

Qualitative Health Research

'Trapped in an empty waiting room' - the existential human core of loneliness in old age – a metasynthesis

Journal:	<i>Qualitative Health Research</i>
Manuscript ID	QHR-2017-0190.R2
Manuscript Type:	Research Article
Keywords:	Older People < Aging, Nursing, Lived Experience < Health, Emotions, Emotion Work, Social Support < Community and Public Health
Regions, Cultures, and Peoples:	Africa, Africans, Asia, Asian people, Europe, Europeans
Methods:	Meta Synthesis < Systematic Reviews < Research Strategies

SCHOLARONE™
Manuscripts

Review

1
2
3 **‘Trapped in an empty waiting room’ - the existential human core of**
4
5 **loneliness in old age – a metasynthesis**
6
7
8
9

10
11 **Gabriele Kitzmüller**¹, **Anne Clancy**², **Mojtaba Vaismoradi**³, **Charlotte Wegener**⁴,
12
13
14 **Terese Bondas**³
15
16

17
18
19
20 **Abstract**
21

22
23 Loneliness in old age has a negative influence on quality of life, health and survival. To
24 understand the phenomenon of loneliness in old age, the voices of lonely older adults should
25 be heard. Therefore, the purpose of this metasynthesis was to synthesize scientific studies of
26 older adults’ experiences of loneliness. Eleven qualitative articles that met the inclusion
27 criteria were analysed and synthesized according to Noblit and Hare’s meta-ethnographic
28 approach. The analysis revealed the overriding meaning of the existential human core of
29 loneliness in old age expressed through the metaphor ‘trapped in an empty waiting room’.
30 Four interwoven themes were found: 1) the negative emotions of loneliness, 2) the loss of
31 meaningful interpersonal relationships, 3) the influence of loneliness on self-perception and
32 4) the older adults’ endeavours to deal with loneliness. The joint contribution of family
33
34
35
36
37
38
39
40
41
42
43
44
45
46

47
48 ¹ UiT, The Arctic University of Norway, Narvik, Norway

49 ² UiT, The Arctic University of Norway, Harstad, Norway

50 ³ Nord University, Bodø, Norway

51 ⁴ Aalborg University, Denmark
52

53 **Corresponding Author:**

54 Gabriele Kitzmüller, Faculty of Health Sciences, Department of Health and Care Sciences, UiT, The
55 Arctic University of Norway, Narvik, Norway.

56 Email: gabriele.e.kitzmuller@uit.no
57
58
59
60

1
2
3 members, health care providers and volunteers is necessary to break the vicious circle of
4
5 loneliness.

6
7
8 **Keywords:**

9
10 Older adults, loneliness, qualitative research, metasynthesis, meta-ethnography, existential
11
12 approach
13
14

15
16
17
18
19 **Introduction**

20
21
22 The phenomenon of loneliness has been viewed from a range of theoretical and philosophical
23
24 angles. In phenomenological and existential approaches, loneliness is seen as a natural part of
25
26 the human condition, which is unavoidable when passing through different life stages
27
28 (Rokach, 2000, 2011). Existentialists view loneliness not only as a painful state but also as a
29
30 potential for growth when facing fundamental life experiences (Peplau & Perlman, 1982). In
31
32 the interactionist perspective presented by Weiss, Riesman, and Bowlby (1973), loneliness
33
34 results from the absence of close relationships. According to Weiss and associates (1973),
35
36 social and emotional isolation are two types of loneliness. The former is characterized by the
37
38 absence of an engaging social network, while the latter is caused by the lack of a close
39
40 intimate attachment. Sociological explanations represented by e.g. Bowman, Riesman or
41
42 Slater claim that loneliness is due to sociological forces such as the commitment to
43
44 individualism, increased family and social mobility, decline in primary group relations and an
45
46 inclination to be 'liked' by others and to behave in accordance with their expectations (Peplau
47
48 & Perlman, 1982, p. 126). Loneliness is therefore assumed to be an ontological structure in
49
50 human existence (Nilsson, Lindström & Nåden, 2006), emerging during all life phases
51
52
53
54
55
56
57
58
59
60

1
2
3 (Rokach, 2000, 2011) and across a myriad of cultures (Dykstra, 2009; Rokach, Orzeck &
4
5 Neto, 2004; van Staden & Coetzee, 2010).
6

7
8 The terms 'loneliness', 'social isolation', 'solitude', 'living alone' and 'being alone' are often
9
10 used interchangeably. Nevertheless, it is important to distinguish between these concepts as
11
12 they have different meanings and implications (Victor, Scambler, Bond, & Bowling, 2000;
13
14 Victor, Scambler, & Bowling, 2008). Living alone does not necessarily imply feelings of
15
16 aloneness or loneliness (Victor et al., 2008). Some individuals seek solitude and view being
17
18 alone as important for their well-being and their personal as well as spiritual development
19
20 (Dahlberg, 2007). On the other hand, individuals may experience emotional loneliness
21
22 despite living with others and having a variety of social networks (Heravi-Karimooi, Rejeh,
23
24 Foroughan, & Vaismoradi, 2012; Van Der Geest, 2004).
25
26

27
28
29 Although studies across different age groups show that loneliness in young people may be
30
31 even stronger than in later life (Luhmann & Hawkey, 2016; Rokach, 2000) the prevalence of
32
33 loneliness appears to increase in the oldest old (Dykstra, van Tilburg, & Gierveld, 2005;
34
35 Savikko, Routasalo, Tilvis, Strandberg, & Pitkala, 2005). This is confirmed by longitudinal
36
37 studies (Dahlberg, Andersson, McKee, & Lennartsson, 2015; Dykstra et al., 2005).
38
39 Nevertheless, the experience of loneliness in old age can fluctuate in accordance with
40
41 changes in life experiences (Kirkevold, Moyle, Wilkinson, Meyer, & Hauge, 2013).
42
43
44

45
46 Since this article focuses on the subjective experience of loneliness, we chose to combine the
47
48 definition of emotional isolation provided by Weiss and associates (1973, p. 17) with Jasper's
49
50 definition of the meaning of loneliness (van Staden & Coetzee, 2010, p. 524). In this article,
51
52 we define loneliness as *'The experience of lacking desired relationships and of feeling the*
53
54 *undesired absence of intimate attachment and reciprocal empathic understanding.'*
55
56

57 **Background**

58
59
60

1
2
3 This section will focus on the influence of culture, gender, personal resources, living situation
4 and family status on older adults' loneliness and its impact on their health and quality of life.
5
6

7
8 Cultural differences influence the experience of loneliness (Rokach & Bacanli, 2001) and
9
10 older adults show different coping strategies across cultures when dealing with loneliness
11
12 (Rokach et al., 2004). There is a higher prevalence of loneliness in Southern Europe than in
13
14 Northern and Western Europe (Dykstra, 2009).
15
16

17
18 Although women usually report higher levels of loneliness (Dahlberg et al., 2015; Dong &
19
20 Chen, 2016; Savikko et al., 2005), gender differences disappear when other factors are taken
21
22 into account (Dahlberg et al., 2015). For women, mobility problems are a significant
23
24 predictor of loneliness, whereas low levels of social contact predict loneliness for men
25
26 (Dahlberg et al., 2015). Widowhood seems to be a strong predictor of loneliness in both
27
28 genders (Bergland, Tveit, & Gonzales, 2016; Dahlberg et al., 2015), especially for men
29
30 (Nicolaisen & Thorsen, 2014).
31
32

33
34 Personal resources and earlier life experiences may explain why some older adults experience
35
36 greater levels of loneliness. Lonely participants state that they become overwhelmed, isolated
37
38 and inactive due to their losses, whilst non-lonely participants view their losses as normal and
39
40 remain active and connected to their environment (Kirkevold et al., 2013). A significant
41
42 association between expected and experienced loneliness in older adults seems to exist
43
44 (Pikhartova, Bowling, & Victor, 2016).
45
46

47
48 According to Savikko and associates (2005) illness is the most notable cause of loneliness,
49
50 followed by the death of a spouse and the lack of family and friends. Their respondents who
51
52 often or always felt lonely mentioned living a meaningless life. Adverse childhood
53
54 experiences (Nicolaisen & Thorsen, 2014), abusive relationships (Beal, 2006; Dong, Chang,
55
56 Wong, & Simon, 2012), experiences of hostilities and captivity (Stein & Tuval-Mashiach,
57
58
59
60

1
2
3 2015), stigmatizing illness (Miles, Isler, Banks, Sengupta, & Corbie-Smith, 2011) and
4
5 economic hardship are all associated with loneliness (Cohen-Mansfield, Hazan, Lerman, &
6
7 Shalom, 2016; Luhmann & Hawkley, 2016). Poor hearing (Pronk, Deeg, & Kramer, 2013)
8
9 and poor eyesight (Savikko et al., 2005) are recognized to increase the risk for loneliness.

10
11
12 Loneliness represents a significant health problem and is associated with a higher mortality
13
14 risk for lonely older adults (Luo, Hawkley, Waite, & Cacioppo, 2012; Perissinotto, Stijacic
15
16 Cenzer, & Covinsky, 2012). Luo and associates (2012) suggest that health behaviours and
17
18 social relations cannot explain the higher mortality risks and therefore suggest that loneliness
19
20 can alter physiology at a fundamental level. The association between loneliness and
21
22 functional decline (Perissinotto et al., 2012; Theeke, 2013) cognitive decline (Boss, Kang, &
23
24 Branson, 2015) and even dementia (Holwerda et al., 2014) seems to support Luo and
25
26 associates' (2012) suggestion.
27
28
29

30
31 Loneliness corresponds with a lower health-related quality of life (Taube, Kristensson,
32
33 Sandberg, Midlöv, & Jakobsson, 2015) and is related to a number of health complaints such
34
35 as high blood pressure, sleeping problems and immune stress responses (Luanaigh & Lawlor,
36
37 2008) and heart disease, stroke, diabetes and pulmonary disease (Petitte et al., 2015). There is
38
39 a relationship between depression and emotional loneliness (Drageset, Eide, & Ranhoff,
40
41 2013; Peerenboom, Collard, Naarding, & Comijs, 2015) and anxiety seems to be a feature of
42
43 loneliness (Canham, 2015; Dong et al., 2012). A significant relationship between loneliness
44
45 and suicidal behaviour among UK adults has been documented (Stickley & Koyanagi, 2016).
46
47
48

49
50 Where and how people live influences their experience of loneliness. Living alone in contrast
51
52 to living with a partner seems to be related to greater loneliness in older adults and rural older
53
54 adults are more prone (Nyqvist, Cattan, Andersson, Forsman, & Gustafson, 2013; Savikko et
55
56 al., 2005). Loneliness is a common experience in nursing home residents (Drageset,
57
58
59
60

1
2
3 Kirkevold, & Espehaug, 2011; Slettebø, 2008) who experience greater loneliness than older
4
5 adults living at home (Nygqvist et al., 2013; Pinquart & Sorensen, 2001). Institutionalization
6
7 per se increases older adults' feelings of loneliness (Gill, Hogg, & Dolley, 2016; Kvaal et al.,
8
9 2014; Slama & Bergman-Evans, 2000).

10
11
12 The findings of qualitative studies on loneliness reveal the dark side of loneliness as an
13
14 emotionally disturbing experience that throws older adults into a turmoil of life challenges
15
16 (Bergland et al., 2016; Canham, 2015; Dong et al., 2012; Hauge & Kirkevold, 2010). Older
17
18 adults may be well aware of the risk of becoming lonely and apply actions and attitudes to
19
20 prevent and fight the experience (Bergland et al., 2016; Carmona, Dias Couto, & Scorsolini-
21
22 Comin, 2014).

