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Loneliness of Elderly People in Nursing Care Homes

A Literature Review

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Abstract

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The purpose of the study was to describe the loneliness of elderly people and the support elderly people received to reduce loneliness in nursing care homes. The aim of this study was to produce new knowledge that could be utilized in the planning of support systems for reducing the loneliness of elderly people in nursing care homes.

Descriptive literature review method was used as the data collection method in this study. CINAHL and PubMed databases were utilized to obtain articles. The search was filtered using predetermined inclusion and exclusion criteria. Then, 16 selected articles were inductively content analysed to answer the two research questions outlined in this literature review: (1) what is loneliness in nursing care homes? and (2) how to support elderly people to reduce loneliness?

The results of the study described the loneliness of elderly people in nursing care homes and how the loneliness of elderly people can be reduced. Many factors contribute to loneliness among elderly people in nursing care homes, the lack of social connections, physical and psychological factors, institutional factors and economic and other external factors. Effective social connections, individual coping mechanisms, institutional support, psychological well-being and quality of life, therapeutic intervention and technological involvement were identified as strategies to reduce the loneliness of elderly people in care homes. In conclusion, loneliness in the elderly is a complex issue that may be lessened by fostering personal coping mechanism and enhancing social connections.

Keywords: loneliness, elderly people, nursing care homes

The originality of this thesis has been checked using Turnitin Originality Check service.

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1 Introduction

People have enhanced life expectancy worldwide. Presently, age expectations for many people are sixty or more. All the countries are facing the growth of the number and the proportion of older people within their population. One individual per every six individuals will be more than 60 years or more older by the year 2030 in the world. All the nations are experiencing huge issues in overcoming the challenges in health and social systems with this demographic shift. (WHO 2024.) Loneliness is more common in elderly people due to several reasons, including living alone, the loss of loved ones, and chronic illnesses. Loneliness has become a global public health concern, with some researchers mentioning it as a 'loneliness epidemic'. (Guarnera, Yuen, and Macpherson 2023: 700.) Loneliness is linked to various health problems, such as depression, cognitive decline, worsened living conditions, and increased risk for Higher probability of death (Lapane et al. 2022: 2). Systematic review has confirmed that 31% to 100% of residents in care homes are moderately lonely and 9% to 81% are severely lonely (Gardiner, Laud, Heaton and Gott 2020: 748). These values point how severe the problem of loneliness among residents in institutions and highlight the importance of interventions.

Loneliness is increasingly becoming an issue among the elderly who live in care homes, and it greatly affects their physical and mental health. It has been found that loneliness is extremely prevalent in residents in nursing care homes. (Gardiner, Laud, Heaton and Gott 2020: 749.) Loneliness poses a significant risk for nursing home residents. Supporting an aging population in institutions is crucial for improving healthcare quality for the elderly. According to nurses, elderly people frequently develop their own coping methods to deal with loneliness; nonetheless, established support systems are required to give successful solutions. (Naik and Ueland 2020: 2.) Several studies have examined the impact of loneliness on older persons living in institutions and in the community (Dobarrio-Sanz et al. 2021: 2). It serves to reduce feelings of loneliness among older residents, if nurses exhibit more caring and compassionate behaviour. Evidence indicate that the residents are less lonely if they perceive nursing staff as more caring and attentive. (Sya'diyah, Nursalam, Mahmudah and Wicaksono 2020: 154.)

The purpose of the study is to describe loneliness of elderly people and how to support elderly people to reduce loneliness in nursing care homes. The aim is to produce new knowledge that could be utilized in the planning of support system for reducing loneliness of elderly people in nursing care homes.

2 Background

2.1 Loneliness and its consequences

Loneliness manifests as a negative personal sensation caused by inadequate meaningful relationships. Inadequate meaningful relationship refers to the gap between one's desired and real experiences. Loneliness can be experienced as the lack of social connection with intimate others, family, friends and community. Research distinguishes between emotional and social loneliness. Social loneliness is reflected in a minimal interaction and contact with a wider group of friends, neighbours and fellow workers, whereas emotional loneliness is reflected in minimal close relationships. (Prohaska et al. 2020:2.) As the world's population ages, there has been an increased interest in loneliness and its impact on health. Loneliness has been linked to poor mental and physical health, including risk for depression, cognitive decline and cardiovascular diseases. (Lapane et al. 2022: 2.) Moreover, loneliness is a predictor of declining physical health, which might show up as cognitive decline and an increased need for hospital emergency treatment. When left untreated, loneliness appears to have major negative effects that include general melancholy, a loss of purpose and a lack of drive. Several studies have found a connection between loneliness and an increased risk of death. (Naik and Ueland 2020:2.) There remains a significant knowledge gap in terms of the actual prevalence and causes of loneliness across most environments and cultures and the evidence suggests that further high-quality evidence is necessary to identify the most effective intervention to reduce loneliness (Prohaska et al.2020:2).

Elderly people who live in nursing homes tend to be lonely. This loneliness could exist in many different forms. (Söderman and Arvidsson-Lindvall 2024: 2.) Loneliness in older adults has significant effects on their physical, emotional and mental well-being. Moreover, it leads to decrease well-being and general health in elderly people. Self-acceptance may serve a mediating role in minimizing the negative impacts of loneliness and fostering better mental health outcomes. (Li et al. 2021: 2.) Loneliness is a complex, multi-dimensional condition that has a significant impact on health in the elderly. It is prevalent among older people who stay in institutions since institutionalization leads

to displacement from social networks and decreases communication with friends and families. (Gardiner et al. 2020: 749.) A higher risk of depression and other mental health issues is linked to loneliness (Arunrasameesopa, Wongpakaran, and Wongpakaran 2021: 2). Loneliness can negatively impact the emotional, behavioural and cognitive well-being of the elderly, particularly if it is uncontrolled. Loneliness can negatively impact older people's interpersonal connections and social engagement. (Eskimez et al. 2019: 466.)

Older people, particularly those in nursing homes, are at heightened risk of loneliness owing to reasons restricted social engagement, physical impairments and the experiencing the death of family and friends (Prohaska et al. 2020: 1). Nursing home residents' loneliness can intensify emotions of powerlessness and despair, contributing to an overall decrease in quality of life (Li et al. 2021: 2). Loneliness can impact behavioural elements for example lower motivation for self-care, decreased engagement in leisure activities and a decreased feeling of purpose (Gardiner et al. 2020: 749). Conversely, limited mobility, hearing or speech impairments and cognitive difficulties can hinder social engagement and exacerbate feelings of loneliness (Chapman et al. 2024:13). An individual's health and well-being can be directly influenced by loneliness. There are evidences those depression, physical activity, stress, sleep, cognitive functioning, non-communicable disease (e.g., cardiovascular disease) and early death are all interrelated. (Prohaska et al.2020:2.) Loneliness accelerates cognitive decline and elevates the possibility of developing dementia and Alzheimer's disease (Hanratty et al. 2018). Loneliness may affect an older person's motivation and participation in activities of daily living.

2.2 Elderly people in nursing care homes and nursing care home facilities

Aging is a normal and unavoidable part of life, yet it can also be a lonely era with unique connotations for everyone (Eskimez et al. 2019: 465). Elderly people get less interaction with their family members and friends while they are moving to the care homes from their familiar home surroundings. The concurrent decline in physical and mental health with loneliness is the ultimate outcomes of this movement. (Naik and Ueland 2020: 1.) Lack of social assistance for the elderly can lead to loneliness and increased mortality risk (Eskimez et al. 2019: 466). Understanding the difficulties faced by nursing home residents is crucial for society to prepare for the millions of people who are expected to enter these facilities during the coming decades (Naik and Ueland 2020:1). Elderly individuals are increasingly choosing nursing homes due to changing

family arrangements, a need for professional care, a desire for independence and the demands of healthcare workers (Eskimez et al. 2019: 466).

A nursing home is a type of residential setting that offers people with specified health and care requirements 24-hour assistance with everyday life tasks (Zhang et al. 2023:7064). The World Health Organization states that, the concept of a person-centred approach applied in nursing home facilities, assisting older people by lowering unequal opportunities to access health care services and guaranteeing autonomy, dignity, integrity, freedom and independence are important public health initiatives to address this transition (WHO 2021). Nursing homes are essential for preserving elderly people's physical well-being, managing medical issues and offering personal care tasks (Zhang et al. 2023:7063). Nursing care homes play an important role in providing long-term care and assistance to older people who cannot live independently. However, the shift to a care facility frequently results in significant changes in an older person's social situation. Many residents suffer from a loss of personal freedom, isolation from familiar surroundings and a decrease in frequent connections with family and community members. (Chapman et al. 2024: 2.) Loneliness and isolation are consequences of the fact that most aged individuals consider nursing homes as their endpoint (Eskimez et al. 2019: 465).

