ABSTRACT
With aging comes a multitude of possible losses, including loss of health, spouse, friends, or independence. These losses can place older adults at risk for isolation and loneliness. Loneliness is of significant concern in older adults, as it can negatively affect their quality of life. An interpretive phenomenological study was conducted to explore the meaning of loneliness in 12 older adults living in the community. Selected excerpts from the participants reveal several themes, as well as the importance of maintaining meaningful connections and relationships with others to alleviate feelings of loneliness. Nurses can become more attuned to the problem of loneliness in older adults and the importance of helping their older clients maintain meaningful connections with others to reduce loneliness.

Loneliness is an important topic to study in older adults. Currently, more than 35 million adults are older than 65, with projections of that number doubling by the year 2030 (Gollub & Weddle, 2004). This significant increase calls for keener attention to this population’s needs as they age. Aging may bring a number of losses, including loss of health, friends, spouse, transportation, and independence. These losses can leave older adults feeling isolated and lonely. Loneliness is a distressing condition and often is the result of a lack of satisfying relationships (Fry & DeBats, 2002). This interpretive phenomenological study was conducted with 12 community-dwelling older adults to explore the meaning of loneliness. This phenomenon is critical for nurses, as loneliness can have many adverse implications for older adults’ health and well-being, including a negative effect on quality of life (Theeke, 2009). This article includes selected excerpts from study participants, with emphasis on the major themes that emerged from the data.

BACKGROUND LITERATURE RELATED TO LONELINESS
Loneliness has been a very complex phenomenon to understand, as there is no universally accepted definition. Loneliness has often been confused with social isolation because social isolation by choice is loneliness, whereas social isolation without choice is loneliness (Killeen, 1998). However, social isolation can create feelings of boredom and despair, placing the person at risk for loneliness (Peplau & Perlman, 1982). Social isolation can be lessened by having meaningful engagements with significant others (Schnirrker, 2007). Intimate relationships with friends are especially beneficial in warding off loneliness. Eshbaugh (2009) found in a study of 53 older women living alone that relationships with friends were extremely important, regardless of whether their family lived in close proximity.

Loneliness has been defined as a response to a “discrepancy between desired and achieved levels of social contact” (Peplau & Perlman, 1982, p. 8). Loneliness is a universal phenomenon for all human beings, yet it especially affects older adults because they face a multitude of losses (Murphy, 2006). As many as one half of all adults older than 80 experience loneliness (Dykstra, van Tilburg, & de Jong Gierveld, 2005). Loneliness tends to increase with age because of the added risk for disability and the deteriorating social integration that follows (Theeke, 2009).

Age-related losses include loss of a spouse or friend, loss of health, loss of income, loss of transportation, and/or loss of home (Aebischer, 2009). These losses can contribute to loneliness because of the reduced social activities with others. Loss of a spouse was determined to be a major factor in perpetuating feelings of loneliness among older adults (Dykstra et al., 2003). With aging, declining functional status contributed to loneliness because of limited social contacts (Theeke, 2009). Cohen-Mansfield and Parpura-Gill (2007) found inadequate finances to be a strong predictor of loneliness because limited resources prevented older adults from participating in extracurricular activities. Lack of transportation also impairs older adults’ abilities to connect with others (Aebischer, 2009). In addition, many older adults reported dissatisfaction with changes in living arrangements, which perpetuated feelings of loneliness (Balandin, Berg, & Waller, 2006).

