



MATERIA GROUP  
CARE - NURSING - REHABILITATION



# Digi-Ageing

overcoming loneliness

## Desk Research Report Cyprus

by Agecare

Final version: May 2021



<b>Intellectual Output – IO1-A3 Field Research Report</b>	
<b>Title:</b>	<b>Desk Research Report Cyprus by Agecare Final version: May 2021</b>
<b>Description:</b>	Carrying out National field research reports including two Case Studies per partner country and the later compilation to a summary report: Defined research questions for the development of all IOs will be answered by all responsible partners (discussion and feedback facilitated by Hafelekar and MRU).
<b>Partner organisation:</b>	Agecare
<b>Researcher(s) responsible for filling in this document:</b>	Andria Hadjicosta, Stella Nicolaou, Foteini Giori
<b>Due date:</b>	May 2021
<b>Language:</b>	EN



CC BY-NC-ND

This document is licensed under CC BY-NC-ND 4.0: <https://creativecommons.org/licenses/by-nc-nd/4.0/>



# Contents

1	Introduction.....	5
1.1	Research Design for Field Research .....	5
1.2	Description of the research process in Cyprus.....	6
1.3	Socio-demographic data of interviewees.....	6
3	Executive Summary .....	8
4	Main findings via the Interviews .....	10
4.1	Important findings on the topic of loneliness in old age .....	10
4.1.1	Loneliness and Social isolation .....	10
4.1.2	ICT/Digital Tools.....	10
4.2	What we learned about existing networks and external help.....	11
4.2.1	Preventing measures & External Support network.....	11
4.2.2	Digital tools used for communication and networking .....	12
4.2.3	Virtual local networks .....	12
4.4	Ways to identify loneliness.....	13
4.4.1	Signs of Loneliness .....	13
4.4.2	Risk factors of loneliness .....	13
4.4.3	Tools to identify loneliness .....	14
4.5	How to best prevent loneliness in old age .....	15
4.5.1	Preventing measures .....	15
4.5.2	What can older adults do?.....	15
4.5.3	What can the community do to help them? .....	15
4.5.5	Currently available services, programs and projects .....	16
4.5.6	Available digital tools & methods.....	16
4.5.7	Preventing tool features .....	16
4.6	Education & Training regarding the theme.....	16
4.6.1	Existing Education & Training .....	16
4.6.2	Training Professional Caregivers .....	17
4.6.3	Training Informal Caregivers .....	17
4.6.4	Training providers.....	17



4.7	Changes due to the Pandemic: Main need identified .....	18
5	Case Studies Cyprus .....	20
5.1	Case Study 1 “Sarah” – Cyprus .....	20
5.2	Case Study 2 “Mary” – Cyprus .....	21
6	Links, Literature & Sources .....	22
7	Annex .....	22
7.1	Informed consent for healthcare professionals (Group 1) .....	22
7.2	Informed Consent for relatives (Group 2) .....	23
7.3	Informed consent for trainers (Group 3) .....	24



# DIGI-AGEING -overcoming loneliness

## 1 Introduction

**"Loneliness in old age" is a well-known social phenomenon that still receives too little attention. However, the current pandemic clearly shows us that we need to pay more attention to the issue. Older people are increasingly isolated in this situation:** Those in care facilities are secluded for their own protection, others have little contact with friends and family or live entirely on their own. People caring for older people are often overwhelmed by the many safety precautions and challenges in their own daily lives. This is also true for family caregivers.

Since October 2020, the international Digi-Ageing consortium has been working on a comprehensive concept that addresses these challenges and develops appropriate measures to counteract the phenomenon of "loneliness in old age". One of the main goals is to increase competences in the use of digital tools in the elderly care sector and to create a strong network that develops joint solutions.

In the Digi-Ageing project, extensive desk research has already been carried out in each partner country to examine the phenomenon of "loneliness in old age" from different angles, to find a uniform perspective regarding the common goals of the project and to use terminology that is as consistent as possible. The results obtained in this way are now to be verified and supplemented by the present field research.

### 1.1 Research Design for Field Research

In each of the partner countries, at least 10 persons will be interviewed who, either professionally or privately, are entrusted with the care of older people or offer education and training in the care sector. We have agreed on the following target groups for the surveys:

**Group 1.** Geriatric Caregivers/Nursing Staff/ Social workers (min. of 6 pax)

**Group 2.** Relatives who care for older people (min. of 2 pax)

**Group 3.** Persons working in institutions that offer training in geriatric care (min. of 2 pax)

We decided to apply a very flexible research design, so that all partners have the possibility to use best fitting methodology within their own framework and with their own resources. So, partners can carry out interviews (in person, by telephone, online) or via focus groups.

## 1.2 Description of the research process in Cyprus

Even though COVID-19 social distancing measures poses obstacles to the recruitment of participants for field research and face-to-face data collection, Materia's team managed to recruit participants thanks to its extensive network, partnerships with healthcare professionals and in-house staff. The selection process involved approaching people with different backgrounds in order to gain a more comprehensive insight on how each professional and individual perceive "old age and loneliness".

In detail, Group 1 included a geriatric head nurse, a formal caregiver, an occupational therapist, two clinical neuropsychologists and a health psychologist. All participants work with older adults. Efforts were made to achieve equal representation of gender but due to the circumstances only one out of the six participants of Group 1 was male. The participants in this group were reached by telephone, social media and/or in person based on their voluntary interest to participate in such projects.

Group 2, two relatives of our customers reached via telephone. These people have expressed interest in participating in projects that aim to improve quality of life of older adults and were kept in the organisation's database.

For Group 3, we recruited one trainer specializing in nurses and formal caregivers training with a background in Nursing and one trainer specializing in Behavioral and Psychology training for healthcare professionals with background in Psychology.

For the safety of all participants and researchers, due to the pandemic, all interviews were done one to one instead of focus groups. Also, three interviews were performed online via Skype as requested by the participants and the other eight were performed face-to-face following all the safety measures.

