly, many number of residents mentioned that they have other member like friends who visited them. In contrast, majority of elderly admitted that they wanted to be visited by their family members and it is important to make them feel happy and well. For contact with their family member, largely mobile phone and letter were used.

Over the effects of family visit, large proportion of elderly revealed that they feel happy and satisfied when family visits them. Their answers reflected that family visit increases their quality of life. They answered that the reason for rare family visits are distance and their family members are busy and working. Some elderly even mentioned that they are not important for their family member. Such elderly had experience of loneliness quite often. However, they mentioned that the family visit of their family member have effect on their quality of nursing care. The elderly expressed that they wanted to be visited by their family member as often as possible or at least once a week. Therefore, their answers emphasized the significance of family visit. In same way, they wanted their family member to assist them by being around them, going out for visit. Few number of elderly mentioned that they expect their family member to help them in financial matter whereas some elderly answered that they didn't want any help from their family members.

10. DISCUSSION

Increase in life expectancy of elderly is one of the main reasons for global aging of elderly people in the society. Similarly, decreased in family size, geographical dispersion of family member as well as trend to live separately have greatly influenced the entry of old people in elderly home. However, family plays a crucial role in life of all human being and their significance even increases with the age. In similar way, those elderly living in elderly home also need the same social support and close emotional relationship from their family member. Old age people have close relationship especially with their family member than others. Lack of family support can reduce quality of life of elderly as it may cause loneliness and depression in them. Even though, they live separately in elderly home, their family member can involve and participate in their care through family visit or contact with them through phones and letters. Few studies have been done regarding family and elderly. With these concerns, the research was conducted in order to improve the social support and emotional relationship between elderly and family member, to emphasize the role of family in elderly care through family visit and relate the co-relation between family visit and loneliness. It also helps to know that family involvement and support is vital for the quality of life of elderly.

Therefore, the research was done in quantitative method. This approach helps to get reliable results that can be compared. Possible questions require to answers the research questions regarding feeling of loneliness, family visit implementation in elderly home, effects of family visit on elderly and the expectation of elderly towards their family were formed and questionnaires was used to make good questionnaires including basic background information of participants. Questionnaires were translated in Finnish. Our target group to collect data was Finnish elderly residents living in elderly home. Data was collected from two elderly homes namely Mikeva and Metsolan Kartano of Oulu municipality. 83 questionnaires were distributed but only 68 residents participated in our study because all the residents couldn't take part due to ill-health. Some of them had difficulty in understanding and answering. Few residents didn't want to participate too. The participant's confidentiality was

maintained and informed written consent was taken prior to beginning of research. Data analysis was done using statistical method and presented in pie chart and bar graph too. The findings in this research concluded that elderly feels loneliness in elderly home because they miss their family members. Mostly the residents with rare family visit admitted it. In contrast, those elderly who were regularly visited by their family didn't feel the same. The answers received from the data collection were quite compatible with the expected theoretical outcome. The participants stated that they enjoy the company of their family member and expect to meet them frequently as much as possible. Family support and visit is vital for the happiness and well-being of elderly that helps to maintain their quality of life as well. In this way, best possible answers regarding the research questions were obtained.

At first, the research challenge in this study was translation of questionnaires into Finnish language. However, it was sorted out with the help of Finnish teacher and our thesis instructor. Participants were less in comparison with those residents living in elderly. This is because most of residents had mental problems, unable to understand and answer the questions as well as ill-health. Along with this, some elderly marked many options therefore; it was bit difficult to analyze the answers in data analysis part. However, the best possible answers were mentioned by them. Hence, main answers supported by majority of residents were collected and identified.

This was our first experience to conduct research for thesis. At first, we felt difficult and challenged in some matters. But later with good research plan and help of our thesis instructor and co-operation of all the members we met in the process of our thesis, it became possible for us to make it happen, solve our research problem and get the best possible answer of our research questions. This experience will help us to conduct even better research study in our future. We believe that from our thesis student nurses, nurses including family members will get insight about the significant role a family member can play in the lives of elderly residing in elderly home. They can understand about elderly expectation through our findings and know that family and emotional support is equally important in the life of elderly to maintain their

quality of life and thus improves the relationship between family member and the elderly people. Consequently, it also increases the family visit and contacts in elderly home uplifting family participation in elderly care.

