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Loneliness and Isolation in Long-term Care and the Covid-19 pandemic

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1 Loneliness and Isolation in Long-term Care and the Covid-19 pandemic

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3 Social isolation (the objective state of having few social relationships or infrequent social contact
4 with others) and loneliness (a subjective feeling of being isolated) are serious yet underappreciated
5 public health risks that affect a significant portion of the adult population. Social isolation is a risk
6 factor for development of loneliness but some persons enjoy it (e.g., hermits). Conversely, having
7 social relationship does not assure that loneliness will not develop, because the social relationship
8 has to be meaningful. Many people feel lonely under the best of circumstances. Approximately one-
9 quarter (24 percent) of community-dwelling Americans aged 65 and older are considered to be
10 socially isolated, and a significant proportion of adults in the United States report feeling lonely (35
11 percent of adults aged 45 and older and 43 percent of adults aged 60 and older) [1].

12 Loneliness is even more common in long-term care institutions. The prevalence of severe
13 loneliness among older people living in care homes is at least double that of community-dwelling
14 populations: 22-42% for the resident population compared with 10% for the community
15 population.[2]. One study found that more than half of nursing home residents without cognitive
16 impairment reported feeling lonely [3]. A study in Malaysian nursing homes using UCLA loneliness
17 scale found that all residents felt lonely, 25% moderately and 75% severely [4]. Unfulfilled need for
18 meaningful relationships and losing their self-determination due to institutionalization play crucial
19 roles in feelings of loneliness [5]. Several books provide information about activities that may decrease
20 loneliness [6-8] and interventions which were found to successfully decrease loneliness are laughter
21 therapy, horticultural therapy, and reminiscence therapy [9]. However, some activities may not be
22 feasible during the COVID-19 pandemic.

23 Feeling of loneliness has many deleterious consequences. They include increased risk of depression,
24 alcoholism, suicidal thoughts, aggressive behaviors, anxiety and impulsivity [1]. Some studies found
25 that loneliness is also risk factor for cognitive decline and progression of Alzheimer's disease,
26 recurrent stroke, obesity, elevated blood pressure and mortality [10]. Lonely older people may be

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27 burdened by more symptoms before death and may be exposed to more intense EOL care compared
28 with nonlonely people [11].

29 Loneliness has three dimensions; the first one is personal loneliness which is often related to the
30 absence of a significant person like a spouse or partner that provides emotional support and is
31 someone who affirms one's value as a person. The significant someone could be a pet, because pet
32 ownership decreases loneliness [12]. The second dimension of loneliness is absence of a sympathy
33 group, which can include 15 to 50 people who are seen regularly. This may be a card group, bridge
34 or canasta or another popular game Bingo, that many retired seniors enjoy. The third dimension is a
35 lack of an active network group, consisting from 150 to 1500 people, who provide support just by
36 being together in a group. Church services, rotary meetings, the Lions Club are good examples of
37 this these larger groups.

38 In all countries impacted by Covid-19 the message that is being sent by government officials and
39 medical experts is "stay at home" and "isolate in place". The isolation is especially difficult for
40 people living in nursing homes and assisted living communities. Most facilities have asked that no
41 one enters the facilities unless they work there because there is a high risk that COVID-19 would
42 spread rapidly once it is introduced. Group activities have been canceled and, in many facilities,
43 residents are eating in their rooms as all communal dining has been stopped. Although prohibiting
44 group activities will decrease the risk of spreading the Covid-19 infection in nursing homes it
45 significantly increases the isolation and resulting loneness of residents [13].

46 Long-term care facilities also prohibit visits from outside, including visits by family members. This is
47 especially burdensome for residents with cognitive impairment and dementia. Many family
48 members of these residents visit often, sometimes every day, bring food and help the residents with
49 eating and drinking [14]. If they cannot visit, they may be afraid that the resident will no longer
50 recognize them.