All participants were informed in detail about their rights having no consequences if they decide to withdraw from the project, ability to refuse to answer to some of the questions, protection of their anonymity, data storage, etc. They were also informed explicitly about the purpose of their participation, the purpose of the project and signed an informed consent before the interview commence. The informed consent for each target group can be found in Annex 1, 2 and 3.

## 1.3 Socio-demographic data of interviewees

The table below demonstrates some non-sensitive data of the ten participants recruited for the purposes of this field research on the topic of loneliness in old age. The non-sensitive data collected were their gender, profession and age group. This table also demonstrates the format of the interview (one to one or focus groups), whether the interview was performed in person or online and the location of the participants.

### **Role of Interviewees:**

Group 1. Geriatric Caregivers/Nursing Staff/ Social workers (min. of 6 pax)

Group 2. Relatives who care for older people (min. of 2 pax)

Group 3. Persons working in institutions that offer training in geriatric care (min. of 2 pax)

No.	Role (Group 1 – 3)	Gender (d/f/m)	Age Groups: 25 - 45 46 – 65 > 65	Format: Focus Group or 1-1 Interview	Interview: in person or online	Country
1.	Group 1 - Caregiver	f	25-45	1-1 Interview	in person	CY
2.	Group 1 – Health Psychologist	f	25-45	1-1 Interview	in person	CY
3.	Group 1 – Head geriatric Nurse	f	25-45	1-1 Interview	in person	CY
4.	Group 1 – Clinical Neuropsychologist	f	25-45	1-1 Interview	in person	CY
5.	Group 1 – Occupational therapist	f	25-45	1-1 Interview	in person	CY
6.	Group 1 – Clinical Neuropsychologist	m	25-45	1-1 Interview	online	CY
7.	Group 2 - relative	f	25-45	1-1 Interview	online	CY
8.	Group 2 - relative	m	46-65	1-1 Interview	in person	CY
9.	Group 3 – Psychology and Behavioral Trainer	f	25-45	1-1 Interview	online	CY
10.	Group 3 – Nurse/Caregiver Trainer	f	46-65	1-1 Interview	in person	CY

### 3 Executive Summary

The purpose of this document is to provide real-life evidence about the needs and requirements of the caregivers in order to create the Digi-ageing digital tool to prevent and identify Loneliness in old age, based on those findings. In Cyprus, ten participants were recruited for the interviews divided in three different groups. Group 1 included healthcare professionals who care for the older adults. Group 2 included relatives who care for the older adults and Group 3 included training providers. The findings are split into six main different sections

On the first section of this document, we present the **findings on the topic of loneliness in old age**. Most of the participants had a basic idea of what loneliness is and the difference from social isolation but all participants mentioned that they are lacking of knowledge on this topic. According to the testimonies of the participants, most the older adults in Cyprus (that they were aware of) are struggling with technology and digital tools. The technologies that older adults are most familiar are the TV and radio. However, the younger the older adult is (between 65 and 75) the more chances are that they have some basic familiarity with smartphones.

On the second section of this document, we describe what we learned about **existing networks and external help**. Healthcare professionals are mainly using two techniques/strategies to prevent loneliness in older adults: engage into meaningful discussion/communication with the older adults and engage/motivate older adults into various activities. The external support network for the healthcare professionals are other professionals who organize various activities, psychologists and the relatives of the older adults. This applies vice versa for the relatives; they consider the healthcare professionals their external support network. The relatives mentioned visiting their loved ones as often as possible as their mechanism to prevent loneliness. They stated that they would reach to their external support network only if they felt helpless with the situation. Nevertheless, all the participants apart from one, expressed their interest in joining future local virtual network under the conditions that it would mainly include simple instructions and exchange of practices. Some other suggestions were also to include information about upcoming events nearby with amenities for the older adults and information on various activities.

On the third section, healthcare professionals and relatives reported **the signs to identify loneliness**, the potential risk factors and their needs for a potential tool that could identify loneliness. Some of the signs mentioned are: the person is a consistently moody, isolating their selves, avoid socializing and stop taking care of their selves. Some of the risk factors described by the participants are the loss of loved ones, nothing to do all day, long periods of social isolation, loss of purpose in life, losing their physical abilities such as listening, sighting, ability to move around etc. None of the participants were aware of any available tools in the market that could identify loneliness thus they wished for a tool that would include short questionnaire, guiding instructions, examples and possible scenarios on how to identify loneliness, the use of visual effects such as videos and images and one of the participants wished for a mood recording.



On the fourth section, healthcare professionals and relatives provided their opinion on **how to best prevent loneliness in old age**, what can older adults do, what can the community do to help them and whether they were aware of any available services, programs or projects to overcome loneliness. As it was outlined by the participants, older adults need to socialize and do activities that they enjoy to prevent feelings of loneliness. The general impression from the answers of the participants is that the communities in Cyprus are not doing enough to support older adults and they suggested that the communities should organise trips, activities, events in places that have all the amenities for the older adults and make sure that the information is reaching them. Interestingly, the participants complained about the very limited services and programs available to assisting in such important problem.

The topic **Education & Training for overcoming loneliness** among the healthcare professionals, relatives and training providers was also discussed during the interviews. Surprisingly, most healthcare professionals did not have any education on the subject apart from one participant, leading to the conclusion that there is a serious need to create educational material for healthcare professionals in regards to Loneliness. Relatives expressed again that they only want a basic information about loneliness and some tips will suffice. They believed that emphasis should be given to the organization of activities and trips for this group of people and places to meet the appropriate amenities instead of spending resources to educate relatives.

During the interviews participants were describing two different situations the “before COVID” and “the life with COVID”. Participants had the opportunity to discuss the **changes due to the Pandemic**. All the participants commented that the pandemic definitely has worsened the mental and physical status of the older adults and themselves. They have highlighted that the pandemic is leading everyday more people into the phenomenon of loneliness and that there is a vital need to establish some tools and foundations to help all those in need. They all wanted to be kept updated with the progress of the Digi-ageing tool as it is needed more than ever now.

The last section of this document is presenting two case studies of a formal caregiver of older adults and a geriatric nurse describing their key issues, coping strategies and their needs for the Digi-ageing tool.

