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TECHNICAL EDITOR
Ing. Mgr. Lucia Kimpanová, DSc.

VISITOR EDITOR

Publisher
International Education Academy, n.o.
Železničný rad 70/8
968 01 Nová Baňa, Slovakia

Contact
Tel.: 00421 905 565 624
Mail: info@ieacademy.eu
Web: www.ieacademy.eu

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Editorial

Dear readers,

You are holding in your hands the first issue of the journal Health & Humanity, created with the ambition to bridge three fields that are closely and inseparably interconnected in today's world—healthcare, social sciences, and the humanities. Our aim is to provide a professional yet open space for scholarly discussion, critical thinking, and interdisciplinary dialogue on topics that shape the quality of human life in its biological, psychological, social, and cultural dimensions.

Health can no longer be understood merely as the absence of disease. It is the result of a complex interaction of medical knowledge, social determinants of health, psychological factors, and cultural and societal values. Likewise, the social sciences and humanities play an increasingly important role in understanding healthcare practice, contributing to a holistic view of the patient as a unique individual rather than merely a bearer of a diagnosis.
The journal Health & Humanity aims to publish original scientific studies, review articles, case reports, analytical contributions, and practice-based reflections that transcend disciplinary boundaries. We believe that an interdisciplinary approach is a key tool for gaining a deeper understanding of the complex challenges faced by contemporary society—from population ageing and mental health, to social inequalities, and the ethical questions of modern medicine and public policy.

The significance and contribution of the journal to science and practice lies primarily in its ability to connect theoretical knowledge with its practical application. For the scientific community, it provides a platform for presenting research findings that reflect real-world health and social problems in their full complexity. At the same time, it fosters the development of new interdisciplinary approaches and methodological frameworks that go beyond the traditional boundaries of individual disciplines.

This first issue marks a symbolic beginning of this journey. It presents a diverse range of perspectives from authors in both academic and practical settings and opens discussions that are not only professionally relevant but also profoundly human.

We extend our sincere gratitude to all authors, reviewers, and collaborators who contributed to the preparation of this issue. We also thank you, the readers, for joining this scholarly conversation. We hope that Health & Humanity will become a stable platform connecting science with practice, knowledge with humanity, and individual disciplines into a meaningful whole.

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Health & Humanity

Loneliness as a Social Problem among Seniors Living at Home versus in Social Service Facilities in the Skalica District

Václav Sosna, SK
St. Elizabeth University of Health and Social work, in Bratislava, Institute of Social Work and Nursing MUDr. P. Blahu Skalica
e-mail: sosna.v@seznam.cz
Veronika Rohaľ, SK, ORCID: https://orcid.org/0009-0002-6016-2813
St. Elizabeth University of Health and Social work, in Bratislava
e-mail: veronika.v.pasa@gmail.com (corresponding author)
Mária Šustrová, SK, ORCID: https://orcid.org/0009-0000-7338-0890
St. Elizabeth University of Health and Social work, in Bratislava, Institute of Social Work and Nursing MUDr. P. Blahu Skalica
e-mail: sustrova@vssvalzbety.sk

Abstract
The srticle focuses on analysing loneliness among older adults living in home environments and in social services facilities in the district of Skalica. Loneliness represents a significant psychosocial issue that substantially affects the quality of life of older people. The theoretical part addresses the definition of loneliness, its risk factors, and the specific characteristics of life in different care settings. The quantitative research is conducted through a questionnaire with the aim of comparing the level of loneliness in home-based and institutional environments. Data analysis enables the identification of differences in the experience of loneliness and its determinants. The findings provide an overview of the prevalence of loneliness among seniors in the region and form a basis for recommendations aimed at supporting their social well-being.

Keywords: loneliness, older adults, social services facilities, home environment, quality of life

Introduction

The aging of the population is one of the most significant demographic and social challenges of our time. The increasing proportion of seniors in the population not only brings new demands on the health and social care system, but also points to the need to pay increased attention to the quality of life of older people. One of the important factors that can fundamentally affect the quality of life of seniors is loneliness. This often worsens in old age due to the loss of a partner, worsening health, limited social contacts or changes in the environment.

Loneliness in seniors is a serious psychosocial problem that negatively affects not only their psychological well-being, but also their physical health, social functioning and overall life satisfaction. Long-term loneliness can lead to social isolation, depression, feelings of helplessness and, in some cases, a possible risk of mortality. For this reason, the issue of loneliness is becoming an important topic in social work, social policy and public health.
The following hypotheses were established:

Hypothesis H1: Seniors who have regular contact with their family experience a higher level of loneliness than seniors with irregular or no contact with their family.
Hypothesis H2: Seniors living without a partner (widowers/widowers, single) experience a higher level of loneliness than seniors living in a partnered relationship.

