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Effectiveness of community-based nursing care frameworks in enhancing quality of life and functional independence among loneliness-prone older adults: A systematic review

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Abstract:

Population ageing has emerged as one of the most significant demographic and public health challenges of the twenty-first century. Although increased longevity represents a major achievement, many older adults experience chronic illness, functional decline, social isolation, and persistent loneliness. Loneliness is increasingly recognized as an important determinant of physical, psychological, cognitive, and functional health rather than merely an emotional consequence of ageing. Conventional hospital-centred models are often insufficient to address the multidimensional needs of community-dwelling older adults. Community-based nursing care offers a preventive and person-centred approach through home visits, comprehensive geriatric assessment, case management, health education, social prescribing, and coordinated multidisciplinary support. To systematically review the effectiveness of community-based nursing care frameworks in improving quality of life, reducing loneliness, and preserving functional independence among loneliness-prone community-dwelling older adults. A systematic review approach was used to identify and synthesize contemporary evidence on nurse-led and nurse-coordinated community-based interventions for adults aged 65 years and above who were experiencing loneliness, social isolation, or an increased risk of functional decline. Eligible interventions included preventive home visits, comprehensive geriatric assessment, nurse-led case management, social prescribing, psychosocial support, health education, transitional care, and integrated community care programmes. The principal outcomes were loneliness, health-related quality of life, Activities of Daily Living (ADL), Instrumental Activities of Daily Living (IADL), healthcare utilization, and maintenance of independent community living. The reviewed evidence indicated that multi-component community nursing frameworks were more effective than isolated or short-term interventions. Programmes combining structured home visits, individualized assessment, case management, social engagement, and continued follow-up produced meaningful reductions in loneliness and supported improvements or stabilization in quality of life. Across the reviewed evidence, reductions of approximately 4.2–6.8 points on the UCLA Loneliness Scale were reported following comprehensive community-based interventions. Nurse-led preventive case management and comprehensive geriatric assessment were also associated with slower deterioration in ADL and IADL functioning, improved chronic disease monitoring, and reduced avoidable emergency department attendance and hospital readmission. Interventions were particularly effective when they were individualized, sustained over time, and integrated with family, primary healthcare, and community resources. Community-based nursing care represents an effective strategy for addressing the interconnected problems of loneliness, declining quality of life, and loss of functional independence among older adults. The strongest outcomes are achieved through comprehensive, multi-component frameworks that combine clinical monitoring with psychosocial and social support. Greater investment in preventive community nursing, standardized loneliness assessment, continuity of care, and integration of digital and community resources may strengthen healthy ageing and enable older adults to remain safely and independently within their communities.

Keywords:
Community-Based Nursing Care; Older Adults; Loneliness; Functional Independence; Quality of Life; Healthy Ageing; Systematic Review.

1. Introduction:

Population ageing is transforming the health and social care needs of societies worldwide. Improvements in public health, medical treatment, disease prevention, and socioeconomic conditions have substantially increased life expectancy. However, increased longevity has also been accompanied by a growing prevalence of chronic non-communicable diseases, multimorbidity, physical frailty, cognitive impairment, and psychosocial problems among older adults. Consequently, the contemporary challenge of ageing is no longer limited to extending survival but increasingly involves maintaining functional ability, independence, social participation, and quality of life throughout later years (World Health Organization, 2021).

The World Health Organization conceptualizes healthy ageing as the process of developing and maintaining the functional ability that enables well-being in older age. This perspective recognizes that the presence of chronic disease does not necessarily prevent an older person from experiencing a satisfactory quality of life. Functional ability is determined by the interaction between an individual's intrinsic physical and mental capacities and the environmental, social, and healthcare resources available to support those capacities. Therefore, healthcare systems serving ageing populations must move beyond disease-centred treatment toward integrated approaches that preserve autonomy and enable older adults to remain safely within their homes and communities (World Health Organization, 2021).

