

# Combating Workplace Loneliness in Healthcare: A Strategic Imperative

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LINDNER  
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*What does it feel like to be lonely? I can tell you exactly, it's like being in a bubble and you want to get out, but you just can't, you try, and you can't do it, you just can't get out.*

34-year-old male in a study of loneliness





"I just don't think it is possible for me to really let my guard down with anybody. And it leaves me terribly lonely. I can be in a group and still feel like an outsider."

27-year-old ICU nurse



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*Loneliness in healthcare isn't just a personal issue—it's an organizational one with direct implications for care quality, safety, and retention.*

Krekel et al (2020) A Local Community Course That Raises Mental Wellbeing and Pro-Sociality. *Centre for Economic Performance Discussion Paper*, No 1671 January 2020.



# Differentiating Isolation and Loneliness

- Social isolation is not the same as loneliness. Social isolation describes an objective situation in which social connections are limited or absent but available.
- Loneliness, by contrast, is a *subjective feeling of distress* – when an individual feels the potential for connections available to them within a healthcare environment are inadequate or unfulfilling.
- Loneliness is about feeling that one lacks companionship, feels left out, feels isolated from others, feels alone, or feel that one is missing out within a healthcare organization.

Matthews, T., Danese, A., Wertz, J., Odgers, C., Ambler, A. P., Moffitt, T. E., & Arseneault, L. (2016). Social isolation, loneliness and depression in young adulthood: A behavioral genetic analysis. *Social Psychiatry and Psychiatric Epidemiology*, 51(3), 339–348



# Topics To Be Addressed

- The Growing Scope of Loneliness
- Why Does Loneliness Hurt? (Why Loneliness is Detrimental to Mental and Physical Health)
- The Tragedy of Loneliness for Healthcare
- The Power of Curiosity, Trust, and We-Ness



# The Pandemic: An Accelerator

- The COVID-19 pandemic—necessitating periods of physical distancing and changing the way many structured their working lives, participated in schooling, and socialized—brought the issue of loneliness to the forefront.

(2023) Loneliness as a health issue. *The Lancet*, Volume 402, Issue 10396, 79





GROWING RECOGNITION  
OF LONELINESS AS A  
HEALTH CONCERN

# Evolving Recognition in US

- **1960s-1970's:** The term “loneliness” started being studied more systematically. Researchers like social psychologist John Cacioppo began investigating the physiological effects of loneliness, particularly its impact on stress, immune system functioning, and cardiovascular health.
- **2000's:** Cacioppo and others made significant strides in demonstrating how chronic loneliness can lead to increased risk of heart disease, depression, and cognitive decline. Studies found that loneliness could have a physical impact comparable to other risk factors like smoking or obesity.
- **2010's:** Loneliness was increasingly recognized as a major public health issue. During this time, the United States saw an increased focus on its broader social and mental health consequences—leading to changes in cultural perceptions.
- **2020's:** Loneliness was formally acknowledged as a public health crisis, especially as the COVID-19 pandemic exacerbated social isolation.



# Jo Cox – 2016 English Parliament

- Commissioned a study sponsored by the British Red Cross and Co-Op, which identified 9 million Britons as experiencing loneliness.
- Led British government to publish a Loneliness Strategy in 2018, and the appointment of the world's first Minister of Loneliness.



I will not live in  
a country where  
**thousands of people**  
are living lonely lives  
**forgotten** by the rest of us

Jo Cox



# “Lonelygenic Environments”

- Defined as the complex contextual conditions that can cause or aggravate loneliness. Within healthcare organizations, these can include:
  - Physical surroundings that deter connection (e.g., lack of common spaces/lounges/dining areas)
  - Hierarchical work structures that limit collaboration, meaningful discussion.
  - Intense workloads that limit socialization & require extensive screen time (documentation).
  - Growth of remote work, which limits meaningful social connection.
  - Experiences of difference that can lead to feelings of not belonging.