Theoretical Foundations

The concept of quality of life of seniors is used primarily to assess the satisfaction and overall well-being of people in old age. It is therefore not only about physical health, but also about social, psychological and environmental conditions that shape the daily life of older people. It is therefore a relatively broad concept that includes several areas, from social ties and health status to the degree of independence and involvement in community life (Bočáková, Kovářová, 2021).

Among the most important factors, health can be ranked among those that affect the quality of life of seniors. Mental well-being and physical condition largely shape the way in which older people evaluate their lives. Good health allows them to maintain independence, activity and the ability to engage in various activities. Interpersonal relationships and social background play an equally important role. In older age, the risk of social exclusion and loneliness increases, so support from friends, family and the wider community is essential. Active participation in social life and social contacts strengthen the sense of belonging and at the same time contribute to the psychological well-being of seniors (Balogová, Žiaková, 2017).

According to Janečková (2017), the most frequently monitored factors include the following areas:

- Social relations – monitoring the quality and extent of social contacts, for example, the frequency of meeting with friends and family, participation in social events and the subjective feeling of inclusion in society.
- Economic security – assessment of the financial situation of seniors based on the amount of income, the degree of financial insecurity and the ability to cover ordinary living expenses.
- Physical health – assessment of physical condition including the severity and occurrence of long-term diseases, the degree of independence in ordinary activities, the level of mobility and the quality of sleep.
- Nutrition – assessment of nutritional balance and regularity of the diet, the availability of quality foods and eating habits.
- Mental health – assessment of psychological status based on standardized tools or diagnostic procedures with regard to symptoms of anxiety, depression and cognitive decline.
- Active anticipation – assessing the level of involvement of seniors in various mental, educational, physical and cultural activities in the community or in day care facilities.

- Environment – assessing the accessibility, safety and comfort of housing, including access to shops, health services and public spaces.
- Leisure and cultural opportunities – assessing the level of involvement in recreational activities, cultural events, visits to institutions and the development of interests.
- Provision of basic needs – assessing the extent to which the basic needs of seniors, such as health care, food, personal safety and adequate housing, are met.
- Environmental sustainability – monitoring individual environmental aspects, such as participation in activities aimed at protecting the environment or the energy efficiency of housing.
- Health care – assessing the availability of medical care, medicines and the satisfaction of seniors with the health services provided.
- Education – assessment of the achieved level of education and the possibility of lifelong learning (Janečková et al., 2017)

Loneliness in seniors can also be understood as an experienced feeling that does not only appear in situations when a person is alone but also when they are among people. Often, despite their presence, they feel incompleteness, restlessness, unfulfillment and emptiness inside. This condition disrupts a person's sense of harmony, inner balance and psychological well-being (Sivok, 2021).

According to Kenny et al. (2025), the basic types of loneliness include emotional loneliness, social loneliness, loneliness as a state and loneliness as a trait. Emotional loneliness is a situation when a person lacks support, emotional closeness and a sense of emotional fulfillment from another person. However, with this type of loneliness, their social ties do not necessarily have to be disrupted. A person can experience social loneliness when their interpersonal relationships are significantly limited or completely interrupted. He lacks contact with people, regardless of its form or intensity. Loneliness as a trait is a long-term stable phenomenon that is typical for an individual and is only slightly subject to change. Loneliness as a state arises primarily in connection with significant life changes and important events, such as old age or puberty. It often appears in seniors after retirement, when they leave one social group and try to adapt to a new environment and at the same time integrate into it.

Currently, the importance of old age is reflected primarily in the economic sphere. According to Barták and Demjanenko (2021), the growing share of seniors in the population has a significant impact on the functioning of the labor market, public finances, and the pension system. For this reason, society is faced with the need to find long-term sustainable solutions that will allow it to manage the increasing costs of caring for the elderly while maintaining economic balance. In addition to these challenges, however, old age also brings significant potential, because older people have extensive knowledge and experience that can represent a significant contribution to the further development of society. Supporting an environment in which seniors feel actively involved and needed can contribute significantly to strengthening social cohesion and can also increase the quality of life of the entire community.

