



An investigation of the relationship of loneliness of the hospitalized patient to continuity of contact by nursing personnel
by Marlene Ellen Tracy

A thesis submitted to the Graduate Faculty in partial fulfillment of the requirements for the degree of
MASTER OF NURSING
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Abstract:

The purpose of this study was to determine implications for nursing about a specific problem area in nurse-patient relationships in the hospital. The specific problem area dealt with in this study was the experience of loneliness of the hospitalized patient. The relationship between continuity of contact by nurses and feelings of loneliness of the hospitalized patient was investigated.

To study this problem it was necessary to: (1) evaluate nursing staffing policies to determine if hospitals provided for continuity of contact between nurses and patients; (2) determine if patients experience feelings of loneliness while hospitalized; (3) determine if patients are able to identify continuity of contact by nurses; (4) determine if patients are able to, identify and express their feelings of loneliness while hospitalized; and (5) identify those instances in which patient loneliness occurs in the presence of continuity of hospital staffing.

A Patient Opinionnaire, developed for the study in a manner similar to the Q-sort technique, was administered to sixty-four medical-surgical patients in five general hospitals in Montana. The sample of patients was chosen by means of a modified, selected sampling procedure. An interview with patients, on their feelings of loneliness while hospitalized, followed the opinionnaire.

A questionnaire was completed by head nurses on seventeen hospital wards where patients were tested in the five hospitals. The purpose of the nursing questionnaire was to determine types of nursing in operation in the five hospitals, the method of staffing ---- regular nursing staff on the wards or frequent use of float nurses for staffing purposes ---, and to determine if continuity of nursing contact was provided for patients.

The Patient Opinonnaires were analyzed to determine the amount of discrepancy between the patients' ideal opinion of hospitalization and their actual hospital experience .

Results of this study indicate that patients do experience feelings of loneliness while hospitalized and that there was a relationship between continuity of contact by nurses and the patients' experience of loneliness. The crucial aspect of the relationship between continuity of contact and loneliness was the quality of contact between nurses and patients. Verbatim responses of patients to questions of loneliness, included in the study, implied the need for nurses to resensitize themselves to patients' emotional needs and become more actively involved with hospital patients.

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AN INVESTIGATION OF THE RELATIONSHIP OF LONELINESS
OF THE HOSPITALIZED PATIENT TO CONTINUITY
OF CONTACT BY NURSING PERSONNEL

by

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A thesis submitted to the Graduate Faculty in partial
fulfillment of the requirements for the degree:

of

MASTER OF NURSING

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June, 1974

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In cherished and loving memory to

Mother

and

Daddy,

and my friends,

Eileen Sahinen

and

Coral Collins

And there are those who have little
and give it all.

These are the believers in life and the
bounty of life, and their coffer is never empty.

There are those who give with joy,
and that joy is their reward.

And there are those who give with pain,
and that pain is their baptism.

And there are those who give and know not
pain in giving, nor do they seek joy, nor give
with mindfulness of virtue;

They give as in yonder valley the myrtle
breathes its fragrance into space.

Through the hands of such as these God
speaks, and from behind their eyes He smiles
upon the earth.

Kahlil Gibran, The Prophet

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ABSTRACT

The purpose of this study was to determine implications for nursing about a specific problem area in nurse-patient relationships in the hospital. The specific problem area dealt with in this study was the experience of loneliness of the hospitalized patient. The relationship between continuity of contact by nurses and feelings of loneliness of the hospitalized patient was investigated.

To study this problem it was necessary to: (1) evaluate nursing staffing policies to determine if hospitals provided for continuity of contact between nurses and patients; (2) determine if patients experience feelings of loneliness while hospitalized; (3) determine if patients are able to identify continuity of contact by nurses; (4) determine if patients are able to identify and express their feelings of loneliness while hospitalized; and (5) identify those instances in which patient loneliness occurs in the presence of continuity of hospital staffing.