Feng, X., & Astell-Burt, T. (2022). Lonelygenic environments: A call for research on multilevel determinants of loneliness. *The Lancet Planetary Health*, 6(12), e1017–e1022.

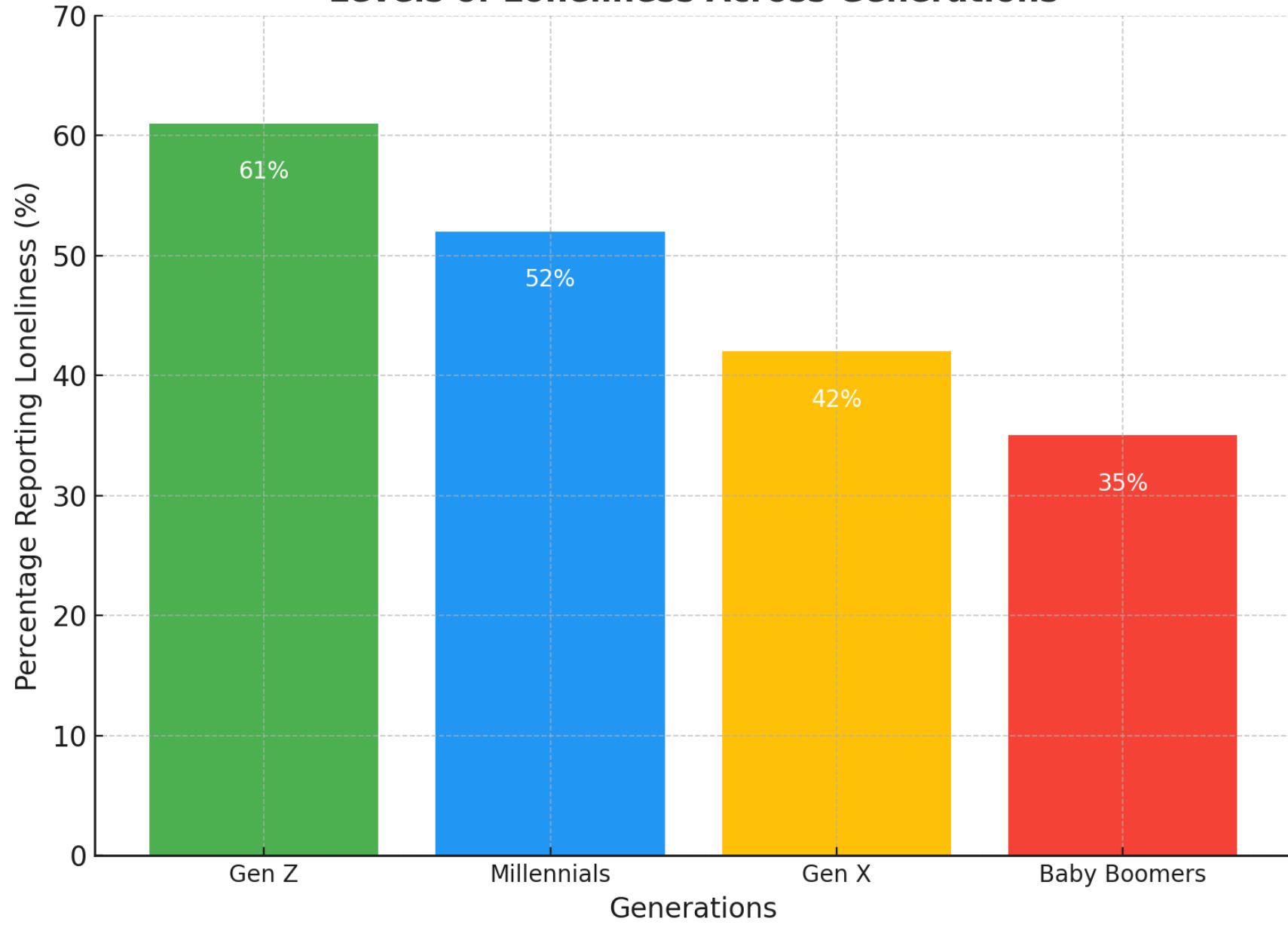


# Cigna Study (2018, 2020, 2023)

- **Nearly 50%** of Americans reported sometimes or always feeling alone.
- **One in four** Americans rarely or never feel as though there are people who understand them.
- **Generation Z (adults ages 18-22) were identified** as the loneliest generation.