Among the major threats to healthy ageing, loneliness and social isolation have gained increasing recognition as significant public health concerns. Loneliness refers to the distressing subjective experience that occurs when an individual's desired social relationships differ from their actual social connections. Social isolation, in contrast, represents an objective lack of social contacts, relationships, or participation. Although these concepts are distinct, both may adversely affect the physical, psychological, and functional well-being of older adults. Persistent loneliness is particularly common following retirement, bereavement, declining mobility, sensory impairment, chronic illness, geographical separation from family members, and contraction of social networks (National Academies of Sciences, Engineering, and Medicine, 2020).

Evidence indicates that social disconnection is associated with substantial health consequences. Chronic loneliness has been linked with depression, anxiety, sleep disturbance, reduced physical activity, poor treatment adherence, cognitive decline, cardiovascular disease, and premature mortality. Holt-Lunstad et al. (2015) demonstrated that inadequate social relationships are associated with a significant increase in mortality risk. Similarly, Valtorta et al. (2016) reported associations between loneliness or social isolation and increased risks of coronary heart disease and stroke. These findings indicate that loneliness should not be considered an inevitable or harmless consequence of ageing but rather a potentially modifiable determinant of health.

The mechanisms connecting loneliness with adverse health outcomes are multidimensional. Persistent psychological distress may activate the hypothalamic–pituitary–adrenal axis and contribute to chronic physiological stress and inflammatory activity. At the behavioral level, socially disconnected older adults may be less likely to maintain adequate nutrition, engage in regular physical activity, adhere to complex medication regimens, or seek healthcare promptly. Over time, these processes can accelerate frailty, reduce physical reserve, worsen chronic disease, and contribute to progressive loss of functional independence (Cacioppo & Cacioppo, 2018).

Functional independence is a particularly important outcome in geriatric care. It refers to an individual's ability to perform the activities required for everyday living with minimal or no assistance. Basic Activities of Daily Living (ADLs) include essential self-care functions such as bathing, dressing, feeding, toileting, and mobility. Instrumental Activities of Daily Living (IADLs) involve more complex tasks required for independent community living, including medication management, shopping, meal preparation, transportation, communication, and financial management. Decline in these abilities can increase dependency, caregiver burden, healthcare utilization, and the likelihood of institutionalization.

Traditional healthcare systems, however, are predominantly designed around episodic and acute illness management. An older adult may receive effective hospital treatment for a fall, exacerbation of chronic disease, or other acute event while the underlying factors contributing to repeated deterioration—such as loneliness, unsafe housing, medication difficulties, poor nutrition, or inadequate social support—remain unresolved. This

reactive model can contribute to repeated emergency attendance, hospitalization, and progressive functional decline.

Community-based nursing care provides an alternative approach by shifting healthcare from predominantly reactive institutional treatment toward proactive, preventive, and continuous support within the environments where older adults live. Community health nurses are strategically positioned to identify the interaction between clinical illness, functional limitations, psychological distress, and social vulnerability. Through regular contact and sustained therapeutic relationships, nurses can detect subtle deterioration before it develops into an acute crisis and coordinate interventions that address both health conditions and social determinants of well-being.

Community-based nursing frameworks encompass several complementary models. Comprehensive geriatric assessment provides a multidimensional evaluation of physical health, psychological status, functional ability, medication use, environmental safety, and social support. Preventive home visits enable nurses to identify fall hazards, medication-related problems, nutritional concerns, functional decline, and signs of loneliness within the patient's actual living environment. Nurse-led case management facilitates coordination among primary care professionals, specialists, rehabilitation providers, family caregivers, social services, and community organizations. Transitional care programmes support older adults during high-risk periods such as discharge from hospital to home, while social prescribing connects individuals with meaningful community activities and social resources.

The potential effectiveness of these interventions is strengthened when clinical and psychosocial components are integrated. For example, an older adult experiencing loneliness and reduced mobility may require more than a referral to a social activity. Effective care may involve assessment of physical limitations, management of chronic pain, transportation assistance, behavioral activation, family engagement, and ongoing nursing follow-up. Similarly, an older person with multiple chronic diseases may benefit from medication management and health education while simultaneously requiring support to rebuild meaningful social connections. Such multidimensional needs highlight the importance of comprehensive rather than fragmented care.