23
24
25 A wide range of interventions have been implemented to reduce older adults' experiences of
26
27 loneliness (Franck, Molyneux, & Parkinson, 2016; Gardiner, Geldenhuys, & Gott, 2016;
28
29 Hagan, Manktelow, Taylor, & Mallett, 2014). Nevertheless, limited evidence is available and
30
31 it seems that the interventions are seldom grounded in the older adults' own experiences.
32
33

34
35
36 Although there is much knowledge about loneliness in older adults, including recent new
37
38 reviews (Cohen-Mansfield et al., 2016; Wright-St Clair, White, & Napier 2017) we did not
39
40 find any reviews or metasyntheses focusing on older adults' subjective experiences of
41
42 loneliness. Therefore, the purpose of this metasynthesis was to synthesize scientific studies
43
44 that focus on older adults' experiences of loneliness to gain a deeper understanding of the
45
46 phenomenon and to suggest further directions for practice, education and research. The
47
48 research question was : How do older adults experience loneliness and how do they deal with
49
50 loneliness?
51
52
53
54
55
56
57
58
59
60

Methodology and method

Noblit and Hare's (1988) meta-ethnography approach was used to synthesize the findings of qualitative studies on older adults' experiences of loneliness. This approach was developed to integrate qualitative research findings on a particular phenomenon to 'make sense of what the collection of studies is saying' (p. 14). The goal of meta-ethnography was to develop new interpretations to enlarge and enrich human discourse (Noblit in Thorne, Jensen, Kearney, Noblit, & Sandelowski, 2004). The approach is firmly based on the interpretative paradigm (Noblit & Hare, 1988, p. 11) and is well suited to develop a holistic understanding of personal experiences (France et al., 2015). Although Noblit and Hare's (1988) starting point was not to interpret and synthesize studies to inform practice, their approach has turned out to be useful in this respect (Bondas & Hall, 2007; Clarke, 2014; Noblit in Thorne et al., 2004; Vaismoradi, Wang, Bondas, & Turunen, 2016).

Search strategy, criteria and qualitative appraisal of the studies

We performed a pilot test in a multitude of electronic databases where the keyword 'loneliness' was combined with: nursing home, attachment, relationship, coherence, social support, belonging, inclusion, social activities, social isolation, nurse-patient relation and attachment. We altered our original aim to explore loneliness in nursing homes because we did not find enough studies on this. The pilot test and a consultation with an expert librarian aided the identification of keywords and databases for the final search process. All members of the research team participated in the search process, the systematic review of studies and the appraisal of relevant studies.

Relevant empirical research articles published in scientific journals from 2001 to 2016 from the online databases PubMed (including Medline), SCOPUS, PsycINFO, CINAHL (EBSCO), British Nursing Index, SveMed+ and EMBASE were retrieved. We did not find

1
2
3 studies published earlier than 2001 that filled the inclusion criteria. The keywords used for
4
5 the search process were 'older', 'elderly' and 'old age', combined with 'loneliness', (and
6
7 'qualitative') in any part of the articles. In addition, backtracking of the references of the
8
9 reviewed articles along with an ancestry search maximized the coverage of related articles.
10
11 Further manual searches in the most well known journals with articles relevant to the care of
12
13 older adults and in qualitative journals were carried out (International Journal of Older People
14
15 Nursing, Aging and Mental Health, International Journal of Qualitative Studies on Health and
16
17 Well-being, and Qualitative Health Research). The research team members' expertise in
18
19 Finnish and German led to an expansion of the search to cover relevant studies in those
20
21 languages in the German journal 'Pfleger' (Care) and the Finnish journal 'Hoitotiede'
22
23 (Nursing Science). The following inclusion criteria were used to choose articles for the
24
25 synthesis process:
26
27
28

- 29
30 (i) articles dealing with the phenomenon of loneliness from the perspective of older
31
32 adults, whom we defined as persons > 60 years old
33
34 (ii) peer-reviewed original articles from healthcare disciplines published in scientific
35
36 journals
37
38 (iii) articles using qualitative methods or mixed methods
39
40 (iv) in cases of mixed-method studies or studies that presented both older adults' and
41
42 others' perspectives, only the qualitative part and the perspectives of older adults were
43
44 included for the synthesis if they were discernible
45
46
47

48
49 The exclusion criteria were studies conducted with older adults who suffered from mental or
50
51 physical illness in a palliative/terminal state or were in a life situation that blurred their
52
53 perspectives of the phenomenon of loneliness, such as being abused or having an addictive
54
55 lifestyle. These criteria were set to limit the metasynthesis and to avoid blending the
56
57 phenomenon of loneliness with other life crises or life threatening conditions. The members
58
59
60

1
2
3 of the research team conducted the search process both independently and in pairs, but held
4
5 discussions throughout the study process to reach a consensus and inform other members of
6
7 decisions made during the search process and full-text appraisal. As Noblit and Hare (1988)
8
9 do not provide information about the search and appraisal process and reporting guidelines
10
11 are still under development (France et al., 2014), we used Sandelowski and Barroso's (2007)
12
13 handbook for synthesizing qualitative research to guide these processes. The modified
14
15 COREQ 32-item checklist was used to appraise the retrieved studies (Lundgren, Begley,
16
17 Gross, & Bondas, 2012; Tong, Sainsbury, & Craig, 2007) (Table 1). Two studies that scored
18
19 < 25 on this checklist were excluded. Eleven articles were chosen for inclusion in the
20
21 qualitative synthesis.
22
23

24
25
26 **Insert Figure 1, Flow chart here:**
27

28 *The synthesis process*

29
30
31 The researchers read the selected articles independently and in pairs and extracted core
32
33 concepts and metaphors from each article. During the translation process, tables were created
34
35 and the core concepts and metaphors of each study were compared with those of the other
36
37 studies (Noblit & Hare, 1988). In frequent Skype discussions, we shared our understandings
38
39 and theoretical perspectives.
40
41

42
43 Noblit and Hare's (1988) synthesizing process developed from Turner's thesis that all
44
45 explanation is essentially comparative and takes the form of translation (p. 25). To translate
46
47 studies into each other means to compare the studies' main concepts or metaphors to discover
48
49 if their relationships are reciprocal (similar or analogous), refutational (in opposition), or
50
51 form a line of argument (illuminate different aspects of a phenomenon) (p. 36). The
52
53 relationships between the studies' concepts and metaphors were found to be 'analogous' with
54
55 the possibility of further analysis as reciprocal (Noblit & Hare, 1988). Next, the studies were
56
57
58
59
60

1
2
3 translated into one another by developing themes, considering their homogeneity. An
4
5 iterative cyclical process characterized the analysis, where we moved back and forth,
6
7 comparing and contrasting the findings of the primary studies. The translation was
8
9 synthesized to create a whole greater than the individual parts. Lastly, a coherent description
10
11 of the study phenomenon as a meta-finding was developed (Noblit & Hare, 1988), striving
12
13 for comprehensiveness, and validation by using citations.
14
15

16
17 Aiming to preserve the key findings of each study, the researchers created a metaphor with
18
19 sufficient comprehensiveness and abstraction to connect the findings of all the articles,
20
21 offering a new understanding with the potential to lead to caring interventions for further
22
23 research.
24

25 26 **Results**

27
28
29 The studies are described and numbered in Table 1 and will henceforth be referred to with
30
31 these numbers.
32

33
34
35 **Insert Table 1 Description of the studies here:**
36

37
38 There is a geographical spread of studies. With the exception of study 1, published in 2001,
39
40 the studies were published between 2010 and 2016. Altogether, the participants of the studies
41
42 consisted of 290 older adults (217 women and 73 men). Their ages ranged from 62 to 103
43
44 years. The marital status of participants is not shown in all studies, but the majority of
45
46 participants were widowed (n=140) or lived alone because they were single or divorced
47
48 (n=94). Studies 5, 8 and 10 lack descriptions of participants' types of accommodation. In the
49
50 remaining studies, two participants lived in nursing homes, 14 in residential care units, 12 in
51
52 independent living units and 114 lived in private flats or houses. The participants in study 9
53
54 had been recently admitted to a geriatric ward to treat exacerbations of chronic illnesses. All
55
56
57
58
59
60

1
2
3 participants in studies 9 and 10 suffered from chronic physical illnesses. In studies 2, 7 and
4
5 11, participants were described as frail and dependent on other people's help.
6
7

8
9 Five studies used a phenomenological design and one of these applied story theory. Two
10
11 were hermeneutical studies, three used content analysis, one had an explorative descriptive
12
13 design and one used a visual method representing the participants and people or things of
14
15 importance for them, where these were discussed with the researcher. With the exception of
16
17 the latter study, all studies used interviews to collect data. None of the studies applied a
18
19 theoretical framework other than the chosen methodological approach.
20
21

22
23 The translation process illuminated four main themes in the included studies; these were
24
25 further interpreted as the existential human core of loneliness in old age and were expressed
26
27 by the metaphor 'trapped in an empty waiting room'. The four themes that evolved were:
28
29

30 **A wall of sadness in an anxious space of being - negative emotions of loneliness**

31
32
33 Loneliness was perceived as a wall that separated the older adults from their surroundings,
34
35 leaving them disconnected, helpless and confined to an empty and boring life. As loneliness
36
37 was usually not an optional state, there was little chance to escape. The following quotes
38
39 describe the feelings of imprisonment: '[...] *like a jail, with the walls around you [...] you*
40
41 *can't stroll in the streets [...] you are entrapped and waiting for death to come.*' (4, p. 284).
42
43

44 A 95-year-old man explained: '*The problem is to break the wall of loneliness*' (6, p. 556).

45
46 Living in residential care for older adults could enforce feelings of loneliness, especially at
47
48 weekends when many residents left to visit their family (1; 7).
49

50
51 Often, the older adult could become overwhelmed by negative emotions that made life
52
53 difficult. Sadness and grief were expressions used throughout all the studies and anger or
54
55
56
57
58
59
60

1
2
3 disappointment was expressed when participants felt overlooked, rejected, disrespected or
4
5 misunderstood by people close to them (1; 3; 4; 6; 8-11).
6
7

8 Fear and anxiety were common feelings (1-4; 6; 8-10; 11). These feelings were always there,
9
10 lingering around the next corner, and were related to the fear of future dependency due to
11
12 increasing illness, frailty and loss of abilities (10; 11) and to the anxiety of being forced to
13
14 relocate (10). Two women said:
15
16

17
18 It is the future that's hard [...] the day when you won't be able to go out and be part
19
20 of things [...]. Nobody comes [...] I think about that a lot [...] it's a fear [woman, 80
21
22 years old (11, p. 635)].
23

24 I think all those fears would just trap you. There was like a fog on my mind [...] being
25
26 afraid of what would happen [...] [participant's age unknown] (10, p. 65).
27

28 Being afraid of causing trouble for others, especially for their children, was a source of
29
30 anxiety and worry (1; 6; 10). Having no one to turn to when in need and feeling vulnerable
31
32 and insecure were other reasons for fear (1; 11): *You are so alone and you don't have*
33
34 *anybody, you're almost afraid, don't want the night to come [...]* [woman 83 years old (1, p.
35
36 134)].
37

38
39 Being one of the few remaining representatives of their own generation reinforced their
40
41 feelings of abandonment and sadness. Having no one to turn to called forth feelings of
42
43 meaninglessness and made them think of and even wish for death. In six studies metaphors
44
45 connected with death or death wishes were expressed: *'it is like a morgue'* (1), *'nothing to*
46
47 *live for, no future [...]* *as though you reached the end of life'*, *'[...] waiting for death to*
48
49 *come'* (4), *'end of life approaching'* (11), *'best thing is to die'* (2) *'a grave'* (7), *'suicidal*
50
51 *thoughts 20 hours a day'* (9).
52
53
54

55
56 **“Give me back my past” – the loss of meaningful interpersonal relationships**
57
58
59
60

1
2
3 The loss of a beloved partner or other meaningful persons in the old adult's life was a
4 significant contributor to loneliness (1-5; 8; 11). A 75-year-old woman explained: *'Loneliness*
5 *to me is losing your loved ones, like I lost my mum and I lost my husband [...] A part of you*
6 *goes with them [...] to me that is loneliness'* (5, p. 411). Another old adult said: *'The loss of a*
7 *loved one leaves an emptiness that no one can fill [...]'* (4, p. 284). Sometimes these losses
8 represented the onset of loneliness. One old woman said, as she drew a grave to illustrate her
9 feelings: *'A grave. It was at a grave like this where my loneliness and life alone started'* (7,
10 p. 4). Death of or separation from a child was especially hard to cope with (4).

11
12 Participants had lost meaningful relationships due to their poor health (8) or their friends'
13 frailty or death (2; 4). The older adults missed the affection, nurturance and affirmation the
14 relationship had provided (1). They especially longed for companionship from someone of
15 their own generation who could understand them (4; 11). A 73-year-old female stated: [...]
16 that's probably the greatest loneliness [...] to feel that one's [...] older siblings are gone [...]
17 and you get lonelier and lonelier [...] (11, p. 636).

18
19 Losing these important relationships meant being in a state where it was difficult to embrace
20 new relationships (1; 4; 8). The remaining network did not always fulfil their expectations (1;
21 3; 4; 7; 9-11). Without someone to share their world with, life was filled with emptiness. In
22 all but two studies (5; 10), hopelessness and loss of meaning in life were expressed: *'[...] to*
23 *me loneliness is feeling empty. Feeling like you have nothing to reach for [...] nothing to*
24 *dream of'* [80-year-old woman (1, p. 134)]. *'It feels as if you no longer have something to live*
25 *for, no future [...] as though you have reached the end of your life'* (4, p. 284).