(2018, 2020, 2023). *Vitality in America*, Cigna Group

## Levels of Loneliness Across Generations



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The Cigna studies use the **Evernorth Vitality Index (EVI)** to measure health and well-being across eight dimensions: emotional, environmental, financial, intellectual, occupational, physical, social, and spiritual, as well as the **UCLA Loneliness Scale**.

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U.S. adults report a stable average vitality score of 67.2 out of 100, with notable struggles in physical, emotional, and financial health.

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High vitality is linked to better physical health, healthier habits, and higher health engagement.

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Generation Z, the cohort with the lowest vitality, faces significant mental health challenges, financial insecurity, and loneliness.

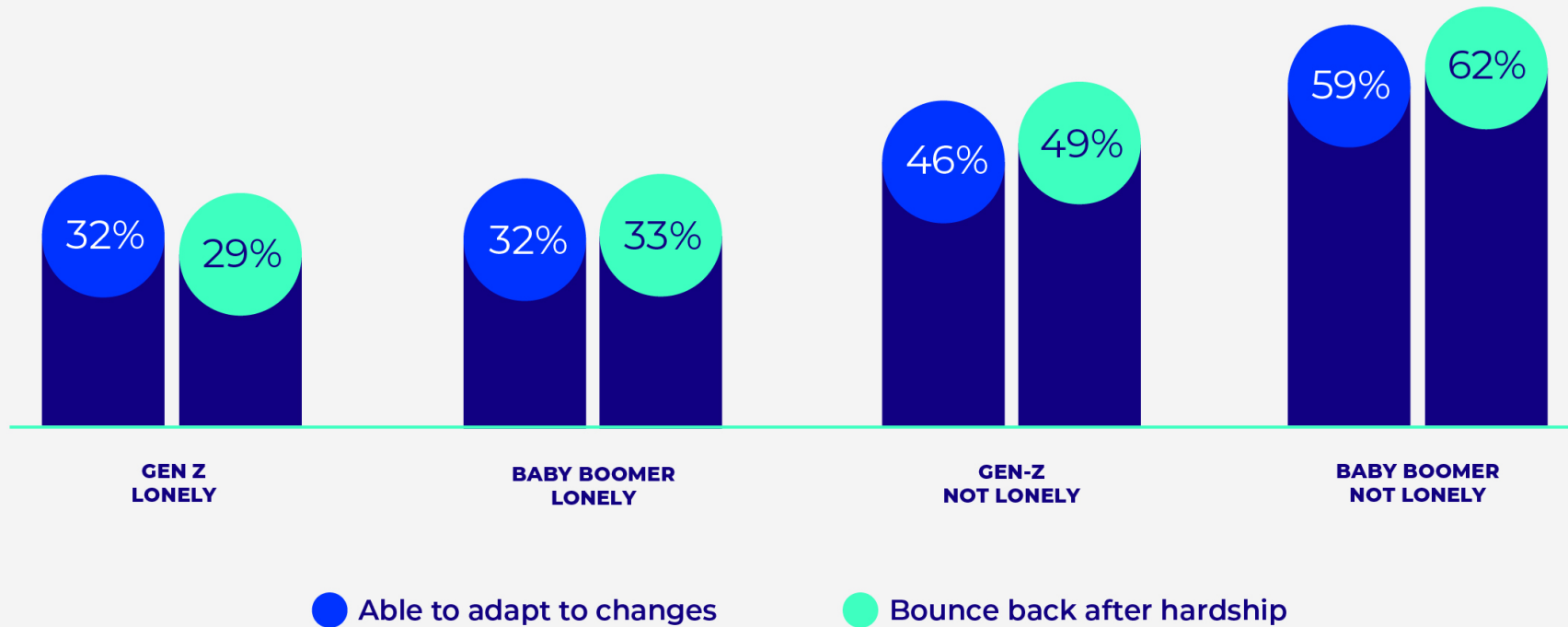
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Workers with high vitality perform better, are more engaged, and utilize health benefits more effectively, highlighting the importance of employer strategies to support vitality.