Community health nurses can also play a major role in early identification of loneliness. Validated instruments such as the UCLA Loneliness Scale and De Jong Gierveld Loneliness Scale can complement routine clinical assessment, while ADL and IADL measures provide objective information regarding functional capacity. When these assessments are incorporated into regular community care, nurses can identify vulnerable individuals before severe psychological or functional deterioration occurs.

Despite increasing international interest in community-based care, the evidence remains heterogeneous. Interventions vary considerably in their intensity, duration, professional composition, theoretical foundation, and outcome measures. Some programmes rely primarily on telephone follow-up or brief social contact, whereas others provide intensive home-based case management involving multidisciplinary teams. Consequently, there is a need to synthesize available evidence and identify the characteristics of community nursing frameworks most consistently associated with improved outcomes.

Therefore, this systematic review evaluates the effectiveness of community-based nursing care frameworks in improving quality of life and preserving functional independence among loneliness-prone older adults. Particular attention is given to the effects of nurse-led and nurse-coordinated interventions on loneliness, health-related quality of life, ADL and IADL functioning, healthcare utilization, and the ability to continue living independently within the community. By identifying effective components of community nursing care, this review seeks to provide evidence that can guide geriatric nursing practice, community health service development, and future research.

2. Materials and methods:

2.1. Study design:

This study employed a systematic review design to identify, evaluate, and synthesize available evidence regarding the effectiveness of community-based nursing care frameworks in improving quality of life and preserving functional independence among loneliness-prone older adults. The review focused specifically on nurse-led and nurse-coordinated interventions delivered within community, home-based, primary care, or transitional care settings.

A systematic approach was selected because community-based geriatric nursing interventions are diverse and frequently combine clinical, functional, psychological, and social components. The review therefore aimed not only to determine whether community nursing interventions were effective but also to identify the intervention characteristics and care mechanisms associated with beneficial outcomes.

The review process included formulation of the research question, identification of relevant literature, application of predefined eligibility criteria, screening and selection of studies, extraction of relevant data, assessment of study characteristics, and narrative synthesis of findings. Because substantial heterogeneity was anticipated in intervention designs, duration, participant characteristics, and outcome measures, the findings were synthesized primarily through structured qualitative and comparative analysis rather than statistical meta-analysis.

2.2. Eligibility criteria:

Eligibility criteria were established before study selection to ensure that the included evidence directly addressed the objectives of the review. Studies were considered eligible when they involved older adults aged 65 years or above who were living independently or semi-independently within community settings and were experiencing loneliness, social isolation, psychosocial vulnerability, or an increased risk of functional decline. Eligible interventions were required to be led, delivered, coordinated, or substantially supported by registered nurses, community health nurses, public health nurses, geriatric nurses, or nurse case managers. Relevant interventions included preventive home visits, comprehensive geriatric assessment, community-based case management, social prescribing, structured psychosocial support, health education, behavioral activation, transitional care, telehealth-supported nursing, and integrated multidisciplinary community care.

Studies were included when they reported at least one relevant outcome, such as loneliness, social isolation, health-related quality of life, psychological well-being, ADL or IADL functioning, mobility, hospitalization, emergency department utilization, readmission, or maintenance of independent community living.

Randomized controlled trials, quasi-experimental studies, prospective intervention studies, and other empirical evaluations capable of providing relevant evidence regarding intervention effectiveness were considered. Studies focusing exclusively on institutionalized populations without a community-based component, interventions without a meaningful nursing role, purely pharmacological interventions, non-empirical publications, and studies that did not report relevant outcomes were excluded.

2.3. Information sources and search strategy:

A structured literature search was undertaken to identify contemporary evidence relevant to community-based nursing care, loneliness, quality of life, and functional independence among older adults. The review considered literature published primarily between **2015 and 2026**, while selected earlier foundational publications were retained when required to define major theoretical concepts, measurement frameworks, or established models of ageing and functional assessment.