To conclude, our results showed that loneliness is a severe problem that has a huge impact on the older adults’ wellbeing and our society in general. It is everyone’s responsibility to be educated and trained in order to identify and be able to take preventable measures to overcome loneliness. Though there is a greater responsibility and serious need for governmental and public initiatives to provide such training opportunities.

## 4 Main findings via the Interviews

### 4.1 Important findings on the topic of loneliness in old age

#### 4.1.1 Loneliness and Social isolation

Initially during the interviews, when participants were asked to describe what loneliness in old age is for them, they described it mixing descriptions of depression symptoms, social isolation behaviors and loneliness indications. For example, *“A person has lost their interest for different activities, willingness to live and spends a lot of time alone”, “They have rare personal contacts. There is no sufficient conversation when they are around with other people. They don't have any interactions and their activities are limited. They don't talk, almost at all”*.

Nevertheless, when they asked to identify the difference of social isolation, most of the participants were able to distinguish the difference between the two. Some descriptions they used were: *“Loneliness is more psychological, on how “I feel” but social isolation is the impact of the society and not a choice of the person”, “Social isolation is when the society and their environment isolate them. So, in this case, they might want to engage with the society but the society prevents them from it”*.

All participants expressed that is extremely important and relevant the problem of loneliness in their work/family environment, especially due to COVID19. They felt that the situation with COVID19 has worsen the situation between the older adults and the phenomenon of loneliness. Some participants identified that the phenomenon of loneliness has impact not only on the psychological but also the physical condition of a person. They have linked loneliness with depression and they mentioned that most common way to prevent loneliness according to them is physical presence and contact. All of them expressed that it is essential the regular family presence in the older adult's life to prevent the feeling of loneliness. However, professionals working in the geriatric care mentioned that hugs, caress on the shoulder, generally physical contact provides the feeling of connection between the older adult and the caregiver/healthcare professional and as result prevents loneliness in old age as well.

#### 4.1.2 ICT/Digital Tools

Five out of the six participants from Group 1, stated that the most frequent digital tools that they use in their everyday routine is Viber for communication, their computer for organization (just Microsoft Suite, not any specialize software), messenger, social media, email and zoom.

Both participants from Group 2 uses Viber and Skype to talk and stay in contact with their family, when they cannot be physically there with them.

Group 3, one of the two participants uses only face to face training because she is not familiar with technology and she did not need to use digital tools to train so far. The other participant uses regularly her computer to connect to the TV so she can train by using videos and images as examples.

All participants mentioned that the older adults that they know of, are struggling with the technology and digital tools. The main “digital tools” that the older adults are using in Cyprus is TV and radio. However, due to COVID19, family members are not able to visit the residents so older adults were “forced” (from the situation) to start using tablets and smartphones in order to see and talk with their loved ones.

## 4.2 What we learned about existing networks and external help

### 4.2.1 Preventing measures & External Support network

Even though we have interviewed a variety of healthcare professionals (Group 1 and Group 3) and most of them did not have training in Loneliness, they described what they do to prevent loneliness in older adults from their work experience and exchange of practices with more experienced staff. The two main preventing measures to overcome loneliness in older adults mentioned by them are:

#### 1. Engage into meaningful discussion/communication

They all mention that spending time with them and engaging them in discussions from basic dialogues about their wellbeing and the weather to more personal and broad discussions such as family, traditions, local and worldwide news that they are interested in, is very supportive for their emotional state. They also mentioned that it is important to assess and personalize the interaction with the older adults as some prefer to spend time alone with them and some others prefer to engage in to group discussions.

#### 2. Engage/Motivate older adults into various activities

Most of the participants believe that when older adults have nothing meaningful to do all day can lead them to loneliness. Therefore, healthcare professionals learn by talking to them what kind of activities and topics interest them in order to motivate them to engage in such activities. One of the participants stated that *“when older adults engage in fun activities for them, they produce “happy” hormones which prevents the loneliness feeling. Such activities can be singing, dancing, going for a walk, attend spiritual events (visit church), cooking, drawing etc”*.

The support network to prevent loneliness for healthcare professionals are their colleagues and the multidisciplinary team of their organization. The professionals who organize the various activities for the older adults are one of the most important support networks for them. Also, all participants from group 1&3 relied a lot to the guidance of the psychologists and also from the more experience staff such as head nurse, supervisors and the initial assessment done during admission of a resident. The participants who were self-employed still rely to their network of psychologists to get guidance for the cases that are difficult to handle.

Remarkably, participants from group 1 also identified the relatives as additional support network because usually they are the ones who have control over the daily routine of the older adult when they live alone but also, they are the persons who have the ability to provide infinite happiness to the older adult just by showing up.

Nevertheless, external support networks were identified organisations and people that will occasionally visit the older adults or organize for them trips and activities such as visits from primary schools, visits from priests as it is a very big part of their culture, external partners who are responsible to organize games, watch old movies, singers etc.

Both participants on Group 2 (relatives), described their way to prevent the feeling of loneliness is by visiting as often as possible their older family members and offer them their company. The one of the two participants in this Group 2, identified the multidisciplinary team of healthcare professionals in the Care Home, as his support network to prevent loneliness because his mother is one of the residents. The other participant did not have any support network because her parents live at home.

#### **4.2.2 Digital tools used for communication and networking**

All the participants are using their smartphones for communication and networking. Most of them are using social media, applications such as Viber and in cases that it is needed a video call some people mentioned Skype and Zoom. Nevertheless, no participant is using any sophisticated application or platform for this purpose.

#### **4.2.3 Virtual local networks**

All participants apart from one relative, expressed their interest to join future local virtual network. Most participants are interested in participating in such virtual networks in order to exchange practices, views and knowledge with other healthcare professionals, learn about important events and activities interesting for older adults. Also, they believe that if there was available any supporting material regarding loneliness it would be very useful.

Some healthcare professionals – participants mentioned that it would be very useful to have a database with available places to visit with all amenities for older adults such as multipurpose spaces. Moreover, it would be very beneficial if there was a platform that they can find people available specific dates and times to organize activities for the older adults, organize trips etc.

