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Preventing Loneliness in Elderly Care

A Descriptive Literature Review

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Abstract

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One critical and growing concern among the elderly in the care home may thus be loneliness, which affects their mind and body. The descriptive literature review was done to describe the loneliness in elderly care in care homes. The study aimed to produce new knowledge for preventing loneliness among the elderly people.

Data was collected from Cinahl, PubMed and Google scholar. Ten articles that were published between 2015 and 2024 were selected. Inductive content analysis was done to analyse the data.

The study had considered risk factors that are likely to lead to loneliness, such as bad family relations, problems in keeping a network of loved ones, few leisure activities, and the stressful process of living in nursing homes. It also investigates emotional pain as an important component of loneliness. Preventive measures discussed are music therapy, positive relations, and digital communication tools to compensate for the lack of social contacts.

It is comprehensive in terms of mitigating loneliness and improving the quality of life of care home residents at the level of the individual and society. The findings will guide health providers in implementing effective measures to address this pressing issue.

Keywords: Preventing Loneliness, Elderly Care, and Nursing Home

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

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1 Introduction

Elderly loneliness is a widespread and critical problem that needs our focus and creative solutions. Seniors' social and emotional wellbeing is becoming a more pressing issue as countries throughout the world see demographic transitions toward an aging population. Preventing loneliness has become a critical component of holistic healthcare in the context of elder care. This introduction talks about the complex nature of loneliness in older adults and emphasizes the need for comprehensive solutions to lessen its effects. (Heidari et al. 2016.)

A person's experience of isolation may increase as they age because of the various life changes that come with it, including retirement, losing loved ones, and even deteriorations in physical health. Elderly people who experience loneliness may have long-term negative effects on their mental and physical wellbeing. Research has connected loneliness to a number of health concerns, such as immune system dysfunction, depression, and cardiovascular disorders. Loneliness also has an impact on one's general quality of life and places additional strain on healthcare systems. Its effects go beyond the person. (Andrew and Meeks 2016.)

A comprehensive strategy that takes into account the social isolation-causing elements of society as well as the individual is needed to prevent loneliness in elderly care. Initiatives to promote community involvement, intergenerational exchanges, and meaningful social participation are being established in recognition of the significance of social ties for the well-being of elderly people. These programs emphasize the value of emotional and psychological support in addition to physical health, going beyond conventional care approaches. (Crozier 2022.)

To reduce loneliness in elder care, a holistic approach that considers both the individual and the social isolation-causing components of society is required. In acknowledgment of the importance of social links for elderly people wellbeing, initiatives are being formed to encourage meaningful social participation, intergenerational exchanges, and community involvement. These programs go beyond traditional care methods by highlighting the importance of psychological and emotional support in addition to physical health. (Santos-Orlandi et al. 2019.)

The purpose of this study project is to produce information that will enhance our comprehension of loneliness in senior populations and provide guidance for preventative measures. Through a combination of empirical research and a forward-looking viewpoint, this study aims to contribute to a paradigm change in elderly care by giving

priority to proactive steps that build a social environment that promotes the fulfillment and wellbeing of our aging population. (Tümer et al. 2021.)

2 Background

Loneliness in old age has been realized over the past years to be urgent and pervasive, especially among care home residents. The world has an aging population due to improved health care and a low total fertility rate, thereby increasing the number of elderly citizens living on their own or in care institutions. This rise in the elderly population, on the other hand, creates a challenge in addressing their special social and emotional needs, especially when institutionalized. (Taube et al. 2017.)

In Finland, for instance, retirement age is 65 years, while life expectancy stands at 82.63 as of 2024, continuously increasing throughout all these years (Finland life expectancy 2024). It is therefore becoming highly relevant to consider an intervention related to increased the issue of loneliness of elderly people. Attention is, therefore, focused on the review of the residents aged 65 years and above to establish what factors had led to their loneliness and find out strategies that can help prevent loneliness effectively.

This demographic change towards grey hair is not a phenomenon that only occurs in Finland; it is worldwide. Improving healthcare, combined with decreasing birth rates, results in the growth of elderly people in societies, bringing along hitherto unknown challenges for their welfare. (Medvene et al. 2015.) One of these challenges is extremely widespread loneliness, characterized and defined as a serious public health problem, above all in long-term care settings.

Many elderly individuals are admitted to care institutions due to various health reasons or failure to live independently. Though they are put in such environments with the aim of getting assistance and care, they actually contribute to the state of solitude. Some of the factors that exacerbate feelings of loneliness in residents include limited social interactions, few visiting relatives, and lack of a familiar home environment among others. These dynamics within care settings ask for a deeper understanding of how to implement effective interventions in order to reduce loneliness. (Luo et al. 2024.)

