

# Social Isolation and Loneliness in Nursing Homes



## Key Takeaways

- Social isolation and loneliness are more prevalent among older adults in nursing homes than in the community.
- Social isolation and loneliness can have grave consequences for the health and quality of life of older adults living in nursing homes, including increased mortality, suicidal thoughts, and cognitive decline.
- Nursing homes can take simple steps such as improving awareness and implementing assessments and interventions to prevent and reduce social isolation and loneliness in their homes.

## Introduction

The U.S. Surgeon General released an advisory in May 2023, calling loneliness and social isolation an epidemic with potential “profound threats to our health and well-being” (Office of the Surgeon General, 2023, p. 5). Loneliness, the distressing feeling of being alone, and social isolation, the lack of social contacts or connections, can occur at any point in an individual’s life. However, older adults are more likely to experience the impact of social isolation and loneliness due to factors such as living alone or within a long-term care facility, losing a loved one such as a spouse, friend, or sibling, managing chronic illness, or living with sensory impairments. (National Academies of Sciences et al., 2020).

Data suggest that older adults living in nursing homes are more likely to be lonely than community-dwelling older adults. A recent meta-analysis on loneliness in care homes found that approximately 61% of older people living in care homes may be moderately lonely, and nearly 35% may be severely lonely (Gardiner et al., 2020). In comparison, roughly one-third of older adults living independently in the community report feeling lonely, and one-quarter are socially isolated (National Academies of Sciences et al., 2020). Further, both conditions were amplified by the COVID-19 pandemic when nursing home residents were unable to participate in group activities or engage with non-residents in efforts to minimize the spread of COVID-19 (Span, 2020). A 2020 [Altarum survey](#) of nursing home residents reported that 76% of the respondents felt lonelier under the pandemic restrictions. In the same survey, researchers reported that 64% of responding residents indicated they were quarantined and unable to socialize (Montgomery et al., 2020). Following the lifting of pandemic-era restrictions, it is increasingly critical for homes to address the social isolation and loneliness residents experienced throughout the pandemic.

This brief documents why the long-term care community should be concerned about social isolation and loneliness among older adults residing in nursing homes, describes relevant nursing home regulations aimed at addressing social isolation and loneliness, and provides recommendations to improve outcomes for nursing home residents who may be at increased risk for experiencing social isolation or loneliness.

## Overview and Analysis

Nursing home residents are surrounded by people, including other residents, staff, volunteers, and visitors. Through institutional design, nursing home residents have access to communal areas and roommates with varying degrees of cognitive and physical abilities.

Additionally, Life Enrichment programs provide calendars with open access to routine group activities. Within this seemingly stimulating and engaging environment, assumptions that nursing home residents would not be at risk of experiencing social isolation or loneliness remain. However, while nursing home residents may not be physically isolated, they can still experience feelings of social isolation and loneliness due to a change in environment when a resident transitions into a nursing home, a lack of participation in meaningful activities, a shift in feelings of value, and a potential lack of quality or meaningful relationships (Zhang et al., 2023; Trybusinska & Saracen, 2019).

Social isolation and loneliness can have profound negative impacts on an individual's mortality, health, and well-being. Regardless of age, social isolation increases mortality risk by more than 50% and experiences of loneliness increase the risk of mortality by 22% (Rico-Urbe et al., 2018). These risks are higher than the effects of obesity, air pollution, and excessive alcohol use (Holt-Lunstad et al., 2010; Holt-Lunstad et al., 2015). These conditions are also associated with an increased risk of cardiovascular disease, stroke, dementia, cognitive decline, depression, and anxiety (National Academies of Sciences et al., 2020) and increased risk for suicidal ideation. A study on suicide risk in long-term care found a correlation between suicidal thoughts and social isolation and loneliness (Mezuk et al., 2014). Social isolation and loneliness can also negatively impact one's overall quality of life. Studies show that socially isolated older adults have low health-related quality of life compared to their peers of the same age (Hawton et al., 2011) and decreased satisfaction with their lives (Golden et al., 2009).

## Challenges with Social Isolation and Loneliness Research in Long-Term Care

Research on social isolation and loneliness in nursing homes is still limited, and most studies exclude older adults with dementia (Gardiner et al., 2020), which is problematic since nearly half of nursing home residents have some form of dementia (Sengupta et al., 2022). To better prevent and address social isolation and loneliness in nursing homes, more research needs to be done on the prevalence, risk and protective factors, and interventions, particularly with older adults who have dementia.