2.3 Nurses' role in care homes

Nurses play a crucial role in residents' daily care and emotional support in nursing care homes. They are in close contact with the residents and are well-suited to enhance their quality of life. (Naik and Ueland 2020: 1). Healthcare providers play a crucial role in the social lives of elderly individuals. Nurses should prioritize active listening as professionals. (Söderman and Arvidsson-Lindvall 2024: 6.) Insufficiency of social support to the elderly may lead to a need for professional assistance. Nurses are responsible for providing support and care to the elderly and to facilitate their effective utilization of available resources. (Eskimez et al. 2019: 466.) A positive relationship between nurses and the elderly people can effectively minimize loneliness in nursing homes. Nurses' capacity to connect with elderly people on a personal level and provide empathetic care improves not just their physical but also their mental and psychological well-being. (Sya'diyah, Nursalam, Mahmudah and Wicaksono 2020: 152). There are three key-ways to help senior citizens deal with loneliness: establishing new networks, participating in leisure activities and preserving connections to one's former life (Naik and Ueland 2020: 7). However, nursing care in these contexts frequently extends beyond

direct health-related activities, embracing several non-nursing obligations that might impair the quality of care. The challenges faced by nurses in nursing homes, reveal that nurses frequently take on non-nursing tasks, housekeeping or administrative duties, which can detract from their ability to focus on patient-centred care. This additional workload can limit their capacity to interact with residents meaningfully, thus affecting their ability to combat loneliness. (Al-Akash et al. 2024: 6.)

3 Purpose, aims and research questions

The purpose of this study is to describe the loneliness of elderly people and the support elderly people received to reduce loneliness in nursing care homes.

The aim of this study is to produce new knowledge that could be utilized in the planning of support systems for reducing loneliness of elderly people in nursing care homes.

The research questions,

- 1) What is loneliness in nursing care homes?
- 2) How to support elderly people to reduce loneliness?

4 Methodology and methods

4.1 Methodology

Understanding people's interpretations of their experiences and how they make sense of the social environment are the main goals of qualitative research. It involves the processes of collecting and analysing descriptive, non-numerical data, like words or images, using text-based, interpretive analysis. Qualitative research is required in health studies for the comprehension of social and cultural factors affecting behaviour and health outcomes. It can validate quantitative evidence, clarify complicated matters like treatment adherence and examine issues that are difficult to quantify. For research on enhancing health care, qualitative research is especially relevant as it can be used with or without quantitative methods to reveal social processes underlying practice, attitudes and policies concerning in health care. (Pope and Mays 2020: 1-5.) It is merely a qualitative study that can understand the event more profoundly within its context more ef-

fectively than statistical models and numbers themselves possibly could have done under quantitative research. In the social and human sciences, qualitative research is a legitimate paradigm for inquiry without comparison to quantitative research. (Cypress 2015: 356). Qualitative methodological approach was used for this study.

4.2 Data collection methods

The main objective of a descriptive review is to determine the extent to which a body of data on a particular research topic matches existing theories, hypotheses, methods or conclusions to identify patterns gaps and trends. Descriptive reviews, as opposed to narrative reviews are based on a systematic and open process including research findings, screening and indexing. The unit of analysis is each study contained within a descriptive overview and authors utilize a published studies database to identify any trends that can be interpreted or create a general conclusion concerning the significance of current conceptualizations, propositions, methods or results. (Paré and Kitsiou 2016: 162-163.) On the other hand, a descriptive review grounds the analysis on the database of all literature that has been published and uses each single study as the unit of analysis. As a result, writers typically have difficulties in making broad conclusions about the comparative strengths of different conceptualizations, theories, methodologies or findings. A descriptive review can be utilized to identify recognizable patterns. (Pare, Trudel, Jaana and Kitsiou 2015: 188.) The descriptive literature review method utilized as the data collection method in this study.

4.3 Data search and selections

The CINAHL and PubMed databases were explored comprehensively. PICO is a framework for defining the scope of literature for a research review, making sure that the included studies are in line with the study's stated purpose. (Purssell and McCrae 2020: 21). To ensure that the study stayed focused on its intended purpose, a PICO tool (Table 1) was utilized to maintain alignment with the research questions. The key concepts were elderly people, loneliness and nursing care homes. The PICO tool was used to plan search phrases utilized for databases. The population of this study is the elderly people; loneliness is the interest and nursing care homes are the context.

Table 1. PICo tool

P (Population)	I (Interest)	Co (Context)
Elderly people	Loneliness	Nursing care homes

Facet analysis is a methodical method of information organization that breaks down a topic into its most basic components and chooses suitable terms to describe them. Every facet should have a complete set of words listed and their contents should not overlap. (Purssell and McCrae 2020: 33.) A facet table (Table 2) has been created in alignment with the study statement. Boolean operators "AND" and "OR" were used to find the relevant articles that were required for the review. CINAHL and PubMed databases were utilized to search articles with the search sentences. A librarian was consulted to obtain guidance for formulating an effective search sentence, which aided in retrieving data from scholarly databases. The search terms used in data collection were (loneliness OR "social isolation") AND (elder* OR "older adults" OR geriatric OR aged OR senior) AND ("care home*" OR "nursing home*" OR "residential care" OR "long-term care" OR "assisted living") AND "nurs*".

Table 2. Facet analysis

Population		Interest		Context
Elderly people (Age 60 and above)	AND	Loneliness	AND	Care homes
OR		OR		OR
Older people		Social isolation		Nursing homes
OR		OR		OR
Older adults		Social with- drawal		Elderly homes
OR		OR		OR
Geriatric people		Social discon- nection		Residential care
OR		OR		OR
Senior people		Being alone		Institutional care
OR		OR		OR
Aged		Solitude		Assisted living
		OR	OR	
			Long-term care	

After determining the search terms, inclusion and exclusion criteria were designed to find appropriate research articles to address the research topic. English language articles were utilized in answering the study questions and demographic group requirements were individuals 60 years and older and those in nursing care homes. In addition, peer-reviewed primary studies were used as criteria according to the Metropolia guidelines. The period between 2019 and 2025 was chosen to ensure the most recent

data available related to the topic. The criteria used for inclusion and exclusion in the literature search are shown below (Table 3).

Table 3. Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
Studies that focus on elderly people in elderly nursing care homes	Studies that focus on elderly people in other places than elderly care homes
Studies focus on age 60 and older people	Studies focus on other age groups people 60 and older
Studies published in English	Studies published in other languages than English
Studies conducted between 2019- 2025	Studies before 2019
Peer-reviewed studies	Non-peer reviewed studies
Primary studies and nursing science articles	Articles other than nursing science articles

The selection of studies according to the predetermined inclusion and exclusion criteria is illustrated in the PRISMA flowchart (Figure 1), which resulted in 344 studies from Pub-Med and 247 articles from CINAHL in the initial searches. Advanced searches were conducted in both databases to find research articles published in English between 2019 and 2025. In the first screening step, 56 articles from CINAHL and 38 articles from PubMed were selected based on their titles, specifically those containing at least two or more of the search terms. In the second step, 27 articles from CINAHL and 20 articles from PubMed were selected after reviewing the abstracts. Full-text screening resulted in selection of 12 articles from CINAHL and 6 articles from PubMed. Finally, two duplicated articles were removed and a total of 16 articles were included in this study. The publication channel, Julkaisuforum (JUFO) was produced by the Finnish scientific community to promote the quality appraisal of scientific study. JUFO publication was used to evaluate the level rating of the journals where the selected articles were found. The JUFO grades of the journals as follows; not available (2 articles),

Level 0 (2 articles), Level 1 (9 articles), Level 2 (2 articles), and Level 3 (1 article). The articles that didn't have JUFO level and JUFO level 0 were selected for the analysis, because they directly address the research question about loneliness in elderly people in nursing care homes. The results are summarized in Appendix 1.