2.1 Impact on Health and Well-being:

Basically, loneliness is not just a feeling; rather, it attaches a person to lowered states of health. Socially isolated individuals are proven, through various studies, as experiencing increased risks of anxiety, depression, decline in cognitive functions, and even mortality. (Norman 2018.) A study by Luo et al. in 2024 showed that feelings of loneliness in elderly people are strongly related to an increased risk of mortality. This does put the issue of

loneliness as one of the key issues to be addressed in elderly care. Furthermore, it has been identified that loneliness can precipitate and cause the deterioration of chronic illnesses like hypertension and heart disease (Cohen-Mansfield et al. 2016). There is thus the need to take up a comprehensive way facing loneliness within care practices so as to better mental and physical health results (Luo et al. 2024).

2.2 Technological and Societal Changes:

The landscape of elderly care is constantly changing and is affected by many different variables, from technological developments to shifting social structures. Traditional support systems, such as extended family links, have loosened, predisposing an increasing number of older adults to isolation (Zhang et al. 2020). While technology brings new opportunities for keeping social connections, it is also prone to engender a sense of disconnection with individuals who are not comfortable using digital platforms or simply do not have access to them (Tsai et al. 2020). This is what is referred to as the digital divide, and this price is very costly for lonely older adults. It therefore becomes very important to devise interventions that would close this gap and serve population-specific needs (Tsai et al. 2020; Zhang et al. 2020).

Furthermore, the overuse of technologies may not offset the loss of face-to-face communication required for emotional support and bonding in society. For example, according to study by Lee et al. (2016), many elderly people cannot easily adapt to digital communication channels and only become more isolated. This goes to underscore the fact that technological solutions must be tied to other traditional ways of preventing loneliness among older adults (Lee et al. 2016).

2.3 Broader Societal Implications

There are also wider implications in society with regard to the issue of loneliness within elderly care homes. The elderly populations are growing, and pressure from health and social care systems is increasing accordingly. Therefore, any focus on reducing loneliness within elderly care homes would, hypothetically, lead to easing the demand on healthcare services through potentially better health outcomes and related quality of life. In addition, a better-connected and more engaged elderly population may have positive repercussions on the community in terms of improving community cohesion and intergenerational relationships. (Norman 2018.)

3 Purpose, Aim and Research Question

The purpose of this study was to describe the loneliness of elderly in care homes.

The aim of the study was to produce new knowledge for preventing loneliness among the elderly people.

Research Question

1. What are the factors that causes loneliness in elderly care homes?
2. How to prevent the loneliness in elderly care homes?

4 Methodology and Methods

4.1 Data collection methods

This bachelor thesis employed a qualitative methodological approach, utilizing a descriptive literature review method.

This literature review evaluation had to answer if there were any discernible trends or patterns on a particular study topic with regard to contemporary ideas, theories, methods, or findings. On the other hand, descriptive reviews do indeed follow a systematic and transparent process that involves comprehensive searching, evaluation, and categorization of studies. That structured search methods are used to obtain a sample that represents accurately a broader collection of published works. (Lau, and Kuziemy 2017.)

A descriptive review takes each particular study as the unit of analysis, based on a database of published literature in its entirety. From this, authors generally try to reach broad generalizations concerning the relative values of various conceptualizations, theories, methods, or findings. On the other hand, a descriptive review could attempt to establish recognizable trends. A descriptive review may also make the claim that what it presents is the current state of practice in a certain field. (Pare, Trudel, Jaana, and Kitsiou, 2015.)

The information is finally synthesized through the analysis and comparison of the findings from various studies. Such in-depth analysis has well-founded conclusions under-

lining key insights, relating them back to the initially set research objectives of the review at its beginning. It also gives recommendations for future research. (Coughlan, Cronin and Ryan 2017.)

4.2 Data search and selection

The searches for the initial articles were made in databases such as PubMed, CINAHL, and Google Scholar. These databases were chosen because the terms used in searching for articles were based on the topic under study, which is the ability of nurses to identify patient deterioration in acute care. Literature searching is done more often on computers and databases nowadays. Computer databases have specific fields of expertise where a substantial amount of information is stored. These are accessed quickly and more easily than doing a manual search. Journals and articles concerning nursing and health are stored in these databases.

The thesis has used a PICO tool to maintain focus on the research questions, ensuring that the study is kept focused on its intended purpose. Table 4.1 identifies these concepts: 'Preventing Loneliness,' 'Elderly Care,' and 'Nursing Home.'

Table 1. Search Terms

Population	Interest	Context
Elderly individuals (aged 65 and above)	Preventing Loneliness	Nursing home

The inclusions of studies or exclusions were based on predetermined criteria. This helped prove the extraneous relevance and utility of the content found via the searches (Table 2).

Table 2. Inclusion and Exclusion Criteria

Inclusion criteria	Exclusion criteria
Elderly individuals aged 65 years and above.	People under 65 years of age
Elderly individuals living in a Nursing Home.	Living in their own Home.
Articles written in English.	Articles written in other languages.
Peer-reviewed with abstract available.	Non-peer reviewed articles with no abstract available.
Studies conducted between 2015 – 2024.	Studies conducted before 2015.

