

Background to Research

This research paper has been developed on behalf of Friends for Life (FFL) using a broad range of published literature. As set out below, the purpose was to better understand the impact of loneliness and social isolation on Care Home residents and the types of interventions that best alleviate these impacts. This is in line with our vision which is *“To shine a light on the impact of loneliness in care home residents in Bedford and ensure we enhance their wellbeing by keeping them connected to the community”*

FFL is happy for this paper to be shared with anyone who may find it useful and are happy to discuss its findings. We also have access to all the references quoted and can share these if required.

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Understanding Loneliness in the Elderly: An Overview

The presence of loneliness among older adults is hypothesised to have a significant impact on their physical and psychological well-being. The aim of this literature review is to explore loneliness among the elderly, its impacts, and the effectiveness of interventions to alleviate this condition.

In conducting this literature review, the terms 'nursing homes' and 'care homes' are used interchangeably, reflecting the terminology within each paper. The research was conducted through searches on Google Scholar and Scite, leading to the inclusion of 39 research papers. This review predominantly focuses on three key areas: the health consequences associated with

loneliness, the experience of loneliness among older individuals residing in care homes and the various interventions designed to address this issue.

Background

Research indicates that loneliness among the elderly is a complex and multifaceted issue that has significant implications for their physical and mental well-being (Hawkley & Cacioppo, 2010; Ong et al., 2015; Luanaigh, 2008). Loneliness is typically felt when there's a discrepancy between the social connections one desires and the ones they possess. It is important to note that loneliness is distinct from social isolation, which refers to the objective absence of social contact or relationships. Thus, one may experience feelings of loneliness even when in the company of others (Pitkälä, 2016).

Impact of Loneliness on Well-being

Loneliness significantly impacts both physical and mental health later in life, leading to an increased risk of cardiovascular diseases, depression, dementia, anxiety, and cognitive decline, which in turn can raise the likelihood of mortality (Ong et al., 2015; Luanaigh, 2008). Loneliness heightens alertness to threats and feelings of vulnerability, while at the same time increases the desire to reconnect with others. This heightened sensitivity to threats can alter cognitive processes, affecting physical health, reducing sleep quality, and potentially increasing the risk of illness and mortality (Hawkley & Cacioppo, 2010). Moreover, loneliness is closely linked to higher risks of suicidality, alcoholism and can also accelerate ageing (Hawkley et al., 2008). It also negatively affects emotion regulation and is associated with a reduced tendency to engage in physical activities. This inclination to engage in physical activities diminishes over time (Hawkley & Cacioppo, 2010).

Who is Most Vulnerable? Identifying High-Risk Groups

The research indicates that certain groups of older adults are at a heightened risk of experiencing loneliness. These groups include unpartnered individuals, especially recent widows or widowers, those with limited social networks, poor health perception, and depression (Dahlberg et al., 2021; Jones & Jopling, 2021).

Slettebø's (2008) study revealed that older individuals experience various forms of loneliness, with romantic loneliness being the most common. This shows the value of close relationships throughout life. Unlike social loneliness, romantic loneliness isn't easily solved by socialising and can linger in older adults, whether widowed or single.

Loneliness in Care Homes and Nursing Homes

In a study by Hanratty (2018), loneliness was identified as a predictor of admission into care homes. Furthermore, Elias (2018) suggests that factors such as loneliness, social isolation, and depression are generally high in care home settings. A comprehensive international study conducted by Gardiner et al. (2020) showed that older adults living in residential care often face significant levels of loneliness. The research indicated that 61% of these residents experience 'moderate loneliness,' and 35% experience 'severe loneliness' (p.748). In contrast, older individuals not residing in care homes experience considerably lower rates of loneliness. Additionally, loneliness has been identified as a significant predictor of depression symptoms among elderly individuals in nursing homes (Elias, 2018; Gan et al., 2015).