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51 The following ideas are easy to implement, with little or no cost or hiring additional staff and can
52 decrease the loneliness of residents in nursing homes or assisted living communities:

53 1. Name tags. Ask residents and staff if they would wear a plain name tag, white with black
54 New Roman lettering. Font should be at least one half inches high. The name tag will
55 have the name the person wants to be called on it. Ours would have Dr. Volicer, or
56 Joyce on our name tags. The staff will also have to wear their "official" facility name
57 tag, but they are very difficult for an elderly person with some vision impairment to
58 read. Wearing a name tag that can easily be read helps to make a connection between
59 the staff and residents.
60 2. Ask family members of residents who could operate a personal computer or iPad to
61 purchase one to help them stay connected with each other. Some libraries have
62 inexpensive laptops for sale and may have a few to give away. When the resident has a
63 computer or iPad in their room a Skype or Zoom meeting can be arranged. These
64 meetings can be coordinated with the activity staff, so they can help set up the
65 computer or iPad. iN2L technology may facilitate online[15] connections
66 3. Families may not be allowed to come into the facility however they can stay connected
67 in several ways. Ask families to have at least one family member call a resident in the
68 morning to say, "good morning" and another late in the afternoon or early evening to
69 say, "good night". This is assuming that residents have phones in their rooms and can
70 answer it. If you have residents with no active family members you may be able to
71 recruit volunteers to call them.
72 4. Families can come to the window in the resident's room and sing to them or hold signs
73 sending love to them. If the resident room is not on the ground floor, the family can
74 arrange a time convenient for the staff to take the resident to the first floor where they
75 can look out a window and see their families.

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76 5. Urge families to send cards and letters. Residents also love to receive "art work" from
77 their grand or great grandchildren. Letters can include copies of pictures from the past
78 that residents may enjoy seeing again.
79 6. Group religious services have been discontinued; however, many are now on the
80 internet or television. The activity staff will have a social history of each resident and
81 will know their religion. If it would be comforting for the resident, staff can make sure
82 the mass or other religious service are on the resident's television or iPad.
83 7. Some residents with dementia are comforted with realistic toy dogs, cats or life like
84 looking dolls. If a resident develops a fondness for either of them the family might agree
85 to purchase one. It seems that men particularly like dogs. They can be purchased on
86 amazon.com and are less than $20. Stuffed animals or dolls cannot be shared because
87 of infection control issues. There is also some evidence that robotic animals (robopets)
88 may be effective in decreasing loneliness of older adults in residential care setting [16].
89 8. Simulated Presence Therapy is another way by which families can keep in touch with a
90 resident. It involves the family member making a recording in which asks questions like,
91 "I remember when you lived in Concord New Hampshire, do you remember what you
92 did with your Girl Scout troop?" Then the recording is silent, so the resident can say
93 something. The recording could be similar to a phone call, in which the family member
94 can ask about pleasant experiences in the past and leave a space for resident's answers.
95 If the resident has dementia, the recording could be played repeatedly, because the
96 resident will forget that she/he already listened to it. A study found that Simulated
97 Presence Therapy enhanced well-being of residents with dementia and decreased
98 behavioral symptoms of dementia [17].
99 9. The Activity Department might be encouraged to have items that can be sorted, like
100 buttons or small pieces of fabric. Residents can be asked to help sort items and put
101 them into small bowls. The resident sorting buttons must be a person who would not

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102 try to eat one as this would be quite dangerous. Take three packs of cards and mix them
103 up and ask a resident to sort them. Make sure the packs are very distinctive, so it will be
104 easy to decide what pack they belong in and thank them when they completed the task.
105 Nursing home residents often feel hopeless as rarely does anyone thank them for doing
106 something. This is a great opportunity to have a resident feel as if they are needed.

107 Conclusions. Preventing loneliness in institutionalized persons is at least as important as helping
108 them with personal hygiene. This is especially important when during the Covid-19 epidemic
109 residents must be protected from contact with other individuals to reduce the risk of infection.
110 Implementation of some of the strategies listed above requires education of staff members and
111 supply of required items. However, this effort can significantly improve quality of life of residents
112 affected by epidemic restrictions.

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