26
27 In all studies, the older adults expressed feelings of abandonment, isolation and disconnection
28 when they felt that no one really cared about them. Widowers often longed for new partners
29 but remarriage after a partner's death was not accepted in all societies (3). Usually, loneliness
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

1
2
3 was related to living alone but could also occur when living or spending time with adult
4
5 children (3; 6). It was hard to accept being cut off when one's family or friends were too busy
6
7 living their own lives (1-4; 9; 10). One 87-year-old man described his disappointment in this
8
9 way: *I have two sons, three daughters and eleven grandchildren, but they have their own life*
10
11 *and work. Only one of my daughters visits me regularly once a week [...]. They are going to*
12
13 *push me towards a nursing home [...]* [starts crying] (3, p. 278).
14
15

16
17 The quality of their relationships strongly influenced the older adults' experiences of
18
19 loneliness. High-quality relationships prevented loneliness (5) and made it easier to deal with
20
21 (4; 6). Loneliness was experienced as fluctuating according to family members' availability
22
23 and attitudes towards the elderly (6). Further, the wavering experience of loneliness was
24
25 related to meaningful times of the day or year, such as mealtimes (11) or times when the
26
27 former partner used to come home after work, to Christmas (4) or to weekends or vacation
28
29 times (1; 7; 9). Strong feelings of loneliness sprang forth at evening, at night or in winter (5),
30
31 as one woman (age unknown) said: *'Loneliness catches up with you at night when you switch*
32
33 *off that light. You sleep on the double bed where you are alone. When there is nothing to*
34
35 *occupy your thoughts, then loneliness comes'* (4, p. 284).
36
37
38
39

40 **Feeling useless, unconnected and unable to keep up – Loneliness and the perception of** 41 **self** 42 43

44
45 Feelings of uselessness and worthlessness strongly influenced participants' perceptions of
46
47 self (2; 7-9). These feelings related to lost abilities, both physical and cognitive, or to feelings
48
49 of being outdated or unconnected to their surroundings (3; 6). A 96-year-old woman stated:
50
51 *'But you don't know what is going on. Yesterday I spent time with my children and*
52
53 *grandchildren, and they talked all the time about things that I wasn't able to understand. It is*
54
55 *impossible to keep up'* (6, p. 556). Significant others' lack of understanding and
56
57
58
59
60

1
2
3 acknowledgement or their disrespect and rejection had a negative influence on the older
4
5 adult's perception of self (2; 7). On the other hand, the older adults felt valuable and proud if
6
7 they were still able to contribute to society and meant something to others (4; 6-8).
8
9

10
11 If the old adults perceived that the community no longer needed them, they felt unconnected,
12
13 like strangers within their own society (5): '[...] *you feel like you are abandoned [...] you*
14
15 *don't fit in [...] you are not part of it [...] ostracized [...] a leper*' [man, 86 years old (1, p.
16
17 135)]. The societal changes that had contributed to isolation were mentioned: '*Times have*
18
19 *changed. Once upon a time, the postman came, the bread man delivered the bread, and the*
20
21 *milkman delivered the milk. You knew all these people [...] nowadays you don't even see*
22
23 *your neighbours [...] you don't know them hardly*' (5, p. 411).
24
25

26
27 Not being needed any more made them feel worthless and depressed: '*It feels like you are a*
28
29 *nonentity, and it feels like there is nothing within you that gives someone else a reason to*
30
31 *want to know you*' [woman (10, p. 65)]. For men, retirement called forth feelings of
32
33 worthlessness (8).
34
35

36
37 Being bothersome for their families was another reason why participants held low feelings of
38
39 self-worth (6; 10). A 95-year-old woman claimed: '*You are old, and you just think you are a*
40
41 *bother. Yes, you are a bother. "We have to look after mother, oh, mother needs this or that"*
42
43 *[...]*' (6, p. 556).
44
45

46
47 Age-related bodily decline, especially loss of gait function, eyesight or hearing together with
48
49 chronic illness made them feel dependent on other people's goodwill (1; 2; 3; 4; 8; 10).

50
51 Giving up driving meant a limitation to freedom and called forth feelings of being trapped
52
53 and powerless (1; 8; 11). Some communities lacked social and external support systems,
54
55 making it impossible to get out and join appreciated activities that had been important for
56
57 self-perception (3; 8).
58
59
60

1
2
3 Sometimes, loneliness was experienced as a stigma, a sign of weakness, or even a failure that
4
5 one should be able to cope with. Participants found it difficult to speak about their loneliness
6
7 as they thought it was a private matter, impossible to understand for others (1; 4; 5; 9).
8
9

10
11 Being alone instead of being part of a couple as before triggered feelings of being incomplete
12
13 (Smith, 2012), or not being able to mix in with others (1). An 86-year-old widow described
14
15 her experiences as follows: *'after he died, it was like someone got a knife and cut something*
16
17 *off [...] you don't mix in [...] it changes your whole perception of things about you'* (1, p.
18
19 133).
20
21

22
23 Some older adults felt invisible, although they wanted others to notice who they had been: *'I*
24
25 *would like to gather those who live here and tell them my story so they will know who I am*
26
27 *and who I was [...]* [Man, 96 years old (2, p. 436)].
28
29

30 **Struggling to maintain the energy to endure - ways of dealing with loneliness**

31

32
33 The varying emotional expressions connected with loneliness were commonly accompanied
34
35 by bodily sensations. These could be a lack of strength, loss of energy and initiative (6). They
36
37 could also entail feeling pain (1; 3; 4; 9), tightness in the chest (1), feeling cold, unwell and
38
39 agitated (9), losing appetite (1), feeling tired (3; 7; 11), feeling lethargic (11) and depressed
40
41 (7).
42
43

44
45 Together with the claims of an ageing body, it was difficult to endure loneliness or even fight
46
47 against it: *'When it feels so incredibly empty, then I don't have the strength to do anything*
48
49 *[...]. I don't have the strength to turn on the radio [...] I feel so lethargic and strange [...]*
50
51 *and then I fall asleep'* [woman, 84 years old (11, p. 636)].
52
53

54
55 Nevertheless, the studies revealed how important it was to continue an active engagement
56
57 with life and not to give in. Reaching out to others by using the telephone, volunteering and
58
59
60

1
2
3 going out was seen as a release from loneliness (4; 6; 8; 10; 11). One female participant
4 suggested trying her solution: *'Try to make more friends, and forget about yourself [...]. I'm*
5 *much better when I'm busy doing things for people. That's all I've done all my life, so you*
6 *have to be needed [...]* (8, p. 303). Keeping oneself busy both physically and mentally by
7 maintaining the enjoyable activities that were still available was important (4; 8; 10), as was
8 adding structure to one's day (10). Television, pets, reading and gardening helped the older
9 adults to keep busy (8; 10). Some participants fought off loneliness by enjoying their
10 memories from happier times together with others (3; 10)

11
12 Being active was seen as a conscious decision and some took responsibility themselves to
13 plan and prepare for the future to fight off loneliness (4; 5; 11). A 68-year-old man explained
14 how he kept loneliness away: *'You have to keep pushing yourself all the time. I am actually*
15 *conscious of not sitting in my chair. I have to keep getting up and doing something. [...]* (5, p.
16 410). Some thought that it was a matter of attitude if one felt lonely or not. A participant in
17 study 4 (p. 285) made these suggestions to avoid loneliness: *'It is just your own perspective,*
18 *change your thoughts to be more positive [...]. Set your spirit for something better [...]*'

19
20
21 Religion was an important means to endure loneliness (1; 2; 4; 10). Faith and trust in God
22 who would take care was highlighted in several studies, as illustrated by the following quote:
23 *'I know I'm never alone, the Lord is always with me'* (4, p. 286).

24
25
26 Some of the older adults' narratives revealed positive features of loneliness. In study 9,
27 loneliness as a potential for personal growth was mentioned. Other positive consequences of
28 loneliness were being free to make decisions, not being obliged to take others into
29 consideration (2; 11), being protected from disappointment and having time to reflect and
30 reload (11). Loneliness was manageable if it was not constant but fluctuating and if
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

1
2
3 participants felt they were still valuable and had the initiative to cope with their loneliness

4
5 (6). Being lonely could be satisfying but only if it was optional (11).
6
7

8 The oldest old experienced that loneliness also meant living in confidence and being content
9 and happy (2). They seemed to have accepted loneliness as an unavoidable part of very old
10 age and thus managed to live for the moment, as this 95-year old woman said: *'It is this day*
11 *that counts; yesterday is gone and tomorrow reaches beyond time and life'* (p. 436).
12
13
14
15
16
17

18 **The existential human core of loneliness in old age – trapped in an empty waiting room**

19
20 The metaphor evolved through the iterative process of analysis, reading and discussions in
21 the research group. The older adults' experiences illuminated both the existential and
22 physical core of human loneliness, expressed in this study by the metaphor 'trapped in an
23 empty waiting room'. The loss of bodily functions and health was common, resulting in loss
24 of personal freedom and choice. The ageing body created obstacles that were difficult to
25 overcome, causing increased dependency on others to keep in contact with one's network. As
26 this dependency increased, the older adults felt that their world was shrinking.
27
28
29
30
31
32
33
34
35
36

37 Loss was an important part of the older adults' experiences of emptiness. The meaning of
38 various losses came forth as the loss of meaningful relationships and connectedness with the
39 older adult's former familiar world. The ageing process left the older adults' bodies weak and
40 vulnerable and made them feel isolated, anxious and entrapped within their own four walls.
41
42
43
44
45

46 Hope ceased when the older adult understood that their situation would get worse as their
47 state of health and functional ability decreased. In addition, they were trapped by their own
48 feelings of uselessness and inadequacy when they could not keep up with those around them.
49
50

51 The older adults experienced a sting of emptiness and meaninglessness when lacking
52 important relationships and feeling that no one needed them. A waiting room suggests that
53 the person, despite feeling trapped, is not in a permanent situation. There is hope for change,
54
55
56
57
58
59
60

1
2
3 a possibility that someone will open the door and invite the lonely person into a new
4
5 situation. If the lonely person manages to find new vigour, the feeling of being trapped may
6
7 transform. The lonely person may actively 'open the door' to social life. Empowerment to
8
9 change the situation may arise from the person's will and wish for change. The door can also
10
11 be opened from the outside by others who are aware of the older adult's need for recognition
12
13 as someone who can still contribute to the community. 'Opening the door' is thus a related
14
15 metaphor for change. If this fails to happen, there is a risk that the lonely older adult will stay
16
17 trapped, waiting for death to come.
18
19

20
21 For professionals and relatives, the metaphor of the empty waiting room offers an evocative
22
23 and fruitful way of understanding the lonely older adult. This tangible picture of what it feels
24
25 like to be lonely may be what is needed to spur action. We can metaphorically open the door
26
27 and provide some relief for the older adult who experiences entrapment.
28
29

30
31 **Insert Figure 2, The metaphor here:**
32
33

34 **Discussion**

35
36
37 The purpose of this metasynthesis was to synthesize studies that focus on older adults'
38
39 experiences of loneliness in order to advance scientific knowledge of the phenomenon of
40
41 loneliness in old age and to provide suggestions for practice, education and research. The
42
43 overall findings reveal an overriding theme, the existential human core of loneliness in old
44
45 age expressed by the metaphor 'trapped in an empty waiting room'. The metaphor expresses
46
47 how the older adults' lives were put on hold, as they were trapped in an anxious state without
48
49 meaningful interpersonal relationships and imprisoned in feelings of being useless and
50
51 unconnected.
52
53

54
55
56 *Negative emotions of loneliness*
57
58
59
60

1
2
3 The older adults portrayed loneliness as a devastating condition connected with multiple
4 negative emotions that drained their energy and life spirit (3; 6; 10). This is in accordance
5 with the existentialist view that portrays loneliness as an essential but painful structure of
6 human existence impossible to escape from (Tillich, 1980). The findings in Dahlberg's
7 (2007) study show that loneliness is referred to as something wrong, ugly and even shameful
8 and Eriksson (1995) claims that the most difficult form of loneliness is being deprived of
9 something one has held or wished for, causing intense suffering comparable with death.
10 According to Eriksson, unendurable suffering cripples the human being and prevents the
11 person from living a meaningful life. The older adults in the studies did in fact use metaphors
12 and symbols connected with death, "*like a grave*" or "*a morgue*" to illustrate their feelings of
13 loneliness (1; 7) and they felt isolated and trapped, just waiting for death to come (4; 5; 8).