# Loneliness & Resilience

## LONELIER PEOPLE ARE LESS RESILIENT



# Gen-Z & Social Connectivity

## SOCIAL CONNECTIVITY AND LONELINESS

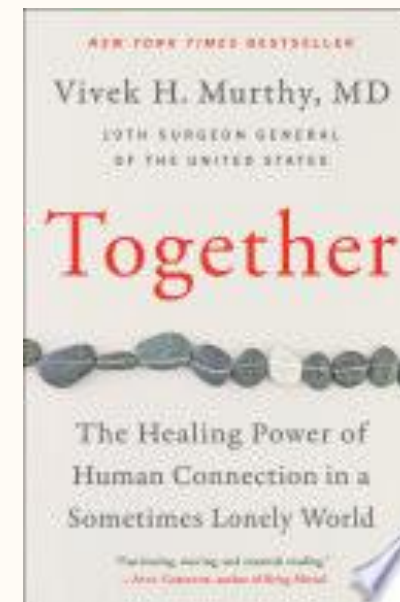
	Lonely	Not lonely
<b>Agree/strongly agree that I ...</b>		
Can successfully build connections with others	34%	64%
Have things in common with others	44%	56%
Feel left out	92%	8%
Lack companionship	91%	9%





# Vivek Murthy, MD, MBA

- First Surgeon General of Indian descent (2013-2017; 2021-2025)
- Grandson of poor Indian farmer
- Born in Great Britain



# Discovery through Listening

*"When I first took office as Surgeon General in 2014, I didn't view loneliness as a public health concern. But that was before I embarked on a cross-country listening tour, where I heard stories from my fellow Americans that surprised me.*

*People began to tell me they felt isolated, invisible, and insignificant. Even when they couldn't put their finger on the word "lonely," time and time again, people of all ages and socioeconomic backgrounds, from every corner of the country, would tell me, "I have to shoulder all of life's burdens by myself," or "if I disappear tomorrow, no one will even notice."*



# A Lightbulb Moment

*"It was a lightbulb moment for me.*

*Social disconnection was far more common than I had realized. In the scientific literature, I found confirmation of what I was hearing."*



# Loneliness: US Health Epidemic

- In May 2023, U.S. Surgeon General **Vivek Murthy** released a landmark advisory describing loneliness and social isolation as a public health epidemic in the United States.
- He emphasized that loneliness poses risks as significant as smoking 15 cigarettes a day, contributing to conditions such as heart disease, dementia, depression, and premature death.



# Loneliness: Public Health Concern

## World Health Organization (WHO)

- Increases the risk of premature death by 25-26%.
- Leads to higher rates of mental health disorders.
- Contributes to cognitive decline and dementia.

(2023, November). WHO Commission on Social Connection. *World Health Organization*.



# WHY LONELINESS HURTS



WE ARE  
NEUROBIOLOGICALLY  
PRIMED TO CONNECT

# Prolonged Dependency

- We are brought into this world quite helpless and immature. As infants, we depend on care for longer than any other primate.
- Birth itself is painful and dangerous. It all adds up to the need for help from kin.
- Therefore, the feeling of loneliness may be a helpful and adaptive response to being socially disconnected. It provides us with a drive to re-join with social groups, and teams.

Fonagy, P., Campbell, C., Constantinou, M., Higgitt, A., Allison, E., & Luyten, P. (2021). Culture and Psychopathology. *Development and Psychopathology*, 1-16.