Factors contributing to loneliness in Care Homes and Nursing Homes

Elderly individuals transitioning to nursing homes often confront emotional challenges, particularly when this move follows the loss of a partner. This significant change in their living environment can result in decreased family support and fewer visits from friends, leading to a decline in the intimacy of these relationships. Consequently, these individuals may experience

heightened feelings of stress, vulnerability and loneliness (Sya'diyah et al., 2020; Russell et al., 1997; Pitkälä, 2016).

In addition, “autonomy and control over personal life are also compromised in these institutional settings” (Pitkälä, 2016, p.1). Limited personal decision-making opportunities and spending time in passive activities like sleeping or waiting contribute to feelings of boredom and loneliness (Gardiner et al., 2020; Slettebø, 2008).

Navigating Loneliness with Cognitive Limitations

Dementia may pose an extra risk factor for loneliness in elderly individuals, with loneliness stemming from factors like loss of friendships, social withdrawal post-diagnosis, issues with motivation and initiating activities, negative reactions from others, reduced confidence, and challenges in recalling visitors and remembering absent people (Andrews et al., 2021). It is estimated that in the UK around two thirds of older people living in care homes have dementia (Gardiner et al., 2020).

Care home residents with dementia find establishing friendships challenging, leading to increased social isolation and potential depression. Conversely, residents without cognitive or physical limitations often avoid forming ties with those perceived to be of lower functional health, further exacerbating the isolation of both groups of individuals (Cassey et al., 2016).

Despite the established link between loneliness and health, the evidence base on loneliness among older people living in care homes is limited, highlighting the need for further research in this area (Gardiner et al., 2020).

Relationships within Care Homes and Nursing Homes

Although nursing home residents may encounter new peers and staff, these relationships rarely substitute for old friendships and many elderly residents still experience feelings of loneliness. High rates of loneliness in care home residents are influenced by superficial interactions, a sense of not belonging, and difficulties in relating to residents with varying mental capacities (Naik & Ueland, 2020; Pitkälä, 2016; Cassey et al., 2016, Gardiner et al., 2020).

Often nursing homes are understaffed and nurses have no time to interact beyond smaller interactions due to heavy workloads (Slettebø, 2008). Staff assistance was crucial in helping residents with mobility or communication impairments to socialise and build relationships (Cassey et al., 2016).

Research has demonstrated that in older adults, loneliness can be significantly alleviated through meaningful interactions, particularly with close friends, rather than just familial contacts like adult children or other relatives (Russell et al., 1997). It's not merely the frequency of these interactions that matters, but also their quality. High quality supportive relationships diminish feelings of loneliness (Russell et al., 1997; Hawkey et al., 2008).

Elderly residents in one study described friendship in terms of trust, shared experiences, and emotional intimacy, yet many report limited friendships and high isolation levels, indicating a gap between their expectations and the social opportunities available in residential care (Cassey et al., 2016). Activities in these facilities often lacked focus on fostering resident interactions, limiting relationship formation opportunities (Cassey et al., 2016).

Befriending to Reduce Loneliness

The research on befriending interventions has shown promising results across a range of studies, including elderly people in care homes, individuals living with dementia, and diverse older populations. The key benefits identified in these studies include enhancements in overall well-

being, reductions in feelings of loneliness, and alleviation of social isolation (Andrew et al., 2021; Stephens et al., 2016; Wiles et al., 2019, Windle et al., 2011, Lester, et al., 2011, Jones & Jopling, 2021). Additional benefits include regular social interaction, breaking up daily monotony, enhancing life purpose and community connectivity (Andrew et al., 2021; Wiles et al., 2019, Lester, et al., 2011).

What Makes Befriending Work

In their study, Fakoya et al., (2021) identified characteristics of successful befriending relationships:

Reciprocity in befriending services is enhanced when service users and befrienders share common characteristics like age, background and common culture, (Fakoya et al., 2021, Drageset, 2004, Windle et al., 2011, Lester, et al., 2011, Jones & Jopling, 2021). Matching befrienders with elderly people based on shared interests is particularly effective, and the voluntary nature of these services promotes reciprocity and reduces feelings of inadequacy (Wiles et al., 2019).

