Stemming the loneliness epidemic

■ Ernest Grant makes history ■ Nurses address discrimination ■ Get out the vote

THE LONELINESS EPIDEMIC

Nurses offer interventions for global problem

By Susan Trossman, RN

"City life is millions of people being lonesome together," the 19th century naturalist and philosopher Henry David Thoreau once said. Roughly a century later, Beatle and songwriter Paul McCartney asked: "All the lonely people, where do they all come from?"

The truth is there are lonely people everywhere, leading some nurses and other healthcare experts to conclude that America is facing a loneliness epidemic. Research shows that loneliness can have serious consequences on the health and well-being of all people, no matter their age, geographical location, or background.

Kathy Berra

"Wherever they work—hospitals, public health, home health—nurses need to have loneliness and social isolation on their radar when assessing patients," said Kathy Berra, MSN, ANP, FAAN, FAHA, FPCNA, past president of the Preventive Cardiovascular Nurses Association, an organizational affiliate of the American Nurses Association (ANA).

Laurie Theeke

Laurie Theeke, PhD, RN, FNP-BC, GCNS-BC, a leading nurse researcher on loneliness, added, "There is a stigma with loneliness that begins as early as preschool. Everyone wants to fit in, and not think they may be socially unacceptable."

Epidemics, however, can be stemmed. And Theeke, a West Virginia Nurses Association member and professor at WVU School of Nursing, is among those developing and promoting interventions to address loneliness and, subsequently, its negative impact on health and quality of life.

Connected, but apart

In late 2017, former U.S. Surgeon General Vivek Murthy began publicly addressing the prevalence of loneliness, opening the door for more discussions nationwide on this serious issue. In the *Harvard Business Review*, he wrote: "During my years caring for patients, the most common pathology I saw was not heart disease or diabetes; it was loneliness." In that article he noted a decline in people's social connections and deep relationships, including within workplaces.

Varying surveys illustrate just how widespread loneliness is. In an American Osteopathic Association poll, 72% of American adults reported having a "sense of loneliness," with almost a third saying it occurred at least once a week. The AARP Loneliness Study estimates that 42.6 million adults age 45 and older are chronically lonely. Another recent Cigna survey called Generation Z—those between 18 and 22 years old—the "loneliest generation."

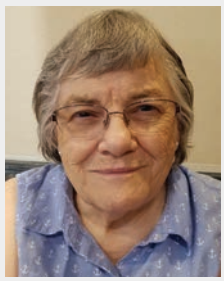
Oregon school nurse Nina Fekaris, MS, RN, NCSN, increasingly has observed loneliness and social isolation in both young and older children, which manifest in different ways. "As school nurses, we see many children come into the health room with vague complaints, often saying 'I just don't feel well,'" said Fekaris, president of the National Association of School Nurses, an organizational affiliate of ANA. They may routinely skip class or recess because they are looking for a safe place where no one is judging them, or they have increased absences.

Nina Fekaris

She added, "Children may be in the same room but they are not connected to each other. They often think they are being social, but really there is no face-to-face interaction." Theeke pointed out that self-isolation can happen in lonely people and perpetuates the problem.

At the other end of the age spectrum are older adults, including those who may have limited resources or are coping with serious chronic illnesses.

"Loneliness is a common problem, because the older you get, the more you can feel you don't fit in," said Colorado Nurses Association member Fran Dowling, a long-time, long-term-care nurse who retired at age 75 several years ago. "Some people fear reaching out, especially if they can't hear well or have a disability. They don't want to bother anyone."



Fran Dowling

Berra sees older clinic patients who struggle with loneliness. "They need people to shop for them, their grown children are working, and their friends are passing away," she said. "Sometimes the only person they see that week is from Meals on Wheels."

Theeke, who considers loneliness a global epidemic, began her research over 10 years ago after speaking with frustrated medical students who perceived that patients were repeatedly coming to the gerontological clinic largely for human interaction.