Much of the loneliness research has been primarily descriptive in nature. Qualitative research is “desperately needed” to further explore narratives of older adults’ experiences of loneliness (Victor, Scambler, Bond, & Bowl- ing, 2000, p. 414). Loneliness among older adults deserves much more at-
The purpose of this research was to explore the experiences of older adults coping with loneliness. The study was qualitative, using the interpretive phenomenological approach (Benner, 1994). The sample for this study consisted of 8 men and 8 women, aged 70-94, who expressed loneliness and met all of the inclusion criteria: "Have you experienced loneliness of 6 months or longer?" Those eligible were informed about the study, at which point, the researcher screened them for loneliness over the telephone. Participants who responded positively that they had experienced loneliness for at least 6 months were included. Exclusion criteria included inability to communicate in English, inability to participate in activities they formerly enjoyed. The sample was defined as Cognitively intact and not severely depressed. The sample was selected from a larger, more comprehensive group of participants who were included if they were able to understand the questions regarding loneliness, ability to walk and get out of the house, ability to walk and get out of the house, and ability to communicate in English. The sample included 8 men and 8 women, aged 70-94, who expressed loneliness and met all of the inclusion criteria. Interview guides included questions and probes to obtain the full context of each situation. The narratives were collected using author-developed interview guides, which included the History Interview, the Loneliness Coping Interview, and the Daily Life Interview. The History Interview was designed to obtain a history of the older adult to better understand the individual and significant relationships over time. The Loneliness Coping Interview explored the experience of loneliness and evaluated how older adults cope with loneliness. The Daily Life Interview explored current relationships with friends and family. Interviews were conducted sequentially by the researcher. The researcher interviewed individuals separately to protect confidentiality, and participants’ demographic data are provided in the Table. In this article, narratives of older adults’ lives are described with emphasis on the emerging themes. The sample for this study consisted of 8 men and 8 women, aged 70-94, who expressed loneliness and met all of the inclusion criteria: "Have you experienced loneliness of 6 months or longer?" Those eligible were informed about the study, at which point, the researcher screened them for loneliness over the telephone. Participants who responded positively that they had experienced loneliness for at least 6 months were included. Exclusion criteria included inability to communicate in English, inability to participate in activities they formerly enjoyed. 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Loss of Spouse

Loneliness related to the death of a spouse was a prominent theme in this study. Rose, Helen, Sally, and Robert had all lost their life partner. Rose described her loneliness now that her spouse was gone:

Oh I can get lonely alright. I go in [the family room] and if I feel like I don’t have anything to do, I’ll sit down and watch television. If that’s being lonely then I’m being lonely but it keeps me occupied.

Loss of a spouse was central in contributing to loneliness among the widowed. Many reported that they missed sharing their daily thoughts, concerns, and interests with their lifetime partner.

Limitations

Limitations of the study included the fact that the sample lacked diversity. Repeated endeavors were made to recruit a diverse sample, however, all 12 participants were Caucasian and voluntarily participated in the study. This did not address the relationship between loneliness and depression because the sample excluded those adults who were severely depressed. Additionally, only 4 of the 12 participants in this study were men. This may be reflective of the literature, which documents the relevance of men in general to discuss feelings of loneliness (Dykstra et al., 2003).

Conclusion and implications for clinical practice

Loneliness is a clinically significant topic to study, because it can negatively affect the quality of older adults’ lives. Recognizing loneliness in older adults is critical for all health care providers. Nurses are in a key position to learn more about the importance of meaningful relationships among older adults and how this is beneficial to alleviate loneliness. Implications for clinical practice include performing a thorough assessment of the older adult’s support system. Improving their access to trans- fer their interests and supportive connections with significant others.

Retirement significantly affected some of the participants, especially the men, who experienced feelings of loneliness because they no longer felt valued. Perhaps this was because their identity was more strongly shaped by the world of work than was the older women’s.

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discussion

The literature on loneliness discussed how a multitude of age-related changes and losses with growing older may include: (a) loss of spouse, friend, or partner; (b) an increase in symptoms of ill health; (c) changes in financial income and employment as a result of retirement; (d) problems with access to transportation; (e) dissatisfaction with change of living arrangements; and (f) not having children (Bulandin et al., 2006). Much of the research depicted how physical decline accompanying age was a risk factor for loneliness. As her best friend, and this was an enormous support and lack of understanding and just having someone do it for you. Robert, a recent widower, had always counted on his wife to organize his social calendar of activities. He expressed feelings of loneliness now that she was gone:

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Do you agree with this article? Disagree? Have a comment or questions? Send an e-mail to thejournal@ajwh.org.

KEYPOINTS


3. The phenomenon of loneliness is critical for nurses, as it can have many adverse implications for older adults’ health and well-being, including a negative effect on quality of life.

2. Much of the loneliness research has been primarily descriptive in nature. Qualitative research is needed to further explore narratives of older adults’ stories. I am a little bit at a time. And the kids, they’re all busy with their own lives.

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