For this study, the Boolean method was used in order to find and retrieve publications in CINAHL, PubMed, and Google scholar. In conducting the data search, this method was used together with the search criteria in coming up with reliable research papers. The outcomes are listed in Table 3, which contains the database search results.

Below is the PRISMA flowchart showing studies that were selected based on the inclusion and exclusion criteria. Initial searches captured 488 studies from Cinahl, studies from PubMed, and 371 studies from Google Scholar. The databases were advanced searched to identify research that was published in the English language from 2015 to 2024. First, the titles of the studies containing at least two or more of the search words were identified. This returned 157 studies after removal of 413 studies from Cinahl, 592 studies from PubMed, and 334 studies from Google Scholar. After a screening process in which each abstract was judged for relevance to the topic, 52 studies from Cinahl, 25 studies from PubMed, and 21 studies from Google Scholar were eliminated, leaving 59 studies. The full texts of these papers were assessed for the extent to which they addressed the study goals and research questions. At the final step, 10 papers remained that were chosen for this research after 20 studies from Cinahl, 16 studies from PubMed, and 13 studies from Google Scholar had been eliminated.

Table 3. Results of the database searches

Data bases	Search phrase	Total number of hits/ citations	Papers/ records included based on title	Papers/ records included based on abstract	Papers/ records included based on fulltext
CINAHL	Prevent*AND loneliness OR isolation AND elder* OR geriatric OR aged AND nursing home.	488	75	23	3
PubMed	Prevent*AND loneliness OR isolation AND elder* OR geriatric OR aged AND nursing home.	637	45	20	4
Google scholar	Prevent*AND loneliness OR isolation AND elder* OR geriatric OR aged AND nursing home.	371	37	16	3
Records in total			157	59	10