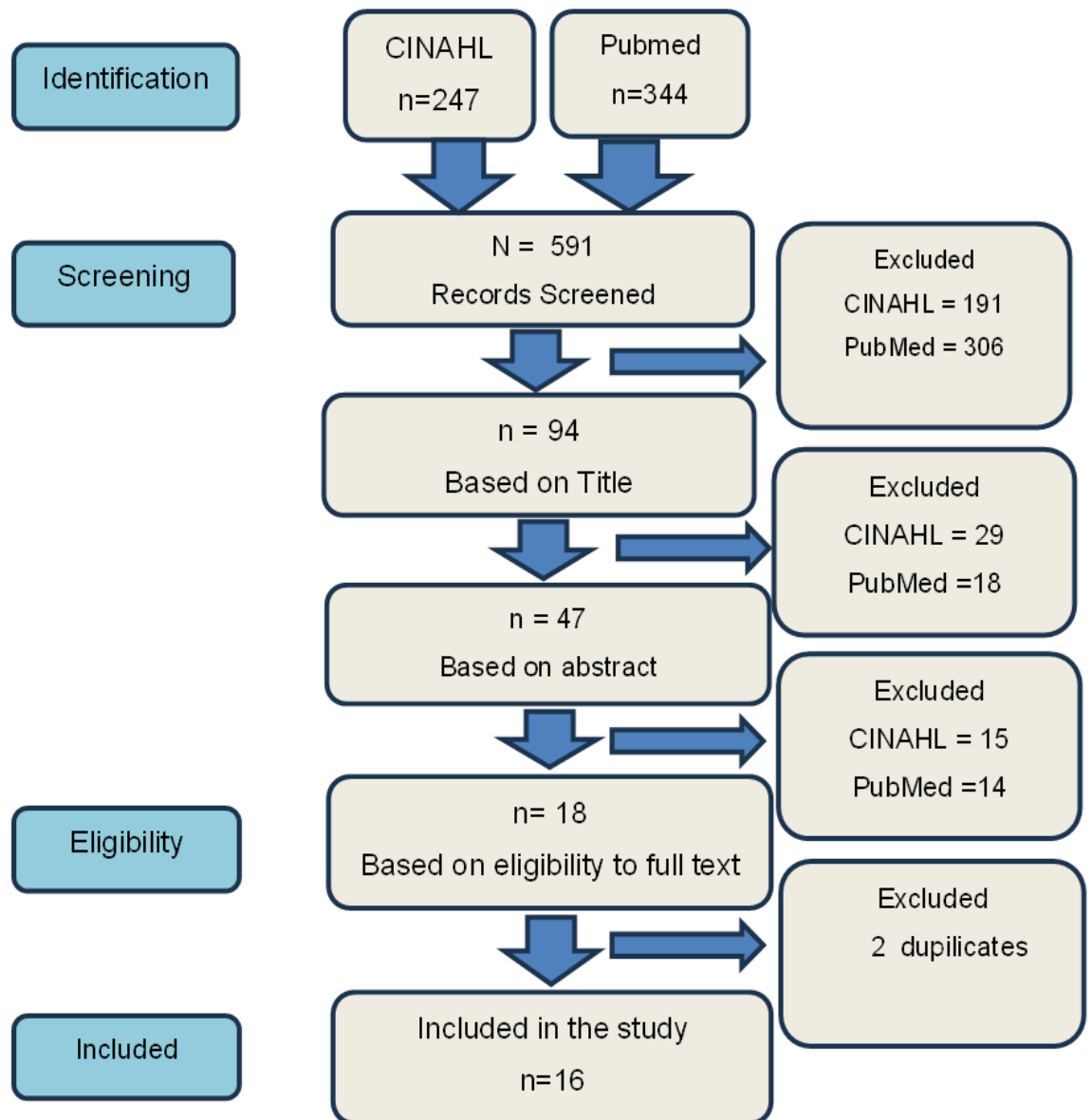


Figure 1. PRISMA chart

4.4 Data analysis method

Inductive content analysis (ICA) is a qualitative data analysis method often used with text-based data and seeks to generate a summary of the content. One of its main characteristics is that the analysis is constructed inductively through a thorough examination of data; codes are created during the analysis based on the facts rather than pre-decided categories. Iterative coding is used in this process and data is analysed and coded iteratively. As new information is discovered within the data, the coding framework is developed and refined. ICA generally produces generic categories and subcategories, which are groups of similar codes. While both thematic analysis and ICA involve coding, ICA is generally considered a preferred option for beginner qualitative researchers, especially in healthcare practice or policy environments. (Vears and Gillam 2022:111-127.)

Table 4. Meaning units and related codes examples

Article number	Meaning unit	Codes
Article 14	My children always comment on my lack of friendships and do not make new friends...feel lonely that my best friends died, and I have nobody to talk to. (Q1)	Lack of friendships
		Best friends died
		Have nobody to talk
Article 12	For residents who had someone to contact outside of the home, connection was facilitated by phone and video calls. Some residents owned tablets or phones and were able to make daily calls to loved ones, which helped reduce their loneliness. For example, Carol reported, 'I don't think I've ever felt lonely. I just pick up the phone'. For others, staff members had approximately six tablets for the facility and used an online booking system to schedule virtual visits. The residents who used the technology found it effective in connecting them with their loved ones. (Q2)	keep connection via phone and video calls
		Institutional facilitation of virtual social contact
		have own tablets or phones
		taking daily calls to loved ones
		effectiveness of using technology to connect with loved ones

In this study, the data in the selected literature articles were analysed using inductive content analysis and articles were thoroughly reviewed to find out relevant information that addresses the research question. Data were collected from 16 articles and summarized in a table (Appendix 2). The meaning units were extracted from the articles and

tagged them with simple meaningful codes. Example of this coding process are presented in Table 4. After that similar codes were grouped into the subcategories (Table 5). Subcategories were further reduced to generic categories and generic categories were further reduced to a main category for each research question that provided answers to each research question.

Table 5. Codes, Subcategories and Generic category example

Code	Subcategory	Generic Category
Reading bible	Religious activities	Individual Coping mechanisms
Visiting church		
praying		
Gardening	Having hobbies	
Reading books		
Playing games with tablet		

5 Results

5.1 Summary of selected articles and analysis

For this descriptive literature review study, 16 articles were selected based on predefined inclusion criteria. All selected studies were peer-reviewed and published between 2019 and 2025. These studies were conducted across various countries, including Canada (n=2), the United Kingdom (n=1), Norway (n=2), Turkey (n=6), Portugal (n=1), China and Sweeden (n=1), Iran (n=1) and China (n=2). These 16 articles were consisted of four qualitative studies, eleven quantitative studies and a single mixed method study. The selected qualitative studies had been performed by Chung, Olofsson, Wong and Rämngård (2020), Ho et al. (2022) Smith et al. (2022), Zamir, Hennessy Taylor and Jones (2020). The quantitative studies had been conducted by Cano, Alves, Pinho and Fonseca (2024), Drageset and Haugan (2021), Ergin, Yildirim, Yildiz and Usenmez (2022), Jamei et al. (2024), Kurt and Alpar (2021), Kuven, Dargest and Haugan (2023), O'Rourke et al. (2023), Savci, Akinci, Usenmez, and Keles (2021), Wang, Zan, Jiang, Shimpuku and Chen (2022), Yıldırım, Çulha, Büyükyılmaz and Ergin (2024) and Öztürk, Bayraktar and Tezel (2023). The mixed method study had been performed by Alici and Kalanlar (2021).

The data were coded and classified into two main categories according to the study question. 2 main categories, 11 generic categories and 37 subcategories were constructed by inductive content analysis. The first main category of loneliness in nursing care homes was constructed with 5 generic categories and 16 subcategories. The second category; strategies to support elderly people in care homes to reduce loneliness was constructed with 6 generic categories and 21 subcategories.

5.2 Loneliness in nursing care homes

The analysed data stated that loneliness in nursing care homes is caused by a lack of social connections, physical and psychological factors, institutional-related factors and economic and other external factors. The impact of loneliness on health and wellbeing also mentioned in this section. Figure 2 shows the results, which obtained for loneliness in nursing care homes.