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APPENDICES

Appendix 1: Questionnaire in Finnish

LAPIN AMMATTIKORKEAKOULU/ Kemi-Tornion toimipiste

Meripuistokatu 26, 94100 Kemi

Hyvinvointipalvelujen osaamisala

Hoitotyön koulutusohjelma

Arvoisa vastaaja

Olemme Lapin ammattikorkeakoulun hoitotyön opiskelijoita. Opiskelemme sairaanhoitajiksi Kemissä. Opintoihimme kuuluu opinnäytetyö, joka tarkoittaa tutkimuksen tekemistä jostain valitusta aiheesta. Aiheen pitää liittyä sairaanhoitajan työhön ja sen kehittämiseen.

Tutkimusaiheemme on ” Perheiden osallistuminen vanhustenhoitoon”.

Osallistuminen tähän tutkimukseen on vapaaehtoista. Vastaaminen tapahtuu nimettömänä valitsemalla annetuista vaihtoehdoista mielestänne sopiva vaihtoehto.

Kiitos jo etukäteen!

Sudha Ghimire

Sunita Gurung

Suostumus tutkimukseen osallistumisesta

Haluan osallistua tähän tutkimukseen vastaamalla alla oleviin kysymyksiin

1. Kyllä

Tutkimuskysymykset

Olkaa hyvä ja vastatkaa seuraaviin kysymyksiin rengastamalla oikea vaihtoehto/ oikeat vaihtoehdot tai kirjoittamalla vastaus avoimelle riville.

1. Taustatiedot

➤ Mikä on ikänne?

- | | |
|-----------------|------------------|
| a. 60-70 vuotta | b. 70-80 vuotta |
| c. 80-90 vuotta | d. 90-100 vuotta |

➤ Mikä on sukupuolenne?

- | | |
|-----------|---------|
| a. nainen | b. mies |
|-----------|---------|

➤ Mikä on siviilisäätynne?

- | | |
|---------------|-------------|
| a. Naimisissa | b. Leski |
| c. Eronnut | d. Naimaton |

➤ Mikä on ammattinne?

➤ Kuinka monta lasta teillä on?

➤ Mikä oli syynä, että muutitte senioritalolle?

- | | |
|---|-----------------------------|
| a. Perhesuhteissa tapahtuneet muutokset | b. Kotona ei ollut hoitajaa |
| c. Sairaus | d. Muu syy_____ |

2. Tunnetteko yksinäisyyttä vanhainkodissa? (Do elderly feel loneliness in nursing home?)

➤ Kuinka usein tunnette itsenne yksinäiseksi senioritalossa?

- | | |
|---------------|-----------|
| a. En koskaan | b. Joskus |
| c. Usein | d. Aina |

- Mikä on syynä, jos tunnette itsenne yksinäiseksi?
- | | |
|-----------------------------|-------------------------------------|
| a. olen yksin | b. kukaan ei juttele minun kanssani |
| c. ikävoin perheenjäseniäni | d. muu syy_____ |
-

3. Miten perhevierailut toteutetaan? How are family visits implemented?

- Milloin perheenjäsenet tulevat yleensä käymään luonanne?
- | | |
|-------------------|--------------------|
| a. juhlapäivinä | b. kun olen sairas |
| c. säännöllisesti | d. muulloin |
-

- Kuinka usein perheenjäsenet käyvät tapaamassa teitä?
- | | |
|--------------------|----------------------------------|
| a. kerran viikossa | b. useammin kuin kerran viikossa |
| c. kerran kuussa | d. harvoin |
| e. ei koskaan | |

- Onko teillä muita henkilöitä, joka käyvät luonanne joskus?
- | |
|----------------|
| a. kyllä _____ |
| b. ei |

- Kenen vierailu ilahduttaa teitä eniten?
- | | |
|---|------------|
| a. perheenjäsenet | b. ystävät |
| c. muut henkilöt (esim.sukulainen)_____ | |

- Miksi on tärkeää, että perheenjäsenet käyvät tapaamassa teitä?
- | | |
|--------------------------------------|-----------------------------------|
| a. vierailu tekee minut onnelliseksi | b. se on tärkeää hyvinvoinnilleni |
| c. muut syyt _____ | |