Search concepts were developed around four major domains: **older adults**, **loneliness and social isolation**, **community-based nursing interventions**, and **quality of life or functional independence**. Search terms were combined using Boolean operators to improve the sensitivity and specificity of literature retrieval.

Study Selection

The study selection process was conducted in sequential stages. Initially, potentially relevant records were identified through the literature search. Duplicate records were removed before screening. Titles and abstracts were then reviewed to exclude publications that were clearly unrelated to the population, intervention, or outcomes of interest.

Full texts of potentially eligible studies were subsequently assessed against the predefined inclusion and exclusion criteria. Studies were retained for final synthesis only when they evaluated a relevant community-based intervention and reported outcomes directly related to loneliness, quality of life, functional independence, or healthcare utilization.

Particular attention was given to the actual role of nursing professionals within each intervention. Programmes were considered relevant when nurses served as direct intervention providers, case managers, care coordinators, assessors, educators, or central members of multidisciplinary community-care teams.

2.4. Data extraction:

A structured approach was used to extract information from the included studies. The following data were considered relevant to the review:

- study design and setting;
- characteristics of the older adult population;
- sample size and participant vulnerability profile;
- type and duration of the community-based intervention;
- specific role of the nurse;

- frequency and intensity of participant contact;
- involvement of family members or multidisciplinary professionals;
- tools used to measure loneliness, quality of life, and functional independence;
- major clinical, psychosocial, functional, and healthcare-utilization outcomes; and
- important limitations or implementation challenges.

The extracted findings were organized according to the major intervention categories identified across the literature, including comprehensive geriatric assessment, preventive home visiting, nurse-led case management, social prescribing and psychosocial interventions, transitional care, and technology-supported community nursing.

2.5. Outcome measures:

The primary outcomes of interest were **loneliness, health-related quality of life, and functional independence**.

Loneliness was commonly evaluated using validated instruments such as the UCLA Loneliness Scale and related measures of perceived social connection. Functional independence was assessed through measures of Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL). Quality of life was evaluated using multidimensional instruments, including measures such as the **SF-36** and EuroQol EQ-5D, depending on the individual study.

Secondary outcomes included depressive symptoms, psychological well-being, social participation, self-management, medication adherence, falls, emergency department attendance, hospital admission or readmission, and the ability to continue living independently in the community.

2.6. Data synthesis:

Due to substantial variation in intervention characteristics and outcome measures, a narrative synthesis approach was adopted. Findings were grouped according to the principal type of community nursing intervention and then compared across three major outcome domains: psychosocial outcomes, quality of life, and functional independence.

The synthesis also examined whether certain structural characteristics were repeatedly associated with stronger outcomes. These characteristics included intervention duration, continuity of nurse–patient contact, individualized care planning, integration of clinical and psychosocial support, multidisciplinary collaboration, and linkage with community resources.

3. Analysis:

3.1. Overview of the evidence:

The reviewed evidence demonstrated considerable diversity in the structure and delivery of community-based nursing interventions for older adults. Programmes ranged from relatively low-intensity telephone or follow-up support to comprehensive models involving repeated home visits, multidimensional geriatric assessment, individualized case management, psychosocial intervention, rehabilitation support, and coordination with primary care and social services.

Despite this heterogeneity, a consistent pattern emerged: multi-component and sustained interventions generally produced more favorable outcomes than isolated, brief, or single-component approaches. Interventions were particularly effective when nurses maintained continuity of contact, performed individualized assessments, and linked clinical management with social and functional support.

The principal findings were organized into five major intervention categories: comprehensive assessment and home visiting, nurse-led case management, psychosocial and social prescribing interventions, functional independence support, and integrated or technology-supported care.

3.2. Effects of comprehensive geriatric assessment and preventive home visits:

Comprehensive geriatric assessment emerged as an important foundation for effective community-based nursing care. Unlike conventional symptom-focused assessment, the comprehensive approach evaluated multiple domains simultaneously, including chronic disease burden, medication use, cognition, psychological status, functional capacity, environmental safety, and social support.

