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A Systematic Review Exploring Social Media and Video Communication Use by Older Adults Aged 60 Years and Above During the Covid-19 Pandemic and Its Impact on Social Wellbeing, Social Isolation and Loneliness

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A systematic review exploring social media and video communication use by older adults aged 60 years and above during the COVID-19 pandemic and its impact on social wellbeing, social isolation and loneliness

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Citation

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Review question [1 change]

The aim of this systematic review is to investigate if the use of social media and video communications, including social networking sites and online messaging services, is effective in limiting social isolation and loneliness and improving social wellbeing during the COVID-19 pandemic among older people aged 60 years and above.

The objectives of this systematic review are:

1. To explore how social media and video communications are currently used amongst adults aged 60 years old and above.
2. To understand the behaviours, barriers and enablers relating to older adults' use and non-use of social media and video communications.
3. To examine the influence of social media and video communications on social wellbeing and in limiting social isolation and loneliness during the COVID-19 pandemic.

The research question and approach is underpinned by the conceptual framework PICOC, reflecting Population, Intervention, Comparison, Outcome and Context.

Searches [1 change]

The search strategy, adapted with the support of the Academic Support Librarian, will implement adapted search terms and keywords for each database, of which the following five electronic databases will be searched: CINAHL, PsycINFO, MEDLINE, Web of Science, and ASSIA.

Keywords: Older Adults; COVID-19 Pandemic; Social media; Video Communications; Social Wellbeing; Social Isolation; Loneliness.

Manual hand searching of journal issues identified within database searching will support and enhance the search. Additionally, retrospective reference list checks will be achieved by scanning the titles of citations in the reference lists of relevant literature. The reference lists of papers that have met the eligibility criteria (see question 22) only will be screened for additional studies. To enhance the search strategy and avoid publication bias, a search of online search engines, Google and Google Scholar, will be conducted to obtain grey literature and research not indexed in bibliographic databases.

Language: Papers written in the English and Welsh language.

Publication period: From 2019 to the present, which reflects the context of the COVID-19 which was first reported in 2019.

Global papers will be examined, no geographical restrictions.

Example of search strategy for CINAHL

Aged OR "Assisted Living" OR "Community dwelling" OR Community living OR Geriatrics OR "Long-Term Care" OR older or elder*

AND

"Digital Technology" OR "Information Technology" OR "Assistive Technology" "Social Media" OR Smartphone OR "Mobile Applications" OR Internet OR Online Social Network* OR "technology utilization" OR internet-based intervention OR "internet utilization" OR online OR video communications OR Apps OR blogs OR Facetime OR Facebook OR Snapchat OR Twitter OR Instagram OR discussion forums OR Pinterest OR WhatsApp OR YouTube OR Tumblr OR WeChat OR TikTok OR Messenger

AND

"Social Network*" OR MH Loneliness OR "Social Isolation" OR "Mental Health" OR support, psychosocial OR social well-being

AND

MH COVID-19 OR "COVID-19 Pandemic" OR "Stay-at-Home Orders" OR Coronavirus OR SARS-coV-2

Types of study to be included [1 change]

Quantitative, qualitative, mixed-methods, observational, experimental research and grey literature will be included.

Examining qualitative research, it hopes to establish older adults' experiences, opinions and perception of social media and video communications use during the COVID-19 pandemic and explore the barriers and facilitators behind older adults' use and non-use of social media and video communications. Quantitative research will address quantifiable changes in social wellbeing, social isolation and loneliness outcomes through the use of measuring scales, including Lubben Social Network Scale and De Jong Gierveld Loneliness Scale.

Exclusion criteria:

Discussion and opinion papers.

Unrelated to older adults use of social media and video communications.

Pre-COVID populations of studies published before 2019 will be excluded.

Papers that do not focus on effects in social wellbeing, social isolation or loneliness.

Studies focusing on a population younger than 60 years.

Written in a language apart from English or Welsh.

Condition or domain being studied [1 change]

Social wellbeing, social isolation and loneliness amongst older adults aged 60 and above. Issues that negatively impact health and wellbeing outcomes resulting from an objective absence of social belonging which contributes to social wellbeing, and the absence of meaningful relationships with others (social isolation) and the subjective experience of being alone and feeling a disparity between desired social interaction and true contact with others (loneliness).

Participants/population [1 change]

Older adults, aged 60 and over.

Inclusion: Community-dwelling older adults, living in the community in private addresses, supported living, or long-term care facilities, including nursing homes and care homes.

Exclusion: Hospital in-patients. Focusing on a population younger than 60 years of age.
Papers focusing on the perspectives of older adults' carers, families or clinicians e.g.

Intervention(s), exposure(s)

Use of social media, including social networking sites and apps, media sharing networks, chat rooms, discussion forums, content curation networks, blogging sites, virtual sites, and video communications, including Facetime and Microsoft Teams, to communicate with others, to access information or as a source of entertainment. The intervention also includes the use of assisted social media and video communications, including online befriending services.

Comparator(s)/control [1 change]

Older adults aged 60 and above who do not engage in the use of social media and video communications, including the internet, to access social networking and media sharing sites or discussion forums etc.

Context [1 change]

Papers focusing on the use of social media and video communications amongst older adults aged 60 years and above during the COVID-19 pandemic, which was first reported in 2019 and was declared a pandemic in 2020.

Main outcome(s) [1 change]

This review will focus on studies in which the main outcome is social media and video communication use from the beginning of the COVID-19 pandemic in 2019 to the present and its effect on older adults' subjective or objective loneliness, social isolation and social wellbeing.