14
15
16
17
18
19
20
21
22
23
24
25
26
27
28 The strong relationship between loneliness and loss was obvious in our metasynthesis and
29 called forth aching feelings of grief and longing. These findings concur with other qualitative
30 studies that have explored the phenomenon of living alone (Bergland et al., 2016; Kirkevold
31 et al., 2013). Nevertheless, studies also reveal that older adults living alone are content in
32 their solitude (Ebrahimi, Wilhelmson, Moore, & Jakobsson, 2012; Hayes, 2006).

33
34
35
36
37
38
39
40 Our metasynthesis showed that fear or anxiety is a common companion to loneliness and led
41 to feelings of entrapment, in the words of one older adult (10, p. 65). Anxiety appeared to
42 reduce the older adults' limited energy even more and hindered them in seeking for strategies
43 that could have alleviated their loneliness. It is known that anxiety in older adults is
44 associated with life dissatisfaction, illness and mortality (Wuthrich & Frei, 2015). The
45 association between fear and loneliness has been mentioned earlier (Canham, 2015;
46 Jakobsson & Hallberg, 2005) and needs to be explored more thoroughly.
47
48
49
50
51
52
53
54
55
56
57
58
59
60

1
2
3 *The loss of meaningful interpersonal relationships*
4
5

6 The voices of the older adults in the reviewed studies led to an understanding of loneliness in
7
8 old age as an absence of high-quality relationships (1; 4; 8; 11). Many had suffered the loss of
9
10 a beloved partner (1-5; 8; 11) or friends and acquaintances from their own generation (4; 11).
11
12 A caring family was of great importance (6; 10; 11) but unfortunately, some older adults
13
14 found that their family visited them out of obligation rather than genuine interest (1; 3; 6).
15
16 Dahlberg (2007) claims that lacking a sense of belonging to important persons in one's life is
17
18 an essential feature of loneliness. Our metasynthesis reveals a strong lack of belonging in
19
20 relation to significant others; this turned the older adult's being into a state of non-being (10;
21
22 11). A sense of meaninglessness came forth that drained the individual's energy.
23
24
25

26
27 The findings of our metasynthesis agree with Pinqart and Sorensen's (2001) metaanalysis
28
29 showing that the quality of social contact is more important than the quantity. In their study,
30
31 loneliness was more strongly related to contact with friends and neighbours than with family.
32
33 These findings point to the importance of supporting older adults to develop and maintain
34
35 social ties with people from their own generation with whom they can share common
36
37 experiences. The influence of culture on loneliness is visible in the Iranian study (3), which
38
39 showed that remarriage was not accepted by the participants' adult children, and this
40
41 increased the older adults' loneliness.
42
43
44

45 Existential philosophers underline that human beings cannot exist without togetherness.
46
47 Heidegger (1927/2001, p. 192) states that a substantial existential aspect of being-in-the-
48
49 world is being-with and nurturing concern for others. Being-with others when others' concern
50
51 is lacking is of little benefit to the older adult. This is obvious in their quotes, complaining
52
53 about loneliness when being with others or living with others who do not really care about
54
55 them. Moustakas (1972, p.62) underlines the importance of the genuine presence of one
56
57
58
59
60

1
2
3 individual to the other. He argues that where this authenticity of the inter-human is not found,
4
5 the human element itself will be violated.
6
7

8 *Loneliness and the perception of self* 9

10
11 The older adults' feeling of not really being needed any longer either by family or community
12
13 was a serious threat to their concept of self (1; 2; 5; 7-9) and contributed to their loss of
14
15 meaning and life purpose. On the other hand, respectful and caring relationships with family
16
17 and friends strengthened the older adults' life purpose (4-6; 8). Being needed and wanted by
18
19 others and being able to do something for others is known as an important source of meaning
20
21 in life and contributes to a positive life orientation (Fagerström, 2010; Pinquart, 2002) and to
22
23 the inner strength of older adults (Nygren, Norberg, & Lundman, 2007). Data deriving from
24
25 the same project as study 2 showed that meaning in life in the oldest old meant being able to
26
27 create a space for living that connected to significant others and nature. Having trust in God,
28
29 faith in others and seeing oneself as a link between generations (Jonsén, Norberg, &
30
31 Lundman, 2015; Nygren et al., 2007) was also important.
32
33
34
35

36
37 The lack of meaning in life expressed in most of the included studies (1-4; 6; 8; 9; 11)
38
39 seemed to be the darkest side of loneliness, a feeling of being trapped in a boring and
40
41 hopeless condition that led to death wishes and suicidal thoughts. This concurs with the
42
43 findings of a recent metasynthesis of older adults living in nursing homes who experienced
44
45 loneliness and struggled to find meaning (Vaismoradi et al., 2016).
46
47

48
49 Pinquart's (2002) metaanalysis shows that older adults' perceptions of purpose in life are
50
51 strongly associated with social integration and high-quality relationships. Older adults often
52
53 claim that they are excluded from social and cultural participation in their communities. Such
54
55 negative attitudes may be due to ageism (Angus & Reeve, 2006). Retirement, lack of public
56
57 transport, poor economic support and inappropriate services contribute to social isolation of
58
59
60

1
2
3 older adults, especially if they suffer from bodily or cognitive constraints (Papageorgiou,
4 Marquis, & Dare, 2016; Nicholson 2012). In addition, losing the younger generation's respect
5 and willingness to listen to the older adults' wisdom and advice leads to loneliness and loss of
6 life courage (Van Der Geest, 2004). Tillich (2014) writes about existential courage and the
7 need to be part of something whilst at the same time being acknowledged for being oneself.
8 Existential courage is supported by showing respect for each individual's personhood. As one
9 of the participants in study 2 conveyed: "*I would like [...] to tell them my story so they will*
10 *know who I am and who I was.*"
11
12

13 *Struggling to maintain the energy to endure*

14
15 According to Eriksson (1992), alleviating the suffering of loneliness is possible and depends
16 on the person's ability to face the suffering. Nevertheless, loneliness is not easily recognized,
17 as it often lacks language (Eriksson, 1992, 1997). Our metasynthesis shows that not all of the
18 older adults were able to disclose their loneliness (1;4;5;9). Some hid their feelings because
19 they felt responsible or ashamed of being lonely or they suffered silently as words fell short.
20 To share their experiences with appreciated others would have been beneficial in order to
21 face the challenges. Sharing experiences that are difficult to express is usually a time-
22 consuming endeavour. Unfortunately, most of the older adults felt that their family members
23 had very little time to spend, as they were busy with their own lives.
24
25

26
27 In these studies, the older adults showed different strategies to face the suffering of loneliness
28 by looking for togetherness with others, trying to keep occupied or seeking comfort in
29 religion. Although spirituality can support older adults' resilience and well-being in times of
30 hardship (Manning, 2013) and enhance their coping efforts (Harris, Allen, Dunn, &
31 Parmelee, 2013), most of the participants in the included studies were unable to reconcile
32 themselves to their suffering. It can be assumed that their advanced age, poor health and lack
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

1
2
3 of energy and support deprived them of strategies to deal with their condition. Dahlberg
4
5 (2007) found that the lack of a meaningful context is an essential feature of loneliness. Many
6
7 of these participants appeared to long for a meaningful life context that could provide them
8
9 with the energy to persevere.
10

11
12 The very old participants in study 2 showed a more positive attitude to loneliness. Their
13
14 imminent death may have contributed to their quest for seeking harmony and freedom in
15
16 solitude. These findings are in accordance with Tornstam's (2005) theory of
17
18 gerotranscendence, where the older adult is more positive towards life, feels affinity with
19
20 loved ones who have passed away and prefers solitude to superficial social contacts.
21
22

23 24 *Methodological reflections*

25
26
27 Being aware of the ongoing discussion on the validity of metasynthesis research (Britten,
28
29 Garside, Pope, Frost, & Cooper, 2017, Thorne et al., 2004; Thorne, 2017a, 2017b), our aim
30
31 was to integrate beyond aggregation. We argue that our metasynthesis study enhances human
32
33 science knowledge for the benefit of older adults, their families and health care practice.
34
35 Although we preserved the original meanings of the included studies, our synthesis and the
36
37 emerging metaphor represent a novel interpretation that goes beyond those results (Noblit &
38
39 Hare, 1988; Thorne et al., 2004). The validity of our metasynthesis may be judged in relation
40
41 to whether a progressive problem shift resulted (Noblit & Hare, 1988). The qualitative
42
43 research team represented various disciplinary backgrounds in nursing, caring, social sciences
44
45 and psychology and a variety of educational, experiential and research experience in the field
46
47 of ageing. We adopted a critical reflective approach, ensuring rigour by challenging our pre-
48
49 understandings and the emerging synthesis. The included studies came from different cultural
50
51 settings and applied different qualitative methods, which is considered a strength (Paterson,
52
53
54
55
56
57
58
59
60

1
2
3 Thorne, Canam, & Jillings, 2001; Sandelowski & Barroso, 2007). The various studies may
4
5 have influenced each other as the later studies cite several of the earlier studies.
6
7

8
9 The decision to include only peer-reviewed studies and to exclude grey literature may have
10
11 limited the results. Our decision to exclude studies with terminally ill participants or
12
13 participants suffering from life crises also set limits. On the other hand, the meta-
14
15 ethnographic approach does not claim to gather all relevant literature on a phenomenon but
16
17 aims at retrieving sufficient studies to shed light on the phenomenon of interest and enable
18
19 the translation process (Noblit in Thorne et al. 2004, p. 27-28). However, thorough searches
20
21 in relevant databases combined with manual searches in close collaboration with librarians
22
23 were performed to gather all relevant studies (Bondas & Hall, 2007; Sandelowski & Barroso,
24
25 2007). It was important for us to let the voices of the older adults be heard, and we therefore
26
27 excluded studies without their perspectives. Noblit and Hare's (1988) approach differs from
28
29 qualitative systematic reviews in its underpinning theory, use of the original authors'
30
31 interpretations and the creation of novel interpretation through the analytic synthesis process
32
33 (France et al., 2015, p. 2). Presenting a metasynthesis using Noblit and Hare's (1988)
34
35 approach is challenging as reporting guidelines are still under development (France et al.,
36
37 2015). We have attempted to make our research process transparent. It is for the reader to
38
39 decide whether the synthesis creates a deeper understanding and is useful within the reader's
40
41 particular context.
42
43
44
45

46 47 **Implications for practice, education and research**

48
49 The existential human core of loneliness in old age is difficult to avoid, as it is a feature of
50
51 growing old and facing multiple losses. Nevertheless, the waiting room metaphor can also
52
53 capture the possibility for change as the occurrence of an event or events that can help older
54
55 adults deal with their present state of loneliness. Therefore, health care workers should aim at
56
57
58
59
60

1
2
3 alleviating the suffering of loneliness and nurture the older adults' zest for life. Faith and trust
4
5 in another person or being engaged in something experienced as meaningful may alleviate the
6
7 existential suffering of loneliness (Eriksson, 1992). In such caring communion, health
8
9 professionals are able to nurture life-conducive phenomena such as hope and life courage
10
11 (Clancy, Balteskard, Perander, & Mahler, 2015; Delmar, 2013). Preventive home visits
12
13 undertaken by engaged health care workers, can provide caring relationships where the older
14
15 adults are confirmed in their value as human beings and receive support to maintain their
16
17 network and meaningful activities (Tøien, Bjørk, & Fagerström, 2015).
18
19

20
21 To support older lonely adults' self-perception, health care workers should try to promote
22
23 quality relationships, enable older adults to look back on their lives with pride and support
24
25 their ability to do the things they enjoy (Clancy et al., 2015). Activities should be
26
27 individualized and grounded in the older adults' life history to support their sense of self.
28
29

30
31 Art interventions may have a positive influence on self-esteem, mental wellbeing and the
32
33 maintenance of social networks (Crone et al., 2012; McCabe, Greasley-Adams, & Goodson,
34
35 2015). Likewise, the positive experiences nature can offer reduce isolation and loneliness
36
37 (Franck et al., 2016, Tse, 2010) and may even enhance the relationship between patients and
38
39 health care workers (Magnussen, Bondas, & Alteren, 2017).
40
41

42
43 Storytelling is another meaningful and healing endeavour that supports continuity in life by
44
45 sharing important experiences with devoted others (Bronken, Kirkevold, Martinsen, &
46
47 Kvigne, 2012; Frank, 1995). Together with reminiscence, storytelling may enhance older
48
49 adults' self-esteem (Clancy et al., 2015; Scott & Debrew, 2009). A novel intervention to
50
51 prevent loneliness in older adults grounded in story theory (Smith & Liehr, 2005) has
52
53 recently been developed (Theeke & Mallow, 2015).
54
55
56
57
58
59
60