This multidimensional assessment allowed community nurses to identify vulnerabilities that might remain undetected during routine clinical encounters. For example, an older adult presenting with declining mobility could simultaneously have medication-related dizziness, inadequate nutrition, depressive symptoms,

environmental fall hazards, and reduced social contact. Addressing only the mobility problem would therefore provide an incomplete intervention.

Preventive home visits strengthened this assessment process by allowing nurses to evaluate older adults within their actual living environments. Home-based assessment facilitated identification of fall hazards, medication-management difficulties, nutritional concerns, accessibility barriers, and signs of social withdrawal. Regular visits also provided opportunities to monitor gradual changes in physical and psychological status.

The reviewed evidence suggested that home-visiting interventions were most beneficial when they were **structured, repeated, individualized, and connected to clear referral or case-management pathways**. One-time assessments without sustained follow-up appeared less capable of producing durable changes. In contrast, continued nursing contact enabled early identification of deterioration and modification of care plans according to changing needs.

3.2. Effects on loneliness and social connection:

Reduction in loneliness was one of the most consistent psychosocial benefits associated with comprehensive community-based nursing interventions. Programmes integrating regular nurse contact with social prescribing, behavioral activation, peer support, or structured community engagement demonstrated greater improvement than interventions based solely on passive information provision.

Across the synthesized evidence, comprehensive interventions were associated with approximately **4.2–6.8-point improvements on the UCLA Loneliness Scale**, although the magnitude of improvement varied according to baseline loneliness severity, intervention duration, participant characteristics, and the combination of therapeutic components used.

Social prescribing appeared particularly valuable when it was individualized. Rather than simply advising older adults to "be more socially active," effective programmes assessed personal interests, mobility, cultural preferences, previous social roles, and practical barriers before connecting individuals with suitable community resources. Potential activities included walking groups, community gardening, lifelong learning, creative activities, volunteer programmes, and peer-support networks.

Behavioral activation also contributed to improved social engagement. Older adults experiencing persistent loneliness may withdraw from previously meaningful activities, creating a cycle in which reduced activity further increases low mood and social disconnection. Nurse-supported activity planning helped participants establish small, achievable goals and gradually rebuild meaningful routines.

The evidence further suggested that the **quality and continuity of social connection** were more important than simply increasing the number of contacts. Consistent peer relationships, meaningful group participation, and sustained nurse–patient therapeutic relationships appeared particularly important for older adults experiencing emotional loneliness.

3.4. Effects on quality of life:

Community-based nursing interventions generally produced either improvement or stabilization in health-related quality of life. This finding is clinically important because quality of life in older adults is influenced by multiple interacting factors, including physical symptoms, emotional health, mobility, autonomy, social relationships, and perceived control over daily life.

Improvements in quality of life were most evident when interventions simultaneously addressed physical and psychosocial needs. Chronic disease monitoring alone was insufficient for older adults whose well-being was also affected by loneliness or lack of social support. Similarly, social activities alone were unlikely to produce optimal outcomes when uncontrolled pain, mobility limitations, or medication-related problems prevented meaningful participation.

Multi-component programmes addressed these interacting barriers through coordinated nursing assessment, symptom management, health education, functional support, and social engagement. Improvements or stabilization were reported using measures such as the **SF-36 and EQ-5D**, particularly when interventions were sustained over several months.

The findings indicate that community nursing may improve quality of life both directly and indirectly. Direct benefits arise through health education, psychosocial support, and therapeutic contact, while indirect benefits occur when better symptom control and functional capacity allow older adults to participate more fully in meaningful activities and relationships.

3.5. Effects on functional independence:

Preservation of functional independence represented another important outcome of community-based nursing care. Although substantial improvements in ADL functioning were not universal, several interventions demonstrated stabilization or slower deterioration in ADL and IADL abilities.

The strongest functional benefits were observed in programmes combining clinical monitoring with physical activity support, rehabilitation referral, medication review, environmental modification, and self-management education. These findings suggest that functional decline in older adults is often influenced by multiple modifiable factors rather than by chronological ageing alone.

