



Combating loneliness in COVID-19 inpatients: A novel pilot program

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Background

The novel coronavirus (COVID-19) necessitated enhanced inpatient isolation, including a moratorium on visitation. During a prior transitions-of-care project, patient survey responses indicated that inpatient isolation burdened them with significant distress and sadness. Studies from other disease states have indicated that inpatient isolation is associated with higher rates of depression, anxiety, and anger, as well as longer hospitalizations¹. Healthcare workers also spend less time in isolated patients' rooms². In conjunction with feeling they were dealing with an illness that others could not understand, COVID patients have been positioned to experience profound disconnection from others and significant loneliness.

Aim Statement

To provide a virtual inpatient support group to COVID-19 inpatients at a community hospital that would reduce patient-reported feelings of loneliness and increase patient-reported levels of social support by 20% each between 10/01/2020 and 04/08/2021.

Innovation Objectives

- Weekly groups were to be conducted using Zoom virtual meeting platform with help of behavioral health (BH) and chaplains
- Each patient who consented to participate was given an iPad to use during the session. BH and chaplains assisted patients with setting up Zoom on the iPad to facilitate participation.
- A 4-question pre-survey was administered to each patient to assess baseline levels of loneliness, social support, and degree to which patients felt connected to other COVID patients.
- Group sessions were conducted once weekly and were run by a BH staff member. Up to 5 patients were to be included in each meeting to maximize individual participation.
- 5 pre-determined questions were asked in each group to stimulate discussion and maintain consistency. Open discussion was encouraged after each question.
 1. How has this illness affected your life? What has been challenging or difficult?
 2. How have you been coping with your illness?
 3. Have you been able to stay connected to others (family and friends) or feel supported at this time?
 4. What has been your experience with hospital staff?
 5. What do you think will be different about your life when you are discharged? What difference might this COVID experience make in your life moving forward?
- A post-survey was given to each patient and they were asked to complete it by the next morning when surveys were collected. For both the pre- and post-survey, items were rated on a 5-point Likert scale, where 1 = strongly disagree and 5 = strongly agree.

Support Group Barriers

- Older patients struggled with technology – lot of time spent setting up iPads; some patients declined due to frustration
- Fatigue and respiratory distress precluded patients from desiring to participate in the group format – many felt too exhausted to speak at length, despite only including patients who were using O2 by nasal cannula who did not require a rebreather mask or heated hi-flow nasal cannula
- Due to these issues causing low participation, groups were discontinued and individual patient “support chats” were conducted instead – data are derived from 1:1 sessions
- 1:1 sessions involved same BH and chaplaincy staff, pre- and post-surveys, and used group discussion questions