## Risk Factors

While there are many interrelated risk factors for social isolation and loneliness, this brief focuses on risk factors that are often more prevalent among nursing home residents. It is important to note that the relationship between risk factors and social isolation and loneliness is bi-directional. This means “being socially isolated or lonely can affect health, while these same health conditions can make experiencing social isolation or loneliness more likely” (National Academies of Sciences et al., 2020). Much of the research around risk factors for social isolation and loneliness has been conducted with adults living independently in the community, but findings can still be relevant to the nursing home setting.

**CHRONIC CONDITIONS:** Older adults are more likely to have two or more chronic conditions than younger age groups. Data show that 81% of adults 65 years and older have multiple chronic conditions, compared to 50% among adults between 45-64 years of age (Buttorf et al., 2017). Chronic conditions like cardiovascular disease or stroke can be risk factors for social isolation and loneliness (National Academies of Sciences et al., 2020). The symptoms that accompany these chronic conditions can make it difficult to maintain relationships. For example, vision impairment is a symptom of stroke that may impact an individual’s ability to interact with others (Rim et al., 2020). Considering that most chronic conditions are managed with prescription medications, the threat of polypharmacy, the regular use of five or more medications, is added to the burden to further the effects of these risk factors. Polypharmacy can cause vision and cognition impairment, which can further impair compliance, reduce quality of life, and increase fall risk and other complications that include frailty, disability, and delirium (National Institute on Aging, 2021).

**MENTAL AND BEHAVIORAL HEALTH:** Social isolation and loneliness are more common in older adults with psychological disorders such as anxiety and depression (Evans, et al., 2018; Lim et al., 2016), and recent data estimates that 85% of nursing home residents have a mental or behavioral health diagnosis (NORC, 2022). For those entering a nursing home from the community, feelings of loss and shame are poignant. For those supporting the resident, feelings of guilt, failure, and fear for their loved one’s well-being are raw. “Relocation stress” describes the extreme feeling of transitioning from the community into nursing home care. Relocation Stress Syndrome further defines the particularly strong responses to the transition into aged care, whereby the older adult experiences heightened confusion, anxiety, depression, and loneliness. Relocation stress is associated with a significant decline in older adults’ mental health, making it a clear risk factor for anxiety and depression for older adults (Polacsek, 2022).

**FUNCTIONAL IMPAIRMENTS OR DISABILITIES:** Individuals with functional impairments and disabilities, such as sensory or mobility impairments, are at risk of social isolation and loneliness due to the unique challenges they face interacting with others (von Soest et al., 2020). Sensory impairments like hearing loss are highly prevalent among nursing home residents. It is estimated that 70% to 90% of nursing home residents have some form of hearing impairment (Mansfield & Taylor, 2004). Hearing loss can make it difficult to communicate with others, and research has shown that individuals with hearing loss may be less likely to engage in social interactions (Hay-McCutcheon et al., (2018).



**BEREAVEMENT:** Losing a loved one, such as a spouse, sibling, friend, or general support structure, can lead to feelings of loneliness (Fried et al., 2015). For those living and working in nursing homes, death and loss is a common occurrence. With the average length of stay for all causes in a nursing home at 12.4 months (Kelly, 2010), the loss of peers for long-stay residents could certainly result in concurrent episodes of grief and bereavement. Residents who face a life event, such as moving into a nursing home, must sell their homes and pare down a lifetime of belongings to fit into a small room or set of rooms. They may have to say goodbye to their pets. They leave behind the familiar for the unfamiliar. Life review and letting go of meaningful things can be painful and sad.

**SOCIAL SUPPORT:** Quality social relationships can decrease loneliness, while difficult or unfulfilling relationships can increase feelings of loneliness (Cohen-Mansfield et al., 2016). When older adults move into nursing homes, they may be leaving their well-established social supports like friends, family, and faith groups. Nursing homes may pose challenges to engaging in meaningful social interactions, and residents may experience conflict with other residents or share a room with someone they feel incompatible with (Tybrusinska and Saracen, 2019). Those living in nursing homes with institutional-style care models may lack social support. Rather than placing individuality at the center of care, the institutional model emphasizes structured, efficiency-based systems over individual needs and care goals that may be more meaningful to residents and, in turn, decrease feelings of loneliness.