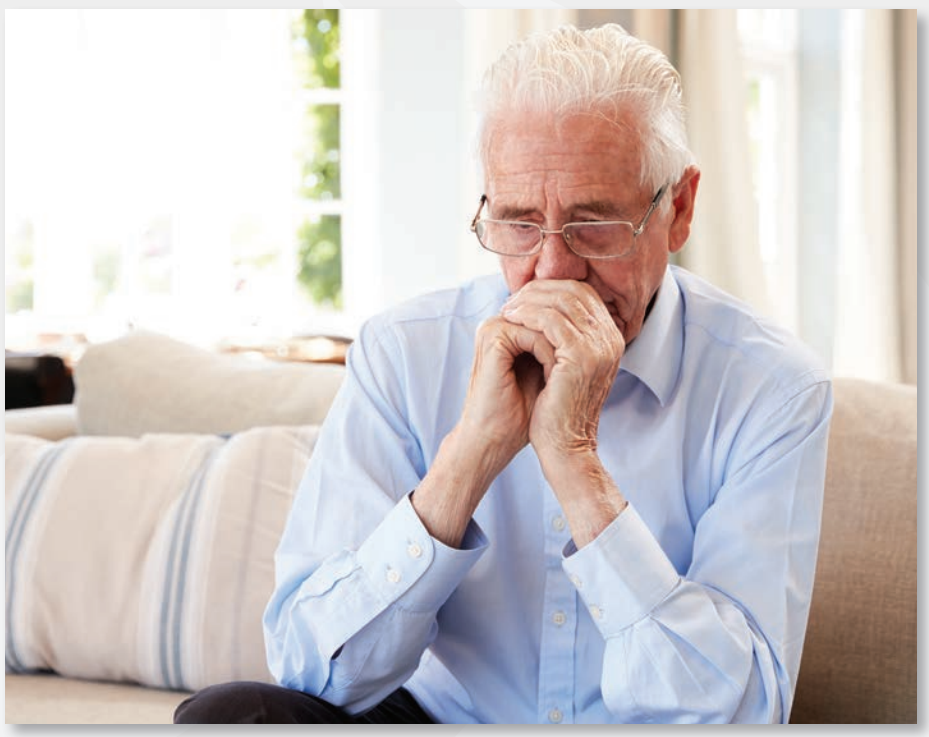
Aching hearts and more

Theeke describes loneliness as a "smoldering stressor" eliciting a physiological stress response that is pro-inflammatory and linked to diminished immunity, hypertension, heart disease, metabolic syndrome, functional decline, cancer, and depression. In addition, very lonely people are reported as more likely to engage more frequently in the use of tobacco and illegal substances.

Berra considers loneliness and social isolation as strong risk factors that can have an additive effect on chronic health conditions and negatively affect care management. "People who are lonely and isolated are less likely to take their medications correctly," Berra said. "And I've seen others who lose their interest in eating, and that can have dramatic effects on their health."

In a recent study published in the *Journal of the American Heart Association*, researchers concluded that heart failure patients with high degrees of "perceived social isolation," defined as the subjective sense of loneliness, were at greater risk for death, hospitalizations, and visits to the emergency department.

A 2012 Amsterdam study found that older adults who felt lonely—as opposed to just being alone—faced a higher risk of clinical dementia later in life. And a November 2017 report, "It Starts with Hello," noted a correlation between long-term loneliness in young people and poor mental and physical health, as well as lower academic attainment. Published by Action for Children–United Kingdom (UK), the report focuses on certain higher risk populations, including children who experience neglect or have disabilities, young parents, and parents with mental health issues. In 2018, the UK appointed a prime minister of loneliness, sending a clear message that loneliness is a health priority.



A closer look at interventions

Theeke believes the first step toward effectively addressing loneliness is for clinicians to ask their patients about it, which also will reduce associated stigma. Further, a three-question loneliness scale can be used to aid in patient assessment and incorporated into the electronic health record.

"We should be asking [patients] how they are doing emotionally," said Berra, a recently retired clinical trial director at Stanford Prevention Research Center who works at a clinic seeing older adults with heart failure. "We should make this another vital sign."