1
2
3 Interventions to maintain older adults' relationships with family members and significant
4 others are needed. Nowadays, mobile apps and communication software may facilitate
5 contact with others who are unable to pay frequent visits but instruction in the use of the
6 equipment might be necessary. As shown in the metasynthesis, spirituality may relieve
7 loneliness and feelings of abandonment and add meaning to the older adult's life.
8
9

10
11
12
13
14 Nursing education should focus on the negative impact of the multiple losses in old age,
15 support for older adults to maintain important relationships and the provision of meaningful
16 activities. In 2005, the concept of 'joy of life for old people' was introduced by engaged
17 nursing students in Norway. More than 80 joy-of-life nursing homes have since been
18 established in 30 districts in Norway. The overriding aim of these institutions is to preserve
19 older adults' life courage through valuable communion with others and meaningful and joyful
20 activities on a daily basis. Person-centred professional care based on shared decision making
21 is in focus. In addition, the staff is attentive to the patients' existential worries and
22 psychosocial needs and facilitates the help of family members and volunteers (Moum, 2016).
23
24 Although leaders, staff, patients and family members have evaluated the joy-of-life
25 institutions positively, research work to evaluate the positive consequences is still needed.
26
27 The exploration and comparison of the meaning of loneliness among older adults living in
28 different places such as nursing homes, their own homes and public care homes will provide
29 a more comprehensive description of the phenomenon of loneliness. To examine the effect of
30 various interventions to reduce loneliness in older adults calls for participatory action
31 research (Zakrajsek, Schuster, Guenther, & Lorenz, 2013) to involve the older adults in the
32 research process.
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51

52
53 Due to demographic changes and a growing elderly population, a great effort is needed to
54 prevent older adults from sinking into the vicious and life-constraining circle of loneliness.
55
56
57
58
59
60

1
2
3 The joint contribution of family members, health care providers and volunteers seems to be
4 necessary to achieve this goal.
5
6

7
8 “The sighing of numberless lonely people all over the world and in our nearest
9 neighbourhood fills those ears which are opened by love” (Tillich, 1980, p. 549).
10
11

12 13 **Declaration of Conflicting Interests**

14
15
16 The authors declare that there is no conflict of interest.
17
18

19 **Funding**

20
21
22 This research received no specific grant from any funding agency in the public, commercial,
23 or not-for-profit sectors.
24
25
26

27 **References**

- 28
29
30
31 Angus, J., & Reeve, P. (2006). Ageism: a threat to “Aging Well” in the 21st Century. *Journal of*
32 *Applied Gerontology*, 25, 137-152. doi:10.1177/0733464805285745
33
34 Beal, C. (2006). Loneliness in older women: a review of the literature. *Issues in Mental Health*
35 *Nursing*, 27, 795-813. doi:10.1080/01612840600781196
36
37 Bergland, A. M. G., Tveit, B., & Gonzalez, M. T. (2016). Experiences of older men living alone: a
38 Qualitative Study. *Issues in Mental Health Nursing*, 37, 113-120.
39 doi:10.3109/01612840.2015.1098759
40
41
42 Bondas, T., & Hall, E. O. C. (2007). Challenges in approaching metasynthesis research. *Qualitative*
43 *Health Research*, 17, 113-121. doi:10.1177/1049732306295879
44
45
46 Boss, L., Kang, D.-H., & Branson, S. (2015). Loneliness and cognitive function in the older adult: a
47 systematic review. *International Psychogeriatrics*, 27, 541-553.
48 doi:10.1017/s1041610214002749
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100
101
102
103
104
105
106
107
108
109
110
111
112
113
114
115
116
117
118
119
120
121
122
123
124
125
126
127
128
129
130
131
132
133
134
135
136
137
138
139
140
141
142
143
144
145
146
147
148
149
150
151
152
153
154
155
156
157
158
159
160
161
162
163
164
165
166
167
168
169
170
171
172
173
174
175
176
177
178
179
180
181
182
183
184
185
186
187
188
189
190
191
192
193
194
195
196
197
198
199
200
201
202
203
204
205
206
207
208
209
210
211
212
213
214
215
216
217
218
219
220
221
222
223
224
225
226
227
228
229
230
231
232
233
234
235
236
237
238
239
240
241
242
243
244
245
246
247
248
249
250
251
252
253
254
255
256
257
258
259
260
261
262
263
264
265
266
267
268
269
270
271
272
273
274
275
276
277
278
279
280
281
282
283
284
285
286
287
288
289
290
291
292
293
294
295
296
297
298
299
300
301
302
303
304
305
306
307
308
309
310
311
312
313
314
315
316
317
318
319
320
321
322
323
324
325
326
327
328
329
330
331
332
333
334
335
336
337
338
339
340
341
342
343
344
345
346
347
348
349
350
351
352
353
354
355
356
357
358
359
360
361
362
363
364
365
366
367
368
369
370
371
372
373
374
375
376
377
378
379
380
381
382
383
384
385
386
387
388
389
390
391
392
393
394
395
396
397
398
399
400
401
402
403
404
405
406
407
408
409
410
411
412
413
414
415
416
417
418
419
420
421
422
423
424
425
426
427
428
429
430
431
432
433
434
435
436
437
438
439
440
441
442
443
444
445
446
447
448
449
450
451
452
453
454
455
456
457
458
459
460
461
462
463
464
465
466
467
468
469
470
471
472
473
474
475
476
477
478
479
480
481
482
483
484
485
486
487
488
489
490
491
492
493
494
495
496
497
498
499
500
501
502
503
504
505
506
507
508
509
510
511
512
513
514
515
516
517
518
519
520
521
522
523
524
525
526
527
528
529
530
531
532
533
534
535
536
537
538
539
540
541
542
543
544
545
546
547
548
549
550
551
552
553
554
555
556
557
558
559
560
561
562
563
564
565
566
567
568
569
570
571
572
573
574
575
576
577
578
579
580
581
582
583
584
585
586
587
588
589
590
591
592
593
594
595
596
597
598
599
600
601
602
603
604
605
606
607
608
609
610
611
612
613
614
615
616
617
618
619
620
621
622
623
624
625
626
627
628
629
630
631
632
633
634
635
636
637
638
639
640
641
642
643
644
645
646
647
648
649
650
651
652
653
654
655
656
657
658
659
660
661
662
663
664
665
666
667
668
669
670
671
672
673
674
675
676
677
678
679
680
681
682
683
684
685
686
687
688
689
690
691
692
693
694
695
696
697
698
699
700
701
702
703
704
705
706
707
708
709
710
711
712
713
714
715
716
717
718
719
720
721
722
723
724
725
726
727
728
729
730
731
732
733
734
735
736
737
738
739
740
741
742
743
744
745
746
747
748
749
750
751
752
753
754
755
756
757
758
759
760
761
762
763
764
765
766
767
768
769
770
771
772
773
774
775
776
777
778
779
780
781
782
783
784
785
786
787
788
789
790
791
792
793
794
795
796
797
798
799
800
801
802
803
804
805
806
807
808
809
810
811
812
813
814
815
816
817
818
819
820
821
822
823
824
825
826
827
828
829
830
831
832
833
834
835
836
837
838
839
840
841
842
843
844
845
846
847
848
849
850
851
852
853
854
855
856
857
858
859
860
861
862
863
864
865
866
867
868
869
870
871
872
873
874
875
876
877
878
879
880
881
882
883
884
885
886
887
888
889
890
891
892
893
894
895
896
897
898
899
900
901
902
903
904
905
906
907
908
909
910
911
912
913
914
915
916
917
918
919
920
921
922
923
924
925
926
927
928
929
930
931
932
933
934
935
936
937
938
939
940
941
942
943
944
945
946
947
948
949
950
951
952
953
954
955
956
957
958
959
960
961
962
963
964
965
966
967
968
969
970
971
972
973
974
975
976
977
978
979
980
981
982
983
984
985
986
987
988
989
990
991
992
993
994
995
996
997
998
999
1000

- 1
2
3 monster have we created? *Qualitative Health Research*. 2017; 27:3–12. doi:10.1177/1049732317709010
4
5
6
7
8 Bronken, B. A., Kirkevold, M., Martinsen, R., & Kvigne, K. (2012). The aphasic storyteller:
9
10 coconstructing stories to promote psychosocial well-being after stroke. *Qualitative Health*
11
12 *Research*, 22, 1303-1316. doi:10.1177/1049732312450366
13
14 Canham, S. L. (2015). What's loneliness got to do with it? Older women who use benzodiazepines.
15
16 *Australasian Journal on Ageing*, 34, E7-E12. doi:10.1016/j.drugalcdep.2014.02.093
17
18 Carmona, C. F., Dias Couto, V. V., & Scorsolini-Comin, F. (2014). The experience of loneliness and
19
20 the social support to elderly women. *Psicologia em Estudo*, 19, 681-691. doi:10.1590/1413-
21
22 73722395510
23
24 Clancy, A., Balteskard, B., Perander, B., & Mahler, M. (2015). Older persons' narrations on falls and
25
26 falling-stories of courage and endurance. *International Journal of Qualitative Studies on*
27
28 *Health and Well-being*, 10. doi:10.3402/qhw.v10.26123
29
30 Clarke, D. J. (2013). Nursing practice in stroke rehabilitation: systematic review and meta-
31
32 ethnography. *Journal of Clinical Nursing*, 23, 1201-1226. doi:10.1111/jocn.12334
33
34 Cohen-Mansfield, J., Hazan, H., Lerman, Y., & Shalom, V. (2016). Correlates and predictors of
35
36 loneliness in older-adults: a review of quantitative results informed by qualitative insights.
37
38 *International Psychogeriatrics*, 28, 557-576. doi: 10.1017/s1041610215001532
39
40 Crone, D. M., O'Connell, E. E., Tyson, P. J., Clark-Stone, F., Opher, S., & James, D. V. B. (2012). 'It
41
42 helps me make sense of the world': the role of an art intervention for promoting health and
43
44 wellbeing in primary care—perspectives of patients, health professionals and artists. *Journal*
45
46 *of Public Health*, 20, 519-524. doi:10.1007/s10389-012-0495-x
47
48
49 Dahlberg, K. (2007). The enigmatic phenomenon of loneliness. *International Journal of Qualitative*
50
51 *Studies on Health and Well-being*, 2, 195-207. doi:10.1080/17482620701626117
52
53 Dahlberg, L., Andersson, L., McKee, K. J., & Lennartsson, C. (2015). Predictors of loneliness among
54
55 older women and men in Sweden: a national longitudinal study. *Aging & Mental Health*, 19,
56
57 409-417. doi:10.1080/13607863.2014.944091
58
59
60

- 1
2
3 Delmar, C. (2013). Beyond the drive to satisfy needs: in the context of health care. *Medisin, Health*
4
5 *Care and Philosophy, 16*, 141-149. doi:10.1007/s11019-011-9362-8
6
- 7 Dong, X., Chang, E., Wong, E., & Simon, M. (2012). Perception and negative effect of loneliness in a
8
9 Chikago Chinese population of older adults. *Archives of Gerontology and Geriatrics, 2012*,
10
11 151-159. doi:10.1016/j.archger.2011.04.022
12
- 13 Dong, X., & Chen, R. (2016). Gender differences in the experience of loneliness in U.S. Chinese
14
15 older adults. *Journal of Women & Aging, 29*, 115-125. doi:10.1080/08952841.2015.1080534
16
- 17 Drageset, J., Eide, G. E., & Ranhoff, A. H. (2013). Anxiety and depression among nursing home
18
19 residents without cognitive impairment. *Scandinavian Journal of Caring Sciences, 27*, 872-
20
21 881. doi:10.1111/j.1471-6712.2012.01095.x
22
- 23 Drageset, J., Kirkevold, M., & Espehaug, B. (2011). Loneliness and social support among nursing
24
25 home residents without cognitive impairment: a questionnaire survey. *International Journal*
26
27 *of Nursing Studies, 48*, 611-619. doi:10.1016/j.ijnurstu.2010.09.008
28
- 29 Dykstra, P. (2009). Older adult loneliness: myths and realities. *European Journal of Ageing, 6*, 91-
30
31 100. doi: 10.1007/s10433-009-0110-3
32
- 33 Dykstra, P. A., van Tilburg, T. G., & Gierveld, J. D. (2005). Changes in older adult loneliness: results
34
35 from a seven-year longitudinal study. *Research on Aging, 27*, 725-747.
36
37 doi:10.1177/0164027505279712
38
- 39 Ebrahimi, Z., Wilhelmson, K., Moore, C. D., & Jakobsson, A. (2012). Frail elders' experiences with
40
41 and perceptions of health. *Qualitative Health Research, 22*, 1513-1523.
42
43 doi:10.1177/1049732312457246
44
45
- 46 Eriksson, K. (1992). The alleviation of suffering -- the idea of caring. *Scandinavian Journal of Caring*
47
48 *Sciences, 6*, 119-123. doi:10.1111/j.1471-6712.1992.tb00134.x
49
- 50 Eriksson, K. (1995). *Det lidende menneske [The suffering human being]*. Oslo, Norway: TANO.
51
- 52 Eriksson, K. (1997). Understanding the world of the patient, the suffering human being: the new
53
54 clinical paradigm from nursing to caring. *Advanced Practice Nursing Quarterly, 3*, 8-13.
55
56
57
58
59
60