Since its inception, the family has had the natural role of caring for its members, especially those who are directly dependent on its functioning. During the 20th century, the development

of the welfare state and the gradual creation of social institutions supported greater individual independence, but at the same time weakened the position of the family as the main support network. In the context of unfavorable demographic developments, however, this trend is increasingly proving to be economically unsustainable. The majority of people feel most secure primarily in their own home environment, which provides them with a sense of familiarity, family background and security. Although contemporary families often function independently, many children consider caring for aging parents to be a self-evident part of family relationships. However, this natural effort to provide care for older family members often encounters a number of objective and subjective limitations. Informal care can be understood as assistance provided by family members or other persons outside formal health or social facilities to individuals with a reduced level of self-sufficiency who are dependent on the help of another person (Dragomirecká et al., 2020).

The main mission of individual social service facilities is primarily to provide assistance to persons of retirement age who are unable, unwilling or unable to take care of themselves on their own. These forms of social care include, in particular, stationary facilities, day centres, social service homes, nursing homes, social service centres and other facilities defined by legislation (Act No. 448/2008 Coll. on social services).
In residential social service facilities, care must be provided by professionally trained staff, who play a fundamental role in creating dignified living conditions for seniors. In addition to providing physical care, the role of the staff is also to create a stimulating environment in which seniors feel safe, secure and at home (Hazra et al., 2018).

Metodologhy

The main objective of the research is to analyze and compare the level of loneliness in seniors living at home and in seniors living in social service facilities in the city of Skalica. The research sample consisted of seniors aged 65 and over who lived either at home or in social service facilities in the city of Skalica. Respondents of both sexes were included in the research, and the sample selection was intentional and took into account the availability of seniors, their health status and ability to understand the questionnaire questions.

The research part is designed as a quantitative research, the aim of which is to obtain empirical data on the level of loneliness in seniors and to enable their subsequent comparison between individual groups of respondents. The quantitative research approach was chosen due to the possibility of systematic data collection, their statistical processing and objective evaluation of the research issue. A questionnaire survey was used as the basic research method. The questionnaire was chosen as a suitable tool given the nature of the research, the age of the respondents and the need to maintain the anonymity of the participants. The questionnaire method allowed obtaining information about the subjective experience of loneliness, social contacts and selected sociodemographic characteristics of seniors.

Two hypotheses were defined as part of the research:

Hypothesis H1: Seniors who have regular contact with their family experience a lower level of loneliness than seniors with irregular or no contact with their family.

Hypothesis H2: Seniors living without a partner (widowers/widowers, single) experience a higher level of loneliness than seniors living in a partnered relationship.

The chi-square test of independence was used to verify the hypothesis. The test compares the observed and expected frequencies in a contingency table and determines whether there is a statistically significant relationship between the monitored variables. The calculation was performed using the online tool Kabrt - Chi-square test, where the values from the contingency table were entered. The test result was $\chi^2 = X$ and p-value = Y. Since $p \leq 0.05$, the null hypothesis was rejected and a statistically significant relationship between the variables was confirmed (Agresti, 2018).

Results

Hypothesis H1: Seniors who have regular contact with their family experience lower levels of loneliness than seniors with irregular or no contact with their family.

Table 1 Expected and Observed Frequencies Hypothesis H1

Skutočné hodnoty						
	znak1 - 1. sk.	**znak1 - 2. sk.**	**znak1 - 3. sk.**	**znak1 - 4. sk.**	**znak1 - 5. sk.**	**$n._j$**
znak2 - 1. sk.	7	17	6	10	6	46
znak2 - 2. sk.	2	5	3	4	10	24
znak2 - 3. sk.	4	6	2	4	2	18
znak2 - 4. sk.	2	2	2	0	0	6
znak2 - 5. sk.	13	4	7	18	10	52
$n_i.$	28	34	20	36	28	**146**
Očakávané hodnoty						
	znak1 - 1. sk.	**znak1 - 2. sk.**	**znak1 - 3. sk.**	**znak1 - 4. sk.**	**znak1 - 5. sk.**	**$n._j$**
znak2 - 1. sk.	VIII.82	X.71	06.III	XI.34	VIII.82	46
znak2 - 2. sk.	04.VI	V.59	III.29	V.92	04.VI	24
znak2 - 3. sk.	III.45	IV.19	II.47	IV.44	III.45	18
znak2 - 4. sk.	I.15	01.IV	0.82	I.48	I.15	6
znak2 - 5. sk.	IX.97	12.XI	07.XII	XII.82	IX.97	52
$n_i.$	28	34	20	36	28	**146**

Source: Own research

After substituting the individual values into the formula, the resulting test criterion is: G=36.523. The critical value is $\chi(1-\alpha)$; df = 21.026. At the 5% significance level, we reject the

null hypothesis H0 about the independence of individual characteristics and accept the hypothesis H1, which tells us that there is a certain dependence in the result.