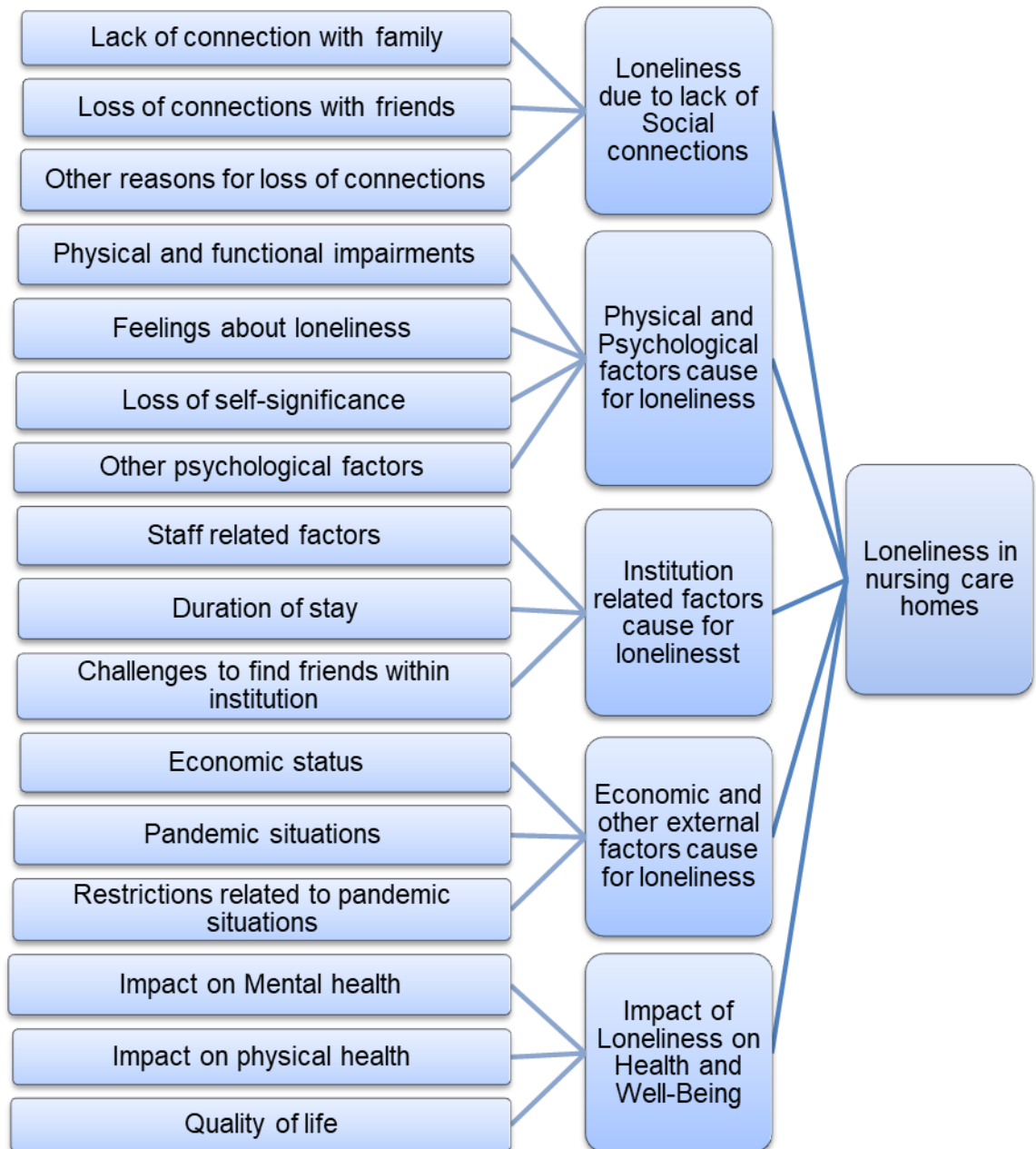


Figure 2. Loneliness in nursing care homes

5.2.1 Loneliness due to lack of social connections

The reviewed literature was stated that the loneliness of elderly people in nursing care homes is caused by a lack of connections with family. Older individuals often feel loneliness when children away or have their own families (Alici and Kalanlar 2021; Chung et al. 2020), family members are unable to visit regularly, they loss attention from family and perceive themselves as a burden or feel no longer useful to their loved ones (Ho et al. 2022). The death of the spouse was the most profound trigger of loneliness. In addition, the death of best friends or away from them and lack of friendships were causes

for the lack of connections with friends (Chung et al. 2020). Being widowed, divorced, or unmarried further increased the sense of loneliness (Wang et al. 2022). Furthermore, feelings of not being understood by others led to reduce communication. Loneliness was described in terms of a lack of relational connectedness, where individuals feel they have no one to talk to, despite possibly being surrounded by people. (Chung et al. 2020:7-9.)

5.2.2 Physical and Psychological factors cause for loneliness

The literature reviewed revealed that loneliness among older adults is a multidimensional experience influenced by various physical and psychological factors. Impaired functionality and functional dependency significantly contributed to the experience of loneliness in older adults (Cano et al. 2024:3155). Diminished physical strength limited participation in leisure activities that they had done before such as hand crafting, thereby reducing opportunities for interaction (Alici and Kalanlar 2021: 1842).

A recurring theme was the feeling of being trapped or feeling "like in a jail" (Smith et al. 2022; Ho et al. 2022). Losing a loved one, especially the spouse was also linked to loneliness, which was often followed by profound grief and emotional emptiness (Smith et al. 2022; Chung et al. 2020). The sense of isolation was often intensified by the perception that loneliness was an inevitable consequence of old age (Ho et al. 2022). Furthermore, the decline in perceived self-worth and the collapse of self-identity emerged as a significant contributor to loneliness. The loss of self-significance led to a diminished motivation to engage socially. (Ho et al. 2022.) A worsening in global cognitive function corresponded with an increase in loneliness (Wang et al. 2022). Moreover, loneliness was described in psychological terms as a lack of understanding from others, a sense of not belonging and feelings of being rejected (Chung et al. 2020). These experiences pointed to the internalized aspects of loneliness, where individuals feel disconnected not only physically but also emotionally and cognitively from their social environment.

5.2.3 Institution related factors cause for loneliness

This study revealed that the structure and staffing of care institutions significantly influence residents' experiences of loneliness. Staff in nursing care homes are often too busy or overstretched to engage in meaningful social interactions with residents. Staff shortages and time constraints were common issues, reducing opportunities for resi-

dents to form emotional connections with staff. (Smith et al. 2022: 7-9.) A longer duration of stay in a nursing care home was frequently associated with increased emotional and social loneliness (Alici and Kalanlar 2021; Yıldırım et al. 2024). Living in nursing care homes presents unique social challenges that can heighten loneliness. Barriers such as cognitive differences, language barriers and restrictions on movement (for example, being unable to visit others' rooms) further limit opportunities for social interaction (Smith et al. 2022: 8). As a result, residents often find it difficult to form peer relationships, contributing to persistent loneliness.

5.2.4 Economic and other external factors cause loneliness

Economic status was also associated with heightened feelings of loneliness. Both low and moderate economic status were linked to increased loneliness (Ergin et al. 2022). Financial limitations may restrict access to supportive services, technologies for communication or social activities, thereby reducing opportunities for engagement and exacerbating feelings of loneliness. A significant external element that dramatically increased older individuals' feelings of loneliness was the COVID-19 pandemic. (Ergin et al. 2022; Ho et al. 2022.) Cancellation of group and religious activities and physical isolation policies in care facilities severely limited interpersonal contact. The inability to attend church or community events and being confined to rooms for extended periods, contributed to a profound sense of loneliness. Additionally, while phone calls offered a limited form of connection, they could not replace the value of in-person interaction. (Ho et al. 2022.) Restrictions on visitation and reduced ability to build outside contact, led to deepened loneliness during the pandemic (Smith et al. 2022).

5.2.5 Impact of loneliness on health and well-being

The psychological burden of loneliness was reflected in increased rates of emotional instability, anxiety, depression and negativity in elderly people who live in nursing care homes (Chung et al. 2020; Wang et al. 2022). Additionally developing dependencies, smoking, as a coping mechanism for loneliness affected to both the mental and physical aspects of health (Yıldırım et al. 2024). Furthermore, loneliness was linked to physical symptoms including sleep disturbances (Wang et al. 2022). These health consequences showed that loneliness not only affects emotional well-being but also manifests in physical symptoms. Loneliness was consistently associated with a reduced quality of life (Kuken et al. 2023; Savci et al. 2021). Analysed data revealed that loneli-

ness negatively affect-ed multiple quality of life dimensions, including mental, social relation and environmental dimensions (Savci et al. 2021). As loneliness increases, overall life satisfaction and psychological resilience decline, it affects negatively to well-being of whole life.

5.3 Strategies to support elderly people in care homes to reduce loneliness

The analysed data determined several factors which can be used to reduce loneliness in elderly people. They were effective social connections, individual coping mechanisms, institutional support, psychological well-being and quality of life, therapeutic interventions and technological involvement was the way to support elderly people to reduce loneliness. Figure 3 shows the results came under the strategies to support elderly people in nursing care homes to reduce loneliness.

