Hume Whittlesea Primary Care Partnership

Organisational Response to Employee Loneliness

Survey - December 2019

Hume Whittlesea Primary Care Partnership

Table of Contents

Executive Summary

Many recent studies in Australia have highlighted the prevalence of loneliness and how it affects physical and mental health, with evidence that particular age groups experience more loneliness than others.

Lonely Australians not only report poorer mental and physical health and quality of life, but their higher level of anxiety about social interaction, less frequent social interaction, and more frequent experience of negative emotions and depression symptoms can make it difficult to overcome loneliness.

Higher levels of loneliness are associated with:

- Less **autonomy** and greater concern about others' evaluations
- Greater difficulty with vision, hearing and **communication**
- More **negative emotions**
- Not **working** or working less regularly.

Impact on Work Environments

Is the rate of identified loneliness reflected in the workplace? What impacts does this have on the workplace? Organisations are responsible for providing a workplace that is physically and psychologically safe for all.

Organisations need an understanding that employees may experience loneliness in the workplace and understand the resultant harm on employee performance, with poor performance increasing the loneliness. Lonely employees are also less engaged – thus affecting quality and safety.

Key Results

Results from this survey indicate that most organisations have strategies in place to engage with employees to address health and wellbeing concerns and agree that they provide an environment that encourages positive social working relationships.

The survey highlights the lack of understanding, that loneliness may be experienced within the workplace. Most organisations do not ask employees if they are experiencing loneliness at work, either during staff surveys or on resignation/termination from their employment.

Recommendations

- We continue to engage with organisations to increase their awareness and understanding of the experience of loneliness at work.
- We work with organisations to assist them to identify and respond to employee loneliness
- Further analysis be undertaken to understand the affect and impacts of loneliness in the workplace

Organisational Response to Staff Loneliness - Survey Results

Hume Whittlesea Primary Care Partnership

Policy

94% of respondents identified they have a policy that addresses employee's health and wellbeing concerns

12% of respondents identified they have a policy that addresses **loneliness** as a health and well-being concern

Practice / Procedures

94% of respondents conduct staff surveys

3% of respondents **ask** employees if they are experiencing loneliness at work

Competency

89% of respondents agree or strongly agree—*Your organisation encourages positive social working relationships*

56% of respondents agree or strongly agree—*Your organisation has in-depth knowledge about employee loneliness being a health and wellbeing issue*

59% of respondents agree or strongly agree —*Your organisation is aware that employee loneliness is a Work Safe issue*

Future Directions

- Increase organisational awareness and understanding of the experience of employee loneliness
- Work with organisations to assist them to identify and respond to employee loneliness
- Further analysis to be undertaken to understand the affect and impact of loneliness in the workplace

December 2019

Introduction

Hume Whittlesea Primary Care Partnership gratefully acknowledge the assistance of Mr. Andrew Giles, Local Member of Parliament for Scullin Electorate, Shadow Minister Assisting for Immigration and Citizenship. Mr. Giles, with Liberal MP Julian Leeser, put a motion to Parliament in 2018, on the need to better understand the policy implications of loneliness. This prompted our initial meeting where we discussed our concerns regarding loneliness.

Loneliness is emerging as an important health issue. At work, loneliness can affect an employee's performance – but importantly the nature of the workplace can also have an impact on the loneliness an employee may be experiencing.

This report aims to understand how workplaces respond to staff loneliness. Master of Public Health final year students from Australian Catholic University designed the survey on which this report is based. The survey was designed to obtain benchmark data about employees' loneliness and how organisations are addressing this issue.

Loneliness: an overview

Loneliness is a common experience. Loneliness is a health issue.

Anyone can experience loneliness and at any point in life, but it's often triggered by significant life events — both positive (such as new parenthood or a new job) and negative (bereavement, separation or health problems).

Social isolation, living alone and loneliness are perceived as potential risk factors for poor health outcomes and inappropriate and/or inadequate service usage.

Loneliness can be viewed as a psychological state in which people consider their relationships to be limited or inadequate in terms of quantity or quality (Perlman & Peplau, 1981).

In a recent study by the Australian Psychological Society in October 2018, 1 in 4 Australians reported feeling lonely. Lonely Australians have significant worse health status (both physical and mental) than connected Australians and lonely Australians are

- 15.4% more likely to be depressed and
- 13.1% more likely to be anxious about social interactions than those that are not lonely.

Similarly, a recent national study in America showed nearly half of those surveyed reported feeling lonely always or sometimes (Cigna, 2018).

The Women's Health Survey 2019 Snapshot by Jean Hailes identified that 39.6% of women aged 18-35 years have feelings of loneliness weekly.

The recent (October 2019) VicHealth survey of young Australians identified:

- Loneliness is common among adolescents and young adults and is associated with poorer physical and mental health outcomes.
- A significant proportion of young Victorians reported problematic levels of loneliness. This included one in six adolescents (aged 12–17) and more than one in three young adults (aged 18–25).
- Many were also at risk of social isolation, with young adults again reporting higher levels than adolescents.
- Young women reported higher levels of loneliness, social anxiety and depressive symptoms than young men.
- Lonelier young people are more likely to experience social anxiety and depressive symptoms than those who are less lonely. They are also more likely to report negative affect (negative mood states) and use unhelpful emotional coping strategies.
- While evidence for the effectiveness of interventions that address loneliness is sparse, strategies that focus on promoting good social health may protect young people from loneliness.

Shared Vision for the Growing North have produced an evidence guide on loneliness – a public health challenge (Attachment 1). This includes:

- Definition of terms
- Understanding of terminology
- Risk
- Interventions
- Recommendations.

Workplace Loneliness

Victorian Government, Department of Health and Human Services (DHHS) in its document *Community Services Quality Governance Framework* (October 2018) sets the objective of safe, effective, connected and person-centred community services for everybody, every time. This document outlines the roles and responsibilities in delivering this objective and the domains and systems which promote and support its consistent delivery. One of these stated domains is **Workforce** and the responsibility of an organisation to provide a workplace that is physically and psychologically safe for all. A potential measure of success of this domain is "staff engagement, wellbeing and satisfaction is measured and is a priority for the board or committee of management".

Ozcelik & Barsade (2017) studied employee loneliness, a prevalent workplace emotion that has received little attention within the organizational behaviour field. Results supported their hypothesis that greater loneliness led to poorer task, team role and relational performance with lowered affective commitment.

Practical inferences of this study were that management should not treat loneliness as a private problem that needs to be individually resolved by employees but should rather consider it as an organisational problem that needs to be dealt by both organisation and employees. At work loneliness triggers emotional withdrawal and leads to poorer task, team role and interpersonal performance.

In 2018 Ozcelik & Barsade further studied the link between workplace loneliness and job performance and concluded that an increased rate of loneliness is related to lower job performance. Employees who feel lonely have lower approachability and affective commitment to the organisation. Loneliness hurts not only the employees but their co-workers and their organisations as well. Loneliness harms employee performance and further, poor performance increases the loneliness. Thus, a complete understanding of loneliness is required to create a healthier environment.

An earlier study in 2014 by Rokach addressed leadership and loneliness and highlighted the interaction of these two constructs. The literature suggests that leaders (educational, state, business, and organisational) endure stress, alienation, loneliness, and emotional turmoil. These may lead to health problems and negatively affect social and family relationships as well.

Ertosun & Erdil (2012) aimed to find out the effect of loneliness on two important organizational outputs: affective commitment and intention to leave. Research indicated that the emotional deprivation is not effective on commitment to the organization but, it has effect on decision to stay or leave the organization. The authors recommended that organisations should induce positive social relationships by introducing social activities, trainings, counselling and conflict management to enhance the social ability and interactions among the employees.

Close friendships are vital to health, happiness and even workplace productivity. Friendships have tremendous implications in the workplace. Gallup (Rath & Harter) has conducted extensive studies on the value of workplace friendships, and one of the most revealing questions they asked more than 15 million employees worldwide is whether they have a "best friend at work." They use this very specific wording because early research indicated that having a "best friend" at work was a more powerful predictor of workplace outcomes than simply having a "friend" or even a "good friend."

Their research revealed that just 30% of employees have a best friend at work. Those who do are *seven times* as likely to be engaged in their jobs, are better at engaging customers, produce higher quality work, have higher well-being, and are less likely to get injured on the job. In sharp contrast, those without a best friend in the workplace have just a *1 in 12* chance of being engaged.

Survey Design

In order to gain an understanding of the organisational response to staff loneliness, questions were categorised into the following themes:

a) Current policies
b) Current practice/procedures
c) Perceptions
d) Organisational competency
e) Future directions

This survey was sent to member organisations of Hume Whittlesea Primary Care Partnership (HWPCP). HWPCP is located in northern metropolitan Melbourne and partner organisations are from Interface Councils of City of Whittlesea, Hume City Council and as the population growth continues, extending to the growing north and Mitchell Shire Council.