Relatives find useful to learn about tools that could assist older adults during their absence. In addition, important for them is to be able to find tips on how to help their relatives without very scientific terms and material.

## 4.4 Ways to identify loneliness

### 4.4.1 Signs of Loneliness

Each group of participants were asked to describe how they notice if someone has started feeling lonely and what signs are instant alert for them.

Group 1 described the following ways of how they identify loneliness in older adults:

- They are isolating themselves
- They express how their life has no meaning and they wish to die
- They do not talk much and answer questions as brief as possible.
- They stop participating in activities and avoid socializing.
- They are always in a bad mood and are trying keep distance from everyone
- They do not take care of their selves such as stop eating, do not want to shower
- They are asking for their loved ones died or alive and missing their homes if they are staying in a Care home.

Group 2 mentioned very similar signs as group 1. Also, it was mentioned another sign for them is when the older adults are very excited to see them but for cases that the older adult has dementia is a bit trickier.

These results show that loneliness is not recognised early on even from very close relatives and it does later on, only when depressive symptoms are present. It shows the immense need for early detection when interventions can be more useful to prevent depression.

### 4.4.2 Risk factors of loneliness

Most participants believed that the triggers for loneliness are:

- Loss of loved ones
- Low self esteem
- Feeling unimportant due to the increase inabilities caused by illness and old age.
- If they suffer from depression
- Change of surroundings
- Inactivity for a long time and being retired
- Emotionally hurt by personal relationships (such as fights with beloved persons)

#### 4.4.3 Tools to identify loneliness

No participant uses any kind of tool (digital or physical) to identify loneliness. Most of them did not know any available tools. One participant mentioned that she knows that experts can use drawings to notice any signs of depression and loneliness. Another participant expressed their disbelief that no digital tool can replace the experience of healthcare professionals.

Regarding the features of the Digi-ageing tool that identifies loneliness, the participants mentioned that they would like to include:

- Short Questionnaires that older adults can answer and immediately the healthcare professional will have an indication of the person's status
- Guiding instructions in bullet point format
- Examples and possible scenarios on how to identify and prevent loneliness
- Short duration videos showing face expressions of people experiencing loneliness. It is important to include real people reactions and NOT animation. This will help in training healthcare professionals identifying loneliness
- Mood recording: alerts if there was a differentiation in their mood, how many interactions the person had, how beneficial were the interactions and when would he/she would like to repeat the interactions. Also, if he did something interesting during his/her day and record all these parameters maybe in form of a score board.
- Use visuals such as images and videos, graphs and colors instead of having a score. The colors could be connected with emotions so it is easier to remember for the carers what they mean.

One of the trainers stated that “there should be a physical presence of the Digi-ageing company. A person that will monitor the community. This tool should promote activities and news available in the community for the older adults because now they struggle to find out about these activities and places”.

## 4.5 How to best prevent loneliness in old age

### 4.5.1 Preventing measures

The preventing measures already taken by the participants to prevent loneliness in old age were very similar to the strategies recommended by the participants to help people with loneliness. These were mentioned by the participants:

- ✓ Use physical contact such as hugs, kisses, handshakes.
- ✓ Supportive words and finding the time to talk to them in a deep meaningful manner.
- ✓ Motivate/encourage them to do things that interests them.
- ✓ Visiting them very often and taking them to places they like.
- ✓ Make them feel both physical and financial safe.
- ✓ Encourage them to reach personal contacts and close relatives and recall memories of them using photo albums.

### 4.5.2 What can older adults do?

Most participants believed that if the older adults keep socializing and do activities that distract them and keep them busy then there were very few chances that the older adult will suffer from loneliness. For example: having pets, reading books, participate in group activities, visit neighbors, go for a walk, listen to the radio, participate in platforms with topics that interest them like knitting are additional suggestions. Nevertheless, some participants mentioned that if the person is already experiencing feelings of loneliness is harder to deal with it alone. The person needs to be open to try new things and find internally the motive to break free from these feelings otherwise only very experienced psychologists could help.

### 4.5.3 What can the community do to help them?

Community is fundamental for the wellbeing of the older adults. All the participants expressed their disappointed that the community is not very active regarding organizing events, trips and activities for the older adults. Older adults need to feel important and still useful. Therefore, if they are involved in creative activities that could offer to other vulnerable groups such as poor families then they are more motivated and engage. Also, if the communities organise discussion groups with people of their age or younger, training programs to learn new skills, physical activities, events to celebrate tradition and bring together people with common interests. Last but not least, most of the participants highlight the significance that communities need to have available multipurpose space with all the necessary amenities for the older adults in order to feel comfortable to attend all these events and activities organize by the community.

#### 4.5.5 Currently available services, programs and projects

In Cyprus, there are very limited services and programs available to assist in reducing loneliness in older age. This was supported by the interviews as well. There were mentioned some churches organize trips and provide sometimes tea and coffee session for the older adults. Also, there are a very small number of day care centers funded by the government.

#### 4.5.6 Available digital tools & methods

None of the participants were aware of any available digital or physical tools or methods to prevent loneliness. This perhaps provides an opportunity for the Digi-Ageing to be the pioneer of such tool.

#### 4.5.7 Preventing tool features

Most healthcare professionals mainly mentioned the use of questionnaire and guidelines to guide them on how to start early on the activities before someone starts feeling lonely. Most of the participants believe that personalized activities are the key to preventing loneliness so they wanted a tool to help them know the older adults' preferences. Participants suggested a feature that will include available jobs for them (voluntary or/and paid) could be an additional motivation for the older adults.

The participants from Group 2, believed also that personalized activities are key to prevention therefore they requested some of the features to include group games and have the opportunity to chat while playing. One of the participants in Group 3 suggested for a painting/drawing game that experts can assess the older adults' mental health by analyzing their painting offline. Other recommended features are 2D/3D visuals for the older adults such as family photos and videos.

