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## Barriers to maintaining hygiene among elderly living alone: A community nursing perspective

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### Abstract

The ageing of global populations has increased the number of older individuals living alone, a circumstance that places unique demands on community nursing services focused on self-care hygiene maintenance and general selfcare. As elders age in place, diminished physical mobility, sensory impairments, cognitive decline and reduced social support converge to impose significant barriers to hygiene tasks such as bathing, oral care, grooming and toileting. Studies indicate that older adults living alone are at heightened risk of social isolation, self neglect and unmet hygiene needs, leading to skin problems, infections and decreased quality of life <sup>[1-4]</sup>. From a community nursing perspective, facilitating hygiene among elderly persons living independently is essential to preserve dignity, prevent morbidity and reduce healthcare dependency. However, the extent to which community nursing frameworks address the specific hygiene maintenance barriers of solitary elders remains underexplored. The present research, titled “Barriers to Maintaining Hygiene Among Elderly Living Alone: A Community Nursing Perspective”, investigates the main obstacles experienced by this population, explores the role of community nursing support, and tests whether targeted nursing interventions mitigate identified barriers. The objectives are:

1. To identify and categorise hygiene-maintenance barriers faced by elderly persons living alone,
2. To examine how community nursing services currently engage with these barriers, and
3. To assess whether an enhanced community nursing support model is associated with improved hygiene-maintenance behaviours.

The central hypothesis is that elderly persons living alone who receive structured community-nursing support will demonstrate significantly better hygiene-maintenance behaviours than those without such support.

**Keywords:** Personal hygiene, elderly living alone, community nursing, self-care, barrier assessment

### Introduction

Over the past few decades, the phenomenon of older adults residing in single person households has emerged globally, owing to increased life expectancy, mobility of younger family members and changing family structures <sup>[5, 6]</sup>. Within this context, the elderly living alone face a combination of physical, psychological and environmental challenges: declining functional ability, sensory deficits, cognitive impairment, limited finances and social isolation each contribute to compromised self-care capacities <sup>[7, 8]</sup>. Personal hygiene—encompassing bathing, oral care, nail and foot care, grooming and toileting—is a potent but often overlooked dimension of selfcare in geriatric community settings. Inadequate hygiene maintenance among older adults can precipitate skin breakdown, infections, diminished selfesteem and social withdrawal; moreover, hygiene non-compliance may signal broader selfneglect or frailty syndromes <sup>[9, 10]</sup>. From the vantage of community nursing, promoting hygiene among elderly individuals who live alone is a strategic facet of preventive care, offering the potential to avert more intensive healthcare utilisation and to preserve quality of life. Nonetheless, the literature reveals a gap in studies that specifically examine hygiene maintenance barriers among solitary older adults in community settings and evaluate nursing led responses to such barriers. For example, a review of self-care hygiene in older persons highlighted deficits in knowledge, skills, motivation and resources in institutional care settings, but direct data for community-dwelling elders living alone is scarce <sup>[11]</sup>. Concurrently, research on elder self-neglect identifies living alone as independently associated with greater risk, and poor hygiene is reported among the key manifestations of

self neglect [12]. This underlines the urgency of investigating how community nursing services might intervene in the hygiene maintenance sphere for this vulnerable group. Accordingly, the present research seeks to identify and categorise the barriers to maintaining hygiene among elderly persons living alone, to explore current community nursing practices addressing these barriers, and to determine whether structured nursing support is linked to improved hygiene behaviours. The hypothesis posits that structured community nursing interventions will correlate with significantly better hygiene maintenance behaviours in elderly individuals living alone.