If patients are mildly lonely, nurses can talk with them about how they can meet their "belonging" needs, which allows them to self-correct, according to

Theeke. If they are profoundly lonely, they can be referred to a behavioral health specialist and assessed for depression because loneliness is a major predictor of this disorder.

Theeke developed the "Loneliness Intervention using Story Theory to Enhance Nursing-sensitive outcomes," or the "LISTEN" intervention, which she describes as doable in clinical and community settings, even with healthcare professionals' time constraints. This cognitive behavior–based intervention is composed of five successive group sessions. A nurse or other trained interventionist leads the discussion and listens in a therapeutic way as participants share their stories and hear from others who are lonely. In subsequent sessions, participants are asked about what previously made them feel more connected and gave their lives more meaning, and then are encouraged to explore what might work for them and proactively engage in those activities.

Theeke said the intervention has helped diminish loneliness in 33 older adults who participated in her pilot studies. For example, women from one of the groups decided to continue to meet every Monday for lunch. Other participants joined exercise groups, took college classes for seniors, assumed leadership roles in community settings, and developed new friendships.

"It's 100% possible to feel lonely even if you are surrounded by people all day."
— Elizabeth Scala

LISTEN was designed to target the phenomenon of loneliness regardless of age, so Theeke maintains it has potential to be effective if used with other populations.


Elizabeth Scala

And although social media can be a double-edged sword, online communities can provide a lifeline to some people experiencing loneliness, according to nurse experts. American Holistic Nurses Association board member Elizabeth Scala, MSN, MBA, RN, said nurses can suggest social networking opportunities, as well as podcasts focusing on specific health conditions, to help patients feel more connected.

Looking at school settings, Fekaris said that school nurses are in an ideal position to help address loneliness and social isolation in this population. School nurses are often seen as less threatening to parents, because they look at issues through a health-related lens, and to students, because they are not grading or judging them.

Once loneliness or social isolation is identified as an issue, school nurses can work with counselors, parents, and others to implement interventions that can help, such as pairing a student with another at recess or arranging therapy for social anxiety.

Nurses are not immune

"It's 100% possible to feel lonely even if you are surrounded by people all day," said Scala, who sees a connection between nurse burnout and loneliness.

"Nurses just put their heads down and push through, and generally don't want to show any weakness," Scala said. "However, rushing from one patient's room to another and maintaining professional boundaries can increase a sense of loneliness." And social media can make some nurses feel like they can't measure up to others, which fuels feelings of isolation and loneliness.

Nursing jobs are also difficult, leaving little time to connect with coworkers, according to nurse experts. New managers or those in new roles can feel particularly lonely.

Added Berra, "Friends and family often don't understand what a day in the life of a nurse is like."

So nurses themselves often have to identify the feelings they are experiencing as loneliness, which requires self-awareness, according to Scala. Then they should find a confidante, or in some cases a professional therapist, who they can talk to about their feelings of loneliness, self-doubt, and fears in a safe environment.

Dowling, who has supportive adult children nearby, stressed that it's important to reach out to others to combat loneliness, even if it seems difficult. "Retired nurses may feel lonely more because they have been so active and so needed," she said.

Dowling gets together monthly with a retired nurses group for camaraderie and to hear from guest speakers. She also recommends finding or engaging in activities that bring enjoyment, whether it's painting, playing cards, or one of her favorites, computer games.

Said Theeke, "It's important that people realize they are not alone in their loneliness."

— Susan Trossman is a writer-editor at ANA.

MAKING HISTORY

Getting to know incoming ANA President Ernest Grant

This summer, Ernest Grant, PhD, RN, FAAN, was elected to serve as president of the American Nurses Association (ANA) effective in January 2019. This is one of many firsts for Grant and professional nursing. He was the first African-American man to serve as ANA vice president, which is his current role, and to earn a PhD in nursing from the University of North Carolina-Greensboro. He also was the first African-American male nurse to lead the North Carolina Nurses Association (NCNA) as its president.