### 4.6 Education & Training regarding the theme

#### 4.6.1 Existing Education & Training

Among the ten people who participated in the interviews, only one of them had the opportunity to be trained in the topic "loneliness in old age". As a follow up question, that person was trained in the United Kingdom. The rest of the healthcare professionals who participated were trained in other EU countries (Greece, Cyprus, France etc.).

All of the participants from Group 1, demonstrated a significant interest in future training on loneliness. Some of the wanted the focus to be on how to identify and prevent form happening, some others wanted to learn about the available assessment scales, the difference between depression, social isolation and loneliness. All of them emphasised the need to have not only theoretical training but also practical exploration on the prevention and treatment of loneliness.



The participants from Group 2 (relatives), did not want an in-depth education. They mentioned that it would be suffice for them some tips and tools and learn which professionals they should contact to if they noticed any signs of loneliness in their loved ones.

The participants form Group 3, recommended that additional training content/method that would be really helpful for the healthcare professionals is the demonstration of videos with face expressions and signs of loneliness, inclusion of real stories/past experiences so they can invite people to talk about it. Moreover, one of the participants mentioned that a complementary training session to Loneliness in older age for the healthcare professionals should be basic psychology session, quality of care, about the different psychological diseases, behavior around older adults and how healthcare professionals to manage their stress.

#### **4.6.2 Training Professional Caregivers**

Some of the participants of Group 1 mentioned that they need training in basic psychology, soft skills (how to approach older adults), on motivational interviewing, etc. Also, some of the psychologists who participated in the interviews highlighted the importance of support groups for the caregivers to learn what to do when they find resistance from the older adults and how to help them. Few of the participant mentioned that formal caregivers need knowledge, updated information, practical experience and learn how to behave correctly to the older adults. The topic “Behaviour training” has been repeatedly mentioned by various participants during the interviews in different questions. They acknowledge that formal caregivers’ priority of their tasks is to care of the physical needs of the older adults. Nevertheless, some participants stretched that caregivers should be more observant about older adults’ picture, to devote more time to identify anything that is not obvious. And be discreet when watching older adults' behavior. However, this was mentioned so management can consider the importance of the emotional state of the residents and help formal caregivers allocate their time accordingly. In regards to digital tools to help with training, participants responded to possible the use of applications on mobile phone that will send reminders and alerts to the person who uses the device and informing them about local events with spaces with the appropriate amenities for older adults.

#### **4.6.3 Training Informal Caregivers**

Participants from Group 2 were a bit more passive on this matter. They stated that training and skills should be provided to the healthcare professionals and not them. They were mainly happy to know only a few tips on how to identify and prevent loneliness but not very scientific and lengthy seminars.

#### **4.6.4 Training providers**

The participants in Group 3 wanted to share with their experience in training some focus points during training of healthcare professionals. They highlighted that visuals are very important during a training/seminar. For the topic loneliness, if videos could be used to show signs of loneliness in terms of body language, expression of the eyes, alarming phrasing then it would be easier to

remember and understandable for any trainee. Trainers mentioned the significance of the positive impact to the older adults if the caregivers engage in games, reading books, sing with the older adults. However, trainers reported that formal caregivers usually do not have the time and strength as their primary concern in the physical care of the older adult.

#### 4.7 Changes due to the Pandemic: Main need identified

During the last year, the humankind faced one of the greatest challenges of the century. Dealing with the unforeseen challenges caused by COVID-19 pandemic had a very negative impact in the psychology of staff and residents<sup>1</sup>. Safety procedures have put a lot of distance between the people/human contact. A lot of activities have been cancelled. The nursing homes have been isolated from the world for the safety of older adults<sup>2</sup>. Staff and residents have been affected psychologically. People with dementia struggle to understand why their family is not coming to see them. The staff is lifting additional emotional weight as they have to be not only extra cautious for their safety but also for the safety of the vulnerable group of people they care for.

Some of the healthcare professionals who used to visit external patients in their homes mentioned that the face-to-face sessions have been affected a lot. They started using video calls, but some patients missed their sessions, stopped wanting to proceed with therapy and this increased the feeling of loneliness, inactivity and anxiety disorder to their patients. The health care professionals also reported the lack of positive mood, the decrease in their patients' performance, especially the patients with very few or no personal contacts at all.

The strict safety measures such as wearing mask made the communication between the healthcare professional and the patient much more difficult due to that the mouth of the professional is hidden making it even more difficult for the patient to keep focused during the sessions. Most of the participants dealing with patients with dementia reported that this was a very big issue for everyone (the patient, the family members and the healthcare professionals).

Some reports were as follow: "We have been working through cameras. Some patients' situation has worsened due to COVID19 and the isolation they are experiencing". "There was a great impact to their emotional situations because they could not see their family". "They lost motivation and started cancelling appointments".

On the positive note, couple of healthcare professionals mentioned that "our sense of responsibility was increased and we have given emphasis for better training when using digital tools to ensure that our patient is receiving the best of care". One of the geriatric nurses stated "Even though, we struggle more than other countries because we have a "hot" culture and it is very family oriented,

---

<sup>1</sup> Lu, W., Wang, H., Lin, Y., & Li, L. (2020). Psychological status of medical workforce during the COVID-19 pandemic: A cross-sectional study. *Psychiatry Research*, 288, 112936. <https://doi.org/10.1016/j.psychres.2020.112936>

<sup>2</sup> Loubert, L. (2021). COVID-19 Disparities in Nursing Homes. *Healthcare*, 9(4), 388. <https://doi.org/10.3390/healthcare9040388>

there were some positives out of it (referring to COVID19). Colleagues have come closer due to the longer hours spend together and due to arrangement done by the management for additional safety measures (keep the same team for different shifts etc.)”



