Who cares? Perception of loneliness in patients treated for coronary heart disease

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Background: When patients are treated for Coronary heart disease (CHD), social support is known to be essential for them to adapt mentally and behaviourally to this critical event (1, 2). However, a substantial part of the CHD population experience loneliness in their everyday life, which places them in a vulnerable situation in the early rehabilitation period, as this period is characterized by an increased need for practical, informational and emotional support (3, 4).

Aim: To provide insight into the nuances and complexity of loneliness, as well as the impact on health behaviour, in the early rehabilitation period following CHD treatment.

Method: This qualitative study has a philosophical hermeneutic approach. Patients classified as lonely during hospitalization in a social support questionnaire, were interviewed 8-12 weeks following discharge in either focus group (n=7) or individual interview (n=10) sessions. The empirical material was analysed using inductive content analysis.

Results: The analysis of the data produced three themes: i) A life in loneliness, ii) The changed, but unmet, need for social support, iii) Symmetry and asymmetry in relationships. Each theme contained of three sub-themes. A consistent finding was participants’ experience of shock related to the CHD event and the fundamental uncertainty to which it led, which increased the feeling of loneliness as an emotional pain. Participants experienced loneliness, not in relation to the lack of quantity of social network members, but in relation to the deficient quality of the relationships. In this regard, they described mutual and complimentary mechanisms that impacted how and from whom they could receive adequate social support. Participants described how dyadic relational mechanisms could either promote or limit who they could ask for social support as they experienced a need for reciprocity in the relationship, in order to receive practical and emotional support. Furthermore, a main finding was the participants experience on how loneliness affected their abilities to adapt to the critical event and manage health behavioural changes in the rehabilitation period.

Conclusion: In patients with coronary heart disease, loneliness is experienced as an emotional pain that negatively influenced the ability to adapt to the critical event and manage health behavioural changes. Participants assessed societal, dyadic and psychological mechanisms to impact their access to support from social network members.

Perspective: Insight into the patients’ experience of loneliness and the mechanisms mediating loneliness can enhance nursing care practice and inform future social support interventions.