Hypothesis H2: Seniors living without a partner (widowers/widowers, single) experience a higher level of loneliness than seniors living in a partner relationship.

Table 2 Expected and Observed Frequencies Hypothesis H2

Skutočné hodnoty						
	znak1 - 1. sk.	**znak1 - 2. sk.**	**znak1 - 3. sk.**	**znak1 - 4. sk.**	**znak1 - 5. sk.**	**$n._j$**
znak2 - 1. sk.	0	1	3	14	16	34
znak2 - 2. sk.	2	3	12	18	7	42
znak2 - 3. sk.	7	16	1	1	4	29
znak2 - 4. sk.	13	9	3	2	1	28
znak2 - 5. sk.	6	5	1	1	0	13
$n_i.$	28	34	20	36	28	**146**
Očakávané hodnoty						
	znak1 - 1. sk.	**znak1 - 2. sk.**	**znak1 - 3. sk.**	**znak1 - 4. sk.**	**znak1 - 5. sk.**	**$n._j$**
znak2 - 1. sk.	VI.52	VII.92	IV.66	VIII.38	VI.52	34
znak2 - 2. sk.	08.V	IX.78	V.75	X.36	08.V	42
znak2 - 3. sk.	V.56	VI.75	III.97	VII.15	V.56	29
znak2 - 4. sk.	V.37	VI.52	III.84	06.IX	V.37	28
znak2 - 5. sk.	II.49	03.III	I.78	III.21	II.49	13
$n_i.$	28	34	20	36	28	**146**

Source: Own research

After substituting the individual values into the formula, the resulting test criterion is: G=103,107. The critical value is $\chi(1-\alpha)$; df = 26,296. At the 5% significance level, we reject the null hypothesis H0 about the independence of individual signs and accept the hypothesis H1, which tells us that there is a certain dependence in the result.

Discussion

The research results confirm that loneliness is a significant problem for seniors regardless of the form of housing. However, the differences are mainly manifested in the nature of loneliness. Seniors living in a home environment more often experience social loneliness resulting from limited contact with other people, reduced mobility and gradual withdrawal from social life. Although the home environment provides a sense of familiarity, security and preservation of

personal identity, in the case of insufficient social support it can lead to a significant feeling of isolation. This condition is often exacerbated by the loss of a partner, children leaving the household, and health limitations that make it difficult to maintain social relationships.

On the contrary, seniors placed in social service facilities have daily contact with staff and other clients, which is positively reflected in the area of social interaction. However, research has shown that despite the presence of people, these seniors can feel emotional loneliness, which is mainly related to separation from family, loss of home environment and disruption of long-term emotional ties. Social service facilities can effectively reduce social isolation, but they cannot always fully replace close and intimate relationships that are essential for seniors.

A significant factor influencing the level of loneliness was the frequency of contact with family and friends. Seniors who had regular contact with close people showed a lower level of loneliness and higher satisfaction with social relationships regardless of the type of living environment. The absence of a confidant or limited family contacts, on the other hand, were associated with more intense feelings of sadness, emptiness and lack of closeness. These findings point to the key role of social support in maintaining the psychological well-being of seniors. An important aspect that appears in the discussion as a protective factor against loneliness is the active participation of seniors in social and leisure activities. Seniors who regularly engaged in various activities reported lower levels of loneliness and a higher sense of life satisfaction. Active participation supports a sense of meaning, social inclusion and strengthens the self-esteem of seniors. Conversely, passivity and lack of opportunities to spend free time can lead to a deepening of loneliness and social isolation. The research results also point to individual differences in the experience of loneliness, which are influenced by health status, personality characteristics, previous life experiences and the ability to adapt to environmental changes. These factors emphasize the need for an individual approach to seniors in social work and indicate that loneliness cannot be addressed with a uniform model of intervention.

The results of the research confirm that loneliness is a significant psychosocial problem for seniors in both home and institutional settings. The fact that more than 40% of respondents declared experiencing loneliness corresponds to European population studies that report a prevalence of loneliness in seniors of 30-50% (Yanguas et al., 2018; Victor et al., 2020). These data indicate that loneliness is not a marginal phenomenon, but a systemic social risk that requires systematic attention from both social work and public policy (Klement et al., 2026).

In a broader context, it is appropriate to base the interpretation of the results on multidimensional models of loneliness. Perlman and Peplau (1981) define loneliness as a subjectively unpleasant experience resulting from a lack of satisfactory social relationships. Your results indirectly confirm this differentiation, as social loneliness associated with a lack of contacts prevails among seniors in the home environment, while emotional loneliness related to the loss of close relationships is more pronounced among institutional clients.