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Results of this study indicate that patients do experience feelings of loneliness while hospitalized and that there was a relationship between continuity of contact by nurses and the patients' experience of loneliness. The crucial aspect of the relationship between continuity of contact and loneliness was the quality of contact between nurses and patients. Verbatim responses of patients to questions of loneliness, included in the study, implied the need for nurses to resensitize themselves to patients' emotional needs and become more actively involved with hospital patients.

CHAPTER I
INTRODUCTION

The hospitalized patient of today receives nursing care from several different members of the nursing staff each day. Because of this fragmentation of nursing care services, nurses frequently have less than adequate knowledge about their patients. However, the traditional characterization of professional practice is the one-to-one client-professional relationship.¹

The investigator of this study believes the nurse-patient relationship, then, as a professional relationship should be characterized as a one-to-one helping relationship. Carl Rogers defines a helping relationship as one in which "at least one of the parties has the intent of promoting the growth, development, maturity, improved functioning, improved coping with the life of the other".²

Rogers further expresses that being helpful to another requires an ability to understand meanings and feelings -- essentially a desire to understand. A sensitivity to

¹Marie Manthey, et. al, "Primary Nursing", Nursing Forum, Vol. IX, No. 1, (1970), p. 65.

²Carl Rogers, "The Characteristics of a Helping Relationship", Personnel and Guidance Journal, Vol. XXVII, (September, 1958), p. 6.

attitudes, a warm interest without emotional over-involvement and the way in which attitudes are perceived by the person being helped are the crucial aspects of a helping relationship.³

The researcher believes that in order for any one-to-one relationship, and in particular a nurse-patient helping relationship, to exist, there must also be a consistency or continuity of contact between the individuals involved in the relationship. Nursing care services become fragmented and inconsistent for many reasons, among which are the alternating of nursing personnel from team to team on the same ward, the rotation of nursing personnel from ward to ward, because, in many instances, hospitals are staffed from a "float pool", or even because of impersonalization on the part of nurses. The hospital's particular approach to nursing care can also influence fragmentation. The functional approach to nursing employs a task approach to nursing care services in which a separate nurse is utilized for each nursing care function, or task. The functional approach to nursing care, then, employs a nurse who is in charge, a nurse who distributes medications

³Ibid.

and a nurse who performs the "treatments" or nursing care procedures for an entire ward or hospital unit. The medicine nurse and treatment nurse may be the same person. The team approach to nursing care divides a hospital ward into "teams". Each team employs a team leader who is responsible for the nursing care of the patients assigned to that team. The team leader may also be responsible for medications and nursing care procedures, or another nurse, perhaps a Licensed Practical Nurse, may perform the duties of distributing medications and carrying out nursing care procedures.

In some hospitals a combination of both functional and team nursing is employed; for example, team nursing may be in operation during the day time and functional nursing in operation during the evening hours. Both approaches are then complemented by auxiliary personnel of Licensed Practical Nurses, nursing assistants and aides.

In addition, there are also inhalation therapists tending machines, laboratory personnel, X-ray technicians, dietary personnel, and many others who come and go in a patients room every day.

Patient care, and even the patient himself suffers because of this lack of continuity of contact by nursing personnel and others. The hospitalized patient, removed

from his familiar environment, separated from friends and family can become bewildered and lost in the flow of traffic which enters and leaves his hospital room each day. Unless he has some continuity of contact, someone to whom he can relate and express himself, the patient will experience alienation and loneliness.

Hospital workers must often wonder how patients can possibly be lonely when one person after another is running in and out of their rooms. Patients testify, however, that the almost endless number of persons and their continued 'running' do little to allay loneliness and often accentuate it.⁴

Many of the complaints of the "demanding patient" which perplex nurses can be a result of the pain of loneliness.

Few people realize that loneliness can bring sheer physical pain. Few realize how terribly dependent they are on the closeness of another person . . . The aching throat, the recurring headaches, the churning early morning stomach, the painful back, the iron band around the ribs -- these are part of loneliness⁵

⁴Esther Lucile Brown, Newer Dimensions of Patient Care, Part I, (New York: Russell Sage Foundations, 1961), p. 22.