# Hunter-Gatherers & Beyond

- Social pain evolved to protect us from the danger of remaining isolated. Loneliness feels *aversive*. This is especially true when distressed, as can occur in healthcare work (e.g., high stress situations).
- Our forebears depended on social bonds for *safety and security* and to ensure that their offspring lived long enough to *reproduce*. No hunter-gatherer could do all this alone.
- Typical groups of early humans were relatively small, maybe up to 150 individuals. Familiarity and reciprocal relationships were needed – in addition to close relatives – to share in the responsibility of protecting each young human.

Dunbar, R. (2016). The social brain hypothesis and human evolution. In *Oxford Research Encyclopedia for Neuroscience* (pp. 1-33). Oxford: Oxford University Press.



# It Physically Hurts to Be Lonely

- fMRI studies show us that the emotional region of the brain activated when we experience social pain (rejection) is the same region that registers emotional responses to physical pain.

Eisenberger, N.I., Lieberman, M. & Williams, K.D. (2003). Does rejection hurt? An fMRI study of social exclusion. *Science*, 302, 290-292.



# Social Connection & Social Learning

- Our neocortex evolved to handle increased social complexity.
- The social and language-capable nature of humans makes us unique amongst species in efficiently passing knowledge from one generation to the next. This enables us to accumulate a store of knowledge — passed along through training, mentorship, and supervision within healthcare.
- Generations of healthcare workers can pass their knowledge along. Humans need to be able to learn and benefit from their social context if they are to thrive. To do so, they need to identify trustworthy sources of knowledge within the healthcare environment.

Wilson, D. S., et al. (2014). *Prosocial: Using Evolutionary Science to Build Productive, Equitable, and Collaborative Groups*. Oxford University Press.





# THE WEAR AND TEAR OF LONELINESS

(HOW IT IS DETRIMENTAL)

# Decline in Health Behaviors

- In longitudinal studies, time often takes its toll on the lonely by middle age. The health habits of the lonely can significantly worsen over time (even though there are fewer differences found at younger ages).
- Declines appear partially explained by impairments in executive functioning (planning, impulse control, self-regulation), as well as internalized social norms around eating patterns, socioeconomics, etc.
- Among older and lonely adults, see increased attempts to manage mood by drinking, scrolling on phones, and eating too much, forms of self-medicating that can emerge among healthcare workers.

Hawkley, L.C. & Cacioppo, J.T. (2007). Aging and loneliness. Downhill quickly? *Current Directions in Psychological Science*, 16: 187-191.



# Exposure to Stressors and Life Events

- Lonely individuals are more likely to lack trust, to look at those around them with suspicion, to see people more negatively, to be less hopeful about the outcomes of social interactions and thus, prioritize self-protection by being defensive or even hostile upon entering a social encounter.
- Mistrust undermines effective teamwork in the healthcare setting.
- Longitudinal studies (using experience sampling) reveal that, over time, the self-protective behaviors associated with loneliness lead to greater social problems such as marital strife, run-ins with co-workers, and more social problems overall.

Hawkley, L. C., Burleson, M. H., Berntson, G. G., & Cacioppo, J. T. (2000). Loneliness in everyday life: Cardiovascular activity, psychosocial context, and health behaviors. *International Journal of Psychophysiology*, 35(2), 143–154



# Perceived Stress and Coping

- The bodies of those who are lonely reflect the typical impact of long-term stress, with higher blood pressure and chronic activation of a flight/fight emergency response, as well as lower inflammatory control and decreased immune response.
- These physical reactions might explain the 25-26% increased mortality associated with loneliness. Loneliness and social isolation are particularly impactful at a younger age (under 65, they are highly predictive of premature death).

Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2015). Social relationships and mortality risk: A meta-analytic review. *PLoS Medicine*, 12(7), e1000316



# Healthcare Workers Thwarted Restoration and Sleep

- Higher traces of cortisol and epinephrine have been found in those living with the chronic stress of loneliness; dampens immune response and contributes to cardiovascular inflammation.
- Although the quantity of sleep may be the same as the non-lonely, the quality of sleep among the lonely is greatly diminished—thus, *limiting restoration and healing*.