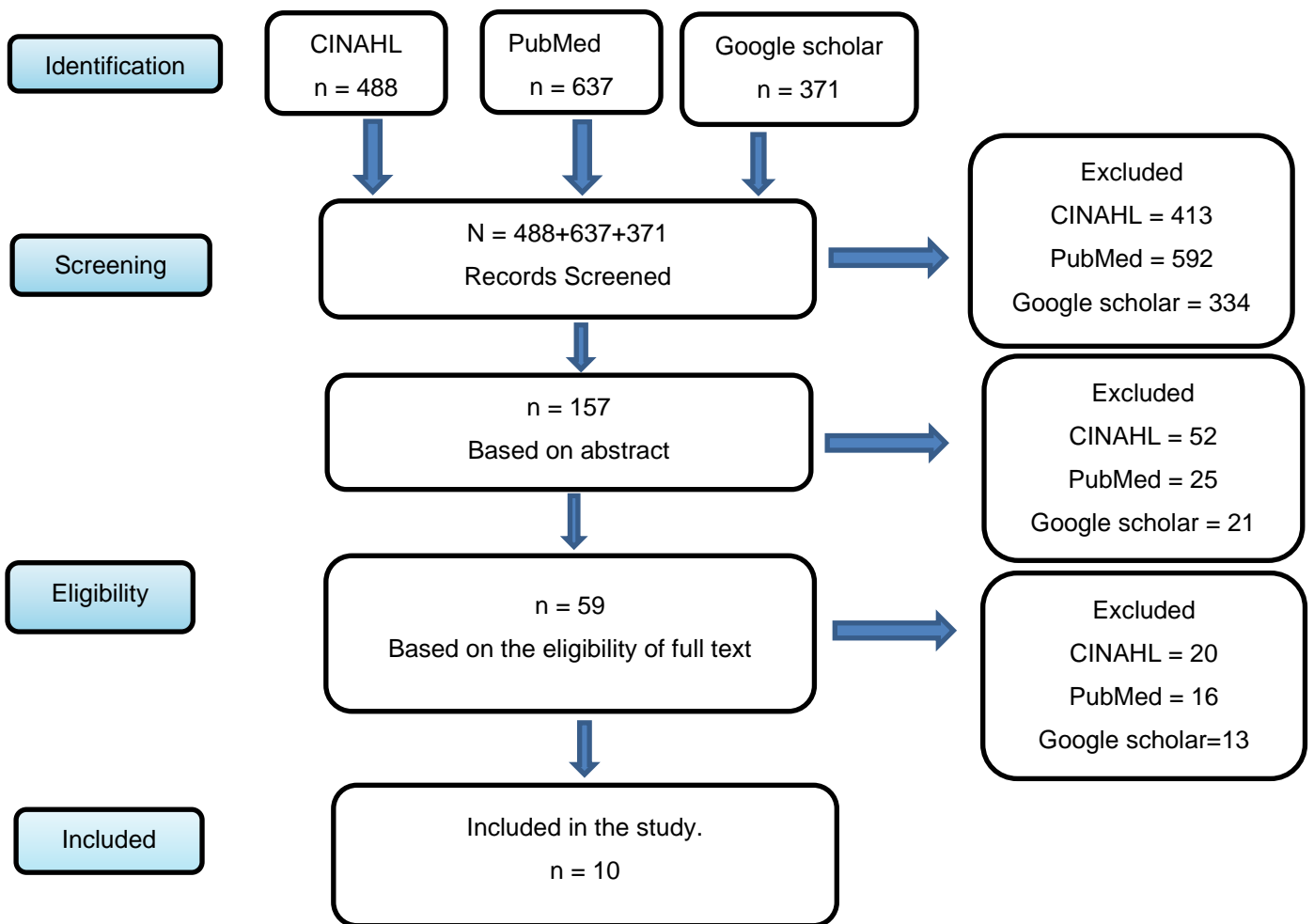


Figure 1. PRISMA flowchart

4.3 Data analysis methods

The data analysis approach was inductive content analysis. Inductive content analysis is a qualitative content analysis research method tailored for analyzing qualitative data in health research. It becomes particularly useful in the examination of textual data, which entails written transcripts of verbal interactions or documents. (Vears and Gillam 2022.)

The study reviews data as a unit of analysis in order to identify open codes. These open codes are combined with other related open codes to form sub-concepts, categories, and themes. The identified sub-concepts, categories, and themes are consolidated into broader concepts, categories, and themes, and these broader concepts, categories, and themes are organized into primary concepts, categories, and themes similar to the prior stage. (Kengäs, 2019.)

Table 4 shows an example of the coding process for a generic category and part of a sub-category which addresses the first study question: “What are the factors that causes loneliness in elderly care homes?”

Table 4. Example of data analysis

Main category – Factors that cause loneliness in elderly care home			
Meaning unit	Codes	Sub-category	Generic category
” It is known that from 35 elderly who have no family support, 10 (19.2%) of them are with high loneliness level” (Article 1)	If evidence that lack of family support can cause high loneliness.	Poor family support	Inadequate family relationship
”Loneliness score is higher in widowed more than divorced and single.” (Article 6)	Divorced older adults are having higher levels of loneliness	Lack of relationship	
”47.4% of them came to a nursing home because it was difficult to live alone.” (Article 3)	Almost half, of older adults entered a nursing home because they believed living alone to be challenging.	Difficulty of living alone	

5 Results

This chapter of the study focuses on presenting the findings gathered through the systematic review of literature, which were based on the factors associated with loneliness among elderly people in care homes along with the strategies to minimize loneliness and its contributing factors. Appendix 1 and Appendix 2 present the results obtained through the analysis. Geographically, three studies were from China, two from Turkey, and the remaining ones from Indonesia, Egypt, Iran, Sri Lanka and Belgium. This study involved several studies that focused on the nature of loneliness among elderly people (Setyowati and Karno 2015; Eskimez et al. 2019; Kurt and Alpar 2021; Asgari and Darvishpour 2022; Zhao et al. 2018; Paque et al. 2018; Maliga et al. 2019; Sun et al. 2024; Tsai et al. 2020). Results of the analysis carried out were organized into generic categories, which described both the causes of loneliness alongside the strategies to mitigate these concerns addressing both the research questions of this study. The findings provide a comprehensive understanding of the challenges and potential solutions for addressing loneliness among elderly people.

5.1 Factors Causing Loneliness in Elderly Care Homes

5.1.1 Inadequate Family Relationships

Systematic review of literature first identified "inadequate family relationships" as a significant factor that contributes to the loneliness among the elderly people in care homes. According to the research of Setyowati and Karno (2015), elderly people that had no family support expressed high levels of loneliness, with 19.2% of the unsupported elderly peoples experiencing higher levels of loneliness. Moreover, Eskimez et al. (2019) signify that elders that are not frequently meeting their relatives or the ones who had few children experienced high level of scores for loneliness.

5.1.2 Network of Loved Ones

Another factor that results in loneliness among elderly people is the difficulty in maintaining a network of loved ones. As per the study of Kurt and Alpar (2021), around 47.4% of elderly people entered nursing homes due to the challenge they faced in living alone. Moreover, the Covid-19 pandemic considerably increased this issue where Asgari and Darvishpour (2022) show that quarantine laws implemented during the period drastically reduced communication between residents, which resulted in increased sense of isolation and loneliness specially among the elderly.

5.1.3 Poor Leisure Activity

Loneliness is also associated with lack of engagement in leisure activities, which has been highlighted by the study of Zhao et al. (2018), which highlighted that loneliness has a negative impact on activity engagement, which in turn results in frailty among the elderly people. This shows the significance of promoting activities that are engaging within care homes that will assist in reducing the feeling of loneliness while enhancing the overall well-being.