The survey link was emailed to 80 individuals on 3rd September 2019, closing date 24th September 2019. The survey was also promoted on social media – "The Grapevine" (a weekly newsletter emailed to approximately 600 recipients) and promoted via Twitter (@HWPCP).

From the 80 emails sent, the survey had 37 Respondents – 46% return rate.

Some organisations had more than one person complete the survey.

Respondents were asked to complete a total of 24 questions, plus a 'comments, questions or suggestions' free text field. The average time spent to complete the survey was 7 mins.

The survey used different methods to elicit responses:

Type of response	Number of questions
Agree/disagree	5
Yes/No	10
Yes/No with comment	2
Likert Scale (Strongly Disagree, Disagree, Agree, Strongly Agree)	3
Multiple Choice	2
Free Text	3

Organisations

Organisations completing the survey included:

- Community Health
- Tertiary Public Hospital
- Local Government
- Community Organisations

Staffing Positions

Staff members in a range of different positions completed the survey. This included:

- Chief Executive Officer/Acting Chief Executive Officer
- Managers
- Staff from Human Resources Department
- Administration Staff
- Dental Staff
- Allied Health Staff
- Coordinators
- Nurses
- Support workers
- Counselling staff

Current Policies

CURRENT POLICIES: Questions 3-6 were seeking to identify and understand current policies of the organisation for addressing employees' loneliness

Questions 3-9 required a yes or no response from participants.

Question 3

Does your organisation have a policy that addresses employee's health and wellbeing concerns?

Response	% of respondents
Yes	94%
No	6%

Question 4

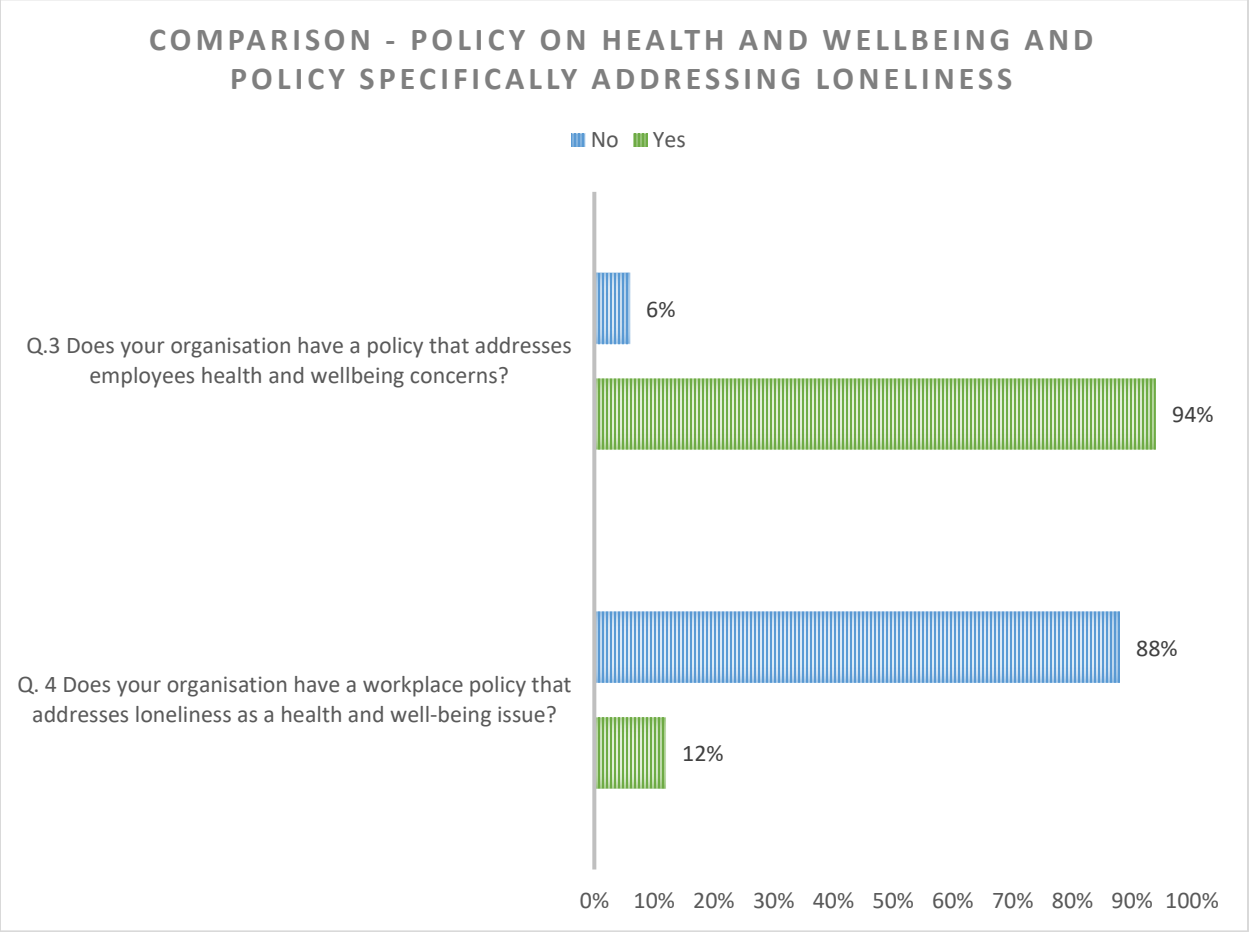
Does your organisation have a workplace policy that addresses loneliness as a health and well-being issue?

Response	% of respondents
Yes	12%
No	88%

Comparison of Question 3 & 4 – General Policy and policy that addresses loneliness:

Question	Yes	No
Q.3 Does your organisation have a policy that addresses employees health and wellbeing concerns?	94%	6%
Q. 4 Does your organisation have a workplace policy that addresses **loneliness** as a health and well-being issue?	12%	88%

Most organisations had policy that addressed employees' health and wellbeing concerns, but only 12% of organisations had a policy that **specifically** addressed loneliness as a health and wellbeing issue.



Question 5

Does your organisation have policies that specifically address employee's experience of loneliness at work?

The response to this was the same as Question 4 with

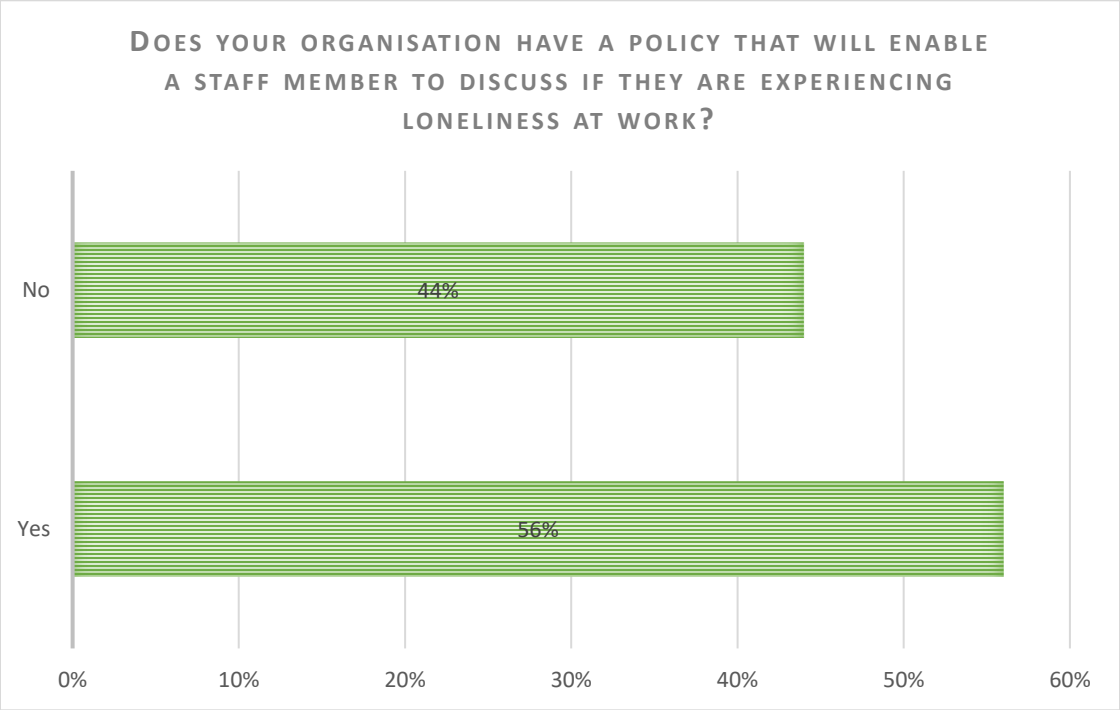
12% of respondents – Yes

88% of respondents – No

Question 6

Does your organisation have a policy that will enable a staff member to discuss if they are experiencing loneliness at work?