⁵Angela Reed, The Woman on the Verge of Divorce, (London: Thomas Nelson and Sons, Limited, 1970), p. 51

Loneliness and its accompanying feelings of alienation and intense anxiety have no therapeutic effects. This study is concerned with the therapeutic effects of the interpersonal relationships of the patient and the nurse, and in particular the effects of a lack of continuity of contact by nursing personnel and its relationship to patient loneliness.

STATEMENT OF THE PROBLEM

The problem of this study was to determine the relationship between continuity of contact by nursing personnel and feelings of loneliness and alienation in the hospitalized patient.

PURPOSES OF THE STUDY

The purposes of this study were: 1) To evaluate nursing staffing policies in five general hospitals to determine if these hospitals provide for continuity of contact between nurses and patients; 2) To determine if medical-surgical patients in five general hospitals experience feelings of loneliness while hospitalized; 3) To determine if patients are able to identify consistency and continuity of contact by nurses; 4) To determine if patients are able to identify and express their feelings about loneliness during

hospitalization; 5) To identify those instances in which patient loneliness occurs even in the presence of continuity of hospital staffing; and 6) To determine from these findings implications for nurses directed toward improved, quality nursing care services for the hospitalized patient.

BASIC ASSUMPTIONS

For purposes of this study, the investigator makes the following assumptions:

1. Continuity of contact between nurses and patients is an important factor in the hospitalized patient's well-being.
2. The period of hospitalization is a time of loneliness for patients.
3. Nursing care of a hospitalized patient encompasses the concern for all aspects of the patient as a unity -- the physical, psychological, emotional and social aspects of the total person.

LIMITATIONS

1. The study was limited to patients and nursing personnel from five general hospitals in Montana.
2. The study was further limited in that the five

hospitals were located in only three cities in Montana.

3. There was a limited sample size drawn from each hospital.

RESEARCH DESIGN

The study was based on a descriptive survey of a sample population of patients from five hospitals in Montana. The purpose of the descriptive approach was to portray characteristics of nurse-patient relationships and to determine the frequency with which loneliness occurs in the hospitalized patient and is associated with consistency or continuity of contact (or the lack) of by nurses.

A patient opinionnaire, patterned after the Q-sort technique, was the measuring instrument administered to patients in the study. The patient opinionnaire was devised to measure discrepancies in nurse-patient relationships and, in particular, patients' opinions of the ideal hospital situation and their actual experiences as a hospitalized patient. A detailed description and explanation of the patient opinionnaire will be included in Chapter III.

In addition to the patient opinionnaire, patients were asked to respond verbally to a question about their own feelings of loneliness while hospitalized. Verbatim respon-

ses of patients about loneliness were recorded on the patient data tabulation sheet.

The sample population for the study was a total of sixty-four patients from the five hospitals. Patients were selected in each of the five hospitals by a selected sampling method. Due to individual hospital differences, the sampling method was modified for each hospital. Five of the total sixty-four patients were the patients selected to complete the patient opinionnaire in a pilot testing of the instrument.

A brief questionnaire was devised by the investigator and administered to the head nurse or nurse in charge on hospital wards where patients completed the patient opinionnaire. Nurses were asked to stipulate the type of nursing care in operation on their ward, for example, a functional approach to nursing care or a team approach to nursing care. In addition, nurses answered questions about rotation of nursing staff and the use of float nurses on their ward. The study's definition of continuity of contact by nurses was stated on the questionnaire and nurses were asked to state whether or not their particular ward provided continuity or contact by nurses to patients.

The responses of the sixty-four patients on the

opinionnaire provide the basic data for the study. The results of patient responses on the opinionnaire were analyzed to determine the degree of discrepancy between ideal hospital situations and patients' actual hospital experiences.

HYPOTHESIS

There is no relationship between continuity of contact by nurses and loneliness experienced by the hospitalized patient.

DEFINITION OF TERMS

Nursing Personnel - for purposes of this study, nursing personnel will include only Registered Nurses. Nurses aides, orderlies and Licensed Practical Nurses will be referred to specifically by their titles.

Nurse - the "nurse" in this study will always refer to the Registered Nurse, the R. N.