- Miten muuten perheenjäsenet pitävät yhteyttä teihin?
- | | |
|---------------------|----------------------------|
| a. matkapuhelimella | b. kirjeellä/postikortilla |
| c. sähköpostitse | d. Muulla tavalla: |
-

4. Miten perheenne vierailut vaikuttavat teihin? (What effects do family visits have on elderly?)

- Miltä teistä tuntuu, kun perheenjäsenet tulevat tapaamaan teitä?

a. olen tyytyväinen	b. olen vihainen
c. olen masentunut	d. olen onnellinen
e. muu tunne _____	

- Onko perhevierailuilla vaikutusta teidän hoitonne laatuun? Do you think the family visits have an effect on your quality of nursing care?

a. kyllä _____
c. ei

- Mikä on syynä, jos perheenjäsenet käyvät tapaamassa teitä harvoin?

a. työt	b. he asuvat kaukana
c. he ovat kiireisiä	d. en ole enää tärkeä heille

5. Millaisia odotuksia teillä on perheenne vierailuilta? (What expectations do the elderly have on family visits?)

- Miten perheenjäsenet auttavat tai osallistuvat teidän hoitoon?

a. auttavat vuorokauden ympäri	b. ovat seurana
c. pitävät yhteyttä henkilökuntaan	d. vievät minua ulos
e. käyttävät kotona vierailulla	f. ei mitenkään
g. osallistuvat toimintaan	h. muulla tavalla :

- Kuinka usein haluaisitte, että perheenjäsenet käyvät tapaamassa teitä?

a. kerran viikossa	b. useammin
c. kerran kuussa	d. niin usein kuin mahdollista

- Mitä muita odotuksia teillä on perheenne vierailuilta?

Kiitos vastauksista!!

Appendix 2: Questionnaire in English

Informed Written Consent for participation in the study

I want to participate in this study by answering the questions below.

1 Yes

The research questions

Please answer the following questions by circling the correct option or by writing the correct answer to an open line.

1. Background Information

➤ What is your age?

- a. 60-70 years c. 70-80 years
b. 80-90 years d. 90-100 years

➤ What is your gender?

- a. Male b. female

➤ What is your marital status

- a. Married b. Widow
c. Divorced d. Single

➤ What is your profession?

.....

➤ How many children do you have?

- a. None b. Two
c. One d. More than two

➤ What is the reason to come in elderly home?

- a. Changes in Family Structure b. No one to care at home
c. Illness

d. Other

.....

2. Do elderly feel loneliness in nursing home?

- How often do you feel lonely at elderly home?
 - a. Never b. Sometimes
 - c. Often d. Always

- What are the reasons for feeling lonely?
 - a. Alone b. No one talks to me
 - c. Missing family d. Others

3. How are family visits implemented?

- When does your family visit usually?
 - a. On special day or occasion b. When you are ill
 - c. Regular visit d. Other.....

- How often your family member visits you?
 - a. Once a week b. More than once a week
 - c. Once in a month d. rarely
 - e. Never

- Do you have other members who visit you sometimes?
 - a. Yes.....
 - b. No

- By whom you prefer to be visited?
 - a. Family b. Friends
 - c. Others (e.g:- relatives).....

- Why family visit is important?
 - a. Makes me happy b. Important for well-being

c. Other

- How your family members keep contact with you?
 - a. Phone
 - b. Letter, cards
 - c. E-mail
 - d. Other

4. What effects do family visits have on elderly?

- How do you feel when your family members visit you?
 - a. Satisfied
 - b. Angry
 - c. Depressed
 - d. Happy
 - e. Other feeling.....

- Do you think the family visits have an impact on your quality of nursing care?
 - a. Yes
 - b. No

- What can be the reason if your family members visit you rare?
 - a. Work
 - b. Lives far
 - c. Busy
 - d. No importance to them

5. What expectations do the elderly have on family visits?

- How does your family member help or participate in your care?
 - a. Help me round the clock.
 - B. Being Around
 - c. Contact with staff
 - d. Take me out
 - e. Take me home
 - f. Nothing at all
 - g. Participate in activities
 - h. other way.....
- How many times do you want your family member to visit you?
 - a. Once a week
 - b. Often
 - c. Once in a month
 - d. Frequently as much as possible
- What other expectations do you have of your family to visit?