Answer Choices	Responses
Yes	56%
No	44%



Ozcelik & Barsade (2017) studied loneliness at the workplace and results supported their hypothesis that greater loneliness led to poor task, team role and relational performance, with lowered affective commitment.

Practical interferences of this study were that management should not treat loneliness as a private problem that needs to be individually resolved by employees but should rather consider it as an organisational problem that needs to be dealt by both organisation and employees.

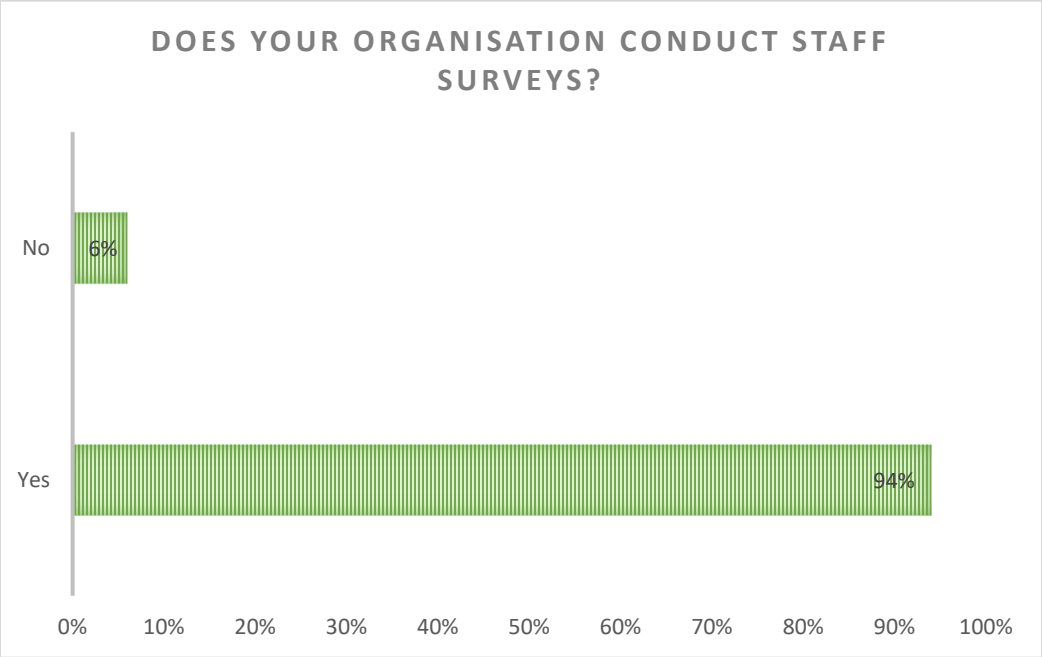
Current Practice/Procedures

CURRENT PRACTICE/PROCEDURES: Questions 7-11 were seeking to identify and understand current practice/procedures of the organisation for addressing employees' loneliness

Question 7

Does your organisation conduct staff surveys?

Answer Choices	Responses
Yes	94%
No	6%



Question 8

Does the survey ask employees if they are experiencing loneliness at work?

Answer Choices	Responses
Yes	3%
No	97%

Even though 94% of respondents stated that their organisation conducted staff surveys, only 3% of those organisations asked if their employees were experiencing loneliness at work.

Question 9

Have any employees disclosed feelings of loneliness in your organisation?

There were only 2 respondents to this question and both organisations answered "No".

Question 10 and 11 were multiple choice answers.

Question 10

What did your organisation do to address this? (select all that apply)

Even though all respondents to question 9 said that no employees had disclosed feelings of loneliness within their organisation (Q9), there was 1 respondent to this question, and they selected:

- External Counselling
- Staff Supervision
- RU Okay Days

Other options offered were:

- Social prescribing
- Buddy system
- Group activities
- Counselling internal
- Training
- Discuss with staff members
- Staff meeting
- Other

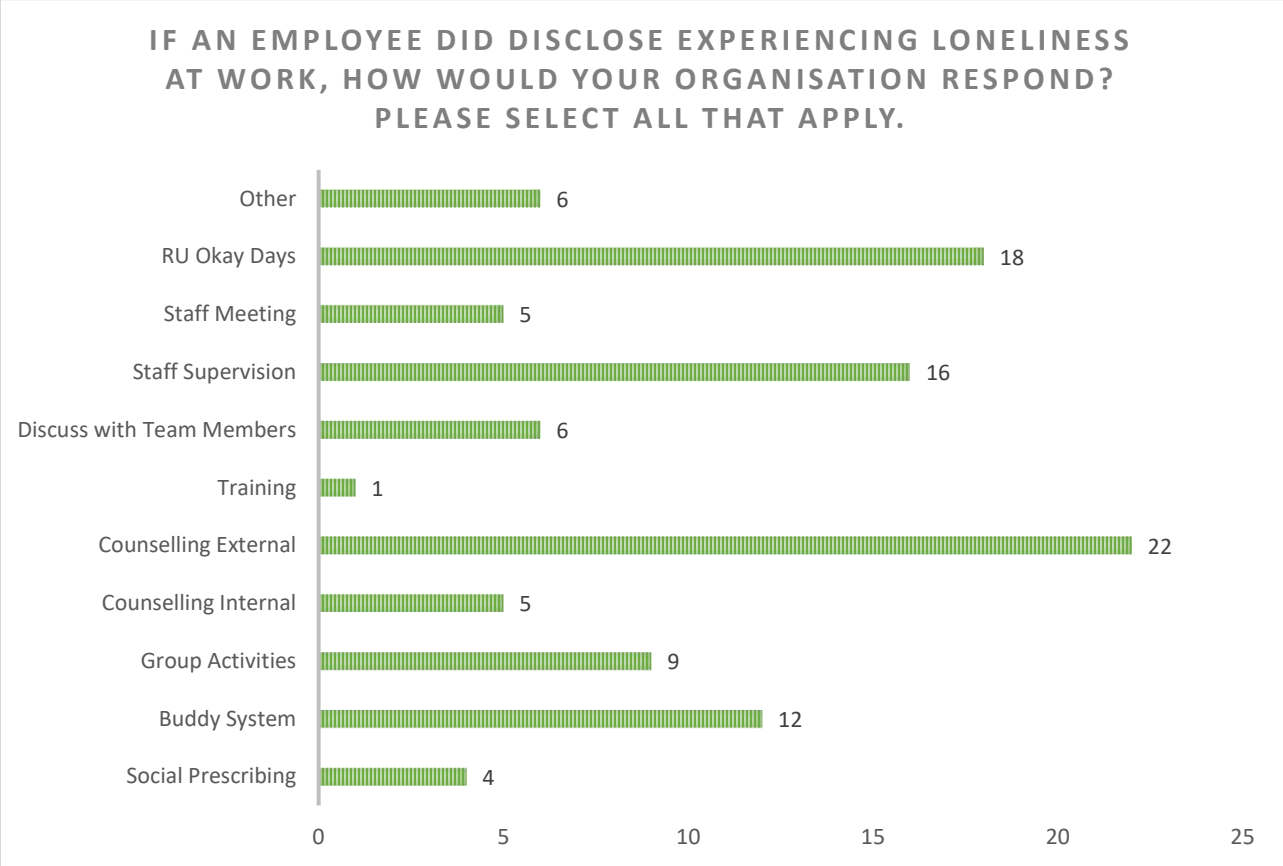
Question 11

If an employee did disclose experiencing loneliness at work, how would your organisation respond? This was a multiple-choice answer and participants were asked to please select all that apply.

Answer Choices	Number of responses
Social Prescribing	4
Buddy System	12
Group Activities	9
Counselling Internal	5
Counselling External	22
Training	1
Discuss with Team Members	6
Staff Supervision	16
Staff Meeting	5
RU Okay Days	18
Other	6

Additional comments provided by respondents included:

- Work out a plan with the employee based on employees needs and preferences
- Trained Contact Officers / Staff Assistant Program
- Support discretely – internally, Employee Assistant Program (EAP), case by case
- We have a mental health and wellness framework. Even though it doesn't specifically mention loneliness, we would enact this framework to support the worker. This would be employee lead, with the support from a member of the HR team, their direct line manager and their treating practitioner. EAP would also be offered in the first instance.