Empathy is triggered by shared experiences between the befriender and service user, empathy enhances the depth of understanding in the relationship. When befrienders have undergone similar personal experiences or health conditions as the service user, they are better able to recognize and resonate with the user's emotions, leading to more attuned and empathetic responses (Fakoya et al., 2021).

Autonomy is encouraged in contexts where befriending relationships are long-term and not constrained by a predefined set of priorities. The flexibility and continuity of the relationship with the same befriender contribute to a more meaningful connection, especially significant for users

with cognitive impairments who benefit from stable and consistent social interactions (Fakoya et al., 2021).

Privacy is particularly relevant for service users with cognitive or sensory impairments and is emphasised in one-to-one interactions in controlled environments. These settings help reduce environmental distractions, which can be overwhelming for some users, thereby enhancing their cognitive engagement and reducing feelings of isolation (Fakoya et al., 2021).

Good listening and interpersonal skills in befrienders are essential, particularly when supporting older adults with memory decline. This decline can affect rapport building, making the befriender's listening abilities more important than shared interests or demographic similarities (Stephens et al., 2016).

Navigating Challenges in Befriending Relationships

A common challenge in befriending relationships is the blurring of formal and informal boundaries, which can lead to positive outcomes or potentially negative issues like tension and discomfort (Andrews et al., 2021; Jones & Jopling, 2021). Developing personal connections in a professional setting can cause mismatched expectations and confusion, which could be mitigated through volunteer training. In befriending relationships within service settings, power dynamics are evident in decisions about visit timing, information sharing, and organisational control. This can lead to a perceived loss of autonomy for service users (Andrews et al., 2021; Fakoya et al., 2021).

A further challenge in befriending relationships is managing sensitive discussions on topics like death and abuse. Befrienders often find themselves unprepared for such intense conversations due to a lack of counselling skills and mandatory supervision (Stephens et al., 2016).

The research also addresses the necessity for culturally specific organisations to collaborate with befriending services for inclusivity and effectiveness. Additionally, it identifies barriers to engagement, like limited awareness and service perceptions of who befriending services are available to, often making some people alienated from the service, suggesting the need for better marketing and referral pathways (Wiles et al., 2019).

Context in Befriending Interventions

While there are studies supporting befriending as an intervention to help older adults with loneliness, the effectiveness of befriending remains a topic of debate (Cattan, 2005; Siette et al., 2017). However, a recent study by Fakoya (2021), pointed to significant gaps in the research, especially in understanding the nuances of befriending services. This study drew attention to the lack of consideration for various contextual factors, such as the individual characteristics of both befrienders and service users, the dynamics within staff teams, the culture of organisations, and the wider infrastructure supporting elderly care. A “failure to embrace the complexity of befriending services” can often lead research studies to inconsistent results (p.3). This underscores the importance of considering the context in which befriending interventions are implemented, suggesting that what works in one setting might not necessarily be effective in another.

Other Interventions to Reduce Loneliness

While individual interventions such as befriending have their advantages, a study conducted in England by Kharicha et al. (2017) suggests that group-based activities centred around shared interests may be more appealing to older individuals experiencing loneliness. This finding underlines the importance of considering the preferences and requirements of older adults when creating strategies to combat loneliness.

A study from the nurse's perspective found recreational activities, ideally adapted to each person's needs and ability, have a positive impact by providing structure and meaning that help overcome feelings of loneliness (Naik & Ueland, 2020). However, other research found that physical activity interventions did not have a significant effect on reducing loneliness in older adults or that the effects were reversed after time (Shvedko et al., 2017; Cattan, 2005).

While Rappe & Kivelä (2005) do not explicitly mention loneliness, their research implies that both visiting gardens and participating in horticultural activities can improve the well-being of elderly individuals residing in long-term care facilities. In addition, interventions such as individual music therapy have been explored as potential strategies for managing neuropsychiatric symptoms and improving the well-being of elderly individuals (Hsu et al., 2015).

