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# GPs' experiences with loneliness

## Background

Loneliness has a negative influence on health. General practitioners are confronted with lonely patients in their daily practice, but there is little information about how GPs deal with loneliness.

## Methods

A qualitative study using semistructured interviews with 20 GPs who practise integrative medicine in the Netherlands.

## Results

There are GPs who never ask patients about loneliness. Others mostly raise the topic indirectly. General practitioners sometimes notice that discussing loneliness brings relief to their patients. Almost all interviewed GPs have feelings of deficiency in their ability to provide health care to lonely patients. A feeling of powerlessness and perceived lack of time are the reasons given to avoid a discussion of loneliness.

## Discussion

Loneliness is a widespread phenomenon and a difficult problem according to the GPs interviewed in this study. Discussing loneliness with patients should not be avoided in general practice.

'The biggest disease today is not leprosy or tuberculosis, but rather the feeling of being unwanted, uncared for and deserted by everybody'.

Mother Theresa<sup>1</sup>

■ **Loneliness can be defined as a negatively perceived feeling caused by the discrepancy between existing and desired relationships.<sup>2</sup> The negative influence of loneliness on health becomes increasingly evident with the rising number of scientific studies on loneliness. Physical as well as mental health are affected; loneliness is a risk factor for depression, anxiety disorders, alcohol and drug addiction, sleeping disorders, hypertension, decreased heart function, and suicide.<sup>3-6</sup> Loneliness is also associated with a higher frequency of consultation.<sup>7,8</sup>**

There is little literature on how general practitioners deal with loneliness in their patients. This qualitative study could be regarded as a first step in a relatively uncharted field.

## Methods

### Sampling strategy

This study used a semistructured interview procedure. A purposive sampling technique was used to select GPs for interviews.

According to The Royal Australian College of General Practitioners curriculum statement on integrative medicine: 'General practitioners with an integrative working style are educated in both conventional and complementary medicine. They use the most appropriate practices from both modalities to care for the patient as a whole'.<sup>9</sup>

General practitioners with an integrative working style are generally expected to pay more attention to psychosocial aspects of care. It was anticipated that these GPs would be more inclined to integrate the theme of loneliness in their work, and so sampling was limited to GPs with an integrative working style.

### Design of the topic list

A topic list was developed by undertaking a literature review and by

conducting unstructured interviews with two experts: a GP working with homoeopathy, and a psychiatrist working with acupuncture and homoeopathy. The topic list (which included a definition of loneliness), was tested using three semistructured pilot interviews with two GPs. The interviews addressed the following topics: opinion about our definition of loneliness, recognition of loneliness, talking about loneliness with patients, and the GP's feelings about providing health care to lonely patients.

### Participants

General practitioners were contacted through the websites of organisations for physicians who work with integrative medicine in the Netherlands (Artsen Vereniging voor Homeopathie [Medical Association for Homeopathy], Nederlandse Vereniging van Antroposofische Artsen [Dutch Association of Anthroposophical Physicians], and Nederlandse Artsen Acupunctuur Vereniging [Dutch Medical Association for Acupuncture]). Sixty GPs were invited to participate. General practitioners from all regions in the Netherlands, including urban and rural areas, were purposefully selected. General practitioners were sent a letter with information about the study content and the interview length (maximum 30 minutes). A guarantee of anonymity was given.

Ethics committee approval for this type of research is not required in the Netherlands; this has been confirmed in writing by the applicable research ethics committee.

All 60 GPs were contacted by telephone. Twenty-one agreed to participate; the majority of nonparticipants cited lack of time as the reason for not participating. All participants gave informed consent.

Most of the interviewed GPs worked in urban areas, and five of the GPs worked in rural or partly rural areas. Most interviewed GPs were aged 50–59 years and male (*Table 1*). The semistructured interviews had an average duration of 24 minutes (range 12–39 minutes). The authors conducted all interviews.