IF AN EMPLOYEE DID DISCLOSE EXPERIENCING LONELINESS AT WORK, HOW WOULD YOUR ORGANISATION RESPOND? PLEASE SELECT ALL THAT APPLY.
Other
6
RU Okay Days
18
Staff Meeting
5
Staff Supervision
16
Discuss with Team Members
6
Training
1
Counselling External
22
Counselling Internal
5
Group Activities
9
Buddy System
12
Social Prescribing
4
0
5
10
15
20
25

Perceptions

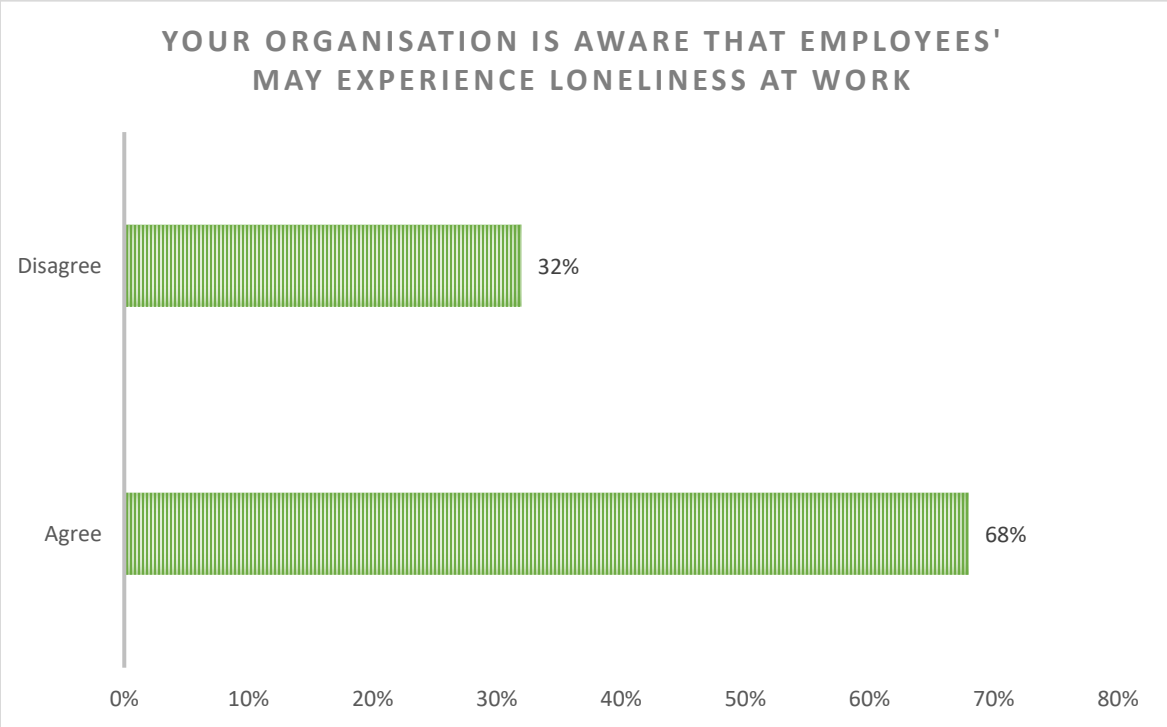
ORGANISATIONAL PERCEPTION: Questions 12-16 were seeking to identify and understand the organisational perception in reference to employees' loneliness

Participants were asked to agree or disagree with a statement.

Question 12

Your organisation is aware that employees' may experience loneliness at work.

Answer Choices	Responses
Agree	68%
Disagree	32%



Question 13

Your organisation recognises loneliness as one of the contributing factors for employees' job performance.

The response to this statement was the same result as question 12.

Answer Choices	Responses
Agree	68%
Disagree	32%

Question 14

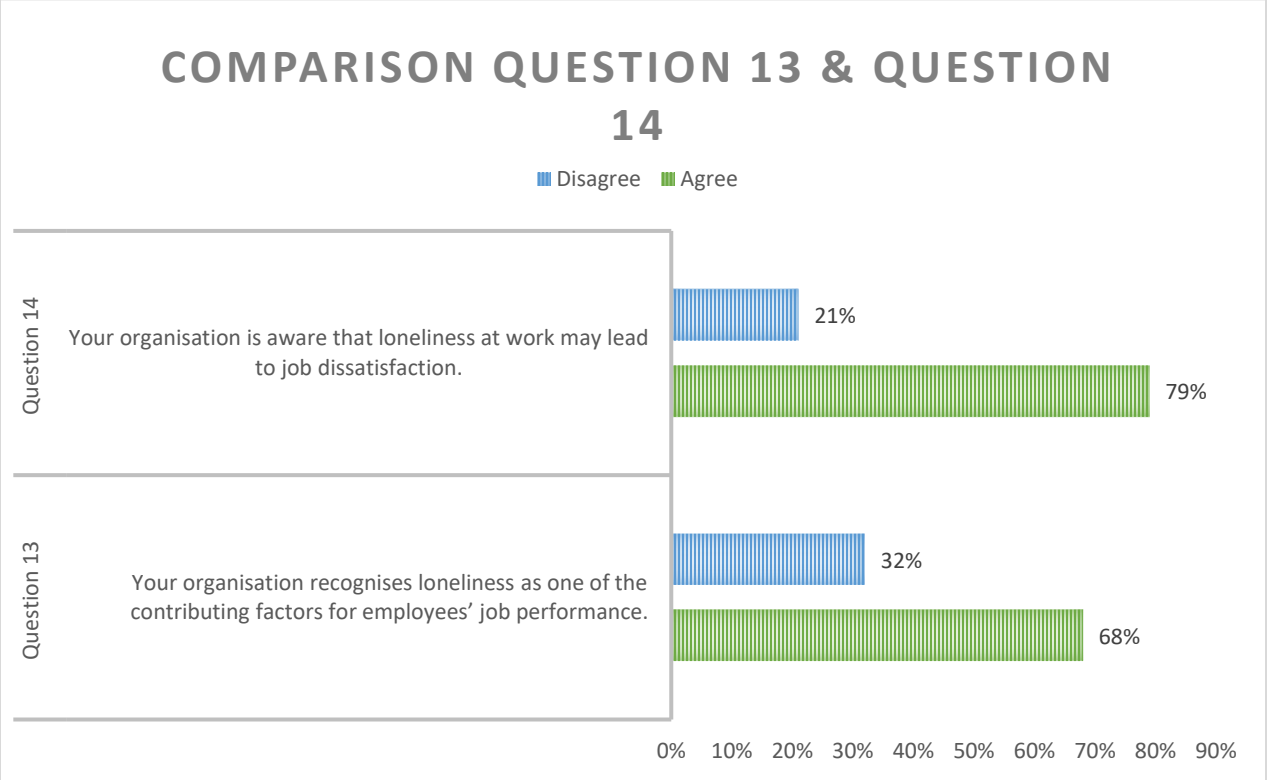
Your organisation is aware that loneliness at work may lead to job dissatisfaction.

The response to Q14 had 79% of respondents agreeing that loneliness at work may lead to job dissatisfaction, whereas in question 13 - 68% or respondents recognised loneliness as one of the contributing factors for employees' job performance.

Answer Choices	Responses
Agree	79%
Disagree	21%

Answer Choices	Question 13 Your organisation recognises loneliness as one of the contributing factors for employees' job performance.	Question 14 Your organisation is aware that loneliness at work may lead to job dissatisfaction.
Agree	68%	79%
Disagree	32%	21%