An internationally known expert on burn care and fire safety, Grant currently is the director of the acclaimed burn prevention program at the NC Jaycee Burn Center at the University of North Carolina (UNC) Hospitals in Chapel Hill. He's received numerous awards, including being presented with the Nurse of the Year Award in 2002 by former President George W. Bush for his work treating burn victims from the World Trade Center site.

Here are some excerpts from our recent conversation.

Photo courtesy of Max Englund/UNC Health Care

Ernest Grant is an internationally known expert on burn care and fire safety.

What do you think about making history as the first man to serve as ANA president?

I've never thought of myself as being a person to make history on this grand a scale. I'm extremely excited and delighted to be given the opportunity. I know I stand on the shoulders of many giants—both men and women—who have either served as ANA president, ran for president, or supported the profession of nursing. The title of my campaign was "Moving Forward," and I look forward to guiding the organization so we're prepared and proactive in addressing any changes and challenges in healthcare and in the nursing profession.

Can you briefly describe your leadership journey? Did you choose leadership roles or did they choose you?

It was a combination. Sometimes people see leadership qualities and skills in you that perhaps you don't see in yourself. For me, it [the leadership journey] started when I was a staff nurse at the bedside and was chosen to lead and participate in various committees in the hospital. After a friend told me that being a truly professional nurse means joining your professional organization, I became very involved in NCNA and ANA. One chairmanship led to another and then to board positions. I found it really satisfying to take on challenges and make a difference in other ways. All the leadership skills I gained from serving in nursing and other organizations—such as listening to various perspectives, learning to become a consensus-builder, and in some cases, recognizing that you have to take charge and make difficult decisions—have brought me to where I am today.

What will be your top priorities as ANA president?

One is to advance the nursing profession and healthcare by fostering high standards. I want to make sure nurses are prepared and have the educational opportunities and tools they need to do their jobs efficiently and have the best outcomes for their patients in the face of healthcare changes.

Another is to advocate for legislation and policies that have a positive impact on nurses and the public. As legislative proposals come forward that impact access to quality, affordable care, it's important that ANA continues to advocate for healthcare for all, not just the privileged few. My mother always said, "The good Lord gave us one body, and we need to do our best to take care of it." That is certainly true, which is why we must educate the public about their healthcare, and the importance of continued insurance coverage for preventive measures. And we need to inform and encourage the public to contact their elected representatives and others who are making decisions about their care and coverage.

I want to encourage diversity in the nursing profession. In 2015, only 19.5% of RNs in the workforce identified themselves as minorities, and only about 12% of baccalaureate and graduate nursing students in 2016 were men. It's important that the nursing workforce reflects the diversity of our patient populations to increase our ability to provide the culturally competent, quality care patients need, especially when they are most vulnerable. And welcoming people from diverse backgrounds into our profession with their unique perspectives and experiences will only strengthen it.

As I visit states, I want to talk with younger nurses and new graduates to see what they want and need, and what ANA can do to help them grow.

When it comes to healthcare, what are you passionate about?

Most of my nursing career I've spent working with patients with burns and preventing those injuries from occurring in others. Every day when I go home, I feel like I've made a difference somewhere – either in the life of someone or in the nursing profession. It can be a patient that I've taken care of at the bedside, fighting for legislation to ensure that people live in a safe environment, or educating consumers about fire safety, such as installing smoke alarms that will give them that early warning. Or it can be sharing the knowledge I have with people in less fortunate countries that do not have the resources we have.

I also am passionate about advocating at the state and national levels to make sure nurses have safe work environments, and that all nurses can practice to the full extent of their educational level.

What's your future vision for nurses and the nursing profession?

I want all nurses to feel pride in being a nurse and seeing it as a lifetime profession, and not just a job that pays the bills. I believe nurses everywhere should be given the respect they deserve, and that means that we also must respect each other.

Nurses need to embrace technology, because it is the future. At UNC we have robots running down the halls doing tasks like delivering patient trays, and picking up specimens and trash. There is no way that robots will replace nurses—not our empathy or critical thinking. But we need to see new technology as something that will help us provide better care and lead to better patient outcomes.

Closing thoughts?