Results

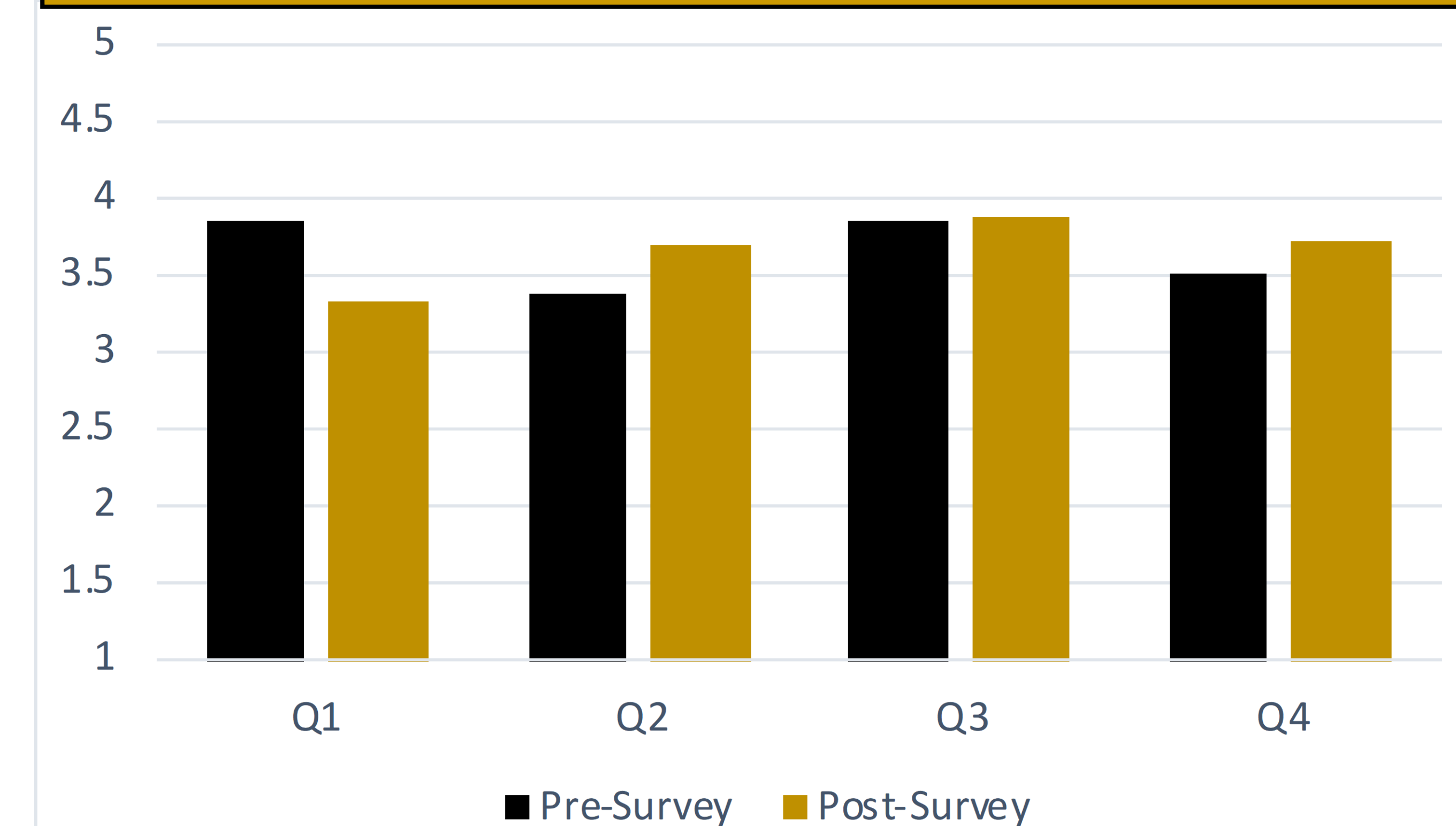
COVID Survey Items (* = Pre and Post)

Q1*: I feel alone and isolated.
Q2*: I fell like I have had a good support system while I have been in the hospital for COVID-19.
Q3*: I believe that other people with COVID-19 are experiencing similar issues to what I have been going through.
Q4*: I feel a sense of connection to other people who are also dealing with COVID-19.
Q5: I am worried about what will happen to me.
Q6: I am afraid I might die from COVID-19.
Q7: I am hopeful that I will fully recover without any long-term problems from COVID-19.
Q8: I feel that my time in the hospital has been positive while being treated for COVID-19.

Table 1. Patient Demographics and Qualitative Responses (n = 30)

Gender - male	13 (43%)
Average age (years)	63.8
Race	
- White	18 (60%)
- Black	2 (7%)
- Asian	2 (7%)
- Other/Prefer not to say	8 (26%)
Average number of support chats	1.7
Do you feel like talking about your COVID-19 experience with us helped your worrying or anxiety?	Yes = 26 (87%) No = 4 (13%)
Q8: I feel that my time in the hospital has been positive while being treated for COVID-19.	Average rating = 4.3

Figure 1. Comparison of Pre- and Post-Intervention Survey Scores (n = 30)



Discussion

- Decreased loneliness by 14% and increased perceived social support by approximately 9% over course of study
 - Fell short of 20% goal; altered 1:1 format likely played a role
- Patients often felt that other patients with COVID were suffering similarly, and felt a degree of connection despite not communicating with other patients directly
- Positive patient satisfaction scores highlight dedication of hospital staff and potential economic benefit to hospitals employing this type of intervention
- These findings, together with facilitating a subjective decrease in their anxiety surrounding their COVID, show that our intervention combated the negative impacts of isolation
- Future directions:
 - Train all BH and chaplaincy staff, medical students, and volunteers to conduct these visits to expand access
 - Develop post-discharge virtual support groups for patients when they are less acutely ill – many desired this
 - Inclusion of support chats in medical school curriculum

Conclusions

A 1:1 patient emotional support intervention may help to reduce negative health impacts of COVID-19 isolation.

References

1. Abad C, Fearday A, Safdar N. Adverse effects of isolation in hospitalised patients: a systematic review. *J Hosp Infect.* 2010;76(2):97-102. doi:10.1016/j.jhin.2010.04.0272.
2. Evans H.L., Shaffer M.M., Hughes M.G. Contact isolation in surgical patients: a barrier to care? *Surgery.* 2003;134:180-188.