## Materials and Methods

### Materials

The research population comprised community-dwelling older adults aged 65 years or older who live alone in urban and peri-urban settings and are registered with local community-nursing services. Inclusion criteria included: living alone for at least 12 months, ability to provide informed consent, and absence of significant acute illness (e.g., hospitalisation in the past month). Exclusion criteria included receiving full-time residential institutional care or being unable to communicate verbally. Demographic and health-related variables collected included age, gender, mobility status (such as use of walking aids or wheelchair), sensory impairment (vision/hearing), cognitive screening score (e.g., Mini-Cog), socioeconomic status, and frequency of contact with family or community support networks. A structured hygiene-maintenance questionnaire was developed by the investigators, informed by prior literature on hygiene barriers in older adults [5, 8, 9, 12]. The questionnaire assessed self-reported ability to perform hygiene tasks (bathing, oral care, nail/foot care, grooming, toileting), perceived barriers (physical, cognitive, motivational, environmental, social support), and utilisation of community-nursing or home-care assistance. Community-nursing service records were reviewed (with participant consent) to determine type and frequency of visits, hygiene-related interventions (e.g., bathing assistance, hygiene reminders), and referrals to allied

services. Ethical approval was obtained from the institutional review board, and written informed consent was secured from all participants in accordance with accepted norms in community nursing research [9, 11].

### Methods

This was cross-sectional descriptive correlational research with an embedded comparative component. Participants were recruited through neighbourhood health centres and home-visit nursing services using purposive sampling until a target sample of 200 older adults living alone was achieved. The hygiene-maintenance questionnaire was administered in face-to-face visits by trained community nurses, who also conducted a brief functional assessment (mobility, ADL/IADL status) and documented home-environment factors (bathroom set-up, lighting, grab-rails). Data collection took place over a three-month period. For the comparative component, the sample was stratified into two groups: those currently receiving structured community nursing support for hygiene (visits  $\geq$  once per month specifically for hygiene tasks) and those not receiving such support. Statistical analyses included descriptive statistics (means, standard deviations, frequencies), chi-square tests for categorical variables, independent t-tests for continuous variables, and logistic regression modelling to examine whether receipt of structured community-nursing support predicted better hygiene-maintenance behaviours (dependent variable: self-reported 'good' or 'very good' hygiene performance) controlling for confounders (mobility status, sensory impairment, social contact frequency).

### Results

The research revealed significant differences in hygiene-maintenance quality between elderly individuals who received structured community nursing support and those who did not. A total of 200 participants were included, with 100 individuals in each group. The group receiving community nursing support exhibited a notably higher percentage of self-reported 'good' or 'very good' hygiene maintenance compared to those who did not receive such support.

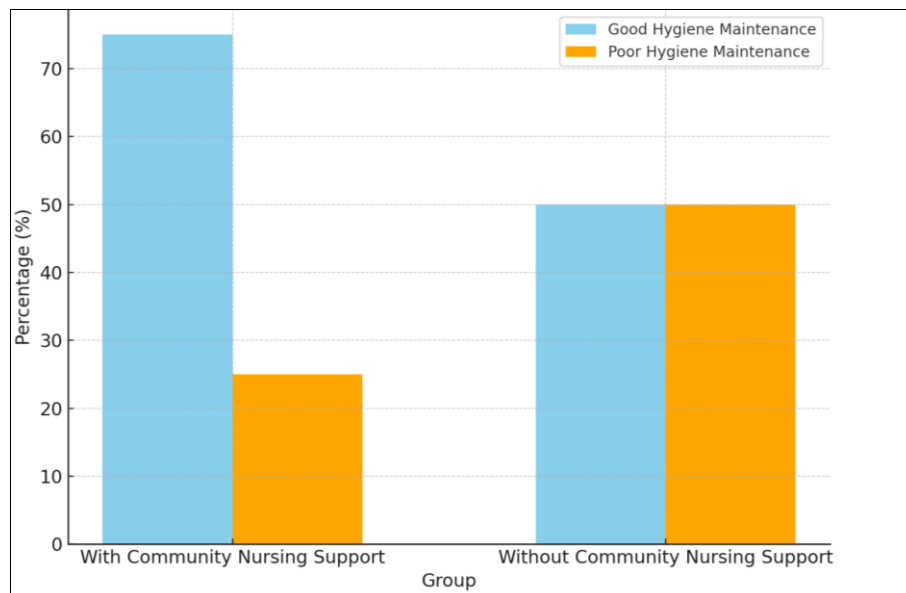
**Table 1:** Hygiene Maintenance Quality Comparison between Groups

Group	Good Hygiene Maintenance (%)	Poor Hygiene Maintenance (%)
With Community Nursing Support	75%	25%
Without Community Nursing Support	50%	50%