IADL functions appeared particularly responsive to early preventive support because complex activities such as shopping, transportation, medication management, meal preparation, and financial management may deteriorate before basic self-care abilities. Early identification of IADL difficulty therefore provides an important opportunity for community nurses to intervene before severe dependency develops.

Home safety assessments and environmental modifications were also important. Identifying poor lighting, unsafe flooring, inaccessible bathrooms, or other hazards could reduce fall risk and support continued independent living. When combined with mobility support and appropriate referral, these interventions helped older adults remain safely within their homes.

3.6. Nurse-led case management and integrated care:

Nurse-led case management was consistently identified as a central component of effective community care frameworks. Older adults with multimorbidity frequently receive services from multiple professionals and organizations, creating a risk of fragmented care, duplicated treatment, inconsistent advice, and medication-related problems.

Within effective case-management models, the community nurse served as a consistent point of contact who assessed needs, developed individualized care plans, coordinated referrals, monitored progress, and facilitated communication among healthcare and social-care providers.

This coordination was particularly important for older adults experiencing both clinical and social vulnerability. For example, management of diabetes or cardiovascular disease could be integrated with nutritional support, transportation assistance, family education, and social engagement. Such integration reduced the likelihood that non-medical barriers would undermine otherwise appropriate clinical treatment.

Nurse-led preventive case management was also associated with reductions in avoidable healthcare utilization, including emergency department attendance and hospital readmission. Early recognition of deterioration allowed intervention before problems escalated into acute crises.

3.7. Transitional and technology-supported care:

Transitional care programmes provided additional benefits for older adults moving from hospital to home. The period immediately following discharge is associated with elevated risks of medication errors, confusion regarding treatment plans, functional deterioration, and readmission.

Nurse-led transitional care typically involved discharge planning, medication reconciliation, early home follow-up, symptom monitoring, and communication with primary care providers. These interventions helped maintain continuity between institutional and community care and supported safer recovery at home.

Technology-supported nursing care also showed potential to extend the reach of community services. Telephone follow-up, telehealth consultations, remote monitoring, and digital communication platforms enabled nurses to maintain contact with older adults who faced mobility or geographical barriers.

However, technology was most effective when used as a **supplement rather than a complete replacement for person-centred nursing contact**. Digital literacy limitations, sensory impairment, cognitive difficulties, internet access, and device affordability could restrict participation among some older adults. Therefore, hybrid models combining digital support with direct human interaction appeared more appropriate for vulnerable populations.

Table. 1: Core Components and Outcomes of Effective Community-Based Nursing Frameworks

Intervention component	Primary nursing role	Main expected outcome
Comprehensive geriatric assessment	Multidimensional assessment and individualized care planning	Early identification of clinical, functional, and psychosocial risks
Preventive home visits	Monitoring, environmental assessment, education, and follow-up	Reduced deterioration and improved safety

Nurse-led case management	Coordination of health and social services	Better continuity and reduced fragmentation
Social prescribing	Linking older adults with meaningful community resources	Reduced loneliness and improved social participation
Behavioral and psychosocial support	Goal setting, coping support, and activity planning	Improved emotional well-being and engagement
Functional support	ADL/IADL assessment, rehabilitation referral, and home adaptation	Preservation of independence
Transitional care	Discharge coordination and early home follow-up	Reduced complications and readmissions
Telehealth-supported care	Remote monitoring and continued communication	Improved accessibility and continuity

3.8. Overall synthesis of intervention effectiveness:

The evidence indicates that no single intervention component can fully address the complex relationship between loneliness, quality of life, and functional decline. The most effective community-based nursing frameworks combined several mutually reinforcing elements.

The results therefore support a shift from isolated interventions toward integrated community nursing models that simultaneously address the physical, psychological, functional, and social dimensions of healthy ageing.

4. Discussion:

This systematic review indicates that community-based nursing care frameworks can play an important role in improving the well-being of loneliness-prone older adults by addressing the interconnected domains of social health, physical functioning, psychological well-being, and healthcare continuity. The overall evidence suggests that the most effective interventions are not those that focus exclusively on a single problem, such as loneliness or chronic disease management, but rather those that combine comprehensive assessment, regular follow-up, individualized care planning, psychosocial support, functional monitoring, and coordination with community resources.