Quantitative outcomes depend on the availability of quantitative data. For example, quantitative studies will offer insight into the impact of social media and video communications on social isolation, loneliness, and social wellbeing prevalence.

Quantitative studies are likely to utilise common standardised measures of loneliness, including the de Jong Gierveld Loneliness Scale and the UCLA Loneliness Scale.

Social isolation is considered challenging to measure; however, appropriate tools, including the Lubben Social Networking Scale (LSNS) and Social Disconnectedness Scale, may emerge within quantitative studies.

Personal social wellbeing is considered subjective and strongly related to a sense of belonging, therefore, self-reports of social wellbeing are likely to emerge and the use of questionnaires, e.g. Social Support Questionnaire.

Qualitative measures are likely to vary. Semi-structured interviews or focus groups will offer insight into:

Social media and video communication use behaviours;

Experiences of use;

Barriers and enablers of use;

Personal perceptions/reflections of how social media and video communication use impact social wellbeing, loneliness and social isolation.

Additional outcome(s)

Not applicable

Data extraction (selection and coding) [1 change]

All identified citations will be retrieved following the search, details imported into Mendeley Referencing, and duplicates removed by N.E.G. Thereafter, titles and abstracts will be screened and assessed for relevance against the review's inclusion criteria. If articles are deemed relevant, the full text will be assessed in detail against the inclusion criteria by N.E.G. and M.L., and if inappropriate, a record and reason of full-text exclusion will be inputted to Microsoft Excel and thereafter reported within the systematic review. The two main reviewers will check for consistency and clarity, discuss uncertainties, and agree on the final papers

for inclusion in this systematic review. Any disagreement regarding the inclusion or exclusion of articles for this review, data extraction and quality assessment will be reviewed and agreed upon by a third reviewer (J.H.) to reach a consensus.

Full-text articles will be stored on Mendeley software, and the search results will be reported and presented according to the preferred reporting items for systematic reviews and meta-analyses (PRISMA) statement. A PRISMA flow diagram, from records obtained through screening, obtainment of full papers, and exclusion or inclusion of final papers will be documented. Specific data relating to studies' title, author citation, study type and methodology, participants, context, type of social media or video communication intervention, results, conclusion, and relevance to the review question and aims will be extracted. The answers will be imputed to Excel for data management and to compare and contrast studies.

Risk of bias (quality) assessment [1 change]

Two independent reviewers (N.E.G. and M.L.) will be involved in the methodological quality assessment following the selection of relevant studies for inclusion. Risk of bias and quality of studies selected for retrieval will be assessed for methodological validity prior to inclusion in the review using the Joanna Briggs Institute (JBI, 2021) critical appraisal tools. Studies that do not meet the critical appraisal criteria will be excluded. The critical appraisal analysis process will be narratively reported within an excel table, and the quality of evidence systematically rated according to the GRADE (Grading of Recommendations, Assessment, Development and Evaluations) framework. Missing data will be noted on the Excel sheet, and authors of these papers will be contacted for clarification and request of missing data if deemed necessary. Any disagreements will be resolved through discussions with the third reviewer (J.H.) if required.

Strategy for data synthesis

A thematic narrative analysis and synthesis will be conducted. Findings of selected articles will be extracted, summarised and synthesised in tabular form to compare and contrast studies, and will comprise study characteristics including, design, type of social media or video communication use, participants characteristics, outcome and risk of bias. Included studies will be subdivided into themes, and extracted data will be thematically analysed and supported and explained by quotations and text summaries of data. The thematic analysis will guide the narrative interpretation and synthesis of findings in accordance with the review's question and objectives. Finally, conclusions and recommendations will be drawn from the synthesis whilst assessing and critically reflecting on the process and quality of evidence. Data analysis and synthesis stages and processes will be reviewed and discussed by the research team to reach a consensus

Analysis of subgroups or subsets

Subgroup analyses may be conducted if considered appropriate, for example, by the type of social media or video communication interventions.

Contact details for further information

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Organisational affiliation of the review [1 change]

School of Health Sciences, Bangor University
<https://www.bangor.ac.uk/health-sciences/>

Review team members and their organisational affiliations

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Type and method of review

Narrative synthesis, Systematic review

Anticipated or actual start date

19 June 2021

Anticipated completion date

21 September 2021

Funding sources/sponsors

None.

Conflicts of interest**Language**

English

Country

Wales

Stage of review [\[1 change\]](#)

Review Completed not published

Subject index terms status

Subject indexing assigned by CRD

Subject index terms

Aged; COVID-19; Communication; Communications Media; Humans; Loneliness; Pandemics; SARS-CoV-2; Social Isolation; Social Media

Date of registration in PROSPERO

15 June 2021

Date of first submission

10 June 2021

Stage of review at time of this submission [\[1 change\]](#)

Stage	Started	Completed
Preliminary searches	Yes	Yes
Piloting of the study selection process	Yes	Yes
Formal screening of search results against eligibility criteria	Yes	Yes
Data extraction	Yes	Yes
Risk of bias (quality) assessment	Yes	Yes
Data analysis	Yes	Yes

Revision note

Revisions made to risk of bias (quality) assessment tools used.

The record owner confirms that the information they have supplied for this submission is accurate and complete and they understand that deliberate provision of inaccurate information or omission of data may be construed as scientific misconduct.

The record owner confirms that they will update the status of the review when it is completed and will add publication details in due course.

Versions

15 June 2021
26 October 2021

PROSPERO

This information has been provided by the named contact for this review. CRD has accepted this information in good faith and registered the review in PROSPERO. The registrant confirms that the information supplied for this submission is accurate and complete. CRD bears no responsibility or liability for the content of this registration record, any associated files or external websites.