Coping with isolation and loneliness

A major adverse consequence of COVID-19 has been the increase in numbers of people in our community who are lonely and isolated. We have all suffered from this at times and have learned how to “Zoom” as a partial solution. All of us must know someone in this situation, even if it is not ourselves, but health care workers are probably more at risk of social loneliness than other people because, on the whole, we likely take the need for “social distancing” more seriously than many others.

I have seen an increasing number of patients and staff in the last couple of months who are suffering from the impact of isolation. Some who may have, in retrospect, in the first few months of COVID-19 been overzealous in their approach to “social distancing.” Other Good Stuff messages explored the importance of thinking of “physical distancing and social connecting” instead. The importance of not staying inside all the time but making compromises to get out to exercise and interact with others safely, while continuing masking, good hygiene and physical distancing.

I think, with the assumption that COVID-19 is going to get worse over the winter, this is a good time for us all to review our behaviors so that we do not fall victim to the pernicious impact of isolation and loneliness. And so that we can help others around us, including our families, who may be at risk.

So how common is isolation and loneliness in our community?
The figures are important. Prior to COVID-19 we know that 28% of our population lived alone. This is especially true for seniors, with 25% of seniors reporting being socially isolated and over one-third reporting loneliness pre-COVID.

It is now reported that loneliness has increased by 20% with COVID-19. Those particularly affected are seniors, people of color, those with low incomes, unemployed or those in restricted settings, such as nursing homes and prisons having excessive rates of COVID-19 infection. COVID-19 infection, especially the chronic version, and loneliness go together, and not just in the short-term quarantine situation. This is an endemic problem.

What are the impacts of isolation and loneliness?

Isolation and loneliness are now viewed as similar to other social determinants of health, such as smoking and obesity, and are acknowledged as risk factors for premature death.

We know that isolation is associated with more severe chronic diseases and that it makes people more vulnerable to psychiatric disorders and suicide, as well as to addictions and domestic violence. Isolation can lead to cognitive decline and worse physical health partly because of the associated impaired exercise and eating patterns. In the working populations those who are isolated and lonely tend to be less productive and have poorer work quality and increased absenteeism. These are facts we should all be aware of.

So, what should we do?

Firstly, be aware of this problem, and reach out to anyone you know who you think might be adversely affected. Especially seniors and those in the COVID-19 high-risk groups. Offer them human connection. Check in with them. This goes a long way. Remember that as humans we are a social species and have an innate biological need to socially connect and reconnect. Although it may not be possible to visit people in person, it is safe and helpful to call or Zoom with them. Texting is not the same as hearing a kind voice replete with empathy, support and, at times, laughter.

Think of physical distancing and social connection in whatever way works best for you. Use the phone, video and any digital approaches you can. Meet in small distanced groups outdoors with all appropriate precautions. Follow the CDC guidelines, but do not hide away at home all the time. The winter season is close and will make outdoor gatherings difficult on cold rainy days. Most fall days still allow comfortable walks or other forms of exercise in our communities even while wearing a mask. Take advantage of the fall season and ensure some sort of daily exercise routine. As the winter comes on bring out the board games, read those books you have been ordering on Amazon and keep connecting with each other.

If you are not doing so already, plan your days, and weeks. Use a schedule for your home life, not just at work, and make sure you connect with those who are important to you regularly. Add other indicators of engagement to your schedule, such as classes, exercise, errands, interests and self-education.

Many people have obtained pets. USA Today online reports a 13% increase in the sale of dog leashes during COVID. Pets are the perfect answer to many who are lonely and isolated as you must care for them, walk them, train them, love them. And they love you back.
unconditionally while keeping you physically fit and less lonely.

Leave home wisely and stay physically active. Walk or cycle your neighborhood and join in online exercise classes. Life is about compromise, so don’t spend all your time indoors. Try to get outdoors as part of your daily routine – wear a mask and avoid indulging in excessive alcohol or drug usage.

And finally, if you are in a position where loneliness and isolation are really impacting your life and your health, especially your mental health, be open to accepting help. Almost all social, psychological and medical services are now available digitally. So please do make sure you reach out to friends and colleagues, explore the resources on the Healthy UC Davis website and Clinician Health and Well-being page, and, if necessary, gain access to care. For yourself and for those you love and care for.

Emergency Pavilion
“"I've been coming to UCD for years & have always gotten the best treatment ever!! You are appreciated.”

T8 Transplant/Special Care
“Every nurse/doctor that helped me was so nice and courteous. I couldn’t have asked for better care.”

D6 Cardiology
“This hospital is very nicely filled with knowledgeable medical staff. Food servers are nice too. Respiratory therapists are EXCELLENT.”

D8 Medical/Surgical Oncology/BMT
“The nurses were super good about explaining things even when they were busy.”

D5 NICU
“The entire medical staff were comforting and willing to explain everything in a way we could understand. Didn’t feel rushed about decisions.”