- 1
2
3 Fagerström, L. (2010). Positive life orientation -- an inner health resource among older people.
4
5 *Scandinavian Journal of Caring Sciences*, 24, 349-356. doi:10.1111/j.1471-
6
7 6712.2009.00728.x
8
- 9 France, E. F., Ring, N., Noyes, J., Maxwell, M., Jepson, R., Duncan, E., . . . Uny, I. (2015). Protocol-
10
11 developing meta-ethnography reporting guidelines (eMERGe). *BMC Medical Research*
12
13 *Methodology*, 15, 1-14. doi:10.1186/s12874-015-0068-0
14
- 15 Franck, L., Molyneux, N., Parkinson, L., & Franck, L. (2016). Systematic review of interventions
16
17 addressing social isolation and depression in aged care clients. *Quality of Life Research*, 25,
18
19 1395-1407. doi:10.1007/s11136-015-1197-y
20
21
- 22 Frank, A. W. (1995). *The wounded storyteller: body, illness, and ethics*. Chicago: University of
23
24 Chicago Press. doi:10.7208/chicago/9780226260037.001.0001
25
26
- 27 Gardiner, C., Geldenhuys, G., & Gott, M. (2016). Interventions to reduce social isolation and
28
29 loneliness among older people: an integrative review. *Health and Social Care in the*
30
31 *Community*. doi:10.1111/hsc.12367
32
- 33 Gill, S. D., Hogg, T., & Dolley, P. J. (2016). Loneliness during inpatient rehabilitation: results of a
34
35 qualitative study. *International Journal of Rehabilitation Research*, 39, 84-86.
36
37 doi:10.1097/mrr.000000000000139
38
- 39 Graneheim, U. H., & Lundman, B. (2010). Experiences of loneliness among the very old: the Umea
40
41 85+ project. *Aging & Mental Health*, 14, 433-438. doi:10.1080/13607860903586078
42
- 43 Hagan, R., Manktelow, R., Taylor, B. J., & Mallett, J. (2014). Reducing loneliness amongst older
44
45 people: a systematic search and narrative review. *Aging & Mental Health*, 18, 683-693.
46
47 doi:10.1080/13607863.2013.875122
48
- 49 Harris, G. M., Allen, R. S., Dunn, L., & Parmelee, P. (2013). "Trouble won't last always": religious
50
51 coping and meaning in the stress process. *Qualitative Health Research*, 23, 773-781.
52
53 doi:10.1177/1049732313482590
54
- 55 Hauge, S., & Kirkevold, M. (2010). Older Norwegians' understanding of loneliness. *International*
56
57 *Journal of Qualitative Studies on Health & Well-Being*, 5, 1-7. doi:10.3402/qhw.v5i1.4654
58
59
60

- 1
2
3 Hauge, S., & Kirkevold, M. (2012). Variations in older persons' descriptions of the burden of
4
5 loneliness. *Scandinavian Journal of Caring Sciences*, 26, 553-560. doi:10.1111/j.1471-
6
7 6712.2011.00965.x
8
- 9 Hayes, P. A. (2006). Home is where the health is: rethinking perspectives of informal and formal care
10
11 by older rural Appalachian women who live alone. *Qualitative Health Research*, 16, 282-297.
12
13 doi:10.1177/1049732305275629
14
- 15 Heidegger, M. (1927/2001). *Sein und Zeit. [Time and Being]*. Tübingen, Germany: Max Niemeyer
16
17 Verlag.
18
- 19 Heravi-Karimooi, M., Anoosheh, M., Foroughan, M., Sheykhi, T. S., & Hajizadeh, E. (2010).
20
21 Understanding loneliness in the lived experience of Iranian elders. *Scandinavian Journal of*
22
23 *Caring Sciences*, 24, 274-280. doi:10.1111/j.1471-6712.2009.00717.x
24
- 25 Heravi-Karimooi, M., Rejeh, N., Foroughan, M., & Vaismoradi, M. (2012). Experience of loneliness
26
27 in Iranian abused elders. *International Nursing Review*, 59, 139-145. doi:10.1111/j.1466-
28
29 7657.2011.00932.x
30
- 31 Holwerda, T. J., Deeg, D. J., Beekman, A. T., van Tilburg, T. G., Stek, M. L., Jonker, C., &
32
33 Schoevers, R. A. (2014). Feelings of loneliness, but not social isolation, predict dementia
34
35 onset: results from the Amsterdam study of the elderly (AMSTEL). *Journal of Neurology,*
36
37 *Neurosurgery & Psychiatry*, 85, 135-142. doi:10.1136/jnnp-2012-302755
38
- 39 Jakobsson, U., & Hallberg, I. R. (2005). Loneliness, fear, and quality of life among elderly in Sweden:
40
41 a gender perspective. *Aging Clinical and Experimental Research*, 17(6), 494-501.
42
43 doi:10.1007/bf03327417
44
- 45 Jonsén, E., Norberg, A., & Lundman, B. (2015). Sense of meaning in life among the oldest old people
46
47 living in a rural area in northern Sweden. *International Journal of Older People Nursing*, 10,
48
49 221-229. doi:10.1111/opn.12077
50
- 51 Kirkevold, M., Moyle, W., Wilkinson, C., Meyer, J., & Hauge, S. (2013). Facing the challenge of
52
53 adapting to a life 'alone' in old age: the influence of losses. *Journal of Advanced Nursing*, 69,
54
55 394-403. doi:10.1111/j.1365-2648.2012.06018.x
56
57
58
59
60

- 1
2
3 Kvaal, K., Halding, A. G., & Kvigne, K. (2014). Social provision and loneliness among older people
4 suffering from chronic physical illness. A mixed-methods approach. *Scandinavian Journal of*
5 *Caring Sciences*, 28, 104-111. doi:10.1111/scs.12041
6
7
8
9 Luanaigh, C. O., & Lawlor, B. A. (2008). Loneliness and the health of older people. *International*
10 *Journal of Geriatric Psychiatry*, 23, 1213-1221. doi:10.1002/gps.2054
11
12
13 Luhmann, M., & Hawkey, L. C. (2016). Age differences in loneliness from late adolescence to oldest
14 old age. *Developmental Psychology*, 52, 943-959. doi:10.1037/dev0000117
15
16
17 Lundgren, I., Begley, C., Gross, M. M., & Bondas, T. (2012). 'Groping through the fog': a
18 metasynthesis of women's experiences on VBAC (Vaginal birth after Caesarean section).
19 *BMC Pregnancy & Childbirth*, 12, Article 85. doi:10.1186/1471-2393-12-85
20
21
22
23 Luo, Y., Hawkey, L. C., Waite, L. J., & Cacioppo, J. T. (2012). Loneliness, health, and mortality in
24 old age: a national longitudinal study. *Social Science & Medicine*, 74, 907-914.
25
26
27 doi:10.1016/j.socscimed.2011.11.028
28
29
30 Magnussen, I.-L., Bondas, T., & Alteren, J. (2017). Sanssehagens betydning for dannelsen av
31 «nærhetsrommet» - aksjonsforskning i sykehjem [The significance of a sensory garden in the
32 formation of the “room of closeness” – action research in a nursing home]. *Klinisk Sygepleje*,
33 31(02), 96-113. doi:10.18261/issn.1903-2285-2017-02-03
34
35
36
37 Manning, L. K. (2013). Navigating hardships in old age: exploring the relationship between
38 spirituality and resilience in later life. *Qualitative Health Research*, 23, 568-575.
39
40
41
42 doi:10.1177/1049732312471730
43
44
45 McCabe, L., Greasley-Adams, C., & Goodson, K. (2015). ‘What I want to do is get half a dozen of
46 them and go and see Simon Cowell’: reflecting on participation and outcomes for people with
47 dementia taking part in a creative musical project. *Dementia*, 14, 734-750.
48
49
50
51 doi:10.1177/1471301213508128
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100
101
102
103
104
105
106
107
108
109
110
111
112
113
114
115
116
117
118
119
120
121
122
123
124
125
126
127
128
129
130
131
132
133
134
135
136
137
138
139
140
141
142
143
144
145
146
147
148
149
150
151
152
153
154
155
156
157
158
159
160
161
162
163
164
165
166
167
168
169
170
171
172
173
174
175
176
177
178
179
180
181
182
183
184
185
186
187
188
189
190
191
192
193
194
195
196
197
198
199
200
201
202
203
204
205
206
207
208
209
210
211
212
213
214
215
216
217
218
219
220
221
222
223
224
225
226
227
228
229
230
231
232
233
234
235
236
237
238
239
240
241
242
243
244
245
246
247
248
249
250
251
252
253
254
255
256
257
258
259
260
261
262
263
264
265
266
267
268
269
270
271
272
273
274
275
276
277
278
279
280
281
282
283
284
285
286
287
288
289
290
291
292
293
294
295
296
297
298
299
300
301
302
303
304
305
306
307
308
309
310
311
312
313
314
315
316
317
318
319
320
321
322
323
324
325
326
327
328
329
330
331
332
333
334
335
336
337
338
339
340
341
342
343
344
345
346
347
348
349
350
351
352
353
354
355
356
357
358
359
360
361
362
363
364
365
366
367
368
369
370
371
372
373
374
375
376
377
378
379
380
381
382
383
384
385
386
387
388
389
390
391
392
393
394
395
396
397
398
399
400
401
402
403
404
405
406
407
408
409
410
411
412
413
414
415
416
417
418
419
420
421
422
423
424
425
426
427
428
429
430
431
432
433
434
435
436
437
438
439
440
441
442
443
444
445
446
447
448
449
450
451
452
453
454
455
456
457
458
459
460
461
462
463
464
465
466
467
468
469
470
471
472
473
474
475
476
477
478
479
480
481
482
483
484
485
486
487
488
489
490
491
492
493
494
495
496
497
498
499
500
501
502
503
504
505
506
507
508
509
510
511
512
513
514
515
516
517
518
519
520
521
522
523
524
525
526
527
528
529
530
531
532
533
534
535
536
537
538
539
540
541
542
543
544
545
546
547
548
549
550
551
552
553
554
555
556
557
558
559
560
561
562
563
564
565
566
567
568
569
570
571
572
573
574
575
576
577
578
579
580
581
582
583
584
585
586
587
588
589
590
591
592
593
594
595
596
597
598
599
600
601
602
603
604
605
606
607
608
609
610
611
612
613
614
615
616
617
618
619
620
621
622
623
624
625
626
627
628
629
630
631
632
633
634
635
636
637
638
639
640
641
642
643
644
645
646
647
648
649
650
651
652
653
654
655
656
657
658
659
660
661
662
663
664
665
666
667
668
669
670
671
672
673
674
675
676
677
678
679
680
681
682
683
684
685
686
687
688
689
690
691
692
693
694
695
696
697
698
699
700
701
702
703
704
705
706
707
708
709
710
711
712
713
714
715
716
717
718
719
720
721
722
723
724
725
726
727
728
729
730
731
732
733
734
735
736
737
738
739
740
741
742
743
744
745
746
747
748
749
750
751
752
753
754
755
756
757
758
759
760
761
762
763
764
765
766
767
768
769
770
771
772
773
774
775
776
777
778
779
780
781
782
783
784
785
786
787
788
789
790
791
792
793
794
795
796
797
798
799
800
801
802
803
804
805
806
807
808
809
810
811
812
813
814
815
816
817
818
819
820
821
822
823
824
825
826
827
828
829
830
831
832
833
834
835
836
837
838
839
840
841
842
843
844
845
846
847
848
849
850
851
852
853
854
855
856
857
858
859
860
861
862
863
864
865
866
867
868
869
870
871
872
873
874
875
876
877
878
879
880
881
882
883
884
885
886
887
888
889
890
891
892
893
894
895
896
897
898
899
900
901
902
903
904
905
906
907
908
909
910
911
912
913
914
915
916
917
918
919
920
921
922
923
924
925
926
927
928
929
930
931
932
933
934
935
936
937
938
939
940
941
942
943
944
945
946
947
948
949
950
951
952
953
954
955
956
957
958
959
960
961
962
963
964
965
966
967
968
969
970
971
972
973
974
975
976
977
978
979
980
981
982
983
984
985
986
987
988
989
990
991
992
993
994
995
996
997
998
999
1000