Whenever I talk with students, I first tell them to join ANA and their state nurses association. Then I tell them that I've never regretted choosing the nursing profession. I can't think of any other job that can make me feel the way I do.

And finally, when people see this big guy coming—I'm 6 feet 6—I want them to know I'm a gentle giant.

— Interview by Susan Trossman, RN, writer-editor at ANA.

Year of Advocacy

Nurses, get out the vote!

By Matthew Fitting, MPS

On Election Day, the old saying couldn't be more apt: "Decisions are made by those who show up." With healthcare reform and other nursing-related issues so prominent this campaign season, it's more important than ever that RNs across the country show up on November 6 to ensure their voices are heard and their ballots are counted.

The fact that one in every 45 registered voters is a nurse underscores the impact of our collective voice. During the American Nurses Association's (ANA) Year of Advocacy, we are working to make it as easy as possible for busy RNs to get out and vote this fall to guarantee that elected officials understand that impact firsthand.

At the center of ANA's 2018 Get Out the Vote (GOTV) efforts is our new Civic Action Center, hosted on RNAction.org. There you can find everything you need to have your vote count on Election Day, as

well as how to update your information if your voter registration has lapsed.

Not sure if you're registered to vote? Our Action Center can help, as well as provide information on how to get registered (either again, or for the first time), find where your polling place is located, or vote early to accommodate your schedule on November 6. After you enter some basic information, the Action Center will do the rest to equip you to fulfill your civic duty in this dynamic campaign season.

When nurses vote, lawmakers in Washington, DC, and in statehouses across the country listen. Visit ANA's Civic Action Center for resources to make this the most meaningful election for nurses yet.

— Matthew Fitting is an advocacy and engagement specialist at ANA.

Nursing advocacy to address discrimination and racism

To: **Ethics inbox**

From: **Concerned nurse**

Subject: **ANA Position Statement**

I am a DNP student and have worked in diverse communities across the country. I'm deeply committed to my professional obligation to respect patients' inherent dignity and worth, and recognize the importance of attending to all that contributes to a person's wellness. We're increasingly aware of the critical importance of the social determinants of health, and the profoundly negative effects of racism and discrimination on health and well-being. Yet racism and discrimination persist.

As a profession, we have an ethical responsibility to address and deconstruct the unjust systems and biases that perpetuate racism, which diminish vulnerable, marginalized populations in healthcare settings and communities. The American Nurses Association (ANA) position statement on discrimination and racism was released in 1998. It's time to update the ANA stance and affirm the values of our profession, including addressing health disparities and eliminating the harms of discrimination and racism on individual and community health and well-being.

From: **ANA Center for Ethics and Human Rights**

Thank you for your advocacy on this critical topic! This is a central concern for the Center for Ethics and Human Rights Advisory Board. Your perspective is reflected in the *Code of Ethics for Nurses with Interpretive Statements* (nursingworld.org/code-of-ethics) Provision 8.3, which underscores the importance of individual and collective efforts to "collaborate with others to change unjust structures and processes that affect both individuals and communities. Structural, social, and institutional inequalities and disparities exacerbate the incidence and burden of illness, trauma, suffering and premature death."

Social determinants of health consist of multiple factors, including income, education, employment, housing, social support, food security, access to health services, community safety and environment, race, ethnicity, and gender and sexual orientation, which interconnect and create conditions that advantage or disadvantage people's health. You make an important point: Racism exacerbates and perpetuates health status disparities. Whether encountered as prejudice, discrimination, or institutionalized racism, as individual nurses and as a profession we must confront it to effectively promote health and well-being for all.

To that end, the Center for Ethics and Human Rights Advisory Board is revisiting and revising the 1998 position statement to clarify the nurse's role in addressing discrimination and racism.

There are a number of ways you can engage further with this issue.

- Understand the significant role that implicit bias—habituated ways of thinking or having unconscious, negative associations that shape our ideas and behaviors—plays in perpetuating racism and discrimination. We can explore our biases through various educational methods to scan for ways we may be biased and increase our awareness to mitigate unintentionally contributing to racism and discrimination.
- Connect with institutional ethics or health literacy resources for additional education about the social determinants of health and intersecting factors that privilege or disadvantage people.
- Consider that racism and discrimination are frequently described as directed toward patients and populations, but the reverse also can be true. Nurses can help shape institutional policy to ensure all people, including employees, are protected from speech or behavior that dismisses, disrespects, or stigmatizes others, and that contributes to unsafe care settings.