Reminiscence therapy, a common intervention in elderly care, involves discussing past experiences to enhance well-being. Mikkelsen et al.'s 2019 systematic review analysed its impact in nursing homes, revealing positive but varied effects on depression, loneliness, life satisfaction, and social engagement. The study underscores the potential of such therapies, yet calls for more robust research due to the diverse and limited nature of current evidence.

A comprehensive study by Gualano (2017) found intergenerational interventions to have an impact on well-being, depression, self-reported health, and self-esteem in older adults however no impact specifically on loneliness. Moreover, a 3-month videoconference interaction program with family members has been shown to decrease depression and loneliness in nursing home residents, indicating the potential of technology-based interventions (Tsai & Tsai, 2011). Potentially indicating it may be “more feasible to strengthen existing close relationships, such as those with family members or old friends, than trying to establish new relationships, such as with other residents” (Mikkelsen et al., 2019, p.10).

Designing Successful Interventions

Fakoya et al. (2020) noted that the uniqueness of each person's experience with loneliness and isolation can make it challenging to implement standardised interventions. Addressing loneliness or social isolation doesn't have a universal solution, but according to a comprehensive study by Gardiner et al. (2016) there are certain characteristics of interventions that have shown a positive effect on reducing social isolation and loneliness:

The adaptability of an “intervention to a local context was seen as key to ensuring its success, particularly where interventions have been implemented by national organisations” (Gardiner et al., 2016, p.153). Adaptability ensures services are flexible and meet the diverse needs of older people in their local context (Gardiner et al., 2016; Noone, 2022, Dahlberg et al., 2021, Windle et al., 2011).

Autonomy and a personalised approach to interventions give older people the opportunity and support to be involved in the creation of the intervention. Successful interventions often involve older people at every stage, including planning, development, delivery and assessment. Even allowing the elderly to choose activities can help preserve their autonomy (Gardiner et al., 2016, Windle et al., 2011).

The importance of considering individual preferences and perspectives in designing these interventions is crucial (Windle et al., 2011). This approach not only enhances effectiveness but also counters perceptions of patronization and fosters a sense of belonging (Gardiner et al., 2016). Factors such as age, gender, marital status, and psychosocial determinants of health must be taken into account to effectively reduce loneliness (Fakoya et al., 2020).

Productive engagement in interventions, emphasising active participation over passive activities, appears more effective. “‘Doing’ things accumulates more social contacts than watching or listening to things” (Gardiner et al., 2016, p.151). Doing things involves being productive, which encompasses action and creativity, often with the aim of reaching a shared goal. These activities are especially beneficial when challenging (Gardiner et al., 2016).

These activities and the significance of interaction, especially through active participation and contact with groups or facilitators, during and between sessions can reduce loneliness and promote social contact (Morrish et al., 2023).

Group play or therapy serves as a beneficial approach for mitigating loneliness among the elderly. The study by Sya'diyah et al. (2020) demonstrates that these activities promote interaction and communication between elderly individuals and their nurses, effectively reducing feelings of loneliness. A study by Cattan (2005) found group interventions involving some form of educational or training input, and social activities helped alleviate and prevent social isolation and loneliness among older people.

Group interventions aim to help older individuals build friendships, offer each other support, and appreciate their own capabilities, while also enhancing their confidence and ability to manage their own lives (Pitkälä, 2016). Building a new network with fellow residents and staff imparts a sense of meaningful community, a sense of belonging and feelings of self-worth (Naik & Ueland, 2020).

In one study, social relationships formed with other residents have been found to have a stronger positive impact on depression and loneliness than social relationships with friends and relatives from outside the institution (Fessman & Lester, 2000).

Conclusion

Loneliness in the elderly, linked to adverse mental and physical health outcomes, is a crucial issue, particularly among those in residential and nursing care homes (Elias, 2018; Luanaigh, 2008). Addressing this requires a comprehensive approach, with interventions that are adaptable, person-centred, and aimed at fostering meaningful interactions and relationships. Implementing interventions should be tailored to the unique needs and preferences of the elderly. This involves considering the social context, understanding residents' social needs, and facilitating opportunities for positive relationships (Cassey et al., 2016).

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