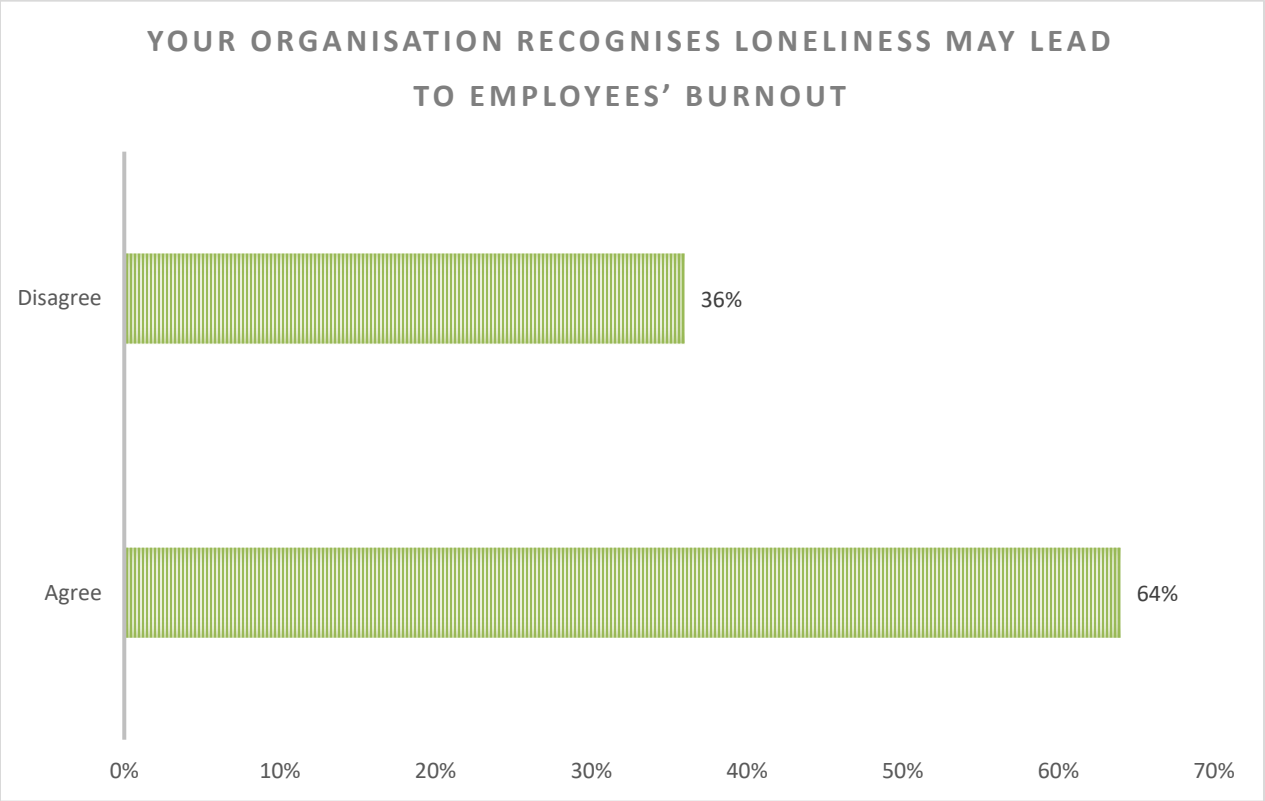
Research by Ozcelik & Barsade (2018) identified that loneliness harms employee performance and further, poor performance increases the loneliness.


COMPARISON QUESTION 13 & QUESTION 14
Disagree
Agree
Question 14
Your organisation is aware that loneliness at work may lead to job dissatisfaction.
21%
79%
Question 13
Your organisation recognises loneliness as one of the contributing factors for employees' job performance.
32%
68%
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%

Question 15

Your organisation recognises loneliness may lead to employees' burnout.

Answer Choices	Responses
Agree	64%
Disagree	36%

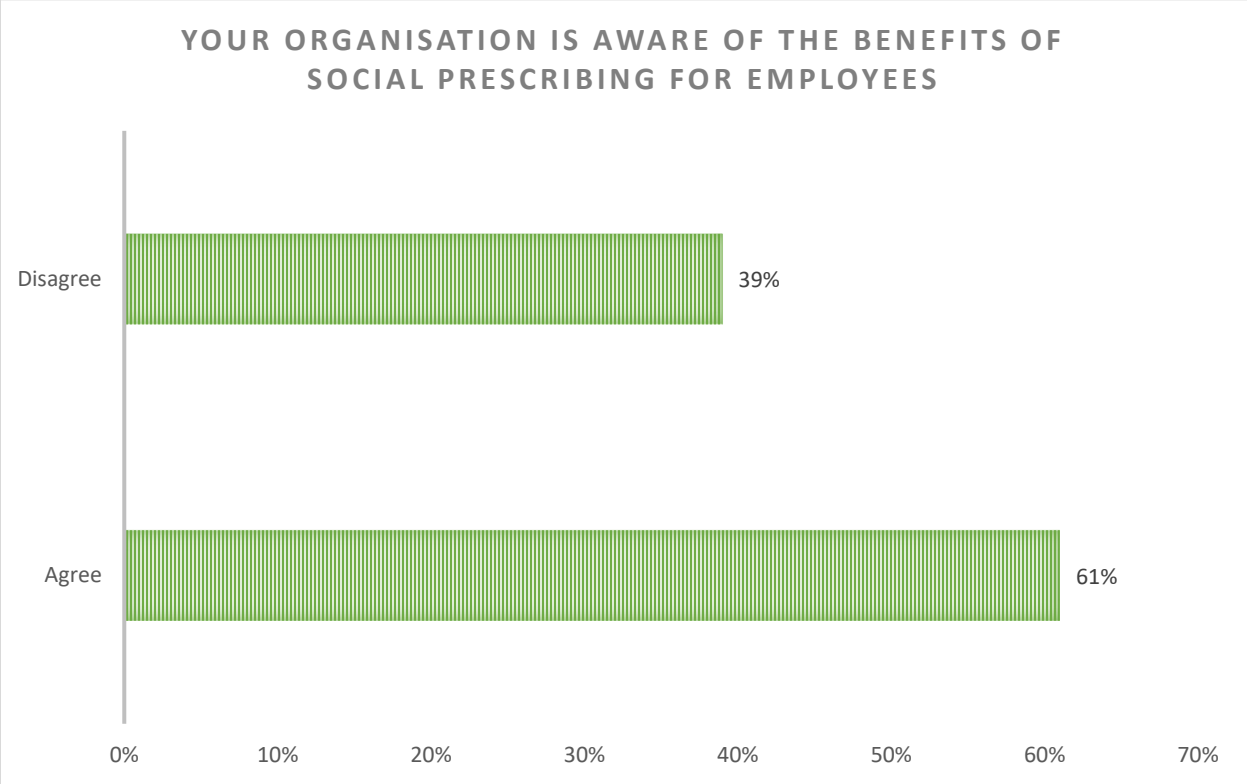


Question 16

Your organisation is aware of the benefits of social prescribing for employees.

Answer Choices	Responses
Agree	61%
Disagree	39%

39% of respondents were unaware of the benefits of social prescribing for employees.



What is Social Prescribing?

The Black Dog Institute (https://www.blackdoginstitute.org.au/news/news-detail/2019/02/28/social-prescribing-linking-patients-with-non-medical-support) details social prescribing (sometimes referred to as non-medical prescribing or community referral) developed as an innovative way to move beyond the medical model and to address the wider social determinants of health. Social prescribing enables GPs and allied health care professionals to refer patients, whose health or mental health is affected by non-medical factors such as housing, financial stress, health literacy, loneliness or social exclusion, to a range of community services that can deal with these issues.

The UK Based Social Prescribing Network details social prescribing is a means of enabling GPs and other frontline healthcare professionals to refer patients to a link worker - to provide them with a face to face conversation during which they can learn about the possibilities and design their own personalised solutions, i.e. 'co-produce' their 'social prescription'- so that people with social, emotional or practical needs are empowered to find solutions which will improve their health and wellbeing, often using services provided by the voluntary and community sector. It is an innovative and growing movement, with the potential to reduce the financial burden on the NHS and particularly on primary care. (https://www.socialprescribingnetwork.com/)

On their website "Primary" Larter details social prescribing.

"As part of the continued quest for health care that is more person-centred, holistic and which acknowledges social determinants, there are ongoing shifts to develop service models and models of care which are sensitive to the whole-of-person factors which contribute to overall wellbeing. One emerging innovation is social prescribing.

Social prescribing can be summarised as a process where a healthcare worker refers a patient to a link worker who assesses their needs and provides a non-medical prescription to improve their health and wellbeing. For example, this might be to social activity; to information or guidance; to a community group; or to learning and skills.

One way of understanding this is through a place-based lens, which recognises the relationship between person and place: that is, recognises that people and places are inter-related, and that the places where people live and spend their time affect their health and wellbeing. Of interest here is finding ways to draw on the existing strengths of our communities – increasing connectedness to the various community and voluntary groups and services which already exist." (https://larter.com.au/social-prescribing/)

North Western Melbourne PHN have funded a social prescribing partnership (Prevention & Management of Chronic Disease) of the Brimbank Collaboration (Brimbank City Council and Australian Health Policy Collaboration at Victoria University), IPC Health and North Western Melbourne Primary Health Network and will jointly **plan, adapt, deliver and test a model of social prescribing** over a three-stage process:

- **Stage 1 (12 months):** development and evaluation, utility and feasibility testing in the Deer Park GP centre
- **Stage 2* (12 months):** full implementation in Deer Park and other areas in Brimbank
- **Stage 3* (18 months – 2 years):** scaling uptake and sustainability, in the west of Melbourne and Victoria

**Dependent on funding.*

Ref: https://nwmphn.org.au/commisioned-activity/social-prescribing/

A recently published journal by Mercer et. al, Effectiveness of Community-Links Practitioners in Areas of High Socioeconomic Deprivation (November 2019) assessed the effect of primary care-based community-links practitioner (CLP) intervention on patients' quality of life and well-being. They collected data on patients in the intervention practice at baseline and follow up and compared these results with a control group. This study was conducted in a socioeconomically deprived area of Glasgow, Scotland with adult patients, aged 18 years or older.