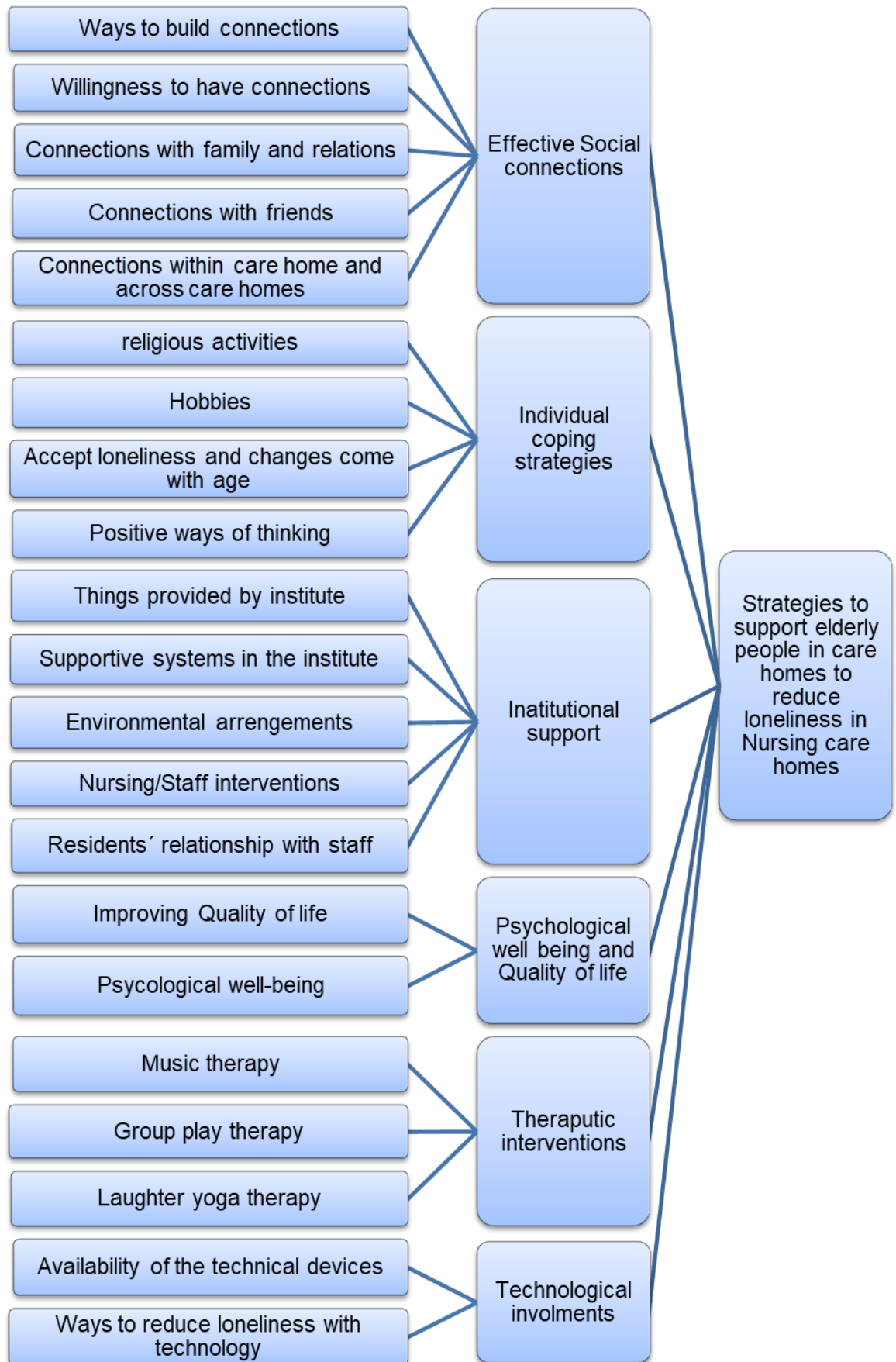


Figure 3. Strategies to support elderly people in nursing care homes to reduce loneliness.

5.3.1 Effective social connections

The establishment and maintenance of relationships with outside parties is an important pathway to reduce loneliness. This includes enabling face-to-face visits from family and friends (Ho et al. 2022: 283; Yıldırım et al. 2024: 444) and providing access to virtual visits, which have been found to decrease feelings of loneliness (O'Rourke et al. 2023: 1337). Loneliness can also be alleviated through interaction-promoting activities, quiz competitions which serve as bridging exercises (Zamir et al. 2020: 7; Chung et al. 2020: 6). Facilitating residents' normal phone calls and face-to-face visits with their loved ones affirms their existing relationships (Smith et al. 2022: 8). Residents' requests for visitation further highlight the importance of these connections (Chung et al. 2020: 7). Additionally, building relationships with other residents and forming new friendships within the assisted living community foster a sense of belonging (Smith et al, 2022: 8). The residents can also strengthen these internal social connections by engaging more in conversations with each other, as revealed by Ho et al. (2022). Yıldırım et al. (2024) also noted that loneliness was reduced among elderly individuals who had family, relatives, or friends and received regular visits.

5.3.2 Individual coping mechanisms

Many elderly people turn to religious activities prayer to reduce their feelings of loneliness, and these practices can offer comfort and support. Participation in leisure activities has also been shown to reduce loneliness by fostering connection and creating a sense of meaning. Hobbies and leisure activities can keep elderly people involved with the world, which can lessen the negative consequences of loneliness and provide a sense of fulfilment. (Ho et al. 2022: 285.) Engaging in hobbies can also serve as a significant coping strategy for elderly people. Their ability to cope with aging and their perception of aging depend on their attitude toward the aging process. A positive attitude may lead to more effective coping strategies, including participation in hobbies. (Alici and Kalanlar 2021: 1842.) Acceptance is also regarded as an important coping strategy. In seeking to regain a sense of balance, some elderly people learn to accept loneliness and the changes associated with aging. A positive attitude can help people generate new motives in life, which in turn can enable them to cope with existential loneliness better. (Chung et al. 2020: 8.)

5.3.3 Institutional support

Institutions can help individuals feel less lonely by providing a range of supportive services. Two key examples are the provision of meaningful connections and providing opportunities for engaging in meaningful activities. (Smith et al. 2022: 8.) In addition to helping elderly individuals participate in enjoyable activities and reflect proudly on their lives, institutions play a vital role in supporting emotional well-being (Chung et al. 2020). Building strong support systems with recreational activities and the reinforcement of optimism was an important aspect of institutional support, which can greatly reduce feelings of loneliness. Where possible, nursing homes can plan activities like music therapy, happy hours and outdoor concerts along with offering amenities like TVs, art kits, radios and books. So residents do not feel so isolated. Moreover, the way an institution is organized plays a significant role; the well-being of residents is strongly influenced by a pleasant physical environment and by staff who show acceptance and appreciation. (Smith et al. 2022: 8.) Nursing interventions are also essential in preventing loneliness among older adults. These include facilitating activities encourage alternative self-interpretation, which helps residents find new meaning in their lives. (Ho et al. 2022:285.) Positive relations between staff and residents are important, since they influence residents' well-being and reduce feelings of loneliness (Smith et al. 2022: 8). Furthermore, positive nurse-patient interactions have been linked to lower levels of loneliness in cognitively unimpaired nursing home residents, underscoring the important role nurses play in emotional care (Drageset et al. 2021: 828).

5.3.4 Psychological well-being and quality of life

Ergin et al. (2022) stated that there is a strong correlation between economic status and psychological well-being, with lower economic status individuals being more affected. Social support and building social networks for active aging and the role psychological well-being have contribute towards healthy aging. Loneliness and psychological well-being are negatively correlated and are both largely influenced by economic standing. Therefore, the study recommends that health and community planners prioritize assistance to older people, particularly those of lower socioeconomic status, to enhance their overall well-being. This can alleviate loneliness by addressing the problem of how loneliness is related to socioeconomic and psychological well-being. According to Savic et al. (2021), there are several crucial actions that may be taken to enhance the quality of life for elderly adults living in nursing care homes. These include prioritizing mental health protection, developing consistent sleeping routines and actively reducing loneliness. To avoid loneliness and improve quality of life, it is essential

to provide various means of communication, including telephone, email, video chatting and mobile apps.

5.3.5 Therapeutic interventions

Therapeutic interventions were significant strategies for alleviating loneliness and promoting healthy aging among elderly people. Group play therapy, which combines traditional and contemporary games has been found to significantly reduce loneliness among elderly people, making it a potentially effective intervention in hospitals and nursing homes. (Jamei et al. 2024: 1075.) Another effective strategy is music therapy; older adults in nursing care homes who listen to instrumental music daily reported feeling significantly less lonely. (Kurt and Alpar 2021: 935.) A non-pharmacological method known as laughter yoga has also been shown to enhance psychological resilience, improve quality of life, and reduce loneliness among elder people, indicating that it is a suitable physical and social activity for the elderly (Öztürk et al. 2023: 212).

5.3.6 Technological involvement

Zamir et al. (2020) emphasize technology can play a significant role in reducing loneliness among elder people. For example, video calls via platforms; FaceTime, Zoom, and Skype can enhance social interaction among elderly individuals and their peers. These video calls allow elderly people to see the faces and surroundings of others, which they often find enjoyable. Devices like the Skype TV or even the "Skype on Wheels," a wheeled device that holds an iPad, can be utilized to simplify this process. Smith et al. (2022) note that many nursing care homes use technology, including phones and tablets to allow virtual visits and activities. Staff members also shared devices with residents, and those who owned personal devices used these for daily communication. These technological interventions, including virtual visits, events, and ceremonies provided valuable opportunities for continued social connection and emotional support for elderly people.

6 Discussion

6.1 Main results

This study shows that loneliness in nursing care homes is caused by a lack of social connections like lack of connections with family, lack of connections with friends or loss of loved ones. The findings were consistent with the findings of the study by Li et al.

(2021), which suggests that loneliness among elderly patients in nursing homes is more intense for those without regular family visits or meaningful interactions. According to Söderman and Arvidsson (2024) elderly people who do not have loved ones feel lonely more than others and the death of the family members or other loved ones cannot be replaced by new social connections. Another study mentioned that a lack of social connections and loss of friends were contributing factors to loneliness (Lapane et al. 2022). Furthermore, people who did not have their children (Zhang et al.2024) and did not meet relatives (Zhang et al.2024; Dobarrio-Sanz et al. 2021) have high loneliness levels.

Physical dependency and functional impairments were frequently cited as contributing to loneliness. This aligned with Naik and Ueland (2020), who emphasize that reduced functionality limits opportunities for engagement and interaction. From a psychological standpoint, feelings of loneliness, grief and emotional emptiness following the loss of a spouse or friend were considerable. Numerous inhabitants expressed a sense of restriction (Söderman & Arvidsson-Lindvall 2024). Prohaska et al. (2020) and Li et al. (2021) observed that this internalized loneliness can negatively impact mental wellness and the inclination for social interaction. Furthermore, mental decline was associated with increased loneliness. Residents with reduced cognitive abilities found it more challenging to form new relationships or engage in conversations, reinforcing the findings of Chapman et al. (2024), which link cognitive impairments to greater social isolation in caregiving environments.