5.1.4 Living in Nursing Home

Living in a nursing home itself can contribute to feelings of loneliness. Results obtained in the research of Paque et al. (2018) highlighted those elderly people frequently expressed a significant reduction in autonomy and grief attributing to the transition to a

nursing home life. These particular transitions most of the time involve the loss of personal residence and independence and lack of communication chance, which can cause distress and result in increased loneliness.

5.1.5 Suffering from Emotions

Another factor identified through the systematic literature review is emotional suffering, which is a significant aspect of loneliness among elderly care homes. Maliga et al. (2019) highlighted that loneliness is often understood as coping with inner pain, showing that elderly people experience emotional suffering but find different ways of coping and managing it.

5.2 Preventing Strategies of Loneliness in Elderly Care Homes

5.2.1 Music Therapy

Music therapy has been identified through the findings of this study for reducing loneliness among the elderly people in care homes. A study by Kurt and Alpar (2021) showcased that participant involved in a music therapy initiative had significantly lower levels of loneliness according to the results obtained through the scale of UCLA Loneliness Scale.

5.2.2 Positive Relationships

Findings of this study identified positive relationships as an effective strategy to address the concerns regards to loneliness. Filial ones were considered specifically to have a greater effect. As per Sun et al. (2024) elderly people who considered their children as filial had low levels of loneliness in their experience.

5.2.3 Use of Digital Communication

Digital communication forms such as videoconferencing technology have been identified as a proven method, which is beneficial in minimizing the loneliness experienced by the elderly people as expressed through the findings of this study. According to the research of Tsai et al. (2020) frequent video conferencing and related interactions had greater impact on reducing the loneliness levels among the elder in nursing homes where the study had considered elders who had been in the nursing homes for over six months.

This indicates the ability of such tools in maintaining relationships leading to better social support mitigating effects of long distance.

6 Discussion

6.1 Main Findings

The findings from the literature systematic review provide an in-depth understanding of what contributes to feelings of loneliness among older people living in care homes, as well as the strategies that can be applied to reduce it. Taken against the available background, these results yield several critical insights consistent with the initial exploration of the topic.

The systematic review identified inadequate family relationship as one of the major contributory factors to loneliness. In their study, Setyowati and Karno (2015) established that elderly people without family support indicated a higher sense of loneliness, with 19.2 percent of the unsupported elderly people who were severely lonely. This agrees well with the background, wherein it is argued that erosion of the traditional system of family support has been brought about, which leaves many elderly people more vulnerable to feelings of loneliness (Zhang and Li 2020).

The other factor that contributes to loneliness is challenges in retaining one's network of loved ones. According to Kurt and Alpar, (2021), 47.4% of the elderly were admitted into nursing homes because living alone was a challenge. This situation was worsened by the COVID-19 pandemic, which highly limited the communication lines between the residents and their families (Asgari and Darvishpour 2022). This observation falls in line with the focus of the background on the importance of social relationships in mitigating feelings of loneliness, especially as traditional support networks have shrunk (Medvene, Lann-Wolcott, and Huckstadt 2015).

It was also established that a lack of involvement in leisure activities is another leading cause of loneliness. Zhao et al. (2018) added that feelings of loneliness result in decreased activity engagement, a factor that further resulted in frailty among older adults. This agrees well with the background's argument about the need for engaging activities in care home settings as a way of promoting better well-being and fighting loneliness (Norman 2018).

The fact of living in a nursing home itself contributed to their feelings of loneliness. Paque et al. (2018) observed that older adults tend to experience severe losses in autonomy and feelings of bereavement because of the transition to nursing home living, almost always linked to the loss of the individual's residence and independence. This supports the argument made in the background that nursing homes, while providing necessary care, tend to foster social isolation inadvertently (Luo et al. 2024).

The literature also referred to emotional suffering as another major dimension of loneliness. In the work by Maliga and Green in 2019, 'loneliness as a coping mechanism for inner pain' is used, providing evidence of emotional suffering but showing how elderly people develop different ways of dealing with the situation. This agrees well with how the background examines the concept of loneliness as one that contains dimensions such as emotional and physical well-being (Tsai et al. 2020).

The review further pointed out various practices that reduce loneliness in care homes for the elderly, one of which is music therapy. This study substantially reduced the levels of loneliness among participants. In their study in 2021, Kurt and Alpar proved that the aged people who attended music therapy scored less on the UCLA Loneliness Scale, hence confirming the argument brought about by the background, which stated that holistic, engaging activities will improve social and emotional well-being (Tsai et al. 2020).

Another effective strategy identified in building and maintaining positive relationships was with family members. As identified by Sun et al. (2024), the older adults who considered their children filial had lower loneliness. As reported, this fact corresponds to the background assigned above about the alleviation of loneliness through social connections, family support, or background literature cited by Zhang and Li (2020).