Consistent with the *Code of Ethics for Nurses with Interpretive Statements* Provision 4.3, "nurses must bring forward difficult issues related to patient care and/or institutional constraints upon ethical practice for discussion and review." Nurses are encouraged to be knowledgeable about institutional policies related to nondiscrimination, patient rights, incivility, and equity. In circumstances where policies do not exist, nurses must be champions for change. Nurses can provide leadership in collaboration with interprofessional colleagues to assure institutional policies align with the ethical foundations of care.

— Response by Heather Fitzgerald, MS, RN, member of the ANA Ethics and Human Rights Advisory Board.

Do you have a question for the Ethics Inbox? Submit at ethics@ana.org.

Nurses speak and industry is listening

This spring, the American Nurses Foundation and its Corporate Advisory Board created a survey to identify key issues facing RNs today and where the healthcare product and services industry and nurses can work better together.

The Foundation formed the Corporate Advisory Board in 2015 to provide a forum for fostering dialogue and thought leadership with leading organizations that value nurses' roles in providing excellent healthcare. Currently, the advisory board consists of 12 members representing a cross-section of the healthcare industry. The advisory board meets annually with leaders of the Foundation, the American Nurses Association, and the American Nurses Credentialing Center to find out what nurses need and to improve the board's ability to respond.

"It's in all of our best interests to identify and understand current and future trends in nursing and healthcare," said Tim Porter-O'Grady, DM, EdD, APRN, FAAN, FACCWS, chair of the Foundation's Board of Trustees. "As businesses build new product offerings and opportunities for nurses, engagement and collaboration with nurses is foundational to their success."

Responses to key questions

Participants were asked: "Given impending changes to healthcare and the loss of nurses from the profession, how important is it that the nursing profession promote new roles and opportunities for nurses, like moving from acute care to ambulatory, virtual monitoring, care navigator roles, etc."

- 72% of respondents said that it is extremely important, and 23% said it is somewhat important.

"When learning about a manufacturer's new drugs, therapies, and support services, in which way do you think they should be delivered in order to be most credible?"

- 54% of respondents said that a manufacturer-sponsored nurse educator would be most credible, 29% said a nurse educator and sales representative are equally credible, and 1% said that a sales representative alone would be.

"As a nurse, what is your perception of the product and service industry that supports healthcare?"

- Only 46% of respondents had a very positive or somewhat positive view of the support they receive from industry.

A total of 1,225 nurses took the survey. Participants responded with over 700 open-ended answers to questions around opportunities and challenges for nurses. Respondents also relayed their strong views on demanding more transparency and reporting on instances of violence and abuse against nurses, and indicated how employers respond on this could impact recruitment.

Several questions focused on helping businesses improve getting information to nurses, and confirmed that the industry needs to employ more nurses to explain the benefits of new products. Nurses also felt that product training and education were the most valuable ways vendors supported them.

Responders to a question about nurses' perception of the product and services industry were also asked, "What ideas do you have on how the product and services industry can better partner with nurses?" The answers will help shape Corporate Advisory Board members' engagement with nurses and the profession.

When nurses are empowered to contribute to and participate in the healthcare conversation, real change can take place and the health of the entire nation can benefit. Through partnerships like the Corporate Advisory Board, the Foundation is working to give nurses a seat at a variety of discussion tables.

For more information about the Corporate Advisory Board and summary results from all survey questions, please visit the Foundation's website at givetonursing.org/corporate-advisory-board.

2018 Corporate Advisory Board

Gold level: EchoNous, Medline, Siemens Healthineers, Sodexo USA, Stryker Medical

Silver level: Pfizer

Bronze level: BD, Epic, IBM, Meditech, Pulse Clinical Alliance, VMS BioMarketing