On the other hand, loneliness significantly affects both mental and physical well-being. Residents described experiencing symptoms like anxiety, depression, mood swings, and sleep issues, reflecting the conclusions of Lapane et al. (2022) and Naik & Ueland (2020), who highlighted loneliness as a factor in deteriorating physical and emotional well-being. Furthermore, the data indicate that loneliness correlates with a decline in quality of life, encompassing social, psychological and environmental aspects. These effects support Li et al. (2021), who discovered that self-significance and psychological well-being serve as important mediators of loneliness within nursing care homes.

The structure and staffing of nursing care homes also contributed factors to loneliness. According to Al-Akash et al. (2024), non-nursing responsibilities and institutional restrictions limit the time nurses have for providing emotional support, a crucial factor in alleviating loneliness. While nurses are acknowledged as key providers of emotional support (Naik & Ueland 2020), their capacity to engage meaningfully with residents is

frequently restricted. The length of time spent in a nursing home was also a significant consideration. Extended institutionalization, particularly when paired with challenges in developing new relationships due to cognitive disparities or language obstacles, resulted in increased emotional loneliness, reinforcing previous results from Gardiner et al. (2020). According to Guraner et al. (2023) pandemic situations (COVID-19), significantly hindered visitation, resulted in the cancellation of group activities, and caused many residents to remain in their rooms, conditions that were said to exacerbate feelings of loneliness.

This study states that a crucial strategy for reducing loneliness consisted of encouraging significant and frequent social interactions. The results indicated that residents gained from preserving existing relationships as well as developing new ones. These findings, consistent with earlier studies, indicated that isolation in care facilities is frequently associated with diminished communication with relatives, friends, and the broader community (Gardiner et al. 2020; Prohaska et al. 2020). Supporting older people in maintaining and forming social interactions should be considered as a foundational strategy to reduce emotional and social loneliness.

According to the current study individual coping mechanisms help to cope with loneliness. These involved participating in spiritual activities (like prayer and studying religious books), hobbies (such as gardening and reading), and cognitively reinterpreting loneliness as an aspect of getting older. Accepting life's changes and concentrating on the present helped residents alleviate emotional suffering. These coping strategies align with the conclusions of Li et al. (2021), who highlighted that self-acceptance and meaning making can alleviate the emotional impact of loneliness.

Institutional support was another effective strategy that helped to reduce loneliness as mentioned in this study. Nurses who demonstrated kindness and empathy were effective in reducing loneliness and enhancing residents' well-being. This aligns with Sya'diyah et al. (2020), who discovered that loneliness diminished when nursing personnel were viewed as empathetic and involved. The general quality of relationships between residents and staff significantly contributed to decreasing feelings of loneliness. When residents felt valued, engaged in decision-making, and acknowledged by staff, they expressed a heightened sense of trust and comfort. The sense of being acknowledged and listened to by nurses promoted psychological safety and a sense of belonging. This agreed with the research by Söderman and Arvidsson-Lindvall (2024), which emphasized the importance of respectful dialogue and involvement in care choices. Living

arrangements were found to influence loneliness levels. Shared rooms, constant staff presence, and a socially active environment helped reduce loneliness. Chapman et al. (2024) observed that physical obstacles like mobility or communication difficulties can worsen feelings of loneliness.

In addition, the results of this study emphasized that mental health and loneliness were interlinked when psychological well-being improves, loneliness often decreases. Lapane et al. (2022) and Naik and Ueland (2020) have shown that untreated loneliness is associated with depression, cognitive decline, and even mortality. Furthermore, this study indicates that therapeutic interventions, such as music therapy, group play, and laughter yoga, were important tools in reducing loneliness. Gardiner et al. (2020) confirmed that regular participation in organized group activities can reduce loneliness in nursing care homes. These activities not only take up time but also improve emotional and cognitive involvement.

This study contained strengths as well as limitations. It utilized the articles from a diverse range of both developed and developing countries, which represents a key strength of this study. However, a limitation is that few of the included articles were published in journals that do not have a JUFO level rating. Additionally, this study relied exclusively on articles published in the English language. It was a limitation as this study missed the data from other language articles.

6.2 Ethics and validity

The ethical guidelines established by the Finnish National Board on Research Integrity were followed in conducting this thesis (TENK 2023) and the European Code of Conduct for Research Integrity (ALLEA 2023) establishes the fundamental values of research integrity that this thesis adheres to: responsibility, honesty, respect, and reliability. These principles informed all stages of the study process, including source selection, data management, and reporting findings. The ethics exist throughout the whole process of research, from choosing a topic for research to data collection, data analysis and reporting study findings. There are two major pillars of research ethics. Ethical principles to safeguard study participants form one sector of research ethics. Since the second branch is focused on professional standards for ethical research, it operates towards ensuring excellent scientific practice and publicly accountable research. (Kyngäs, Mikkonen and Kääriäinen 2020: 49–50.)

Plagiarism constitutes a core breach of research ethics and represents one of the most considerable dangers to the credibility and integrity of academic work. It entails claiming someone else's ideas, information, or written material as your own without giving proper credit. As stated by the Finnish National Board on Research Integrity (TENK 2023), these practices directly contradict the principles of responsible research conduct, which highlight honesty, precision, efficiency, and impartiality during the research process. Plagiarism was a major concern during the study period. So the points taken from supportive articles were written with own words to avoid plagiarism.

The degree of accuracy which the research or test measures what it should measure is called validity. Being reliable in test-retest and internally consistent when coming up with experiments enables researchers to make sure that the findings obtained are faithful to the target behaviour, demonstrating the validity of the study. The validity of qualitative research depends on how rigidly the scientific process has adhered to produce results that will exhibit trustworthiness, utility and dependability based on the precision of the instrument scores and interpretations. To enhance validity, any study must be well planned for quality control with new approaches including suitable recruiting tactics, data collection, data analysis, sample size, and real-life situation-representing criteria. (Karina 2024:139.)

The validity and ethical standards were followed throughout all phases, including planning, execution and reporting. In this study was chosen to set of sources, which are adequately acknowledged with proper citations and an exhaustive list of references. The writing and data handling practices during the research process followed the Metropolia Guidelines (2024). The literature review applied strict inclusion and exclusion criteria to guarantee the quality and appropriateness of the sources. Only primary and peer-reviewed publications were used, guaranteeing that the study's foundation is credible and reliable data.

A specialist librarian guided regarding search terms to ensure that the data collection process was correct and suitable. Primary sources of the journal articles were credible scientific databases such as CINAHL and PubMed that were acknowledged by the library of Metropolia University of Applied Science. The chosen papers to verify that they fulfilled the inclusion criteria and satisfactorily addressed the research question underwent a rigorous and systematic review. Several screening processes were included in the assessment process to ensure the integrity of the review. JUFO was used to assess the quality of journals those selected articles taken. The supervising teacher was

also consulted to make sure that anything that indicated problems was included to improve our group collaborative evaluation criteria, one member in the group was permitted to critically analyse another's paper. In the writing process adhered to Metropolia writing guidelines (2024). These elaborate procedures ensured the credibility, transparency and accountability of the thesis and upheld the highest standards of ethics in this thesis.

6.3 Conclusion and utilization of the result and recommendation

This literature review contained the objective of presenting a detailed insight into the experience of loneliness among elderly individuals in nursing homes and determining effective interventions to enable their support. The findings indicate that loneliness is extensive and urgent in this population, influenced by an intricate interplay of complex factors that occur in covarying relations. These consist of the absence of effective social contacts and networks, the presence of physical and psychological conditions inhibiting social activity and institutional factors such as restrictive routines and environments that are not socially supportive. Economic constraints, which may limit access to activities and resources that would assist in alleviating loneliness are also implicated. The review enumerated several effective interventions in alleviating loneliness, including interventions in enhancing social connections through group activities and peer support and approaches in enhancing individual coping and resilience. It has been established that nurses play a vital role in assisting elderly people and minimizing their sense of loneliness. However, their ability to provide care for the whole person, including attending to the social and emotional needs of residents is often undermined by the burdens of non-nursing responsibilities and systemic constraints within the context of the care home.

The results of this research have implications for enhancing the health of older adults residing in nursing care homes. The results can be used to guide the creation of personalized treatment and support services that meet the unique needs of this population and decrease the prevalence and burden of loneliness. Healthcare providers, including nurses, social workers and therapists may employ these findings to enhance their practice and provide more person-centred care. Administrators and policymakers may employ these findings to design supporting environments and programs that promote social interaction, provide emotional support and enhance residents' overall quality of life. Specifically, this may involve the redesign of care home facilities, staffing arrangements and activity timetables. Furthermore, the findings can be incorporated into training

courses for healthcare professionals to raise awareness of the multifactorial determinants of loneliness among older care home residents and the importance of tackling this issue through holistic and compassionate care.