Videoconferencing was also underscored as one of the digital communication media that helped reduce feelings of loneliness. Tsai et al. (2020) have shown that frequent video conferencing elderly residents reported less feelings of loneliness, particularly when social isolation became a reality in the COVID-19 pandemic period. This finding agrees well with the discussion in the background about the potential of technology to fill up the gap created by the traditional support network that is diminishing. At the same time, it recognises the challenges brought about by the digital divide as discussed by Lee et al. (2016).

6.2 Ethics and Validity

Ethics is different from the law in that it provides guidelines for behavior; it is a more compassionate and wider field. The backbone of research credibility is the art of conducting ethical research. Guiding principles such as these, therefore, are important in helping researchers negotiate challenges within the process of research inquiry, which grapple with practical, ethical, and intellectual concerns. In regard to this, four broad but basic tenets present the foundation for conducting ethical research: trustworthiness, honesty, respect, and accountability. Trustworthiness relates to the integrity of the research design and methodology, analysis of data, and careful management of resources. Honesty requires all of the procedures for research, from beginning to reporting results, to be open and fair. Respect means that regard is held toward colleagues, research participants, society, and the environment, while accountable means the researcher takes full responsibility for one's work from beginning concept to publication, also considering broader social implications of the work. (ALLEA 2023.)

Plagiarism is the use of someone else's work or ideas in research without proper credit to the originators. This refers to acts relating to copying someone else's work verbatim, making a few changes, or a highly paraphrased version without proper citations (TENK 2023). Another very important characteristic of any research tool is its validity. This refers to the accuracy of its measurement of some concept or variable that one wants to measure (Coughlan and Cronin 2017).

These ethical principles are upheld in all phases: planning, implementation, and reporting. For the planning phase, permissions were not required; all sources and authors were appropriately cited in the text and the reference list. Data integrity has been kept through proper data management practices by keeping accurate records of all information in a safe setting. Lastly, the research process and its findings were transparently reported to show a full narrative of the study.

6.3 Conclusion and Recommendations

A holistic approach needs to be designed that shall address the physical, emotional, and social needs of elderly people in care homes in order to fight loneliness. On the basis of these findings, some recommendations are made as follows:

In addition, family involvement needs to be enhanced. Care homes should provide for regular visits by families and activities where families are involved. The digital communication tools could be more frequently utilised to keep in touch with family members who

live far away or have mobility issues. Also, it is very important to inform families about the role they could play in reducing the levels of loneliness of their elderly relative.

Another key area for action is strengthened social networks. Care homes should provide social activities, group outings, and communal dining that offer residents the opportunity for new friendships. Activities should be inclusive for residents with various physical and cognitive abilities, while contingency plans are being developed to maintain social engagement when a crisis such as pandemics occurs.

It is essential to promote leisure activities engagements. Providing a diversity of engaging activities in line with residents' interests and preferences contributes positively towards their well-being. Activities to be introduced include exercise classes, arts and crafts, and music therapy to help residents' physical, mental, and emotional good health. The process of planning these activities might induce involvement and pleasure among the residents.

A feeling close to home in care homes makes residents feel less lonely. This is to say that the home environment should be built with respect and encouragement of autonomy and individuality for their residents. Residents should have their personal plans for care developed with activities that capture their interests or needs and involve them in decision making that will help enhance their sense of control and dignity. It involves offering emotional support. Some facilities offer counseling services and, more importantly, have support group discussions in helping residents cope with emotional struggles. The identification of the signs of emotional struggle would involve trained staff to guide the resident to the appropriate support services. In addition, the creation of a positive environment in which one feels comfortable about sharing their feelings is of significance.

Use of digital communication tools for maintaining contacts with family and friends. The care homes must invest in technologies in the form of tablets and smartphones and train the residents how to use them. In this regard, regular virtual meetups can be scheduled in order to keep social ties and reduce isolation.

Finally, there is the need for policy and practice development: the need to develop comprehensive assessment tools that recognize which residents are at risk of feeling lonely in order to be offered support at an early stage. It is important that care homes provide high-quality care that meets all residents' physical, emotional, and social needs. The training of staff in empathy, communication, and emotional support is key to enhanced quality of care.

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Appendix

Appendix 1. Studies to be included in the review.