The findings of this study called into question the effectiveness of such social prescribing programs for improving shore-term health-related quality of life, but discovering ways to improve update and engagement rates of the intervention may lead to better overall outcomes. Further research is needed.

Organisational Competency

ORGANISATIONAL COMPETENCY: Questions 17-22 were seeking to identify and understand the organisational competency to respond to employees' loneliness

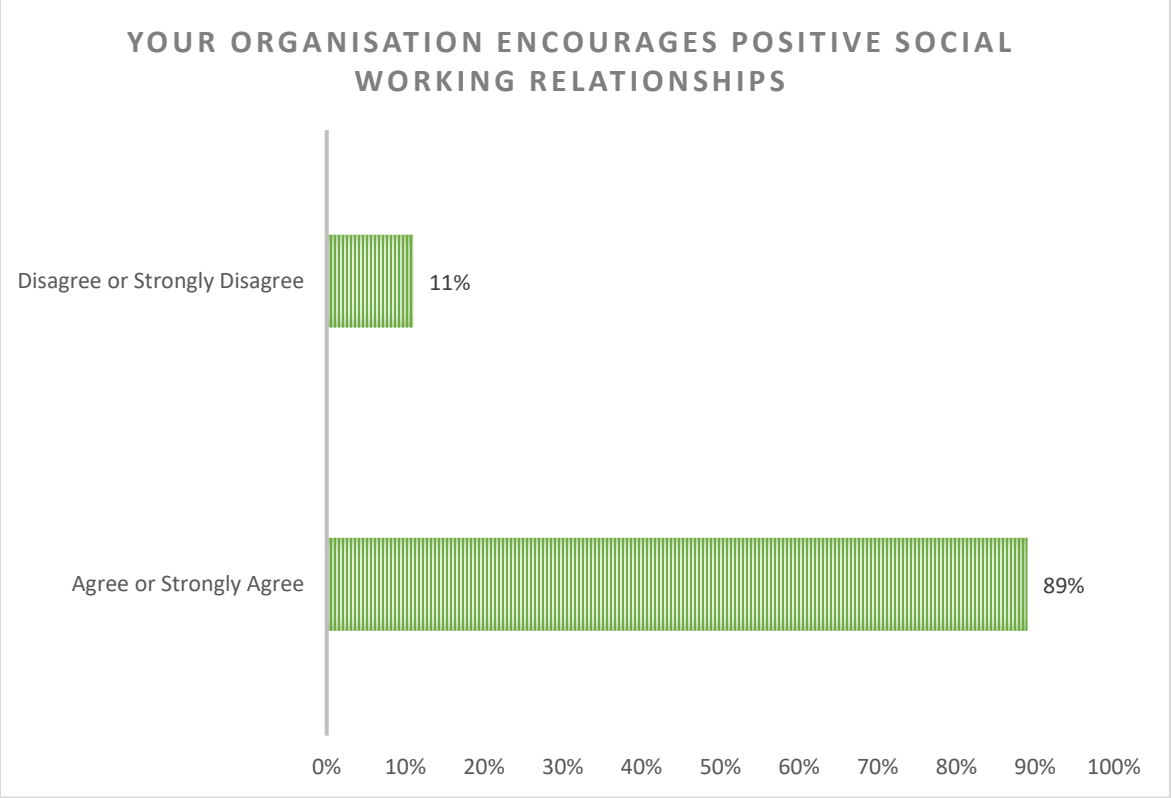
Participants were asked to select the most appropriate response.

Question 17, 18 and 19 were a Likert Scale – Strongly Disagree, Disagree, Agree, Strongly Agree

Question 17

Your organisation encourages positive social working relationships.

Answer Choices	Responses
Agree or Strongly Agree	89%
Disagree or Strongly Disagree	11%

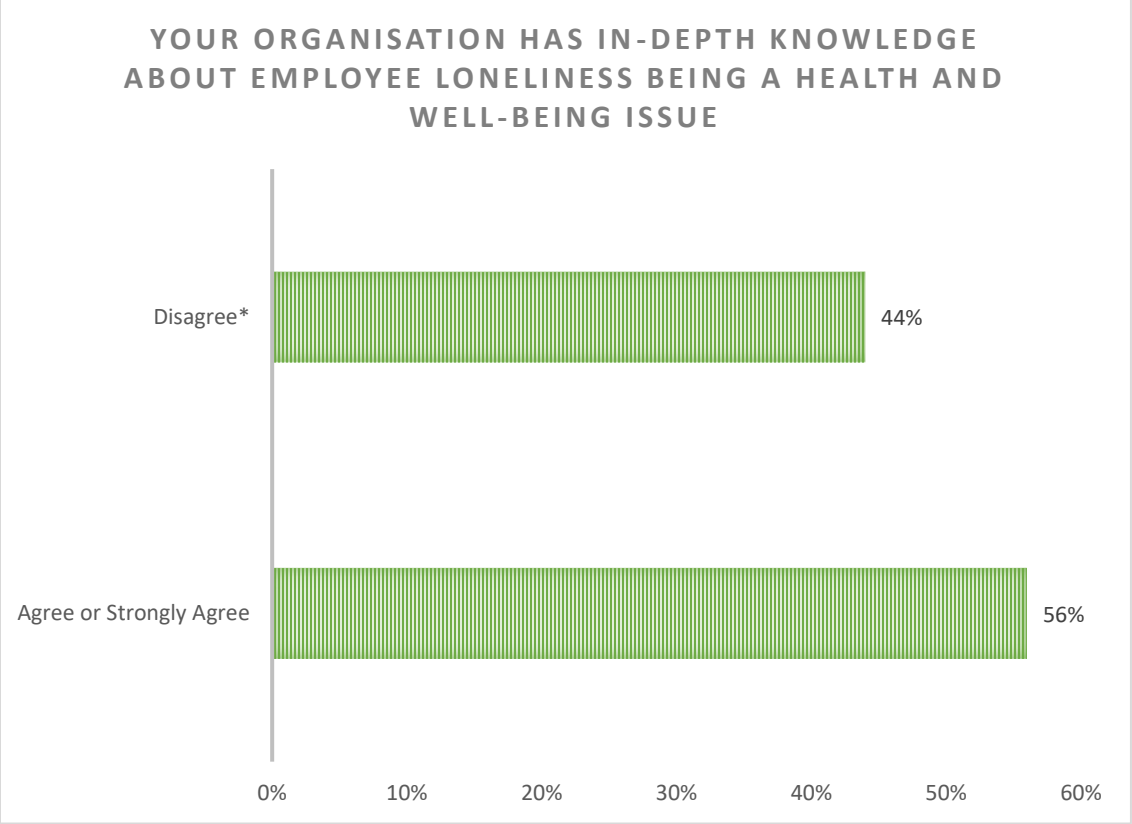


Question 18

Your organisation has in-depth knowledge about employee loneliness being a health and well-being issue.