Fragmentation - in this study refers to the break-down of nursing care of a patient when it is administered by a variety of hospital staff.

Isolation - the separation of a particular patient from other patients on the ward in a private room and the use of special nursing care procedures to pre-

vent the spread of communicable disease or infection to others.

Functional Nursing - this system of care involves a method of work organization and personnel assignment that is job centered or task oriented. Personnel are fitted into fixed slots; one person passes medications, another administers treatments and others give hygienic care, serve at the desk recording for staff, or serve as liason between patients, doctors, family members and others who have concern with the patients.⁶

Team Nursing - a group of people, led by a qualified nurse, provide for the health needs of an individual or a group of people through collaborative and cooperative effort. Through the team process of providing care, the team leader plans, participates in, coordinates, interprets, supervises, and evaluates the care that is given.⁷

⁶Laura Mae Douglass, Review of Team Nursing, (Saint Louis: The C. V. Mosby Company, 1973), p. 6.

⁷Ibid. p. 2.

Float Nurse - to "float", in hospital terminology, means that a nurse is assigned to a different ward or floor than the one where she normally is assigned. Floating occurs; due to fluctuations in hospital census -- where one ward may need more personnel because of more patients than another ward; because a regularly assigned nurse may need to be replaced due to illness, days off, or the like; because one ward may have patients requiring more personnel for nursing care than another ward; or because a ward may not have a regularly assigned staff of nurses and must be staffed by float nurses.

A nurse who does not have a regularly assigned ward, and who is assigned from day to day wherever needed in the hospital is called a "float nurse". A group of nurses who consistently float from ward to ward and are assigned by the nursing service office on a day to day basis, comprise a "float pool".

Continuity of Nursing Contact - nursing care given to a patient by the same nurse on two or more consecu-

tive days.⁸ The term "care" is taken to include the physical, psychological, emotional aspects of the patient, responsibility for the patient and/or patient care needs, nurse-patient interactions, and direct nursing care.

Loneliness -

In loneliness, some compelling essential aspect of life is suddenly challenged, threatened, altered, denied . . .⁹ It occurs in the presence of tragedy, illness and death; it is associated with a new truth that suddenly shatters old perceptions or ideas; it is connected with feeling different from other members of a group or feeling misunderstood and apart from others, with a sense of not belonging. It is frequently associated with broken relationships and separation experiences.¹⁰

Loneliness can also occur when a person "remains silent and withdrawn though surrounded by people . . ."¹¹ It must be noted that there are many, many kinds of loneliness and that loneliness can

⁸Elmina M. Price, Staffing For Patient Care, (New York: Springer Publishing Company, Inc., 1970), p. 133.

⁹Clark E. Moustakas, Loneliness and Love, (New Jersey: Prentice-Hall, Inc., 1972), p. 21.

¹⁰Ibid., p. 45.

¹¹Ibid., p. 50.

only be defined by each person for each experience, for experiences of loneliness are as unique as every individual.

SUMMARY OF CHAPTER I

AND

OVERVIEW OF THE REMAINDER OF THE STUDY

This study was concerned with the nurse-patient relationship and the amount and degree of interaction that occurs between the nurse and patients in selected hospitals in Montana. Continuity of contact between nurses and patients was examined to determine if a relationship exists between continuity of contact (or a lack of it) and loneliness in the hospitalized patient. A selected sample population of patients was tested in the study to determine if loneliness exists in the selected hospitals.

Many untoward effects on the patient and patient care occur because of fragmentation of nursing care. Loneliness of the hospitalized patient was the primary concern in this study as a result of fragmentation of nursing services. Although loneliness is an experience that everyone encounters from time to time in their lives, an understanding of the causes of loneliness in hospitalized patients and its relationship to care by nursing personnel is necessary

if quality nursing care is to be given.

The second chapter of the study presents a review of the related literature. The third chapter contains the study methodology, description of the opinionnaire, variables encountered in the study. The fourth chapter contains the analysis of data. The fifth chapter presents a summary of the study, conclusions, recommendations for further study, and implications of the study for nursing.