Author and year	Title	Aim	Study design and data analysis	Participation	Results
Wahyu Endang Setyowati, Darma Karno 2015	Relation between family support and loneliness level of the elderly in nursing home of christian service in pengayoman semarang	To identify if there is a correlation of the family support and the level of loneliness in elderly at the Pengayoman Christian Home care service of Semarang.	This study is an analytical survey (non-experimental) with cross sectional approach. The data obtained were statistically analyzed using chi-square formula.	The data were collected by questionnaires from 52 respondents taken by simple purposive sampling.	The number of elderly without support is 35 (67.3%) whereas the elderly with support is 17 (32.7%). the number of elderly loneliness in the low level is 16 (30.8%), whereas those are not lonely are 16 (30.8%). The elderly with average loneliness level is 10 (19.2) elderly and with the high level is 10 (19.2) elderly.
Meng Zhao, Jie Gao, Ming Li, Kefang Wang 2018	Relationship Between Loneliness and Frailty Among Older Adults in Nursing Homes: The Mediating Role of Activity Engagement.	To evaluated whether activity engagement mediates the relationship between loneliness and frailty among older adults living in nursing homes.	The use of a cross-sectional descriptive survey. All analyses were performed using R from CRAN (http://www.rproject.org).	Residents (N=370; aged 60 years; 220 female, 150 male) were from 33 nursing homes in China.	Bivariate correlations revealed that loneliness was negatively related to activity engagement ($r=0.231$, $P < .001$). The linear regression indicated that loneliness was negatively related to activity engagement. In the bootstrap test for mediation, after adjusting for control variables, the direct effect of loneliness on frailty was 0.082 (95% CI= 0.028, 0.190, $P=0.127$).
Ola Zaher Abdel Aleem, Mona Abd El-Rahim Al Nagar, Lamiaa	The Relationship between Loneliness, Anxiety Level and	Assess the relationship between loneliness, anxiety level and depressive	A descriptive correlational design was utilized. The study was conducted at geriatric nursing homes.	A Convenient sample of 53 elderly.	Nearly half of the sample (49.1%) have high degree of loneliness and one third of the sample (32.1%) have moderate degree of

Hassnin Eita, Safaa Ibrahim Shattla 2020	Depressive Symptoms among Elderly	symptoms among elderly.	Three tools were used to fulfill: Loneliness Scale, Geriatric Anxiety Scale and Patient Health Questionnaire depression scale.		loneliness while only (18.8%) have low degree of loneliness. There is a significant relation between loneliness and marital state (p value 0.014). Mean loneliness score is higher in widowed more than divorced and single. There is a positive correlation between loneliness, anxiety and depressive symptoms with high statistical significant P value (0.001). This means that when loneliness increases, anxiety and depressive symptoms increase.
Duygu Kurt, Sule Ecevit Alpar 2021	The Effect of Music Therapy on The Sense of Loneliness of Elderly Living in Nursing Home	To determine the effect of music therapy on the feeling of loneliness of the elderly living in the nursing home.	This research was carried out as a pretest-posttest control group design. As a pretest, Interview Form and UCLA Loneliness Scale were applied to the elderly individuals in both the intervention and control groups. Data were evaluated using descriptive statistical methods, Pearson chi-square test, Fisher-Freeman-Halton Exact Test, Wilcoxon test and Mann Whitney U test. Statistical significance limit value was accepted as $p < 0.05$.	The samples were 38 elderly individuals (19 interventions, 19 controls).	The intervention group 47.4% of them came to a nursing home because it was difficult to live alone. In the control group 47.4% came to a nursing home because it was difficult to live alone.
Zehra Eskimez, Pinar Yesil Demirci, Ipek Kose TosunOz, Gursel Oztunç, Gulsah Kumas 2019	Loneliness and Social Support Level of Elderly People Living in Nursing Homes	Identifying loneliness and social support level of elderly people living in nursing homes.	The population of this descriptive and cross-sectional study. In data collection, "Personal Information Form" was used for socio-demographic features of elderly people,	70 elderly people who were applied "Standardized Mini Mental Test" and were found.	The average age of the participants was 72.76 ± 8.68 , 77.1% of males and 65.7% females stated their reason for staying in the institution was loneliness. The average score for UCLA loneliness scale was 41.74 ± 11.52 .

			“Multidimensional Scale of Perceived Social Support (MSPSS)” for evaluation of social support status of elderly people and “UCLA-Loneliness Scale” for identifying their loneliness level. Independent-Samples T, ANOVA, Tukey and Pearson correlation coefficient methods were used in data analysis. Statistical significance were recognized as $p < 0.05$.		A weak correlation was found between MSPSS and UCLA-loneliness scale in negative direction ($p < 0.05$).
Shuting Sun, Yawen Wang, Lilu Wang, Jinjin Lu, Huihui Li, Jiahui Zhu, Suzhen Qian, Lianlian Zhu and Hongbo Xu 2024	Social anxiety and loneliness among older adults: a moderated mediation model.	To explore how social network mediate the relationship between social anxiety and loneliness in older adults, with perceived social support playing a moderating role.	SPSS 26.0 was applied for statistical analysis. The numeric data in this study were identified as non-normal distribution after the Kolmogorov-Smirnov test, so the non-normal distributed data were described by the median and interquartile range.	A total of 454 older patients completed. Using the quota sampling method, a total of 214 older adults in 20 nursing homes.	SA was positively related to loneliness ($B=0.40$, $t=9.68$, $P < 0.001$). After adding social network as a mediating variable, SA ($B=0.33$, $t=8.07$, $P < 0.001$) and social network ($B=-0.27$, $t=-6.80$, $P < 0.001$) were positively and negatively correlated with loneliness, respectively. SA was found to significantly negatively predict social network ($B=-0.26$, $t=-5.62$, $P < 0.001$). the mediating effect of social network on the relationship between SA and loneliness was significant ($ab=0.07$, 95% CI [0.04, 0.11]),
Zahra Asgari, Azar Darvishpour 2022	The older adults' experiences of living in the nursing home	To describe the experiences of older adults living in a nursing home during	The present study was a qualitative descriptive study.	In study, 20 older adults living in a nursing home	The beginning of the COVID-19 pandemic and the rule of quarantine conditions in nursing homes, the communication of the older adults decreased even more. So that it was forbidden