**DEMENTIA AND COGNITIVE DECLINE:** It is estimated that 49% of older adults living in nursing homes have dementia (Sengupta et al., 2022). Social withdrawal is a common feature of several forms of dementia (McKhann et al., 2011) and loss of memory function can be a barrier to social relationships (Moyle et al., 2011). There are limited studies on loneliness among older adults with dementia, which makes it difficult to estimate the prevalence or whether it is a risk factor. However, one small study in Sweden found that older adults with dementia experience loneliness at a rate of 11% more than the general population (Holmen et al., 2000). It is again important to note the bi-directional nature between dementia and social isolation and loneliness. For example, a dementia cycle portrays an individual diagnosed with dementia pulling away from activities of interest or from socializing with others because they feel vulnerable and incapable of interacting like they had before diagnosis. In turn, by self-isolating and pulling away from past enjoyments, they may decline further into their dementia and perpetuate the cycle.

## Nursing Home Regulations on Social Isolation and Loneliness

Nursing homes are responding to the national call for more mental and behavioral health support for their residents, but traditional mental health support is lacking. As person-centered care directives increasingly drive quality and holistic well-being, homes are looking at new ways to deliver care. Centers for Medicare & Medicaid Services (CMS) regulatory expectation is clear that “each resident must receive, and the facility must provide the necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care” (CFR 42. §483.40). To this end, homes must employ broad measures across all systems of care to meet both the federal directive and the holistic call for better mental health support.



Across the spectrum of long-term care, social isolation is identified as a Standardized Patient Assessment Data Elements (SPADES) measure, giving credence to its threat to the well-being of elderly individuals across all strata of health care. The SPADES measures are social determinants of health that were set forth by CMS in the 2014 IMPACT Act. The Act serves to standardize the quality of delivery of healthcare across the post-acute network. Joining social isolation are several additional measures including hearing and vision impairments, language, access to transportation, race and ethnicity, and health literacy. All these listed are closely related and when exacerbated may elevate the damaging conditions of social isolation and loneliness.

## Recommendations for Long-Term Care Homes

Nursing homes can take steps to reduce social isolation and loneliness experienced among their residents. To start, homes should improve holistic awareness of social isolation and loneliness among staff, residents, and family or friends of residents. Building and adapting from the recommendations for health care detailed in the U.S. Surgeon General's advisory on social isolation and loneliness (Office of the Surgeon General, 2023, p. 56), nursing homes should consider the following strategies:

- Identify social isolation and loneliness as health priorities and make a commitment to prevent and reduce them.
- Improve awareness of social isolation and loneliness among staff, residents, and family members.
- Provide staff with formal training and continuing education on the risks of social isolation and loneliness, as well as person centered care, and advanced training on prevention and interventions.
- Implement social isolation and loneliness screenings and assessments and include results in electronic health records.
- Integrate social isolation and loneliness prevention into care plans and educate older adults about the risk factors.
- Identify the root causes of loneliness or social isolation in residents and introduce interventions to prevent and address it at both the individual and the group level.
- Partner with local community organizations to support efforts to reduce social isolation and loneliness.
- Consider working with educational institutions or other researchers to evaluate the application of assessments and interventions, particularly for residents with dementia.

## Conclusions

The COVID-19 pandemic challenged many people to live their lives under the scourge of social isolation and loneliness within their own homes. The pandemic experienced in nursing homes across the nation placed a spotlight on the conditions of social isolation and loneliness for many who live, work, and support residents. The Surgeon General identifies social isolation and loneliness as an epidemic across the nation, highlighting the concern in the community but also the nursing home environment where risks are increased. Further, many aspects of the nursing home environment may unintentionally or unwillingly leave residents at risk of feeling socially isolated or lonely. Left unaddressed, the impact of social isolation and loneliness can have dire consequences for the health, well-being, and mortality of nursing home residents. Nursing homes are uniquely situated to influence the day-to-day lives of their residents, and therefore have a responsibility to make social isolation and loneliness a health priority within their homes by raising awareness and taking steps to prevent and reduce them among residents.





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