



### Loneliness: The Overlooked Vital Sign

Imagine a condition that increases the risk of heart disease, depression, Alzheimer's disease or even an early death. *Loneliness* is now recognized as a major threat to our health and wellbeing, carrying a greater risk to health than smoking 15 cigarettes a day<sup>1</sup>. Older adults who are lonely may stop eating or getting dressed, leading to depression. But doctors rarely talk about the harm that loneliness causes in the lives of older adults. They may not believe they can fix the problem for older adults, might expect that loneliness goes hand in hand with old age, or not understand the importance of social connections in the lives of older persons.



**Loneliness is different than social isolation.** Loneliness occurs when a person feels alone and disconnected. Social isolation—like living alone

or not having many friends or family close by—may cause a person to feel lonely, but not all those who live alone are lonely. On the other hand, even people who live with many other people nearby, like a resident in a nursing home may feel lonely. Feeling alone in a nursing home is common because it can be harder to establish new friendships in later life. The risk of loneliness is increased with the loss of a partner, sometimes after decades of marriage. Older persons may have longstanding difficulties in their relationships with family members and/or limited contact with friends or neighbors which also pose a risk for loneliness<sup>2</sup>. Just making sure a person has contact with others is not enough. Most older people need real, meaningful connections to another person to help combat loneliness.



**How common are feelings of loneliness among older people?** Studies show that about half of the older population (52%) report never feeling lonely, about 29% experience only occasional loneliness and 19% report relatively frequent loneliness. The actual number of older people who feel lonely is probably even higher. Older adults might not report feeling lonely because they feel ashamed. They might worry they will be forced to leave their home and community. Also, they don't want others to feel sorry for them. They choose to keep their pride and independence and endure this painful state in silence.

**The risks for both loneliness and social isolation within the U.S. are increasing.** The results from a large study on social isolation showed that in 2004, Americans had, on average, only two close friends they could confide in. In 1985, Americans had three close friends. The percentage of people who noted having *no confidant* rose from 10 percent to almost 25 percent during this period.<sup>3</sup> This means that many people have no one to turn to for emotional support.

**Why does it matter if someone is lonely or socially isolated?** A person with strong social connections is more likely to live longer. A study indicated that persons with strong social connections have a 50 percent increased likelihood of survival compared to those without, over a 7-year period<sup>4</sup>. Also, a person who is isolated is more likely to be the victim of elder abuse or neglect.




**How can we help people who are lonely?** The first step is being aware. Caregivers are in a great

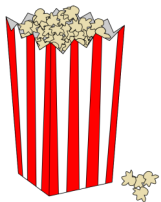
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position to notice if a resident has meaningful friendships, relationships, and connections in their lives. Is a person making appointments or phone calls just to chat with someone? Do they have a friend or friends at the nursing home? The social workers at your nursing home can also use more formal tools to check for loneliness or social isolation.

### What Else Can You Do to Help?

These are some tips to help people feel more connected. You probably have many more!

 **Don't take it personally if someone says they are lonely.** How can a resident say they are lonely when they attend every activity? Remember, a person can be lonely even when they are surrounded by other people and even when they participate in activities. Maybe they are sitting in the same room with other residents and staff but not feeling connected to any of them. The simple solution is to ask residents why they are lonely. Use the answer to work together to fix the problem.



**Help people be involved if they want to be.** We know how hard it can be to get everyone to activities. Some people resist going to events. As frustrating as it can be, keep asking them if they want to go. You never know when they may decide to give something a try. And although participating in an activity is not a sure-fire cure for loneliness and not of interest to some residents, joining activities may help people feel more connected.



**Use technology to get people together.** We have many more ways for people to talk to each other now. Facetime, Skype, and the telephone are just some of the ways people can visit family and friends. As staff, you

know when the person is loneliest. You may notice their call lights going off more often or other signs of distress. Work with the resident to find out who they miss and try to help arrange contact between the resident and that person.



**Make a connection.** A new study shows that casual social connections have a huge impact on how long people live. Chatting with staff people who serve meals or provide care is an example of that kind of connection. A trip to the hair salon or time outside talking with the staff who take care of the grounds gives another chance for a resident to connect. Any person in **any** position at a nursing home can improve the quality of life for a resident as well as the health of a resident with every day small talk. Older adults often really enjoy just chatting. In fact, one of the reasons older people are often victims of phone scams or “sweetheart” scams is because they are lonely and eager to talk to someone.



**Stay focused on the person, not on the task.** Does this situation sound familiar? You and your colleague are using the Hoyer lift to help someone transfer. The two of you become involved in a conversation and talk as if no one else is in the room. The resident can end up feeling like a piece of furniture or potted plant. It is easy for any of us to get too focused on anything but the person we are helping. Staying focused on the person during care is a great opportunity to build a relationship of trust. That relationship is critical to recognizing and preventing any possible abuse or neglect. Plus, it helps you stay socially connected. We can all use that boost!!

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**Be aware of the impact on residents when someone moves or dies.** Just like you, residents care about the people who live at their nursing home. The loss of someone can be a huge blow depending on the role that person played in their life. Unlike you, this is their home. They cannot leave it to recharge their batteries or spend time with family to recover from that loss. A resident might isolate themselves and be more vulnerable to abuse or neglect as a result.

### Caregiver Tip—The Silent Treatment

How many times have you or someone you know said, “I am so mad at \_\_\_\_\_ that I am just not going to speak to them?” Well, it is one thing if you decide not to speak to your spouse, friend, or neighbor. It may not be the best way to handle an argument, but it is not abusive in that situation.

What happens if you get into a disagreement with a resident and stop speaking to them? **Using the silent treatment with a resident IS abusive.** The difference between the two scenarios is that the resident is dependent on you for care. The silent treatment is a form of isolation. Using the silent treatment after a resident has complained about something you did can be seen as retaliatory. It is different if a resident *asks* you not to talk to them (perhaps they are having a bad day). Then, you should honor the resident’s preference.

It is tough to go back to work with someone when something negative happens like a report or an argument has happened. How can you be sure you provide care and communicate with the resident? One tip: Get back in the habit of normal conversation by talking when you aren’t providing care. If you see the person in the dining room, compliment them on something the resident is wearing or ask the resident question about their day. The goal is to try to get the ball rolling on being able to work together and keep you from doing something that might be understandable, but is abusive.

<sup>1</sup> Holt-Lunstad, J., Smith, T., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and social isolation as risk factors for mortality: A meta-analytic review. *Perspectives on Psychological Science* : A Journal of the Association for Psychological Science, 10 (2), 227-37.

<sup>2</sup> AARP Foundation (n.d.). *Profile of Social Connectedness in Older Persons*

<sup>3</sup> McPherson, M., Smith-Lovin, L., Brashears, M (2006) Social Isolation in America: Changes in Core Discussion Networks over Two Decades. *American Sociological Review* Vol 71, Issue 3, pp. 353 - 375

<sup>4</sup> Holt-Lunstad J, Smith TB, Layton JB. **Social Relationships and Mortality Risk: A Meta-analytic Review.** *PLoS Medicine*, 2010; 7 (7)

### For More Information

Adult Protective Services: 1-855-444-3911

Long Term Care Ombudsman: 1-517-394-3027

Tri-County Office on Aging: 1-800-405-9141

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