Answer Choices	Responses
Agree or Strongly Agree	56%
Disagree*	44%

**No respondents strongly disagreed*

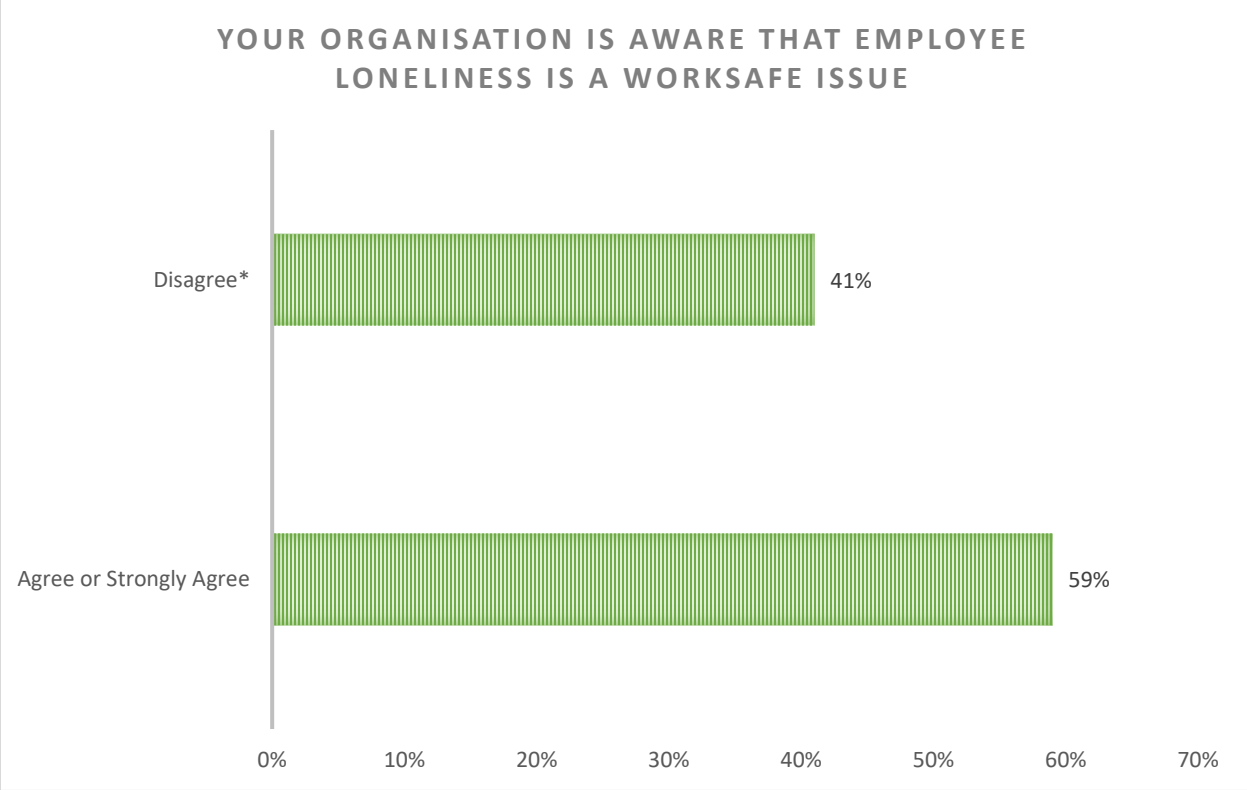


Question 19

Your organisation is aware that employee loneliness is a WorkSafe issue

Answer Choices	Responses
Agree or Strongly Agree	59%
Disagree*	41%

**No respondents strongly disagreed*



Discussion - WorkSafe

Gallup (Rath & Harter 2010) identified that of those surveyed 30% of employees had a best friend at work. Those who do have a best friend at work are **seven times** as likely to be engaged in their jobs, are better at engaging customers, produce higher quality work, have higher well-being and are less likely to get injured on the job. In sharp contrast, those without a best friend in the workplace have just a **1 in 12** chance of being engaged.

This survey identified that 69% of respondents agreed, or strongly agreed that loneliness is a WorkSafe issue. Even though 41% of respondents disagreed with this statement (no respondents strongly disagreed) WorkSafe Vic are working to improving mental health in the workplace. They have identified that feeling isolated and lonely is a warning sign for suicide risk in the workplace.

WorkWell

In early 2018, WorkSafe Vic, in conjunction with the Department of Health and Human Services, announced an initiative called "WorkWell" WorkWell is an online portal that provides strategies and guidance to Victorian employers in relation to improving mental health in the workplace, including self-assessments and the ability to link with similar businesses online. A link to the portal can be found here About WorkWell

What is the risk?

Statistics from both the WorkWell Initiative and Australian Bureau of Statistics Bulletin highlight just how extensive mental health issues in the community are, and why businesses should make improving the mental health of their workers a priority:

- Around 20% of Victorians experience mental health concerns
- Non high-risk industries are often more affected. For example, creative industry workers in Victoria suffer the highest levels of depression and twice the number of suicide attempts as the general population
- As set out in the Bulletin, ABS statistics for 2015 indicated that intentional self-harm was the 13th leading cause of death, resulting in the loss of 3,027 lives. In 2015, suicide accounted for one-third of deaths (33.9%) among people 15-24 years of age, and over a quarter of deaths (27.7%) among those 25-34 years of age (Australian Bureau of Statistics)
- Past survey data reveals that each year approximately 370,000 Australians think about ending their lives, with 65,000 suicide attempts

Psychological risk specific example – suicide

In the Bulletin a range of warning signs were identified as possible red flags for suicide risks in the workplace. These factors can be used as a guide (as they are non-exhaustive) and woven into risk and hazards assessments:

- Being withdrawn and unable to relate to co-workers
- **Talking about feeling isolated and lonely**
- Expressing fears of failure, uselessness, helplessness, hopelessness or loss of self-esteem
- Impulsivity or aggression
- Dramatic changes in mood
- Fragmented sleep or obvious tiredness
- Dwelling on problems with seemingly no solutions
- Speaking about tidying up affairs
- Threatening to hurt or kill themselves
- Talking or writing about death, dying or suicide
- Expressing no reason for living or sense of purpose

Questions 20, 21 and 22 required a yes/no response.

Question 20

Does your organisation conduct exit interviews for employees that have resigned?

Answer Choices	Responses
Yes	85%
No	15 %

Question 21

Of those that responded yes to the previous question (Does your organisation conduct exit interview for employees that have resigned?) there was 2 further questions.

Does this exit interview discuss reasons for resignation?

Only one participant responded - NO

Question 22

Does this exit interview discuss loneliness in the workplace?

All participants responded NO.

85% or organisations identified that they conduct exit interviews for staff that have resigned.

- Only one organisations responded and identified that the exit interview did NOT discuss reasons for resignation
- All organisations identified that the exit interview did NOT discuss loneliness in the workplace.

Future Directions

FUTURE DIRECTIONS: Questions 23 & 24 were seeking to identify and understand the future directions of organisations to address employees' loneliness

Both questions required a Yes/No Response with a free text field.

Question 23

Are you aware of other organisations that are addressing staff loneliness in the workplace?

Answer Choices	Responses
Yes	8%
No	92 %

Details of names of other organisations that are addressing staff loneliness in the workplace:

- Big corporate companies, especially with a remote workforce
- Hume Whittlesea Primary Care Partnership, shared Vision for the Growing North

Question 24

Would your organisation like to be involved in future activities that address staff loneliness in the workplace?

Answer Choices	Responses
Yes	69%
No	31%

Responses to further details from participants who responded Yes:

- Social activities, team building, wellbeing strategies
- We understand the importance of positive relationships in the workplace and it would be a great opportunity to support/educate our staff members
- Always looking to improve
- Happy to be involved
- Please keep us informed
- I would hope so
- Kindly send emails of ideas and organisations managing loneliness
- I believe the organisation would be interested

- I feel they would be able to advertise events
- Happy to learn more and participate
- Education
- Not sure
- Ideas about how to deal with this issue
- Via staff wellbeing plans for organisation
- Contact our General Manager of People, Culture & Diversity
- Maybe

Question 25

Question 25 was free text enabling participants to provide any further comments, questions or suggestions.

Responses:

- Organisation recognises the importance of social connectedness and associated health and wellbeing benefits. Loneliness is not explicitly stated in employee wellbeing policies but organisation does have strategies to facilitate staff connectedness
- Great initiative
- Some of the questions had a limited selection of answers that made it difficult to provide accurate feedback
- Keen to explore this increasing risk for employees
- This is a very important area as part of mental health welling of our employees
- I am unaware of this component or organisational focus
- Some questions (exit interviews) should have other options such as neither or not sure
- Some questions needed to be answered with 'not sure'

Recommendations

The results from this survey give us an opportunity to engage with the health and wellbeing sector to assist with addressing loneliness in the workplace.

Survey responses relating to organisational awareness of loneliness (questions 12-16) show that the majority of workplaces surveyed are aware of employee loneliness and the impact it can have on the workplace. However, the responses to questions about a workplace's competency to respond to employees' loneliness shows that this is not necessarily being translated into action.

The survey responses highlight a number of areas where immediate action could be taken within an organisation to improve their response to employee loneliness:

- Education on loneliness being a health and wellbeing issue in the workplace
- Worksafe issues
- Exit Interviews
- Staff Surveys
- Staff Supervision (how do you ask about loneliness in supervision, how long does a buddy system continue)
- Work environment e.g. shared office, individual office, virtual office (does environment contribute to loneliness?)

Proposed next steps are to run a workshop or training session to present and discuss these results and to share experiences from organisations that are addressing this issue.

Attachment 1 – Evidence Guide. Loneliness – A Public Health Challenge

EVIDENCE GUIDE

Loneliness: A public health challenge

The science behind the issue

Loneliness is common, can affect anyone, at any point in their life.

Critical life transitions can be stressful and negatively impact upon social connections and supports, increasing social vulnerability, isolation and the risk of the developing loneliness.

Loneliness is more common among two groups:

- young people aged 16-25 years; and
- older people aged 75 years and above.

The Australian Psychological Society (APS) 2018 Loneliness Report highlighted that nearly 30% of Australians don't feel part of a group of friends, while 1 in 4 don't feel they have a lot in common with the people around them.