- 1
2
3 Miles, M. S., Isler, M. R., Banks, B. B., Sengupta, S., & Corbie-Smith, G. (2011). Silent endurance
4 and profound loneliness: socioemotional suffering in African Americans living with HIV in
5 the rural south. *Qualitative Health Research, 21*, 489-501. doi:10.1177/1049732310387935
6
7
8
9 Moum, L. (2016). Livsglede for eldre [Joy of life for older people]. *Sykepleien [Nursing]*. Retrieved
10 from <https://sykepleien.no/meninger/innsjill/2016/09/livsglede-eldre>
11
12
13 Moustakas, C. (1972). *Loneliness and love*. Englewood Cliffs, N.J: Prentice-Hall.
14
15
16 Nicholson, N. R. (2012). A review of social isolation: an important but underassessed condition in
17 older adults. *Journal of Primary Prevention, 33*(2/3), 137-152.
18
19 doi:10.1177/1471301213508128
20
21 Nicolaisen, M., & Thorsen, K. (2014). Loneliness among men and women--a five-year follow-up
22 study. *Aging & Mental Health, 18*, 194-206. doi:10.1080/13607863.2013.821457
23
24
25 Nilsson, B., Lindström, U., & Nåden, D. (2006). Is loneliness a psychological dysfunction? A literary
26 study of the phenomenon of loneliness. *Scandinavian Journal of Caring Sciences, 20*, 93-101.
27
28 doi:10.1111/j.1471-6712.2006.00386.x
29
30
31 Noblit, G. W., & Hare, R. D. (1988). *Meta-ethnography: synthesizing qualitative studies*. Newbury
32 Park, Calif.: Sage Publications. doi:10.4135/9781412985000
33
34
35
36 Nygren, B., Norberg, A., & Lundman, B. (2007). Inner strength as disclosed in narratives of the oldest
37 old. *Qualitative Health Research, 17*, 1060-1073. doi:10.1177/1049732307306922
38
39
40 Nyqvist, F., Cattan, M., Andersson, L., Forsman, A. K., & Gustafson, Y. (2013). Social capital and
41 loneliness among the very old living at home and in institutional settings: a comparative
42 study. *Journal of Aging & Health, 25*, 1013-1035. doi:10.1177/0898264313497508
43
44
45
46 Papageorgiou, N., Marquis, R., & Dare, J. (2016). Identifying the enablers and barriers to community
47 participation amongst older adults. *British Journal of Occupational Therapy, 79*(12), 742-
48 751. doi:10.1177/0308022616656195
49
50
51
52 Paterson, B., Thorne, S., Canam, C., & Jillings, C. (2001). *Meta-study of qualitative health research:
53 a practical guide to meta-analysis and meta-synthesis*. Thousand Oaks, California: Sage.
54
55
56 doi:10.4135/9781412985017
57
58
59
60

- 1
2
3 Peerenboom, L., Collard, R., Naarding, P., & Comijs, H. (2015). The association between depression
4 and emotional and social loneliness in older persons and the influence of social support,
5 cognitive functioning and personality: a cross-sectional study. *Journal of Affective Disorders*,
6 182, 26-31. doi:10.1016/j.jad.2015.04.033
7
8
9
10
11 Peplau, L. A., & Perlman, D. (1982). *Loneliness: a sourcebook of current theory, research and*
12 *therapy*. New York: Wiley. doi:10.2307/2068915
13
14
15 Perissinotto, C. M., Stijacic Cenzer, I., & Covinsky, K. E. (2012). Loneliness in older persons: a
16 predictor of functional decline and death. *Archives of Internal Medicine*, 172, 1078-1084.
17 doi:10.1001/archinternmed.2012.1993
18
19
20
21 Petite, T., Mallow, J., Barnes, E., Petrone, A., Barr, T., & Theeke, L. (2015). A systematic review of
22 loneliness and common chronic physical conditions in adults. *The Open Psychology Journal*,
23 8, 113-132. doi:10.2174/1874350101508010113
24
25
26
27 Pikhartova, J., Bowling, A., & Victor, C. (2016). Is loneliness in later life a self-fulfilling prophecy?
28 *Aging & Mental Health*, 20, 543-549. doi:10.1080/13607863.2015.1023767
29
30
31 Pinguart, M. (2002). Creating and maintaining purpose in life in old age: a meta-analysis. *Ageing*
32 *International*, 27, 90-114. doi:10.1007/s12126-002-1004-2
33
34
35 Pinguart, M., & Sorensen, S. (2001). Influences on loneliness in older adults: a meta-analysis. *Basic*
36 *and Applied Social Psychology*, 23, 245-266. doi:10.1207/s15324834basp2304_2
37
38
39 Pronk, M., Deeg, D. J., & Kramer, S. E. (2013). Hearing status in older persons: a significant
40 determinant of depression and loneliness? Results from the longitudinal aging study
41 Amsterdam. *American Journal of Audiology*, 22, 316-320. doi:10.1044/1059-0889(2013)12-
42 0069)
43
44
45
46
47 Rokach, A. (2000). Loneliness and the life cycle. *Psychological Reports*, 86, 629-642.
48 doi:10.2466/pr0.86.2.629-642
49
50
51 Rokach, A. (2011). Loneliness and life: from beginning to end. In S. Bevinn (Ed.), *Psychology of*
52 *loneliness* (pp. 69-88). Hauppauge, New York: Nova.
53
54
55
56 Rokach, A., & Bacanli, H. (2001). The experience of loneliness in Canada, Argentina, and Turkey.
57 *Psychological Studies*, 46, 77-87.
58
59
60

- 1
2
3 Rokach, A., Orzeck, T., & Neto, F. (2004). Coping with loneliness in old age: a cross-cultural
4
5 comparison. *Current Psychology*, 23, 124-137. doi:10.1007/bf02903073
6
- 7 Roos, V., & Klopper, H. (2010). Older persons' experiences of loneliness: a South African
8
9 perspective. *Journal of Psychology in Africa*, 20, 281-289.
10
11 doi:10.1080/14330237.2010.10820377
12
- 13 Roos, V., & Malan, L. (2012). The role of context and the interpersonal experience of loneliness
14
15 among older people in a residential care facility. *Global Health Action*, 5, Article 18861.
16
17 doi:10.3402/gha.v5i0.18861
18
- 19 Sandelowski, M., & Barroso, J. (2007). *Handbook for synthesizing qualitative research*. New York:
20
21 Springer.
22
- 23 Savikko, N., Routasalo, P., Tilvis, R., Strandberg, T., & Pitkala, K. (2005). Predictors and subjective
24
25 causes of loneliness in an aged population. *Archives of Gerontology and Geriatrics*, 41, 223-
26
27 233. doi:10.1016/j.archger.2005.03.002
28
- 29 Scott, K., & Debrew, J. K. (2009). Helping older adults find meaning and purpose through
30
31 storytelling. *Journal of Gerontological Nursing*, 35, 38-43. doi:10.3928/00989134-20091103-
32
33 03
34
- 35 Slama, C., & Bergman-Evans, B. (2000). A troubling triangle: an exploration of loneliness,
36
37 helplessness, and boredom of residents of a veterans home. *Journal of Psychosocial Nursing*
38
39 *and Mental Health Services*, 38, 36-43. doi:10.3928/0279-3695-20001201-10
40
- 41 Slettebø, Å. (2008). Safe, but lonely: living in a nursing home. *Vård i Norden*, 28, 22-25.
42
43 doi:10.1177/010740830802800106
44
- 45 Smith, J. M. (2012). Toward a better understanding of loneliness in community-dwelling older adults.
46
47 *Journal of Psychology*, 146, 293-311. doi:10.1080/00223980.2011.602132
48
- 49 Smith, M. J., & Liehr, P. (2005). Story theory: advancing nursing practice scholarship. *Holistic*
50
51 *Nursing Practice*, 19(6), 272. doi:10.1097/00004650-200511000-00008
52
- 53 Stanley, M., Moyle, W., Ballantyne, A., Jaworski, K., Corlis, M., Oxlade, D., . . . Young, B. (2010).
54
55 'Nowadays you don't even see your neighbours': loneliness in the everyday lives of older
56
57
58
59
60

- 1
2
3 Australians. *Health & Social Care in the Community*, 18, 407-414. doi:10.1111/j.1365-
4
5 2524.2010.00923.x
6
7 Stein, J. Y., & Tuval-Mashiach, R. (2015). Loneliness and isolation in life-stories of Israeli veterans
8
9 of combat and captivity. *Psychological Trauma: Theory, Research, Practice, and Policy*, 7,
10
11 122-130. doi:10.1037/a0036936
12
13 Stickley, A., & Koyanagi, A. (2016). Loneliness, common mental disorders and suicidal behavior:
14
15 findings from a general population survey. *Journal of Affective Disorders*, 197, 81-87.
16
17 doi:10.1016/j.jad.2016.02.054
18
19 Taube, E., Jakobsson, U., Midlov, P., & Kristensson, J. (2016). Being in a bubble: the experience of
20
21 loneliness among frail older people. *Journal of Advanced Nursing*, 72, 631-640.
22
23 doi:10.1111/jan.12853
24
25 Taube, E., Kristensson, J., Sandberg, M., Midlöv, P., & Jakobsson, U. (2015). Loneliness and health
26
27 care consumption among older people. *Scandinavian Journal of Caring Sciences*, 29, 435-
28
29 443. doi:10.1111/scs.12147
30
31 Theeke, L. A. (2013). Older people who report loneliness have increased risk of mortality and
32
33 functional decline. *Evidence-Based Nursing*, 16, 95. doi:10.1136/eb-2012-101052
34
35 Theeke, L. A., & Mallow, J. A. (2015). The development of LISTEN: a novel intervention for
36
37 loneliness. *Open Journal of Nursing*, 5(2), 136-143. doi:10.4236/ojn.2015.52016
38
39 Theeke, L. A., Mallow, J., Gianni, C., Legg, K., & Glass, C. (2015). The experience of older women
40
41 living with loneliness and chronic conditions in Appalachia. *Journal of Rural Mental Health*,
42
43 39, 61-72. doi:10.1037/rmh0000029
44
45 Thorne, S. (2017a). Metasynthetic madness: what kind of monster have we created? *Qualitative*
46
47 *Health Research*, 27, 3-12, doi:10.1177/1049732316679370.
48
49
50 Thorne, S. (2017b). Advancing the field of synthesis scholarship: a response to Nicky Britten and
51
52 colleagues...Thorne S. Metasynthetic madness: what kind of monster have we created?
53
54 Qualitative Health Research. 2017;27:3-12. *Qualitative Health Research*, 27, 1377-1379.
55
56 doi:10.1177/1049732317711902
57
58
59
60

- 1
2
3 Thorne, S., Jensen, L., Kearney, M., Noblit, G., & Sandelowski, M. (2004). Qualitative
4
5 metanalysis. Reflections on methodological orientation and ideological agenda. *Qualitative*
6
7 *Health Research*, 14, 1342-1365. doi:10.1177/1049732304269888
8
- 9 Tillich, P. (1980). Loneliness and solitude. In J. Hartog, R. J. Audy, & Y. A. Cohen (Eds.), *The*
10
11 *anatomy of loneliness* (pp. 547-553). New York: International Universities Press.
12
- 13
14 Tillich, P. (2014). *The courage to be*. New York: Yale University Press.
15
- 16 Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research
17
18 (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for*
19
20 *Quality in Health Care*, 19(6), 349-357. doi:10.1093/intqhc/mzm042
21
- 22 Tornstam, L. (2005). *Gerotranscendence: a developmental theory of positive aging*. New York:
23
24 Springer.
25
- 26 Tse, M. M. Y. (2010). Therapeutic effects of an indoor gardening programme for older people living
27
28 in nursing homes. *Journal of Clinical Nursing*, 19(7-8), 949-958. doi:10.1111/j.1365-
29
30 2702.2009.02803.x
31
- 32
33 Tøien, M., Bjørk, I. T., & Fagerström, L. (2015). Older users' perspectives on the benefits of
34
35 preventive home visits. *Qualitative Health Research*, 25, 700-712.
36
37 doi:10.1177/1049732314553595
38
- 39 Vaismoradi, M., Wang, I.-L., Bondas, T., & Turunen, H. (2016). Older people's experiences of care in
40
41 nursing homes: a meta-synthesis. *International Nursing Review*, 63, 111-121.
42
43 doi:10.1111/inr.12232
44
- 45 Van Der Geest, S. (2004). "They don't come to listen": the experience of loneliness among older
46
47 people in Kwahu, Ghana. *Journal of cross-cultural gerontology*, 19, 77-96.
48
49 doi:10.1023/b:jccg.0000027846.67305.f0
50
- 51 van Staden, W., & Coetzee, K. (2010). Conceptual relations between loneliness and culture. *Current*
52
53 *Opinion in Psychiatry*, 23, 524-529. doi:10.1097/yco.0b013e32833f2ff9
54
55
56
57
58
59
60

1
2
3 Victor, C., Scambler, S., Bond, J., & Bowling, A. (2000). Being alone in later life: loneliness, social
4 isolation and living alone. *Reviews in Clinical Gerontology, 10*, 407-417.