CHAPTER II

REVIEW OF LITERATURE

Out here they got a name for rain,
For wind and fire only.
But when you're lost, and all alone,
There ain't no word for lonely.¹²

One of the crucial aspects of patient care in any hospital is the network of interpersonal relationships between the patient, the nurse, the physician, and members of the patient's family.¹³ Patient care is effective if this closely united network allows for satisfaction of patient needs and hospital staff needs. If needs are not met, patient care suffers. This study was concerned with interpersonal relationships of the patient and the nurse, and meeting the patient's needs. One of the ways patient care suffers can be due to a lack of continuity of nurse-patient contact. The nurse-patient relationship can be termed a helping relationship, but only if there is continuity of contact and consistency of care between the persons involved in that relationship. Many untoward effects on the patient

¹²Alan Jay Lerner and Friederick Loewe, "They Call the Wind Maria," (New York: Chappell Company, Inc., Publishers, 1951).

¹³J. Frank Whiting, "Patients' Needs, Nurses' Needs and the Healing Process", American Journal of Nursing, Vol. 59, No. 5, (May, 1959), p. 662.

can result from inconsistent nursing care. One of these is that the patient experiences feelings of loneliness and alienation in the hospital. The frequency and variety of hospital personnel which enter the patient's environment can also add to the patient's experiencing increased alienation and in loneliness in the hospital setting.

Within the last twenty years a steady increase has occurred in the number of articles in the literature on the subject of loneliness. Poets and novelists have described loneliness and professionals such as Frieda Fromm-Reichmann, H. S. Sullivan, Clark Moustakas have shown interest in this subject.¹⁴ A sociology professor at Bates College in Maine, Dr. William Sadler, Jr., has conducted a series of workshops at Bates on the subject of "Loneliness in America". Dr. Sadler considers loneliness a subtle and dangerous social disease that has been evaded and misunderstood too long.¹⁵

In reviewing the literature on the subject of loneliness, the investigator found numerous articles describing

¹⁴Irene Mortenson Burnside, "Loneliness in Old Age", Mental Hygiene, Vol. 55, No. 3, (July, 1971), p. 391.

¹⁵Jack Aley, "To Be Human Is To Be Lonely", The Billings Gazette, (February 13, 1973).

and identifying loneliness; however, few actual research studies into the subject are available. The review of literature presented here will review some of the recent articles and books written on or including the topic of loneliness from 1953 to 1973.

Dr. Elisabeth Kübler-Ross worked with dying patients for two and a half years before writing the book On Death and Dying. Dr. Ross describes dying in today's world as "more gruesome in many ways, more lonely, mechanical, and dehumanized" Because the patient is taken out of his own familiar environment and hospitalized, "dying becomes lonely and impersonal."¹⁶ The patient may cry for rest, peace, and dignity; instead he will get transfusions, a heart machine, or tracheostomy, if necessary.

He may want one single person to stop for one single minute so that he can ask one single question -- but he will get a dozen people around the clock, all busily preoccupied with his heart rate, pulse, electrocardiogram, or pulmonary functions, his secretions or excretions but not with him as a human being.¹⁷

Clark Moustakas in his book Loneliness describes loneliness and separation as a condition of human life and

¹⁶Elisabeth Kübler-Ross, On Death and Dying, (New York: The MacMillan Company, 1969), p. 8.

¹⁷Ibid., p. 9.

human experience. According to Moustakas, "Every person as he grows experiences a sense of separation as a natural challenge to the development of individuality."¹⁸ Moustakas includes a lengthy discussion and study of the loneliness of the hospitalized child in his book. His study in this area of loneliness began with his own experience during the hospitalization of his child. The most serious threat to a child is the possibility of being abandoned or left alone. Although there are many kinds of temporary abandonment, the experience of having to be in the hospital alone is most desolating to a child.

The cold marble floors; the impersonal rules and regulations; the extreme bleak whiteness everywhere; the desensitized atmosphere; the neat, empty categorical arrangement of food and beds, external to the individual child and his personal preferences; the constant checks and routines; the frequent medication and shots which he does not comprehend; the disrespect for the integrity of his wishes and interests; the absence of genuine human warmth; and the presence of surface voices, surface smiles, and superficial words, and meetings; all enter into the loneliness of hospital life.¹⁹

Moustakas advocates the parents of a hospitalized child remaining with the child in every important experience

¹⁸Clark E. Moustakas, Loneliness, (New Jersey: Prentice-Hall, Inc., 1961), p. 35.