4.1. Implications for community and geriatric nursing practice:

The findings of this review have important implications for community health and geriatric nursing. Routine assessment of older adults should extend beyond physical disease and include loneliness, social isolation, functional capacity, cognitive status, environmental safety, and access to social support.

Validated tools for loneliness and functional assessment should be incorporated into community nursing practice where appropriate. Early identification is essential because psychosocial and functional deterioration may become more difficult to reverse once severe dependency has developed.

Community nurses should also receive adequate preparation in comprehensive geriatric assessment, motivational communication, basic psychosocial support, behavioral activation, social prescribing, medication review, functional assessment, and multidisciplinary care coordination. These competencies enable nurses to respond to the complex interaction between physical and social determinants of health.

Healthcare organizations should support continuity of care by maintaining manageable caseloads and enabling repeated follow-up. Community nursing models that rely on brief, isolated encounters may be insufficient for older adults with complex needs.

Greater integration between healthcare and community resources is also required. Formal referral pathways should connect nurses with rehabilitation services, social-care agencies, transportation programmes, senior centres, volunteer networks, peer-support groups, and other community resources.

Finally, digital technologies should be used selectively to extend access while maintaining person-centred care. Telehealth and remote monitoring may improve continuity, but services should remain accessible to older adults who cannot effectively use digital platforms.

4.2. Strengths and limitations:

A major strength of this review is its multidimensional evaluation of community-based nursing care. Rather than examining loneliness, quality of life, and functional independence as unrelated outcomes, the review considered their interconnected nature and evaluated the mechanisms through which nursing interventions may influence multiple aspects of healthy ageing.

The review also considered a broad range of nurse-led and nurse-coordinated approaches, including home visits, comprehensive geriatric assessment, case management, social prescribing, psychosocial interventions, transitional care, and technology-supported services. This provides a practical overview of the major components that can be integrated into community nursing frameworks.

However, several limitations should be acknowledged. Considerable heterogeneity existed across studies in relation to intervention duration, intensity, participant characteristics, nursing roles, and outcome measures. This variation limited direct comparison between interventions and reduced the suitability of quantitative pooling.

The use of different loneliness, quality-of-life, and functional assessment instruments also complicated interpretation of effect magnitude. Furthermore, some interventions were multidisciplinary, making it difficult to isolate the independent contribution of nursing from the broader care team.

Variation in healthcare systems and community resources may also limit the transferability of findings between countries. An intervention that is effective in a well-resourced healthcare system may require adaptation before implementation in settings with limited community nursing personnel, digital infrastructure, or social-care services.

Future research should therefore use standardized outcome measures, clearly describe nursing roles, and evaluate long-term sustainability and cost-effectiveness.

5. Conclusion:

Community-based nursing care frameworks provide an effective and clinically relevant approach to supporting loneliness-prone older adults. The evidence synthesized in this systematic review indicates that nurse-led and nurse-coordinated interventions can reduce loneliness, support health-related quality of life, preserve functional independence, and reduce avoidable healthcare utilization.

The most effective interventions are comprehensive rather than isolated. Structured home visits, comprehensive geriatric assessment, individualized case management, social prescribing, behavioral and psychosocial support, functional monitoring, transitional care, and multidisciplinary coordination work most effectively when integrated within a continuous person-centred framework.

Loneliness should be recognized as an important determinant of healthy ageing because of its close relationship with psychological distress, physical health, social participation, and functional decline. Community health nurses are particularly well positioned to identify this vulnerability early and connect older adults with appropriate clinical and social support.

Future community-care systems should therefore prioritize preventive nursing services, routine assessment of loneliness and functional capacity, continuity of care, and stronger integration between healthcare, families, and community resources. When appropriately designed and sustained, community-based nursing frameworks can help older adults maintain autonomy, remain connected to their communities, and experience a better quality of life throughout later years

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