5
6
7 doi:10.1017/s0959259800104101

8
9 Victor, C., Scambler, S., & Bowling, A. (2008). *Social world of older people: understanding*
10
11 *loneliness and social isolation in later life*. Berkshire, GB: Open University Press.

12
13 Weiss, R. S., Riesman, D., & Bowlby, J. (1973). *Loneliness: the experience of emotional and social*
14
15 *isolation*. Cambridge, Mass: The MIT Press.

16
17 Wright-St Clair, V. A., Neville, S., Forsyth, V., White, L., & Napier, S. (2017). Integrative review of
18
19 older adult loneliness and social isolation in Aotearoa/New Zealand. *Australasian Journal on*
20
21 *Ageing*. doi:10.1111/ajag.12379

22
23 Zakrajsek, A. G., Schuster, E., Guenther, D., & Lorenz, K. (2013). Exploring older adult care
24
25 transitions from hospital to home: a participatory action research project. *Physical &*
26
27 *Occupational Therapy in Geriatrics, 31*(4), 328-344. doi:10.3109/02703181.2013.825362

Figure 1, Flow chart of the search and inclusion process

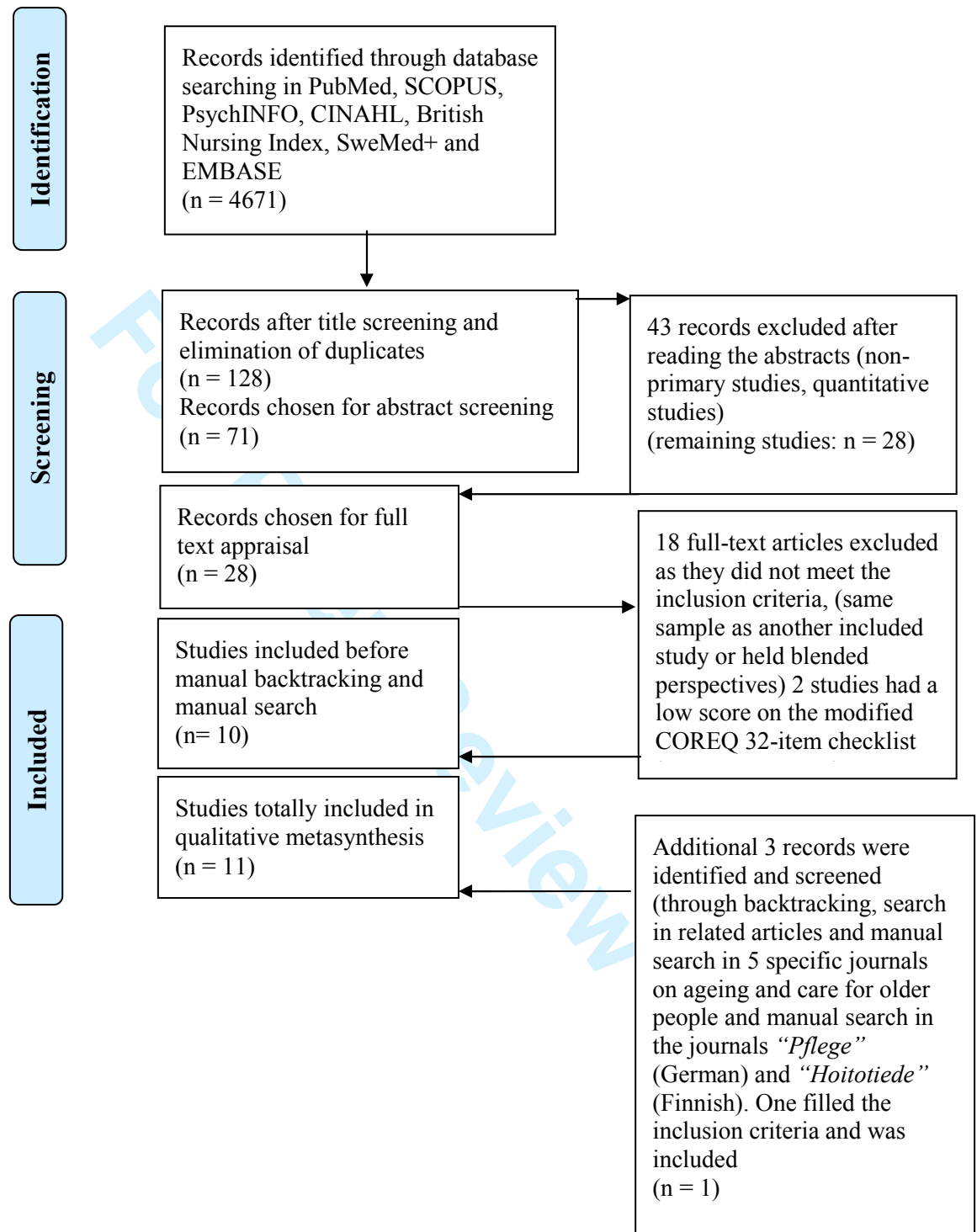


Table 1, Description of the included studies and quality assessment score

Author, Year, Country	Aim/objective/purpose	Sample	Context	Method	Results	Quality assessment score (modified COREQ 32)
1) McInnis & White (2001) Canada	To explore the essential elements of the lived experience of loneliness for the elderly living in the community, and to describe the meaning made of this phenomenon by the person experiencing it	20 old adults (17 women, 3 men), most aged >75 Interviews	Community dwelling older adults	Phenomenology	Five themes: the fracture of important relationships; response to the pain accompanying the perceived ending of a relationship; ways of coping; anxiety, fear, sadness and dependence; silent suffering	33
2) Graneheim & Lundman (2010) Sweden	To elucidate experiences of loneliness among the very old who live alone	30 oldest old adults (23 women, 7 men) aged 85-103	Community dwelling or living in their own apartments in houses for older people	Qualitative content analysis	Four themes: living with losses, feeling abandoned; living in confidence; feeling free (15 sub-themes)	29
3) Heravi-Karimooi et al. (2010) Iran	To explore the lived experiences of loneliness of Iranian elderly people	13 old adults (9 women, 4 men), aged 65 or >65	Community dwelling older adults living in their own houses	Hermeneutic phenomenology	Four essential themes: an aversive emotional state; isolated from intimate relationships; being deprived of a social and external support system; being abused and neglected	33
4) Roos & Klopper (2010) South Africa	To explore and describe older persons' subjective experiences of loneliness	31 (28 women, 3 men) mean age 74.26	Living in their own homes in a retirement village, in residential care facilities or with their children	Descriptive phenomenology	Three main themes: expressions of loneliness; contributing factors of loneliness; coping with loneliness (10 sub-themes)	30
5) Stanley et al. (2010) Australia	To understand the perceptions of loneliness held by both older people	60 older adults aged >67 (40 women, 20 men)	Living in long term care facilities, independent living	Descriptive, exploratory, thematic analysis	Five dimensions describe loneliness as: private; relational; connectedness;	34

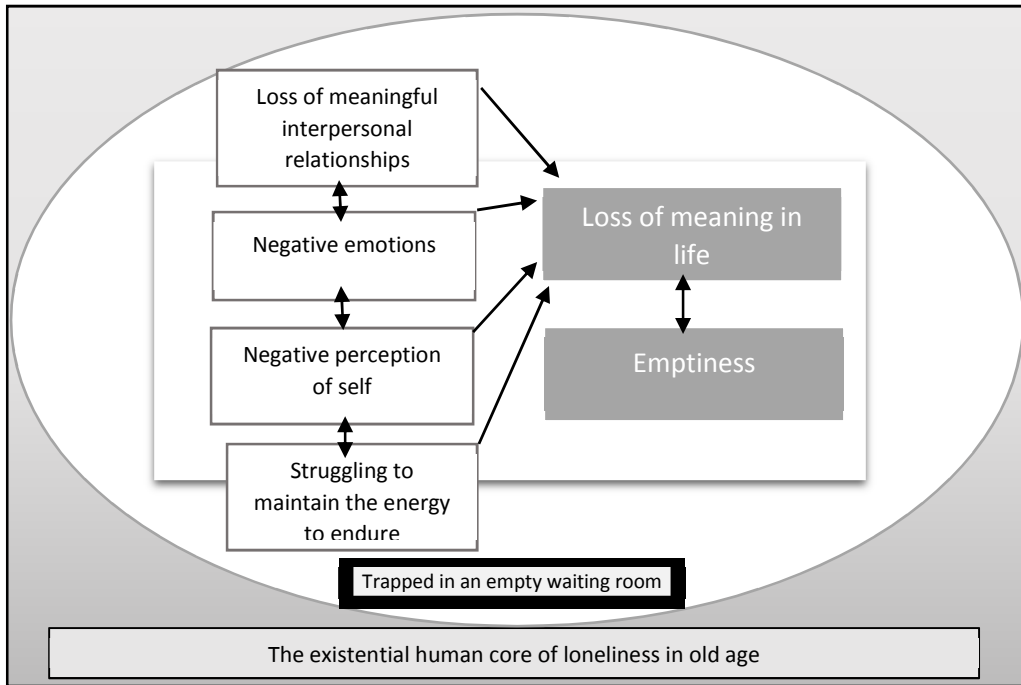
	and those who provide services and support to them		units, community dwelling, receiving various levels of support		temporal; re-adjustment	
6) Hauge & Kirkevold (2012) Norway	To investigate how older people experience and deal with loneliness	12 older adults >70 (10 women, 2 men)	Living in private homes, nursing homes, independent living units	Hermeneutics	Variations in the burden of loneliness: manageable loneliness; agonizing loneliness	32
7) Roos & Malan (2012) South Africa	To explore older people's experiences of loneliness in the context of institutionalized care	10 older persons (7 women, 3 men), aged >62	Living in an economically deprived residential care facility with limited health and financial resources	Mmogo-method (participants' visual representations were discussed with the researchers) Thematic analysis	Two main themes: experiences of relationships (sub-themes: experiences of interactions, preferred interpersonal styles); relationships in the context of the residential care facility (sub-themes: unsafe, lacking care, non-stimulating environment)	34
8) Smith (2012) US	To explore the meaning of loneliness in community-dwelling older adults and to understand their daily practices in coping with loneliness	12 older adults (8 women, 4 men), aged >74	Community dwelling	Interpretive phenomenology	Two main areas of findings: disrupted meaningful engagement with others due to various age-related changes; coping practices	32
9) Kvaal et al. (2014) Norway	To describe and compare the perceived social provision for a group never feeling lonely with a group reporting feeling lonely (quantitative part) and to explore the meaning of loneliness (qualitative part)	76 (51 women, 25 men), aged >65, with chronic physical conditions	Recently admitted to geriatric wards	Qualitative content analysis	Main theme: 'Confined with emptiness and negative emotions' (11 subthemes: sadness, anxiety, anger, guilt, left alone, confined, useless, emptiness, boredom, vacuum, potential for change)	33
10) Theeke et al. (2015) US	To explore the experience of living with loneliness and multiple chronic	14 older women, mean age 74.4 years, with chronic	Community dwelling	Phenomenology, story theory thematic content	Four categories (including 13 themes): negative emotions; positive emotions when not	37

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49

	conditions for rural older women in Appalachia	physical conditions		analysis	lonely; loss of independence; ways of managing loneliness	
11 Taube et al. (2016) Sweden	To explore the experience of loneliness among frail older people living at home	12 older people (10 women, 2 men), aged 68-88	Living at home, in need of assistance, hospital admissions last year	Qualitative content analysis	Overall theme: 'Being in a bubble' with 3 sub-themes: barriers; hopelessness; freedom	37

For Peer Review

Figure 2, The metaphor



er Review