This review highlights the need for increased research to develop, test and refine interventions that will reduce loneliness among nursing home residents. Upcoming research must employ sound methodologies, including longitudinal study designs and randomized controlled trials, to assess the efficacy of different approaches. These investigations also need to consider the specific interests, needs and cultural patterns of older residents and study the effects of a range of interventions (e.g., social activities, technology-based interventions such as virtual reality, videoconferencing), individualized counselling and support. In addition, greater emphasis must be placed on the identification and redress of the underlying systemic determinants of loneliness in nursing care homes. This would require an examination of the impact of staff numbers, training, organizational policy and the physical care home environment on residents' social health. Future research must also examine the cost-effectiveness and merits of a range of interventions, to inform the effective use of resources and policy development.

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Database search results

Data base	Search terms	Limiters	Total number of hits	Selected based on title	Selected based on Abstract	Selected based on full text
CINHAL	(loneliness OR "social isolation") AND (elder* OR "older adults" OR geriatric OR aged OR senior) AND ("care home*" OR "nursing home*" OR "residential care" OR "long-term care" OR "assisted living") AND nurs*	Past 5 years	247	56	27	12
PubMed	(loneliness OR "social isolation") AND (elder* OR "older adults" OR geriatric OR aged OR senior) AND ("care home*" OR "nursing home*" OR "residential care" OR "long-term care" OR "assisted living") AND nurs*	Past 5 years	344	38	20	6

Appendix 2. Summary of reviewed articles

Article number	Author, year and country	Title	Aim	Study design and analysis	Participation	Results	Limitations	JUFO level
Article 1	Alici and Kalanlar 2020 Turkey	Attitudes toward aging and loneliness among older adults: A mixed methods study	To investigate attitudes toward aging and loneliness in Turkish older adults living at a nursing home	A convergent mixed methods design and descriptive statistics analysis	110 older adults in an Elderly Care and Rehabilitation Center	Significant positive correlations emerged between loneliness, attitudes toward aging, and selected sociodemographic characteristics. Social loneliness was positively correlated with the duration of stay in the nursing home ($r=0.404, p<0.01$) and negatively correlated with marital status ($r=-0.357, p<0.01$). There was a positive correlation between emotional loneliness and educational level ($r = -0.300, p<0.01$). Most of the participants attributed their loneliness to their advanced age. They believed that they were	1. participants were recruited from one nursing home and the sample comprised mostly well uneducated older adults. Thus, the results may not generalize to people 'from other nursing homes or those living in their own homes. 2.mental health problems which	1

						lonely because they were old. They felt lonely even though they were living in a crowded nursing home. The participants perceived old age as a period of loss. In particular, it was a period during which they had lost the important people in their lives.	can affect loneliness were not imposed for the inclusion of participants in the study.3.qualitative data was collected from only women participants.	
Article 2	Cano, Alves, Pinho and Fonseca 2024 Portugal	Functional capacity of institutionalized older people and their quality of life, depressive symptoms and feelings of loneliness:	To evaluate association between the functional profile of institutionalized older adults and their quality of life (QoL), depressive symptoms	A Quantitative,cross-sectional study. Linear regression and unconditional binary logistic regression models were com-	1396 participants 65 years or older from 19 residential facilities in Alentejo, Portugal	The mean score (SD) for depressive symptoms was 5.1 (5.0), and that for feelings of loneliness was 29.5 (10.2) Among the participants without cognitive deterioration, QoL was inversely associated with the functionality score in the four dimensions evaluated, whereas depressive symptoms and feelings of loneliness were directly associated with higher levels of functional dependence.	The cross-sectional nature of the study prevents the establishment of casual relationships. Data collections by the institution's health professionals may have influenced participants' responses.	0

		a cross-sectional study	and feelings of loneliness.	puted to analyze the data.				
Article 3	Chung, Olsson, Wong and Rämgård 2020 China and Sweden	Overcoming existential loneliness: a cross-cultural study	To describe the experience and coping of existential loneliness in Hong Kong Chinese and Swedish older adults living in long-term care facility (LTCF).	A qualitative study using Thorne's (2004) interpretive description, methods-the methods involved two series of semi-structured interviews with participants, analysed	Thirteen Chinese and 9 Swedes living in long-term care facility (LTCF) in Hong Kong, China and Malmo, Sweden	The core theme of "overcoming existential loneliness" (EL) described the participants' experience of EL, which came about through the combined process of "Feeling EL" and "Self-Regulating". Both Chinese and Swedish participants had similar experience with EL. Realizing that they did not want to live with EL anymore, they coped by reframing their experience and identifying new meaning in their life.	The study did not explicit limitation	2

				using thematic analysis				
Article 4	Drageset and Haugan 2021 Norway	Associations between nurse patient interaction and loneliness among cognitively intact nursing home residents a questionnaire survey	To contribute to this knowledge gap by investigating the prevalence of loneliness and its association with nurse patient interaction among cognitively intact nursing	A quantitative cross-sectional observation study, a questionnaire survey. Analysis descriptive statistics were used for demographic variables and the NPIS scale. Logistic regression	188 residents 65 years and older from 27 nursing homes with 3 months' residence	Eighty-eight (47%) respondents reported loneliness often or sometimes and 100 (53%) rarely or never. Adjusted for sex and age, 10 of the 14 NPIS items were significantly correlated with loneliness	The study relied on a single-item question to assess loneliness, which may not fully capture the complexity of loneliness (emotional and social dimensions). Exclude residents with dementia, limiting the generalizability of the findings.	1

			home residents in Norway	was used to analyze the association between NPIS items and loneliness.				
Article 5	Ergin, Yildirim, Yildiz and Usenmez 2022 Turkey	The relationship of death anxiety with loneliness and psychological well-being in the elderly living in a nursing home	To identify relationship of death anxiety with loneliness and psychological well-being in the elderly living in a nursing home	A quantitative descriptive correlation study analyzed by descriptive statistics such as number, percentage mean and standard deviation	165 nursing home residents living in a nursing home in Istanbul, Turkey	The elderly participants had a mean score of 6.10 ± 3.50 on the DAS (Death and Anxiety Scale), 9.01 ± 4.08 on the LSE (Loneliness in the Elderly Scale) and 38.97 ± 10.05 on the Psychological Well-Being Scale. A weak and negative correlation was found between psychological well-being and loneliness ($p < 0.001$). As the mean score of psychological well-being increased, the mean score of loneliness decreased.	The study was conducted in a single center	1

						Economic status was significantly related to loneliness and psychological well-being with lower economic status associated with higher loneliness and lower psychological well-being.		
Article 6	Ho et al. 2022 China	Implications of COVID-19 on the Loneliness of Older Adults in Residential Care Homes	To address the pressing need to explore the lived experiences of loneliness during a pandemic crisis	A qualitative study. This study employed hermeneutic phenomenology. Thematic analysis was guided by Van Manen's approach.	Older adults aged 60 years or above were recruited from RCHs if they were residents during the COVID-19 outbreak in Hong Kong	The essence of loneliness of older adults in RCHs was uncovered as: "A deprived sense of self-significance in a familiar world contributes to older adult's disconnection with prior commitments." Two themes described the process by which the COVID-19 pandemic structured the vulnerability of self-interpretation of older adults in a familiar world, and the mitigation of loneliness by developing alternative self-interpretation. They are "From collapse to dissolution of self-understanding" and "Restoring meanings by establishing	The study did not explicit the limitation	3

						connections with entities.		
Article 7	Jamei et al. 2024 Iran	Effect of group play therapy as holistic geriatric interventional modality on feelings of loneliness among older people: A randomized control trial	To explore the impact of group, play therapy on reducing feelings of loneliness among older individuals.	A quantitative study. A randomized clinical trial used with a parallel-group design with two arms	60 older adult participants from two governmental health centers in Mashhad, Iran.	There was a significant decrease in feelings of loneliness in the intervention group compared with the control group ($P < 0.001$). Additionally, a significant difference in feelings of loneliness was observed within the intervention group between baseline and follow up ($P < 0.001$). The results of the Wilcoxon test for within-group comparisons highlighted that the mean loneliness scores in the intervention group participants significantly differed between the pretest and post-test ($P=0.001$). These results support our hypothesis and show the effectiveness of group play therapy in reducing the feeling of loneliness among older people.	The use of a convenience sample was one of the limitations of this study. to other older adults.	1