## 5 Case Studies Cyprus

### 5.1 Case Study 1 “Sarah” – Cyprus

**Name (Pseudonym):** Sarah  
**Gender:** female  
**Age group:** <45;  
**Role:** from group 1: formal caregiver

**Slogan:** *“When the soul is suffering it affects the body. Soul and body are linked so we need to take care both of them”.*

#### **About my current situation**

*“I am Sarah and I am working as formal caregiver at a Care home”.*

#### **My key issues are**

*“Our residents are more isolated and feel lonely because their loved ones cannot visit them due to COVID19. Cypriots struggle more with the social distancing because have a “hot” culture. Our culture is very family orientated and characterized with warm hospitality. Therefore, the loss of human touch for their safety makes them feel lonelier than ever. I used to provide comforting physical contact to the patients (e.g., hugging someone when crying to comfort them) and now I do not know how to handle this situation to help those in need”.*

#### **These are my coping strategies**

*“Since I cannot use physical contact, I tried to spend more time with them to talk and show them that I am there for them. I found that if they feel that you personally care for them and you are not just casually asking for their wellbeing, they feel less lonely and they are more open to talk about their worries”.*

#### **If I could make a wish – related to outcomes of the project (including ICT/Apps, etc.). My main requirements, my personal needs related to the tools to be developed.**

*“I would like to be trained on loneliness and how to identify and prevent it from happening. I do not know if digital tools can help. I believe in the power of the face-to-face connection. It would be very beneficial for me if the outcomes of this project could help me to learn more information about identifying loneliness and the correct steps on how to handle loneliness in old age. I would like Digi-Ageing tool to include a questionnaire in order to guide me. Also, if I could have access to a support network where I would learn about activities that are creative and fun for the older adults. Moreover, I would like to get informed about important events happening nearby in my community in order to inform the older adults”.*

## 5.2 Case Study 2 “Mary” – Cyprus

**Name (Pseudonym):** Mary  
**Gender:** female  
**Age group:** <45;  
**Role:** from group 1: geriatric nurse

**Slogan:** *"Sometimes we work mechanically or under stress but it is important to be reminded now and then that our job is much more than a simple job when you are caring for older adults".*

### About my current situation

*I am Mary and I am working as geriatric nurse at a home care*

### My key issues are

- *“Especially this period with COVID19, I have seen our residents to trying to isolate their selves, they are not so open to activities and daily tasks.*
- *We used to keep them occupied during the day with the help of external people by doing different activities such as signing, painting, reading news, playing games but COVID19 has restricted our access to such professionals.*
- *Their family cannot visit them and discuss in detail current issues that concerns them or offer them that extra comfort and company that they used to have. Therefore, we feel the additional responsibility about their wellbeing and this is added effort and emotional stress to think about activities that would be interesting for them considering also the limitations that we have now due to COVID19”.*

### These are my coping strategies

*"I usually talk to them and try to motivate them. I learn what they like and interest them and use it to motivate them with activities. We have also started using smartphones to connect them with their families via SKYPE and VIBER. If I am not successful in to motivate them with the techniques, I am aware, I contact our psychology department to get additional guidance or refer them to them".*

### If I could make a wish – related to outcomes of the project (including ICT/Apps, etc.). My main requirements, my personal needs related to the tools to be developed.

*"I would like to learn about existing practices that work and have positive impact to the older adults and ways to improve their wellbeing. It is important to me to have guiding instructions in bullet points format. Also, if this tool could include examples and possible scenarios on how to identify and prevent loneliness.*

*Nevertheless, I believe it would be difficult to develop a tool for the older adults to prevent loneliness because loneliness is a feeling and it is difficult to be resolved via technology”.*

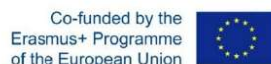
## 6 Links, Literature & Sources

1. Lu, W., Wang, H., Lin, Y., & Li, L. (2020). Psychological status of medical workforce during the COVID-19 pandemic: A cross-sectional study. *Psychiatry Research*, 288, 112936.  
<https://doi.org/10.1016/j.psychres.2020.112936>
2. Loubert, L. (2021). COVID-19 Disparities in Nursing Homes. *Healthcare*, 9(4), 388.  
<https://doi.org/10.3390/healthcare9040388>

## 7 Annex

### 7.1 Informed consent for healthcare professionals (Group 1)





## Έντυπο συγκατάθεσης για συμμετοχή σε ερευνητικό πρόγραμμα

## Digi-Ageing – overcoming loneliness

<b>Όνομα Συμμετέχοντα</b>	
<b>Ο Ρόλος του συμμετέχοντα</b>	Φροντιστές /Νοσηλευτικό Προσωπικό/Κοινωνικοί Λειτουργοί/ Επαγγελματίες υγείας
<b>Όνομα Ερευνητή</b>	

Σύντομη Περιγραφή του έργου:

Το έργο Digi-Ageing επιδιώκει να βελτιώσει την ποιότητας ζωής των ατόμων της τρίτης ηλικίας στηρίζοντας τους παρόχους Επαγγελματικής Εκπαίδευσης και Κατάρτισης, τους φροντιστές και τους τελικούς χρήστες, τα άτομα της τρίτης ηλικίας. Στόχος του προγράμματος είναι η εξεύρεση λύσεων για την πρόληψη και την αντιμετώπιση της μοναξιάς μέσω εκπαίδευσης, παροχής συμβουλών και ψηφιακών εργαλείων.

Ο σκοπός αυτού του έντυπου είναι να εξηγήσει σε απλή και κατανοητή γλώσσα σχετικά με το τι ζητείται από εσάς ή/και τι θα συμβεί σε εσάς, εάν συμφωνήσετε να συμμετάσχετε στο πρόγραμμα Digi-Ageing.

