Health Care Professionals’ Perception of Existential Loneliness among Older People
A Focus Group Study

The LONE study
This study is part of a larger research project, the LONE study, where existential loneliness is explored through interviews with older persons, their significant others and health care professionals. The LONE study is in the development phase of designing a complex intervention.

Background
Loneliness and thoughts about existential aspects are common among older people. Unmet needs to share their thoughts can lead to existential loneliness, especially in times of losses. Knowledge about how health care professionals experience existential loneliness in older people and what they do to meet their needs is limited.

Aim
The aim was to explore health care professionals’ experiences of the encounter with older persons who they perceive experience existential loneliness.

Design
A qualitative study with a deductive-inductive approach. The deductive phase was based on the life world theory by Emmy von Deuven and was followed by an inductive phase combined with an interpretative approach.

Datacollection and participants
Focus group interviews (n=11) were performed with health care professionals (n=61) in Southern Sweden.

To get variation different care contexts were included: home care, nursing homes, palliative care, primary care, hospital care and prehospital care.
The focus groups were composed of Registered nurses (=25), Nurse Assistants (n=22), Physicians (=5), Physiotherapists (2), Occupational Therapists (2), Social Counsellors (3) and Social worker (n=1).

Findings
The health care professionals’ characteristics and abilities were important in the encounter. Their own norms and preferences in combination with lack of knowledge of the ageing process could hinder the professionals’ ability to encounter older persons’ existential loneliness.

Health care professionals perceived that existential loneliness emerged:
• when bodily limitations became barriers to communicate and interact
• when the older persons felt excluded by people in their vicinity
• when the older persons themselves excluded others from their life world
• when the older persons felt alienation, guilt or regret for situations in the past

According to the health care professionals, existential loneliness was not a static condition, but rather an experience that could come and go. Health care professionals experienced different barriers when encountering the older persons that they perceived experienced existential loneliness. This affected the professionals in different ways. Encountering existential loneliness made them feel inadequate and frustrated. Feelings hard to endure. On the other hand they experienced feelings of compassion, commitment and even gratitude, when being able to share the moment of existential loneliness with the older person.

Conclusions
• Encountering existential loneliness is experienced by health care professionals as challenging as well as meaningful and it seems to affect them both personally and professionally.
• Time for reflection with colleagues and self-reflection to increase self-awareness could be of significance to improve quality of care for older persons in later phases of life.

Reference

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