Article 8	Kurt and Alpar 2021 Turkey	The effect of music therapy on the Sense of loneli- ness of el- derly living in nursing home	To deter- mine the ef- fect of mu- sic therapy on the feel- ing of loneli- ness of the elderly living in the nursing home.	A quantita- tive study. This re- search was carried out as a pretest- post-test control- group de- sign experi- mental Study. Data were evalu- ated using descriptive statistical methods.	sample was 38 elderly in- dividuals among this population who could communicate verbally and have no diagnosed psychiatric disease.	Elderly individuals in the interven- tion and control groups were found to be similar in terms of introductory features ($p>0.05$). After the music therapy applied to the elderly indi- viduals in the intervention group, it was determined that there was a statistically significant difference be- tween the average of UCLA Loneli- ness Scale in the last measurement of the elderly individuals in the inter- vention and control groups ($p<0.05$). Total mean score of UCLA Loneliness Scale was found to be significantly lower in the intervention group which was applied music therapy ($p<0.001$).		1
Article 9	Kuven, Dargest and Haugan 2023 Norway	Quality of life and nurse– pa-	To investi- gate the as- sociation between perceived	A quantita- tive cross- sectional design. We used the	188 residents in 27 nursing homes re- sided in two large urban	Adjusting for age, sex, anxiety, de- pression and loneliness, perceived nurse–	Using just one item, it is not possible to distinguish be- tween social and	Not availa- ble

		<p>tient interaction among NH residents: Loneliness is detrimental, while nurse– patient interaction is fundamental</p>	<p>nurse patient interaction and quality- of life among nursing home residents, adjusted for loneliness, anxiety and depression</p>	<p>SPSS for Windows Version 28.0 for all statistical analyses, applying a significance level of .05.</p>	<p>municipalities in Middle and Western Norway</p>	<p>patient interaction was statistically significant to quality- of- life. While anxiety and depression showed insignificant estimates, loneliness demonstrated a significant relation with quality- of- life. Nurse– patient interaction and loneliness explained together 25% of the variation in quality- of- life.</p>	<p>emotional loneliness. A broader and more nuanced concept of loneliness might show different results. The interviewers visited the participants to help complete the questionnaire; this might have introduced some bias.</p>	
Article 10	O'Rourke et al. 2023 Canada	<p>Connecting Today: Feasibility and acceptability of a remote</p>	<p>To assess the feasibility and acceptability of 'Connecting Today', a remote</p>	<p>A quantitative quasi-experimental study. Data were analyzed</p>	<p>Residents ≥ 65 years old with a dementia diagnosis from two</p>	<p>Of 122 eligible residents, 19.7% (n = 24) enrolled (mean age = 87.9 years, 70.8% females). Three residents withdrew from the study before the first week of calls. Among 21 remaining</p>	<p>Limitations of this study included a smaller-than-required sample size to estimate resident mood each week due to missing</p>	1

		visiting program for people living with dementia in long-term care homes	visiting program designed for use with care home residents living with dementia.	with descriptive statistics.	care homes in Alberta, Canada	residents, 62%–90% completed at least 1 call each week. All the calls were completed by video conference, rather than by phone. Alertness and pleasure were observed for ≥92% of residents during calls. The 24 contacts rated Connecting Today as logical, effective and low risk.	data; lack of cultural diversity; and we did not recruit anyone living with mild dementia.	
Article 11	Savci, Akinci, Usenmez, and Keles 2021 Turkey	The effects of fear of COVID-19, loneliness, and resilience on the quality of life in older	To evaluate the fear of COVID-19, loneliness, resilience, and quality of life levels in older adults in a nursing home dur-	A quantitative study. This study was designed as a descriptive and correlational study. To analyse the data, the SPSS22 (Statistical	The study population included 440 older adults residing in a nursing home affiliated with the Istanbul Darulaceze Directorate of Hospice	Age, and MMSE and LSE(loneliness scale of elderly) scores significantly affected the psychological dimension ($R^2=0.364$, $p<0.01$). Also, the MMSE, FCV-19S, and LSE scores significantly affected the social relations dimension ($R^2=0.234$, $p<0.01$) while MMSE, FCV-19S, and LSE scores significantly affected the environmental dimension ($R^2=0.351$, $p<0.01$).	This study has a single-centre design and is limited by its small sample size. The participants include older adults who can fill out the Google survey form link (sufficient cognitive levels, speak	1

		adults living in a nursing home	ing the pandemic, and the effects of these variables and descriptive characteristics on their quality of life.	Package for Social Sciences Inc,IL,USA) package program was used.	between April 5, 2021 and May 20, 2021.		and understand Turkish) and, therefore, the results cannot be generalized to the overall of older adults in a nursing home during the pandemic	
Article 12	Smith et al. 2022 Canada	Exploring experiences of loneliness among Canadian long-term care residents during the COVID-	To investigate resident experiences of loneliness during the COVID-19 pandemic in Canadian LTC homes to offer lessons	A qualitative study. The study uses Collaborative Action Research (CAR) methodology. The thematic analysis was performed to	15 residents and 16 staff members were recruited from two large urban Canadian Long term care homes with large	Four themes were identified. The first two themes characterise what commonly generated feelings of loneliness amongst residents, including (1) social isolation and missing their family and friends and (2) feeling hopeless and grieving for lives lost. The second two themes describe what helped residents alleviate loneliness, including (3) social	A limitation of this study is a potential lack of transferability.	1

		19 pandemic: A qualitative study	learned and implications	identify themes.	outbreaks and fatalities	support and (4) creating opportunities for recreation and promoting positivity.		
Article 13	Wang, Zan, Jiang, Shimpuku and Chen 2022 China	Association between loneliness and its components and cognitive function among older Chinese adults living in nursing homes: A mediation	To investigate the associations between loneliness and its components and cognitive function among older Chinese adults living in nursing homes and to test whether depressive	A quantitative cross-sectional study using an in-person survey	228 Chinese individuals aged ≥ 65 years living in 25 nursing homes in Xuzhou, Jiangsu, China	A higher degree of loneliness was significantly associated with worse global cognitive function. Loneliness components, personal feelings of isolation and the lack of relational connectedness, were also inversely associated with cognitive function. Significant indirect effects on cognitive function were observed for loneliness and its two components (personal feelings of isolation and the relational connectedness) in mediating pathway via depressive symptoms, anxiety symptoms, and sleep disturbances.	The study did not explicit the limitation	2

		of depressive symptoms, anxiety symptoms, and sleep disturbances	symptoms, anxiety symptoms, and sleep disturbances mediate these associations.					
article 14	Yıldırım, Çulha, Büyükyılmaz and Ergin 2024 Turkey	Investigation of the Loneliness Perceptions and Psychological Dependence on Smoking in Elderly Individuals	To determine the relationship between loneliness perceptions and psychological dependence on smoking in	A quantitative descriptive and relationship seeking study design was used. Data were analysed using SPSS 22	The population of the research consisted of 275 elderly people who lived in the nursing home and smoked	Their mean score was 12.85 ± 4.79 on the total loneliness scale and 53.91 ± 10.83 on the TAPDS. A positive significant relationship was determined between loneliness and psychological dependence on smoking ($p < 0.05$). It was found that the variables of elderly individuals' status of seeing family members, relatives, or friends, having visitors and the duration of stay in the nurs-	Data about loneliness perceptions and psychological dependence on smoking is limited to the sample included in this study.	Not available

		Living in Nursing Homes	elderly people living in nursing homes.	statistical software for Windows (SPSS, Chicago, IL, USA).		ing home affected the level of loneliness and that the number of cigarettes smoked a day was effective in psychological dependence on smoking ($p < 0.05$)		
Article 15	Zamir, Hennesy, Taylor and Jones 2020 UK	Intergroup 'Skype' Quiz Sessions in Care Homes to Reduce Loneliness and Social Isolation in Older People	To explore whether inter-care home video call between care homes could help reduce loneliness and social isolation among	A qualitative Collaborative Action Research design (CAR) and thematic analysis was used to analyse the qualitative data (field notes and	Twenty-two residents from three British care homes, along with 8 care home staff members	Inter-care homes video calls are acceptable and feasible for reducing loneliness and social isolation in older adults. The sessions fostered new friendships and a sense of connection among residents. Quizzes are effective in engaging residents in video calls. Skype Tv was generally preferred over the portable device. Organizational issues within care homes, like staff availability, can hinder long-term implementation.	The study design didn't measure the specific effects of the quiz versus the social interaction. It also didn't differentiate between the effects of socialising within the care homes versus socialising across care homes.	0

			older people	interview transcripts)				
Article 16	Öztürk et al. 2023 Turkey	The effect of laughter yoga on loneliness, psychological resilience, and quality of life in older adults: A pilot randomized controlled trial	To examine how laughter yoga affects the loneliness, psychological resilience, and quality of life of older adults living in a nursing home.	A quantitative pilot randomized controlled experimental design. The data were analysed using the Statistical Package for the Social Sciences version 25.0.	The population of this study consists of 187 older adults living in a nursing home in Ankara-Turkey.	A statistically significant difference was found between the groups' mean post-test scores for loneliness, psychological resilience, and quality of life ($p < 0.05$) after the laughter yoga sessions. The eight-session laughter yoga program was found to reduce loneliness and increase resilience and quality of life in older adults.	Cognitive function screening was not performed in this study, which can be considered a limitation. Finally, processes other than the laughter yoga sessions could not be controlled for either group	1