Hawkley, L.C. & Cacioppo, J.T. (2007). Aging and loneliness. Downhill quickly? *Current Directions in Psychological Science*, 16: 187-191.





# THE TRAGEDY OF LONELINESS

# The Significance of "We" Mode

- When people are poised to interact, they achieve interpersonal awareness through a 'meeting' of minds.
- The Finnish philosopher, Raimo Tuomela, named this phenomena *jointly seeing to it*. Neuroscientists have called it the "we-mode."
- This feeling of "*we-ness*" initiates social collaboration. It is a moment of understanding one another and creating a sense of being part of a set of thoughts and feelings that are beyond our own.

Tuomela, R. (2005). We-intentions revisited. *Philosophical Studies*, 125(3), 327-369.



**"We" Are In This Together**



# Failure of We-Mode

- The **tragedy** of a sense of loneliness is the *inaccessibility of the we-mode* experience.
- The close link between the feeling of loneliness and mental ill health arises because, when we feel isolated (whether we are or not), we find ourselves creating social experiences of failed collaboration.
- These experiences serve as self-fulfilling prophecies, and so we are deprived of the experience of trust which is necessary to open our minds to fresh understandings, new ways of looking at things.

Fonagy, P., Campbell, C., Constantinou, M., Higgitt, A., Allison, E., & Luyten, P. (2021). Culture and Psychopathology. *Development and Psychopathology*, 1-16.





CURIOSITY, TRUST, AND  
THE DEVELOPMENT OF  
"WE-NESS"

# Mind-Mindedness in Healthcare

“A non-judgmental, open-minded attitude of **curiosity** and inquisitiveness about mental states in oneself and in teammates.”

Fonagy & Allen, 2012



# What Was That Like For You?



# Mind-Mindedness

- Mind-mindedness is foundational to establishing trust.
- Having our subjective experience understood is a necessary **element to opening ourselves up to** learn about the social world of others — creates pathways for connection among healthcare workers.
- Experience of *feeling thought about* makes us feel safe enough to think about social world of our teammates.





# INITIATIVES TO FOSTER THE "WE"-MODE



## Initiatives to Foster the We-Mode

The Great Get Together — annual  
community celebration held at Queen  
Elizabeth Olympic Park, England

# Lunches/Snack Breaks



# In It Together

- Volunteering
- Races
- Friendly Competitions (game night, pickleball, fowling, etc.)





## 96% reduction in loneliness amongst Shed members

- Research gathered by the UKMSA Health & Wellbeing Survey, 2023, suggests 96% of Men's Shed attendees feel less lonely since joining a Shed.



# When was the last time you felt heard?

- At **Sidewalk Talk**, we believe in the transformative power of heart-centered listening.
- Our mission is to reduce loneliness, promote inclusion, and enhance social health through the practice of listening on public sidewalks, worldwide.

# Evidence-Based Approaches

- Peer support programs (new nurses, new staff, etc.)
- Structured team debriefs (inclusive and mind-minded)
- Employee resource groups (ERGs)
- Cross-functional shadowing opportunities
- Onboarding rituals and buddy systems
- Manager training on psychological safety



# Loneliness Is a Problem for Us All

One approach does not fit all; however, we know what can help reduce loneliness among healthcare workers:

- Learning to be better listeners.
- Create a sense of community.
- Create a connection-focused work environment.
- Offering genuine presence.
- Provide structured opportunities for personal connection.



- Chronic loneliness and disconnection can lead to heart disease and early death, increases in depression and anxiety, social polarization, and decreased work engagement and effectiveness.
- A more connected workforce is a stronger, more vibrant, and cohesive workforce.

# Creating Hopeful "We-Ness"

- We need to address trust and social connection directly.
- Many may be feeling misunderstood and isolated because, when they experienced adversity, there was no one around to provide support (and were *not held in mind*).
- Interventions that focus on relationships and mind-minded interactions can bolster connection, belonging, and a shared sense of being *in it together*.



**We Can Do It!**