The finding that some respondents, despite existing contact with their family, experience a lack of closeness and support is fully consistent with the theory of Cacioppa and Cacioppa (2018), who point out the difference between objective isolation and subjectively experienced

loneliness. According to their neurobiological model, loneliness activates the body's stress mechanisms, which has long-term negative health consequences. This aspect is also supported by the meta-analysis of Holt-Lunstad et al. (2015), which identified loneliness as a significant predictor of increased mortality.

When comparing the home and institutional environment, it turns out that the form of housing itself is not a determining factor of loneliness. Rather, it is a combination of health status, mobility, availability of activities and the quality of interpersonal relationships. In their systematic review, Courtin and Knapp (2017) conclude that the social isolation of seniors is strongly conditioned by environmental factors, especially the availability of community services and public transport. In smaller towns like Skalica, the social network may be relatively compact, but at the same time there may be a lack of a wider range of specialized activities for seniors, which may affect participation rates.

Another important aspect is the transition to an institutional environment. According to transition theory, moving to a facility represents a fundamental life change that can lead to a disruption of identity and social roles. Victor et al. (2020) emphasize that adaptation to a new environment depends on individual coping mechanisms, family support, and the quality of staff. Your findings confirm that even in facilities with regular activities, a feeling of emotional loneliness can persist, suggesting that the quantity of interactions does not replace the quality of relationships.

In terms of health implications, it is important to emphasize that loneliness has significant somatic and psychological consequences. Shankar et al. (2013) identified a link between loneliness and cognitive decline, while Holwerda et al. (2014) pointed out an increased risk of dementia in lonely seniors. These findings support the need for early identification of loneliness as a risk factor. The results of your work, which show a link between health status and levels of loneliness, are consistent with these conclusions. Seniors who regularly participated in activities showed lower levels of loneliness. Levasseur et al. (2010) confirm that higher levels of participation have a protective effect against depression and social isolation. Buffel et al. (2018) also emphasize the importance of so-called “age-friendly communities” that support mobility, accessibility of services and intergenerational connections.

An interesting interpretative framework is also offered by the socioemotional selective theory (Carstensen, 1992), according to which older people naturally reduce the number of social contacts, but focus on emotionally significant relationships. However, if these relationships are absent (e.g. the death of a partner), the risk of emotional loneliness increases significantly. This theoretical model helps to explain why seniors in institutions experience a stronger feeling of emotional emptiness despite the existence of social interactions. Loneliness also has an economic and social dimension. According to the OECD report (2022), the growing loneliness of seniors increases the costs of health care and social services. Investments in preventive community programs therefore appear to be an economically effective solution.

Methodologically, it should be noted that the research was conducted on a sample of 146 respondents in one region. Although the results cannot be generalized to the entire population of Slovakia, their consistency with international studies increases their relevance. At the same

time, the cross-sectional design of the research does not allow for monitoring the development of loneliness over time, which could be the subject of future longitudinal research.

Overall, it can be stated that loneliness in seniors is a complex phenomenon conditioned by the interaction of individual (health status, personality traits), social (quality of relationships, family support) and environmental factors (availability of services, community). The difference between the home and institutional environment lies mainly in the structure of experienced loneliness. For social work, this implies the need for systematic diagnosis of loneliness, support for participation and strengthening emotionally significant relationships. Loneliness should be perceived as a significant social and health determinant, the prevention of which requires coordinated cooperation between social workers, health professionals, local governments and families.

Conclusion

Based on the quantitative research conducted, it can be stated that loneliness is present in seniors in both monitored environments. The results of the work pointed out that the differences between the home and institutional environments are mainly reflected in the nature of the loneliness experienced. Seniors living in a home environment more often experience social loneliness related to a lack of contacts and limited social participation, while seniors in social service facilities experience more emotional loneliness resulting from the loss of family environment and close emotional ties.

A significant finding of the work is the confirmation that the frequency and quality of social contacts, the existence of a confidant and participation in social activities play a key role in the experience of loneliness in seniors. Seniors who had maintained social ties and were actively involved in social life showed a lower level of loneliness regardless of the type of housing. On the contrary, the lack of social support and passivity contributed to the deepening of feelings of loneliness, sadness and social isolation.

The results of the work confirmed the established hypotheses and at the same time pointed out the complexity of the issue of loneliness in senior age. Loneliness cannot be perceived exclusively as a consequence of the form of housing, but as a phenomenon conditioned by a combination of social, emotional, health and environmental factors. For this reason, addressing loneliness requires an individual, multidisciplinary and systematic approach from the side of social work and social services.

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