- Μου έχουν δοθεί επαρκείς πληροφορίες σχετικά με αυτό το ερευνητικό έργο. Ο σκοπός της συμμετοχής μου σε αυτό το έργο μου έχει εξηγηθεί και είναι σαφής.
- Η συμμετοχή μου σε αυτό το έργο είναι εθελοντική. Γνωρίζω ότι είμαι ελεύθερος να αποσύρω οποιαδήποτε στιγμή επιθυμώ τη συγκατάθεση για την συμμετοχή μου σε αυτό το πρόγραμμα. Η συμμετοχή περιέχει συνέντευξη από (α) ερευνητή(ες) από τον οργανισμό το οποίο αναφέρεται πιο κάτω. Επιτρέπω στον/στους ερευνητή(ές) να παίρνει(ουν) σημειώσεις κατά τη διάρκεια της συνέντευξης.
- Επιτρέπω την εγγραφή (ηχητικού/βίντεο) της συνέντευξης. Μου έχει γίνει σαφές ότι σε περίπτωση που δεν θέλω να μαγνητοσκοπηθεί η συνέντευξη, έχω το δικαίωμα σε οποιαδήποτε στιγμή να αποσύρω τη συμμετοχή μου.
- Έχω το δικαίωμα να μην απαντήσω σε κάποιες ή σε καμία από τις ερωτήσεις. Αν αισθανθώ άβολα με οποιοδήποτε τρόπο κατά τη διάρκεια της συνέντευξης, έχω το δικαίωμα να αποσυρθώ.
- Τα προσωπικά μου στοιχεία θα παραμείνουν ανώνυμα σε αναφορές που χρησιμοποιούν πληροφορίες που θα έχουν ληφθεί από την συνέντευξη.. Μου έχει διευκρινιστεί ότι τα προσωπικά δεδομένα μου που θα συλλεχθούν θα διατηρηθούν σε φυλασσόμενο και ασφαλή χώρο στον οποίο έχει πρόσβαση μόνο η ομάδα έργου. Σε όλες τις περιπτώσεις, οι μεταγενέστερες χρήσεις αρχείων και δεδομένων θα υπόκεινται στα πρότυπα της νομοθεσίας των Γενικών Κανονισμών Προστασίας Δεδομένων (GDPR).
- Έχω διαβάσει και κατανοήσει τα σημεία και τις δηλώσεις αυτού του έντυπου. Μου έχουν απαντηθεί ικανοποιητικά όλα τα ερωτήματα μου και συμφωνώ εθελοντικά να συμμετάσχω σε αυτή την έρευνα.
- Μου έχει δοθεί αντίγραφο του έντυπου συγκατάθεσης συνοπογεγραμμένο από τον ερευνητή.
- Συμφωνώ να λαμβάνω περισσότερες πληροφορίες σχετικά με το πρόγραμμα Digi-Ageing (παρακαλώ διαγράψτε εάν όχι).
- Δίνω την συγκατάθεση μου να συμμετάσχω στο ερευνητικό πρόγραμμα Digi-Ageing.

<b>Υπογραφή / Ημερομηνία</b>	
<b>Ερευνητής</b> Υπογραφή / Ημερομηνία	

**Όμιλος Ματέρια**  
Αθαλάσσης 41 - Λατσία 2221  
Λευκωσία  
Τ: +357 22573577

## 7.2 Informed Consent for relatives (Group 2)



**Έντυπο συγκατάθεσης για συμμετοχή σε ερευνητικό πρόγραμμα  
Digi-Ageing – overcoming loneliness**

<b>Όνομα Συμμετέχοντα</b>	
<b>Ο Ρόλος του συμμετέχοντα</b>	Συγγενείς οι οποίοι φροντίζουν ηλικιωμένα άτομα
<b>Όνομα Ερευνητή</b>	

Σύντομη Περιγραφή του έργου:

Το έργο Digi-Ageing επιδιώκει να βελτιώσει την ποιότητα ζωής των ατόμων της τρίτης ηλικίας στηρίζοντας τους παρόχους Επαγγελματικής Εκπαίδευσης και Κατάρτισης, τους φροντιστές και τους τελικούς χρήστες, τα άτομα της τρίτης ηλικίας. Στόχος του προγράμματος είναι η εξεύρεση λύσεων για την πρόληψη και την αντιμετώπιση της μοναξιάς μέσω εκπαίδευσης, παροχής συμβουλών και ψηφιακών εργαλείων.

Ο σκοπός αυτού του έντυπου είναι να εξηγήσει σε απλή και κατανοητή γλώσσα σχετικά με το τι ζητείται από εσάς ή/και τι θα συμβεί σε εσάς, εάν συμφωνήσετε να συμμετάσχετε στο πρόγραμμα Digi-Ageing.

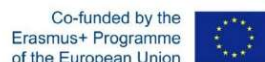
- Μου έχουν δοθεί επαρκείς πληροφορίες σχετικά με αυτό το ερευνητικό έργο. Ο σκοπός της συμμετοχής μου σε αυτό το έργο μου έχει εξηγηθεί και είναι σαφής.
- Η συμμετοχή μου σε αυτό το έργο είναι εθελοντική. Γνωρίζω ότι είμαι ελεύθερος να αποσύρω οποιαδήποτε στιγμή επιθυμώ τη συγκατάθεση για την συμμετοχή μου σε αυτό το πρόγραμμα. Η συμμετοχή περιέχει συνέντευξη από (α) ερευνητή(ες) από τον οργανισμό το οποίο αναφέρεται πιο κάτω. Επιτρέπω στον/στους ερευνητή(ές) να παίρνει(ουν) σημειώσεις κατά τη διάρκεια της συνέντευξης.
- Επιτρέπω την εγγραφή (ηχητικού/βίντεο) της συνέντευξης. Μου έχει γίνει σαφές ότι σε περίπτωση που δεν θέλω να μαγνητοσκοπηθεί η συνέντευξη, έχω το δικαίωμα σε οποιαδήποτε στιγμή να αποσύρω τη συμμετοχή μου.
- Έχω το δικαίωμα να μην απαντήσω σε κάποιες ή σε καμία από τις ερωτήσεις. Αν αισθανθώ άβολα με οποιοδήποτε τρόπο κατά τη διάρκεια της συνέντευξης, έχω το δικαίωμα να αποσυρθώ.
- Τα προσωπικά μου στοιχεία θα παραμείνουν ανώνυμα σε αναφορές που χρησιμοποιούν πληροφορίες που θα έχουν ληφθεί από την συνέντευξη.. Μου έχει διευκρινιστεί ότι τα προσωπικά δεδομένα μου που θα συλλεχθούν θα διατηρηθούν σε φυλασσόμενο και ασφαλή χώρο στον οποίο έχει πρόσβαση μόνο η ομάδα έργου. Σε όλες τις περιπτώσεις, οι μεταγενέστερες χρήσεις αρχείων και δεδομένων θα υπόκεινται στα πρότυπα της νομοθεσίας των Γενικών Κανονισμών Προστασίας Δεδομένων (GDPR).
- Έχω διαβάσει και κατανοήσει τα σημεία και τις δηλώσεις αυτού του έντυπου. Μου έχουν απαντηθεί ικανοποιητικά όλα τα ερωτήματα μου και συμφωνώ εθελοντικά να συμμετάσχω σε αυτή την έρευνα.
- Μου έχει δοθεί αντίγραφο του έντυπου συγκατάθεσης συνυπογεγραμμένο από τον ερευνητή.
- Συμφωνώ να λαμβάνω περισσότερες πληροφορίες σχετικά με το πρόγραμμα Digi-Ageing (παρακαλώ διαγράψτε εάν όχι).
- Δίνω την συγκατάθεση μου να συμμετάσχω στο ερευνητικό πρόγραμμα Digi-Ageing.