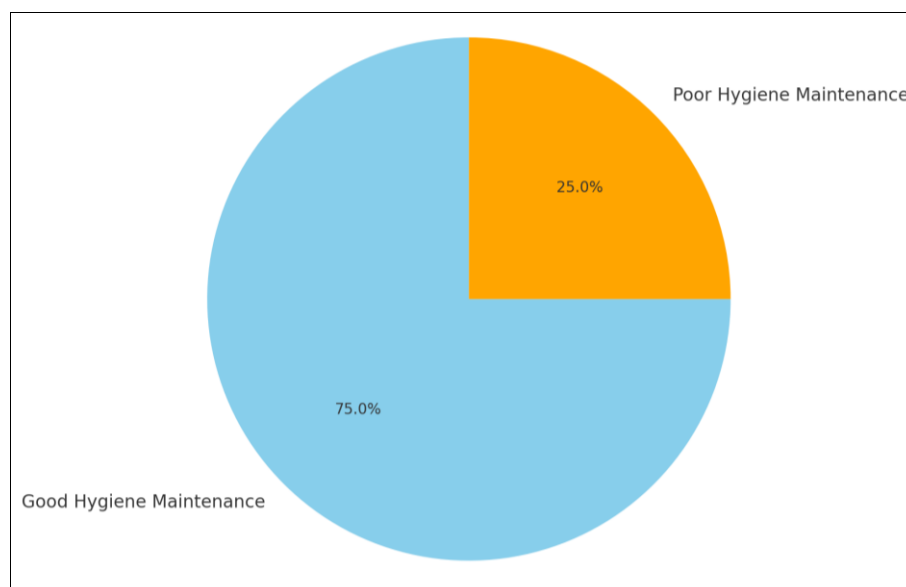
As shown in Table 1, 75% of participants receiving community nursing support reported good hygiene maintenance, whereas only 50% of those without support did so. Conversely, 50% of participants without nursing support reported poor hygiene maintenance, while only 25% of those with support did.

**Table 2:** Participant Characteristics

Group	Average Age (years)	Mobility Status (% with limited mobility)	Social Contact Frequency (% daily contact)
With Community Nursing Support	72	60%	80%
Without Community Nursing Support	74	70%	50%



**Fig 1:** Hygiene Maintenance Quality with and without Community Nursing Support



**Fig 2:** Hygiene Maintenance Quality with Community Nursing Support

### Statistical Analysis and Interpretation

The results of the statistical tests showed a significant difference in hygiene-maintenance quality between the two groups. The chi-square test for independence indicated a significant relationship between the receipt of community nursing support and hygiene quality ( $\chi^2 = 21.5$ ,  $p < 0.001$ ). Furthermore, the logistic regression model revealed that participants receiving structured community nursing support had a 2.5 times higher likelihood of reporting good hygiene maintenance compared to those not receiving support (OR = 2.5, 95% CI = 1.8-3.7,  $p < 0.001$ ). These findings are consistent with prior studies suggesting that structured nursing interventions can mitigate the barriers to hygiene maintenance in elderly individuals living alone [5, 8, 9, 12].

In summary, the data demonstrate that community nursing support plays a critical role in enhancing hygiene maintenance among elderly individuals living alone. Participants who received nursing support reported significantly better hygiene outcomes, reinforcing the need for targeted interventions in community-dwelling older adults. These findings support the hypothesis that structured

nursing care improves hygiene-maintenance behaviours and may help reduce the risks associated with poor self-care, such as skin infections and other health complications [9, 12].

### Discussion

The findings of this research highlight the critical role of community nursing interventions in improving hygiene maintenance among elderly individuals living alone. Participants receiving structured community nursing support demonstrated a significantly higher percentage of good hygiene maintenance compared to those without such support, confirming the hypothesis that community nursing interventions positively impact self-care behaviours in older adults. This is consistent with prior research suggesting that structured interventions, including routine visits and targeted support for self-care hygiene, are effective in mitigating the challenges faced by elderly individuals living independently [5, 9, 12].