	during the COVID-19 pandemic: A qualitative study in Iran	the COVID-19 pandemic.	The interview was conducted in a semi-structured and in-depth manner. the data analysis, 115 initial codes were obtained, which were divided into 7 subgroups by their continuous comparison.		to eat together and the effort to make older adults closer to each other was replaced by the fear of transmitting the virus to each other and increased their loneliness.
Hsiu-Hsin Tsai, Ching-Yu Cheng, Wann-Yun Shieh and Yue-Cune Chang 2020	Effects of a smartphone-based videoconferencing program for older nursing home residents on depression, loneliness, and quality of life: a quasiexperimental study.	To evaluate of the effect of a smartphone-based videoconferencing program on nursing home residents' feelings of loneliness, depressive symptoms and quality of life.	This study used a quasi-experimental research design. Data were collected at four time points (baseline, and at 1-month, 3- months and 6-months from baseline). Data were analysed using the generalized estimating equation approach.	Older residents from seven nursing homes in Taiwan participated in this study. Nursing homes (NH) were randomly selected as sites for either the intervention group (5 NH) or the control group (2 NH).The intervention group was comprised of 32 participants; the control group was comprised of 30 participants.	The number of weekly phone calls and weekly inperson visits from family members was significantly greater ($p < .05$) in the intervention group than the control group. During the 6 months of the study, the mean number of videoconferencing interactions in the first, third, and sixth months was 2.13 (SD = 2.52, range 0–12), 1.18 (SD = 1.34, range 0–15), and 1.62 (SD = 1.68, range 0– 15), respectively. The mean number of videoconferencing interactions from the first to the sixth month did not differ significantly ($F = 0.38$, $p = 0.68$).
H. S. Maliga S. K. Wijesiri, Kerstin Samarasinghe, Anna-Karin Edberg 2019	Loneliness among older people living in care homes in Sri Lanka.	To explore loneliness in older people (aged 65+) living in care homes in Colombo, Sri Lanka.	This study had a cross-sectional design. a combination of quantitative and qualitative methods. The quantitative approach was based on the survey using the Revised University of California–Los Angeles (R-UCLA) Loneliness Scale being statistically analysed, while the qualitative approach involved individual interviews with open-ended questions, being	The participants ($n = 75$) were randomly selected from three different types of care homes: governmental, non-governmental and private, and loneliness was screened using the Revised University of California–Los Angeles (R-UCLA) Loneliness Scale	The median loneliness score was 46, with no significant differences found between participants in the three care homes: non-governmental (median (md) = 48, range 41–73), private (md = 44, range 29–74) and governmental (md = 44, range 37–77). , no significant association ($p = 0.148$) was found between age and loneliness ($r = -0.169$). Regarding the relationship between loneliness and other demographic aspects, only marital status had a significant impact on the level of loneliness ($p = 0.001$); participants who were widowed or divorced were lonelier

			analysed using a qualitative descriptive approach		than those who were married or unmarried. Only a minority of the participants (13.3%) in this study perceived their health as poor.
Kristel Paque, Hilde Bastiaens, Peter Van Bogaert, Tinne Dilles 2018	Living in a nursing home: a phenomenological study exploring residents' loneliness and other feelings.	To explore general feelings among nursing home residents, with a specific interest in loneliness in order to develop strategies for support and relief.	This study is a qualitative, phenomenological, interview based study. This phenomenological study used an interview guide with open-ended questions to ensure focused in-depth data collection. Interpretative phenomenological analysis was used for data analyses.	Data were obtained through face-to-face interviews (n = 11).	For some, taking part in organised (group) activities made them feel less lonely, while others avoided contact with fellow residents, mainly because of the perceived cognitive impairment of those others. Another reason to avoid participation with group activities was the need for individualised and personal care. Instead of loneliness, at the start of the interviews, most participants clearly mentioned a significant loss of autonomy due to living in a NH, and grief caused by this and other loss (e.g. bereavement, loss of their home).