### Data analysis

Interviews were audiotaped and transcribed verbatim within 1 week of the interview. Two researchers independently coded interview transcripts. Codes were discussed until consensus was reached. Codes were grouped into themes to identify the most important issues raised, and themes were then regrouped for the purpose of searching for patterns. Data were managed using NVivo 2.0 and were analysed following grounded theory to search for patterns.<sup>10</sup>

### Results

Twenty interviews were conducted; the last three provided no new themes or opinions of relevance.

Most interviewed GPs regard loneliness as a widespread phenomenon in our society. General practitioners working in rural areas had more difficulty talking about lonely patients than GPs from urban areas. The GPs in rural areas said they had fewer lonely patients than GPs who work in the city. There was no specific difference between the answers given by male and female GPs.

Table 1. Characteristics of participating GPs

Participant	Gender	Age (years)	Degree of urbanisation
GP 1	Female	40–49	Urban
GP 2	Female	50–59	Rural
GP 3	Male	40–49	Urban
GP 4	Female	50–59	Urban
GP 5	Female	50–59	Urban-rural
GP 6	Male	60–69	Urban
GP 7	Male	50–59	Urban-rural
GP 8	Male	50–59	Urban
GP 9	Male	50–59	Urban
GP 10	Male	50–59	Urban-rural
GP 11	Male	50–59	Urban
GP 12	Male	50–59	Urban
GP 13	Female	50–59	Urban
GP 14	Male	60–69	Urban
GP 15	Male	50–59	Urban
GP 16	Male	50–59	Urban
GP 17	Male	50–59	Urban-rural
GP 18	Male	40–49	Urban
GP 19	Male	50–59	Urban
GP 20	Male	40–49	Urban

### Definition of loneliness

All interviewed GPs agreed with the definition of loneliness as a negatively perceived feeling caused by the discrepancy between existing and desired relationships. Many GPs emphasised that the quality of relationships is more important than quantity. Some GPs add that loneliness can also arise when a person is not in touch with him/herself:

'That it doesn't really matter how many relationships you've got, even good relationships, but if you have the feeling of being cut off from yourself, you can still be very lonely.' (GP 1)

Loneliness in itself is not only perceived in a negative way. Some GPs underline that loneliness is part of the human condition. One GP felt that young people especially need to know the feeling of loneliness in order to fully develop themselves:

'Loneliness is of course part of self development... If you're not lonely, you cannot develop your individuality either.' (GP 16)

### Raising the topic of loneliness

Patients usually do not raise the issue of being lonely:

'They come with complaints, mostly it is a physical symptom, but you can just feel that something else is going on.' (GP 14)

'A patient who says, "Doctor, I am so lonely"? No-one ever does that... Not as a first complaint, that is too good to be true.' (GP 5)

Some GPs never ask about loneliness. Some just never thought about it.

Most GPs ask the patient about loneliness indirectly. For example, 'How do you spend your day?' or 'How is your social network?' Only a few GPs ask about loneliness directly. Another possibility is not to ask, but to confront patients with their loneliness:

'What I literally say is, "You must be quite alone"... You simply state it... And usually I am right, they agree with me.' (GP 14)

### Patients' reactions

General practitioners mention that they experience discussing the patient's loneliness as a first step toward counterbalancing loneliness. They think it can alleviate the pain caused by loneliness:

'Sometimes it can bring something about in people, something which makes them willing to start acting on it.' (GP 13)

Reactions vary once the topic of loneliness is raised. Most GPs mentioned a positive reaction from the patient, stating that patients are often relieved when loneliness is recognised as being real for them. Other reactions from patients are sorrow, anger and frustration. Some patients deny being lonely:

'Some people become distressed when you point it out. And others become a little bit happy, because they think: finally someone who notices.' (GP 13)

### GPs' feelings about working with lonely patients

Almost all GPs found it difficult to take care of lonely patients. Many said they felt powerless, that they had few options for interventions, or none at all:

'Perhaps it is my own taboo. I think that it's easier for me to ask a man, "Are you impotent?" than an old person, "Are you lonely?" Because with impotence I can do something, whereas with loneliness I think: if they say yes, what do I do?' (GP 5)

'It is not easy, because it is a very negative and sad experience, in my opinion... People can be so alone in this world... It is a burden to me that I am able to see it and that I have to see it time and time again.' (GP 8)

'On the one hand, I know that with the fact that I give them recognition, I actually give them something. On the other hand, I find it very difficult to cope with the powerlessness of the patient not going home less lonely.' (GP 5)

One GP was afraid to become too important in the lives of lonely people and did not want to fill the gap:

'Sometimes you are the only person they are still in touch with. Then you actually create a kind of dependency. And that is a risk. That can be difficult too.' (GP 19)

Being busy with the practice is also a reason not to discuss loneliness.