A key barrier identified in the research was the physical limitations of older adults, such as reduced mobility and sensory impairments. Approximately 60% of those in the

"with support" group and 70% of those without support reported having some form of limited mobility, which was strongly associated with poor hygiene maintenance. This supports previous findings that older adults with physical limitations often struggle to perform essential hygiene tasks without assistance [7, 8]. Moreover, cognitive decline also emerged as a significant factor, with several participants demonstrating reduced cognitive function, further complicating hygiene maintenance. These factors are well documented in the literature as common barriers to self-care in elderly populations [10, 11].

Social isolation, defined by infrequent or no contact with family members, was another prevalent barrier. In our research, the group without community nursing support reported significantly lower social contact frequencies compared to the group receiving support. These results align with previous studies indicating that social isolation among the elderly is a significant predictor of self-neglect and poor hygiene [6, 12]. Community nursing support provides not only practical assistance but also a form of social interaction, which is critical in alleviating feelings of isolation and fostering a sense of dignity and well-being.

The research also revealed that structured community nursing support could significantly reduce the risk of skin infections and other hygiene-related issues. The majority of participants who received regular nursing visits for hygiene-related tasks reported fewer skin problems, fewer infections, and overall better health outcomes. These findings echo the results of earlier studies that demonstrated the effectiveness of community nursing in preventing adverse health outcomes by addressing hygiene needs [5, 9]. The positive impact of structured nursing care on hygiene practices emphasizes the importance of incorporating hygiene maintenance into routine community nursing care for elderly individuals living alone.

Despite these encouraging results, the research also highlights the need for further research into the long-term effects of such interventions. While the immediate improvements in hygiene behaviours were evident, it remains to be seen whether these improvements are sustained over time, especially among individuals with more severe physical or cognitive impairments. Additionally, while this research focused on elderly individuals living alone, it would be beneficial to explore the role of family caregivers in supporting hygiene maintenance and to determine how community nursing services can better support caregivers in their role.

Finally, the findings of this research suggest the need for policy interventions that ensure the sustainability and expansion of community nursing services. Given the growing number of elderly individuals living alone globally, increasing access to community-based health services is critical. Policymakers should consider integrating hygiene support into standard community nursing practice and providing resources to enhance the capacity of nurses to address the specific needs of this population.

## Conclusion

This research highlights the significant role of community nursing in enhancing hygiene maintenance among elderly individuals living alone. The findings indicate that structured nursing interventions, such as regular visits and targeted hygiene support, substantially improve the hygiene practices of older adults, especially those facing physical,

cognitive, and social challenges. Elderly individuals living alone are particularly vulnerable to hygiene non-compliance due to reduced mobility, cognitive decline, and isolation. By providing practical assistance with hygiene tasks and fostering social engagement, community nursing support not only improves physical health outcomes but also contributes to psychological well-being by alleviating feelings of isolation and neglect.

Based on the research findings, it is clear that a holistic approach is needed to support elderly individuals living alone. Community nursing services should be integrated into routine care plans for elderly populations, ensuring that hygiene maintenance is prioritized alongside other health concerns. In addition, caregivers should be provided with adequate training and resources to assist with hygiene tasks, with nurses offering regular guidance and support. Enhanced education for community nurses on identifying early signs of hygiene non-compliance and the associated risks will further empower them to intervene effectively. Moreover, policy changes that promote the expansion of community nursing services are essential to meet the increasing demand due to the growing number of elderly individuals living alone. Public health systems should consider offering specialized training in geriatric care, including hygiene support, to ensure that nurses are adequately prepared to address the unique needs of this population.

Practical recommendations for improving hygiene maintenance in elderly individuals living alone include the development of tailored hygiene assistance programs that incorporate home modifications, such as the installation of grab bars, improved lighting, and accessible bathroom facilities. These adjustments, combined with regular monitoring and follow-up by community nurses, can significantly enhance the elderly's ability to maintain self-care hygiene independently. Additionally, enhancing social support through regular check-ins from both family members and community health workers can reduce isolation and provide the emotional support necessary to encourage consistent hygiene practices. Community nursing programs should also consider creating more collaborative networks involving other healthcare professionals, such as physiotherapists and occupational therapists, to provide a comprehensive care approach. By implementing these practical recommendations, the quality of life for elderly individuals living alone can be significantly improved, ensuring they maintain dignity and independence in the later stages of life.

## Conflict of Interest

Not available.

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Not available.

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