Cognitive and Situational Precipitants of Loneliness Among Patients With Cancer: A Qualitative Analysis

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Purpose/Objectives: To identify situations and thoughts that may precipitate or protect against loneliness experienced by patients with cancer.

Research Approach: Qualitative.

Setting: The hematology/oncology clinic at the Indiana University Melvin and Bren Simon Cancer Center, an outpatient oncology center in Indianapolis.

Participants: Purposive sample of 15 patients undergoing treatment for multiple myeloma or non-Hodgkin lymphoma.

Methodologic Approach: Individual, semistructured qualitative interviews were conducted. Theoretical thematic analysis was used to analyze interview data.

Findings: Factors that appeared to precipitate loneliness included several situations (e.g., physical isolation, social constraints such as criticism) and thoughts (e.g., unmet expectations for visits or questions about health, belief that others do not understand their cancer experience). Several situations (e.g., social support, normal routine) and thoughts (e.g., beliefs that time alone is desirable and that others' discomfort with cancer-related discussions is normative) appeared to protect against loneliness. Certain social situations were loneliness-inducing for some patients and not for others, suggesting that patients' thoughts about their situations, rather than the situations themselves, have the greatest impact on their loneliness.

Conclusions: The current study fills gaps in loneliness theory by identifying cancer-related situations and thoughts that patients associate with their loneliness. Consistent with theory, patients reported feeling lonely when they had negative thoughts about their social situations.

Interpretation: Findings inform nursing assessment and intervention strategies to incorporate into care plans. For instance, when conducting assessments, nurses should be more attentive to patients' satisfaction with their social environment than actual characteristics of the environment. Normalizing patients' experiences and encouraging positive thoughts about others' behavior may reduce patients' loneliness.

F eeling socially connected is a critical aspect of well-being; in the absence of social connection, individuals experience loneliness. Theorists have defined loneliness as the perception of social isolation and dissatisfaction with the quality of relationships (Cacioppo et al., 2006; Peplau & Perlman, 1982). Loneliness is a known risk factor for a number of poor physical and mental health outcomes in the general population (Cacioppo & Hawkley, 2009; Hawkley & Cacioppo, 2003), and preliminary research suggests that loneliness is also associated with poor health outcomes in people with cancer (Drageset, Eide, Kirkevold, & Ranhoff, 2013; Jaremka et al., 2014; Jaremka, Fagundes, Glaser, et al., 2013; Nausheen et al., 2010). For example, higher levels of loneliness have predicted worse immune functioning and greater depressive symptoms, fatigue, pain, and all-cause mortality in those with cancer (Drageset et al., 2013; Jaremka et al., 2014; Jaremka, Fagundes, Glaser, et al., 2013; Nausheen et al., 2010).