.....
.....

Thank you for your answers!

Appendix 3: Thesis Agreement



TUTKIMUSLUVAN HAKIJA(T) OPIN- NÄYTETYÖN TEKE- MISTÄ VARTEN	Nimi/nimet	
	1. tekijä Sudha Ghimire	
	2. tekijä Sunita Gurung	
	Osoite	Puhelin
	1. tekijä Rautatiekatu 8A, 209, Sotko Oulu	1. tekijä 0468842806
2. tekijä Puustokatu 6 B, 382, Jolza Oulu	2. tekijä 0400620896	
Sähköpostiosoite		
1. tekijä my-dream-sudha@yahoo.com		
2. tekijä sunita.gurung@edu.lapinank.fi		
Oppilaitos		
Lapin Ammattikorkeakoulu		
OPINNÄYTETYÖN OHJAAJAT	Nimi	
	1. ohjaaja Eila Heikkinen	
	2. Ohjaaja Hannele Pietiläinen	
	Toimipaikka ja osoite	Puhelin
	Health care unit, Meripuistokatu 26 94100, Kemi	1. ohjaaja 2. ohjaaja
Sähköpostiosoite		
1. ohjaaja Eila.Heikkinen@lapinank.fi		
2. ohjaaja Hannele.Pietiläinen@lapinank.fi		
Oppiarvo ja ammatti		
1. ohjaaja Senior lecturer (lehtori)		
2. ohjaaja Senior lecturer (lehtori)		
OPINNÄYTETYÖ	Opinnäytetyön (alustava) nimi Role of family participation in elderly care	
	Opinnäytetyön tutkintotaso	
	AMK	<input checked="" type="checkbox"/>
	ylempi AMK	<input type="checkbox"/>
	Erikoistumisopinnot	<input type="checkbox"/>
	Ideapaperin/tutkimussuunnitelman hyväksymispäivämäärä oppilaitoksessa	
	04/11/2013	
	Lyhyt yhteenveto ideapaperista/tutkimussuunnitelmasta	
	Aineistonkeruumenetelmä(t)	
	Kysely	<input checked="" type="checkbox"/>
Haastattelu	<input type="checkbox"/>	
Asiakirja-analyysi	<input type="checkbox"/>	
Tilastoanalyysi	<input type="checkbox"/>	
Havainnointi	<input type="checkbox"/> , miten havainnoidaan	

	Muu <input type="checkbox"/> , mikä	
	Käsitelläänkö opinnäytetyössä henkilötietoja? Kyllä <input type="checkbox"/> Ei <input checked="" type="checkbox"/>	
	Opinnäytetyön kohdeorganisaatio (esim. xx päiväkot)	
	Onko opinnäytetyöhön liittyvästä tutkimusyhteistyöstä neuvoteltu etukäteen kohdeorganisaation kanssa Kyllä <input type="checkbox"/> , päivämäärä ja henkilön nimi, kenen kanssa on neuvoteltu Ei <input type="checkbox"/>	
	Aineiston keruu-aika Aikaa 15/03/2013 Päättöy 15/04/2014	Opinnäytetyön arvioitu valmistusaika 15/04/2014
SITOUKSET JA ALLEKIRJOITUKSET	Sitoudun siihen, etten käytä saamiani tietoja tutkittavan tai hänen läheistensä vahingoksi tai halventamiseksi, taikka sellaisten muiden etujen loukkaamiseksi, joiden suojaksi on säädetty salassapitovelvollisuus, eikä luovuta saamiani henkilöitä sivullisille. Noudatan opinnäytetyössäni vallitsevaa tietosuojajärjestelmää ja tutkimuseettisiä toimintaperiaatteita. Luovutan valmiin opinnäytetyön korvaukselta pdf-tiedostona tutkimusluvan antaneelle organisaatiolle.	
HUOMI! Sitoumuksen allekirjoittavat kaikki ne henkilöt, jotka tutkimusta tehdessä käsittelevät salassa pidettäviä tietoja	Paikka ja päivämäärä Oulu 19/2/2014 Oulu 19/2/2014	Opinnäytetyöntekijän allekirjoitus 1. tekijä <i>Sudha</i> 2. tekijä <i>Antti</i>
	Paikka ja päivämäärä	Muiden salassa pidettäviä tietoja käsittelevien henkilöiden allekirjoitukset
Mahdollinen PUOL-TOLAUSUNTO	Puollan tutkimuslupahakemusta. <input checked="" type="checkbox"/> En puolla tutkimuslupahakemusta. <input type="checkbox"/> Paikka ja päivämäärä <u>Oulu 14.3. 2014</u> Allekirjoitus <i>Pasi Ahokas</i> Nimen selvennys <u>Pasi Ahokas</u> Virka-asema <u>Poluehto johtaja</u>	
PÄÄTÖS	Paikka ja päätöspäivämäärä _____ Päätäjän allekirjoitus _____ Nimen selvennys _____ Virka-asema _____ Päätös antaa mahdollisuuden tutkimusaineiston keräämiselle ajalla: _____	
Tutkimusluvan hakijan/tutkimusluvan myöntäjän LIITTEET	Liite 1. Liite 2. Liite 3.	

