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Differences in Assessing Loneliness among Japanese Older Adults : A Comparison of Family Physicians and Nurses

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Background

- The Japanese Cabinet Secretariat released the National Survey in 2021/2022. 40% were lonely.
- During the same period, 15% in the U.K. and 1 in 2 in the U.S. were lonely.
- Recognition of loneliness is crucial in primary (health) care.
- Few reports compare family physicians and nurses regarding patient perception of loneliness.

Objectives

Highlights the distinctions between Japanese family physicians and nurses in assessing factors that indicate patient loneliness.

Methods / Results 1

- **Study design**: A cross-sectional study using a self-administered Q
- **Setting**: Two family medicine clinics in Fukushima
- **Subjects**: Patients aged 50 years or older, Family physicians & nurses
- **Period**: From August 1 to 31, 2020
- **Survey items**: 1-item Q "Do you think the patient is lonely, based on the past 6 months of medical records?" for family physicians & nurses, UCLA Loneliness Scale (3rd ed) for patients
- **Epidemiological analysis** (Stata/SE ver. 18.0): Screening test and Chi-square test
- **Ethical considerations**: Fukushima Medical University (General 2020-025)

Characteristics of patient		Family physician perception of patient loneliness					Nurse perception of patient loneliness				
		n (%)					n (%)				
		Yes	No	p-value [a]	Sensi-tivity	Speci-ficity	Yes	No	p-value [a]	Sensi-tivity	Speci-ficity
Education	Junior high school and below	28 (35.0)	37 (18.9)				17 (46.0)	54 (22.0)			
	High school or above	52 (65.0)	159 (81.1)	0.004	24.6	56.9	20 (54.0)	192 (78.0)	0.002	9.4	76.1
Marital status	Married	40 (50.0)	159 (82.4)				15 (38.5)	198 (81.8)			
	Unmarried, divorced or bereaved	40 (50.0)	34 (17.6)	< 0.001	54.1	79.9	24 (61.5)	44 (18.2)	< 0.001	35.3	93.0
Living conditions	Living with someone	57 (71.3)	183 (94.3)				21 (53.9)	231 (94.7)			
	Living alone	23 (28.7)	11 (5.7)	< 0.001	67.7	76.3	18 (46.1)	13 (5.3)	< 0.001	58.1	91.7
Community activities	Participating	26 (33.8)	120 (61.9)				12 (30.8)	146 (60.1)			
	Not participating	51 (66.2)	74 (38.1)	< 0.001	40.8	82.2	27 (69.2)	97 (39.9)	0.001	21.8	92.4

* Only the cases when a professional's perception matches the patient's loneliness status were used.

Lessons Learned 1

1) Sensitivity of diagnosing loneliness was higher among physicians than nurses.
2) Physicians/nurses relied on different patient characteristics to diagnose loneliness in patients.
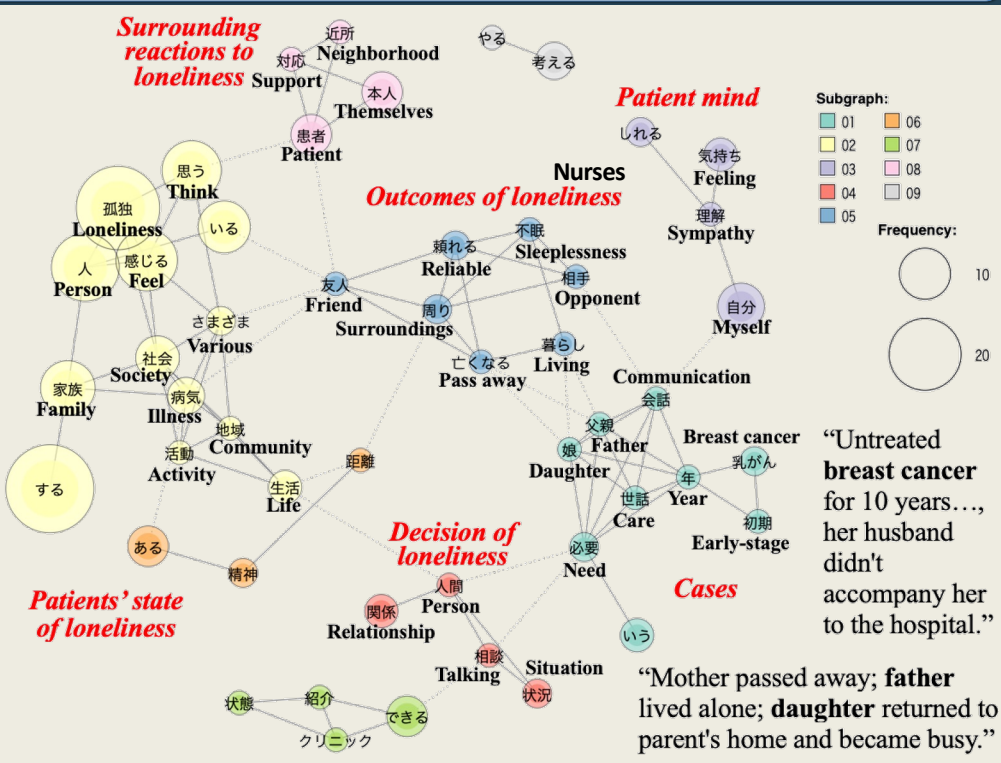
Related Work

Yoshida K, Honda K, Goto A, Kawachi I.
Collateral Health Effects of Loneliness Care in Japan. *Health Serv Res Manag Epidemiol*. 2024; 11: 23333928241240970.

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Methods / Results 2

- **Study design**: Quantitative analysis of free written opinions collected by a self-administered Q
- **Subjects**: The same healthcare providers in the Methods 1
    - 10 participants (3 family physicians, 7 nurses), 65 sentences
- **Period**: From July to August, 2023
- **Survey items**: "When do patients feel lonely?" (free-response type)
- **Text mining analysis**: Sentence-by-sentence analysis, Co-occurrence network (KH Coder 3)
- **Ethical considerations**: Fukushima Medical University (General 2023-009)

"Untreated **breast cancer** for 10 years…, her husband didn't accompany her to the hospital."

"Mother passed away; **father** lived alone; **daughter** returned to parent's home and became busy."

Lessons Learned 2

Compared to physicians, nurses tended to focus more on individual cases, which may have led to their lower sensitivity in diagnosing loneliness.