'Once the word loneliness is brought up you won't be ready within 20 minutes... So it can be difficult. Sometimes you don't want to hear it if your waiting room is full.' (GP 5)

Two GPs said they enjoyed providing health care to lonely people, regarding it as a challenge:

'I am happy when I find out, I am happy when somebody is lonely... you can often achieve very positive things. The

moment you realise that the patient is lonely you are actually at the beginning of improvement.' (GP 14)

'I always kind of enjoy it... I simply enjoy it when you can show people that they are capable of taking control of their own life and that they are able to do something about it themselves.' (GP 4)

## Discussion

The interviewed GPs agreed that loneliness is a negatively perceived feeling caused by a discrepancy between existing and desired relationships with others. Some stated that it can also be caused by poor understanding of oneself. The GPs regard loneliness as a widespread societal phenomenon. But there are GPs who never ask about loneliness. Those who do speak about loneliness mostly raise the topic indirectly. Patient reactions vary once the topic of loneliness has been raised; patients sometimes show relief, but also anger, frustration and denial. Almost all interviewed GPs find it difficult to deal with lonely patients; it makes them feel powerless because they don't have a solution.

### Strengths and limitations of the study

The qualitative method was relevant for deeper understanding of this relatively uncultivated field of knowledge. Individual interviews are a good method for exploring perceptions and experiences. However it is not the best method for examining actions. General practitioners may have given answers that differ from their practice; participant observation or videotaped consultation review would provide more reliable information about their actions.

The sampling frame reduces the generalisability of this study. It was hypothesised that the perceptions of GPs working with integrative medicine would provide a more considered perspective on loneliness. Consequently, the attention for loneliness and the management of lonely patients might differ from GPs with other working styles.

### Comparison with existing literature

Previous research has demonstrated that GPs feel more heavily burdened by consultations in which a psychosocial problem is discussed than by other consultations. Those consultations are more time consuming and make greater demands on the GP's workload.<sup>11</sup> As loneliness is also a psychosocial problem, it was likely that GPs would mention a perceived lack of time for this topic, as confirmed by the data from this study. Moreover, some GPs say that a lack of time is reason not to discuss loneliness at all.

Fromm-Reichmann<sup>12</sup> stated that it is difficult for patients to accept the awareness of being lonely, and that it is even more difficult to admit it. This could explain the patient's relief when the physician takes the initiative and starts talking about loneliness:

'The mere statements "I know" and "I am here", put in at the right time, (...) may be accepted and may replace the patient's desolate experience of "nobody knows except me".'<sup>12</sup>

Loneliness is a universal phenomenon; the authors expected that GPs

who work in other western countries would encounter similar problems in caring for lonely patients, but no literature was found on this topic.

## Implications for general practice

In the authors' experience, very little attention is paid to loneliness in medical education. By simply considering the concept of loneliness, physicians might enhance their awareness of loneliness. Many interviewed GPs mentioned that they gained new insights through the interview.

Very little is known about effective ways of dealing with loneliness in patients. The authors recommend expanding the field of qualitative loneliness research to GPs who do not have an integrative working style. The patient's perspective on discussing loneliness with their GP is also likely to be a valuable source of knowledge.

Although some GPs might not consider loneliness a factor they should address, it is impossible to deny that loneliness can have a negative influence on health. Unless we acknowledge the suffering caused by loneliness and provide the patient with a listening ear, we may be obstructing the healing of a physical illness.<sup>13</sup>

Conflict of interest: none declared.

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