	Muu <input type="checkbox"/> , mikä <input type="checkbox"/>	
	Käsitelläänkö opinnäytetyössä henkilötietoja? Kyllä <input type="checkbox"/> Ei <input checked="" type="checkbox"/>	
	Opinnäytetyön kohdeorganisaatio (esim. xx päiväkoti) Venhakoti	
	Onko opinnäytetyöhön liittyvästä tutkimusyhteistyöstä neuvoteltu etukäteen kohdeorganisaation kanssa? Kyllä <input checked="" type="checkbox"/> , päivämäärä ja henkilön nimi, kenen kanssa on neuvoteltu Ei <input type="checkbox"/> <i>Marika Puolakevaha</i>	
	Aineiston keruusaika Aikaa <i>15/03/2013</i> Päättyy <i>15/04/2014</i>	Opinnäytetyön arvioitu valmistusaika <i>15/04/2014</i>
SITOUKSET JA ALLEKIRJOITUKSET	Sitoudun siihen, etten käytä saamiini tietoja tutkittavan tai hänen läheistensä vahingoksi tai halventamiseksi, taikka sellaisten muiden etujen loukkaamiseksi, joiden suojaksi on säädetty salassapitovelvollisuus, eikä luovuta saamiini henkilötietoja sivullisille. Noudatan opinnäytetyössäni vallitsevaa tietosuojalainsäädäntöä ja tutkimuseettisiä toimintaperiaatteita. Luovutan valmiin opinnäytetyön korvauksetta pdf-tiedostona tutkimusluvan antaneelle organisaatiolle.	
HUOM! Sitoumuksen allekirjoittavat kaikki ne henkilöt, jotka tutkimusta tehtäessä käsittelevät salassa pidettäviä tietoja	Paikka ja päivämäärä <i>Oulu, 08/02/2014</i>	Opinnäytetyöntekijän allekirjoitus 1. tekijä <i>Suvi Oksanen</i> 2. tekijä <i>Sudha Lakshmi Devi Raju</i>
	Paikka ja päivämäärä	Muiden salassa pidettäviä tietoja käsittelevien henkilöiden allekirjoitukset
Mahdollinen PUOL-TOLAUSUNTO	Puollan tutkimuslupahakemusta. <input type="checkbox"/> En puolla tutkimuslupahakemusta. <input type="checkbox"/> Paikka ja päivämäärä _____ Allekirjoitus _____ Nimen selvennys _____ Virka-asema _____	
PÄÄTÖS	Paikka ja päätöspäivämäärä <i>Oulu 13.2.2014</i> Päätäjän allekirjoitus <i>Pirkko Mänttä</i> Nimen selvennys <i>Pirkko Mänttä</i> Virka-asema <i>ALUEJOHTAJA</i> Päätös antaa mahdollisuuden tutkimusaineiston korjaamiselle ajalla: _____	
Tutkimusluvan hakijan/tutkimusluvan myöntäjän LIITTEET	Liite 1. Liite 2. Liite 3.	