¹⁹Ibid., p. 36.

in the hospital until the child can decide himself if he is able to be alone. "The loneliness which the child experiences even when the parent is present is painful enough because in the end there are certain experiences which the child must face alone".²⁰

Moustakas condemns hospitals and hospital personnel for moving the parents of a child out of the way. Even if the feelings expressed toward the child by the nurse or physician are genuine, they "can never reach deeply enough to substitute for the love embedded in the child's relationship with his mother and father", and the nurse or physician will never be able to give the child the "feeling of safety and strength to face the severe trial of a painful illness". Moustakas further contends that "every nurse and doctor would want the parent to remain if he knew the meaning of the child's desperate existence when he lay in bed at night terrified and alone."²¹

Loneliness in the aged was studied and discussed in a paper by Irene M. Burnside. The paper, discussing the causes of loneliness in the aged and ways in which care-

²⁰Ibid., p. 38

²¹Ibid., p. 39.

takers of the aged can reduce this loneliness, was written while the author was receiving support from a USPHS Grant.

Burnside cites loneliness as a major problem in a sample of elderly people. Burnside believes that loneliness is low on the list of priorities of care for the institutionalized aged. "Physical care often has priority

...²²

"Lonely aged," Burnside states, "like the dying patients, are frequently avoided". To become involved with the lonely aged in a hospital setting may necessitate behavior from the caregiver that is misconstrued, queried, and criticized as not professional by hospital personnel. Examples of this behavior given by Burnside are sitting quietly with the elderly patient, sharing beverages or food or even accepting small gifts. In her studies, Burnside has observed and listed seven factors contributing to loneliness in the aged. She states that one factor may outweigh others, but there may be several types of loneliness bearing down on the elderly person simultaneously. The factors this author lists are:

²²Burnside, op. cit., p. 392.

1) geographical loneliness; 2) language barriers; 3) cultural loneliness experienced by many foreign-born patients; 4) life-style loneliness; 5) loneliness of illness and/or pain; 6) loss loneliness; and 7) loneliness caused by impending death.²³

The hospitalized or institutionalized elderly patient may experience profound loneliness because several, or even all seven, of these factors may exist simultaneously. Burnside believes "if one decides that loneliness is a problem in an aged client or patient, then one needs to decide cause or causes (for they may be multiple) of that loneliness." From assessments of the causes of the loneliness, interventions can then be instituted which may be therapeutic for the patient. Burnside believes "the caretaker needs to creatively approach the mitigation of the aged's loneliness."²⁴

The investigator has discussed literature on the loneliness of the dying, the aged, and the hospitalized child. The loneliness described in these three areas may be correlated with change and how change affects a feeling of loneliness. In an application of transactional analysis to loneliness, Ira Tanner explains change and loneliness. "In a single sent-

²³Ibid., p. 393.

²⁴Ibid., p. 396.

ence: nothing living is ever the same from one minute to the next, and such change has an effect on our loneliness."²⁵

Hospitalization separates the patient from good friends, loved ones, and his familiar environment. "This separation and change can bring about an unexpected, sudden and bewildering experience of aloneness." "Separation from those we love deeply brings change . . . "²⁶ Separation from natural events, as in being hospitalized, can bring about a great loneliness and fear.

Tanner has found in his studies of his clients that the pain of loneliness can be more severe than actual physical pain.

Reflecting on its dogged, underlying persistence, a hospital patient commented, "Loneliness is always there, waiting to take over, and when it does it is really hard to get rid of. It takes work -- a real struggle, really fighting back."²⁷

²⁵Ira J. Tanner, Loneliness: The Fear of Love, (New York: Harper and Row, Publishers, 1973), p. 57.

²⁶Ibid., pp. 61-62.

²⁷Ibid., p. xii.