<b>Υπογραφή / Ημερομηνία</b>	
<b>Ερευνητής Υπογραφή / Ημερομηνία</b>	

**Όμιλος Ματέρια**  
Αθαλάσσης 41 - Λατισιά 2221  
Λευκωσία  
T: +357 22573577

### 7.3 Informed consent for trainers (Group 3)





Έντυπο συγκατάθεσης για συμμετοχή σε ερευνητικό πρόγραμμα  
Digi-Ageing – overcoming loneliness

<b>Όνομα Συμμετέχοντα</b>	
<b>Ο Ρόλος του συμμετέχοντα</b>	Εκπαιδευτής σε κέντρο φροντίδας και αποκατάστασης ηλικιωμένων
<b>Όνομα Ερευνητή</b>	

Σύντομη Περιγραφή του έργου:

Το έργο Digi-Ageing επιδιώκει να βελτιώσει την ποιότητα ζωής των ατόμων της τρίτης ηλικίας στηρίζοντας τους παρόχους Επαγγελματικής Εκπαίδευσης και Κατάρτισης, τους φροντιστές και τους τελικούς χρήστες, τα άτομα της τρίτης ηλικίας. Στόχος του προγράμματος είναι η εξεύρεση λύσεων για την πρόληψη και την αντιμετώπιση της μοναξιάς μέσω εκπαίδευσης, παροχής συμβουλών και ψηφιακών εργαλείων.

Ο σκοπός αυτού του έντυπου είναι να εξηγήσει σε απλή και κατανοητή γλώσσα σχετικά με το τι ζητείται από εσάς ή/και τι θα συμβεί σε εσάς, εάν συμφωνήσετε να συμμετάσχετε στο πρόγραμμα Digi-Ageing.

- Μου έχουν δοθεί επαρκείς πληροφορίες σχετικά με αυτό το ερευνητικό έργο. Ο σκοπός της συμμετοχής μου σε αυτό το έργο μου έχει εξηγηθεί και είναι σαφής.
- Η συμμετοχή μου σε αυτό το έργο είναι εθελοντική. Γνωρίζω ότι είμαι ελεύθερος να αποσύρω οποιαδήποτε στιγμή επιθυμώ τη συγκατάθεση για την συμμετοχή μου σε αυτό το πρόγραμμα. Η συμμετοχή περιέχει συνέντευξη από (α) ερευνητή(ες) από τον οργανισμό το οποίο αναφέρεται πιο κάτω. Επιτρέπω στον/τους ερευνητή(ές) να παίρνει(ουν) σημειώσεις κατά τη διάρκεια της συνέντευξης.
- Επιτρέπω την εγγραφή (ηχητικού/βίντεο) της συνέντευξης. Μου έχει γίνει σαφές ότι σε περίπτωση που δεν θέλω να μαγνητοσκοπηθεί η συνέντευξη, έχω το δικαίωμα σε οποιαδήποτε στιγμή να αποσύρω τη συμμετοχή μου.
- Έχω το δικαίωμα να μην απαντήσω σε κάποιες ή σε καμία από τις ερωτήσεις. Αν αισθανθώ άβολα με οποιοδήποτε τρόπο κατά τη διάρκεια της συνέντευξης, έχω το δικαίωμα να αποσυρθώ.
- Τα προσωπικά μου στοιχεία θα παραμείνουν ανώνυμα σε αναφορές που χρησιμοποιούν πληροφορίες που θα έχουν ληφθεί από την συνέντευξη. Μου έχει διευκρινιστεί ότι τα προσωπικά δεδομένα μου που θα συλλεχθούν θα διατηρηθούν σε φυλασσόμενο και ασφαλή χώρο στον οποίο έχει πρόσβαση μόνο η ομάδα έργου. Σε όλες τις περιπτώσεις, οι μεταγενέστερες χρήσεις αρχείων και δεδομένων θα υπόκεινται στα πρότυπα της νομοθεσίας των Γενικών Κανονισμών Προστασίας Δεδομένων (GDPR).
- Έχω διαβάσει και κατανοήσει τα σημεία και τις δηλώσεις αυτού του έντυπου. Μου έχουν απαντηθεί ικανοποιητικά όλα τα ερωτήματα μου και συμφωνώ εθελοντικά να συμμετάσχω σε αυτή την έρευνα.
- Μου έχει δοθεί αντίγραφο του έντυπου συγκατάθεσης συνοπλογραμμένο από τον ερευνητή.
- Συμφωνώ να λαμβάνω περισσότερες πληροφορίες σχετικά με το πρόγραμμα Digi-Ageing (παρακαλώ διαγράψτε εάν όχι).
- Δίνω την συγκατάθεση μου να συμμετάσχω στο ερευνητικό πρόγραμμα Digi-Ageing.

<b>Υπογραφή / Ημερομηνία</b>	
<b>Ερευνητής</b> Υπογραφή / Ημερομηνία	

Όμιλος Ματέρια  
Αθαλάσσης 41 - Λατσία 2221  
Λευκωσία  
Τ: +357 22573577