The VicHealth (2019) Young Australian Loneliness Survey found that more than 1 in 3 young adults (aged 18–25) reported chronic loneliness (problematic to their mental and physical health). Young women reported higher levels of loneliness than young men.

Young people tend to report more social loneliness e.g. deficit in the quantity of social relationships. Where those aged 30 years and above report more emotional loneliness e.g. deficit in the quality of social relationships (VicHealth, 2019).

Loneliness can have wide ranging negative health effects.
Loneliness has been consistently linked to higher levels of co-morbid anxiety and depression. Chronic loneliness has been linked to a higher risk for cardiovascular disease, sleep problems, inflammation, poor immune responses, dementia, stroke, increased risk of suicide and can increase chances of mortality (Cacioppo, 2011; Bastian, 2015; Valtorta, 2016).

The health risks presented by chronic loneliness, specifically perceived social isolation, is very similar in magnitude to that of obesity, smoking, lack of access to care and physical inactivity (Alcaraz, 2019).

KEY MESSAGES

1. Loneliness is a public health challenge. (Holt-Lunstad, 2017)
2. Loneliness does not discriminate by age or background. (Lim, 2016)
3. Loneliness is preventable and modifiable. (O'Rourke, 2018)

A Shared Vision for the Growing North Publication
Sharedvision.org.au

UNDERSTANDING THE TERMINOLOGY

While the terms loneliness, social isolation, belonging and social connection are closely related, they are distinct concepts. Yet they are often used interchangeably and to describe the same thing.

Due to the inconsistent use of the terms to describe loneliness, as well as their measurement, evaluating the effectiveness of interventions or estimating the economic and health burden of loneliness can be difficult.

LONELINESS

is defined as a mental state arising from a perceived deficiency between desired and actual social relationships in both quality (emotional) and quantity (social). (Alspach, 2013).

Loneliness can be mild, transient, reactive or chronic. The chronic form of loneliness is a significant risk factor for poor mental and physical health (Masi, 2011).

SOCIAL ISOLATION

is defined as limited or the absence of social contacts. It is also defined as a state in which the individual lacks a sense of belonging and engagement with others (Nicholson, 2009).

Social isolation does not mean a person is experiencing loneliness but may lead to loneliness.

BELONGING

is defined as a psychological understanding of how a person is accepted in the world around them (Crisp, 2010).

SOCIAL CONNECTEDNESS

is defined as the degree with which an individual has constructive relationships with others that involve shared goals which benefit society (Townsend, 2005).

INTERVENTIONS

Developing effective interventions is not a simple task as there is no single underlying cause of loneliness.

There are different types of loneliness interventions: Information supports (websites, directories, phone lines etc); Individual (one-to-one) based programs; and community based social and health promotion interventions (group activities, neighbourhood level or environment e.g. residential facility).

There is no one-size-fits all approach to loneliness interventions.

Interventions that are tailored to the circumstances and needs of individuals, specific groups or the type of loneliness are more likely to be successful. No evaluated interventions have been found to cause harm.

Psychological interventions have shown evidence of reducing loneliness.

Interventions that address negative thoughts underlying loneliness seem to help combat loneliness more than those designed to improve social skills, enhance social support or increase opportunities for social interaction (Masi, 2011; Käll, 2019).

This result is not to say that community engagement and social groups are not important and these too can lead to positive mental health effects and reduce feelings of loneliness (Johnson, 2018; Steffens, 2016).

1

Those aged 16-25 years & those aged above 75 years

2

Socially excluded groups and vulnerable people

WHO'S AT RISK?

Loneliness doesn't discriminate but some groups are more vulnerable. Evidence shows that loneliness increases with age (Arsenijevic, 2018).

Race is a strong predictor of social isolation resulting in loneliness, disproportionately affecting Indigenous Australians and people from refugee or migrant backgrounds (Acaraz, 2019).

Other socially excluded groups such as single parents, unemployed, people with a disability, carers and LGBTIQ people have also been reported to have a higher risk of developing loneliness (Casimiro, 2016).

RECOMMENDATIONS

POLICIES FOR ACTION

- Adopt the above definition of loneliness in all policies.
- Adopt loneliness as an indicator that your organisation measures as part of routine health assessment screening for all consumers.
- Include validated loneliness items as part of your staff satisfaction and performance management processes to improve staff retention and performance.

PRACTICE

- Develop person-centred and tailored loneliness interventions which are designed for the specific needs of the targeted population and type of loneliness.
- Develop local resources and referral pathways that include options across the range of possible loneliness intervention types.
- Routinely train all health organisation staff in screening for and supporting consumers who are at risk of developing loneliness or who report loneliness.

ADVOCACY

- Conduct health awareness campaigns that include the three key messages (in this guide) to help reduce the stigma of reporting loneliness and seeking support.
- Advocate for better evaluations and local research on loneliness including the measurement of costs (economic and health).

References

1. Alcaraz, K.I., Eddens, K.S., Blase, J.L., Diver, W.R., Patel, A.V., Teras,L.R., Stevens, V.L., Jacobs, E.J. and Gapstur, S.M. (2019). Social isolation and Mortality in US Black and White Men and Women, American Journal of Epidemiology, Vol. 188(1):102–109.
2. Alspach, J. (2013). Loneliness and Social Isolation: Risk Factors Long Overdue for Surveillance. American Association of Critical-Care Nurses, Critical Care Nurse, (33):8-13.
3. Arsenijevic, J. and Groot, W. (2018). Does household help prevent loneliness among the elderly? An evaluation of a policy reform in the Netherlands. BMC public health, 18(1):1104.
4. Australian Psychological Society. (2016). New national survey measures Australians' happiness and wellbeing. Retrieved from https://www.psychology.org.au.
5. Bastian, B., Erbas, Y., Houben, M., Pe, M. and Kuppens, P. (2015). 'Sad and Alone: Social Expectancies for Experiencing Negative Emotions Are Linked to Feelings of Loneliness', Social Psychological and Personality Science, Vol. 6(5):497.
6. Cacioppo, J.T., Hawkley, L.C., Norman, G.J. and Berntson, G.G. (2011). Social isolation, Annals of the New York Academy of Sciences, 1231(1): 17–22.
7. Casimiro, S., Hancock P.and Northcote, J. (2007). Isolation and insecurity: resettlement issues among Muslim refugee women in Perth, Western Australia. Aust J Soc Issues, 42(1):55–69.
8. Crisp, B.R. (2010). Belonging, connectedness and social exclusion, Journal of social inclusion, Vol. 1 (2): 123-132.
9. Holt-Lunstad, J. (2017). The Potential Public Health Relevance of Social Isolation and Loneliness: Prevalence, Epidemiology, and Risk Factors, Public Policy & Aging Report, Vol. 27(4):127–130.
10. Johnson, J.K., Stewart, A.L., Acree, M., Nápoles, A.M., Flatt, J.D., Max,W.B. and Gregorich, S.E. (2018). A Community Choir Intervention to Promote Well-Being Among Diverse Older Adults: Results From the Community of Voices Trial. The Journals of Gerontology: Series B, gby132.
11. Käll, A., Jägholm, S., Hesser, H., Andersson, F., Mathaldi, A., Norkvist, B.T., Shafran, R. and Andersson, G. (2019). Internet-based cognitive behavior therapy for loneliness: A pilot randomized controlled trial. Behavior Therapy (https://doi.org/10.1016/j.beth.2019.05.001).
12. Lim, M.H., Rodebaugh, T.L., Zyphur, M.J. and Gleeson, J.F. (2016). Loneliness over time: The crucial role of social anxiety. Journal of Abnormal Psychology, 125(5):620.
13. Masi, C.M, Chen, H.Y., Hawkley, L.C. and Cacioppo, J.T.(2011). A meta-analysis of interventions to reduce loneliness. Personality and Social Psychology Review, 15:219–266.
14. Nicholson, N. (2009). Social isolation in older adults: an evolutionary concept analysis. Journal of Advanced Nursing, 65:1342–1352
15. O'Rourke, H.M., Collins, L. and Sidani, S. (2018). Interventions to address social connectedness and loneliness for older adults: a scoping review. BMC geriatrics, 18(1):214.
16. Steffens, N.K., Cruwys, T. and Haslam, C. (2016). Social group memberships in retirement are associated with reduced risk of premature death: evidence from a longitudinal cohort study. BMJ Open, 6:e010164.
17. Townsend, K.C. and McWhirter, B.T. (2005). Connectedness: a review of the literature with implications for counseling, assessment, and research. J Couns Dev, 83:191–201.
18. Valtorta, N.K., Kanaan, M., Gilbody, S., Ronzi, S. and Hanratty, B. (2016). Loneliness and social isolation as risk factors for coronary heart disease and stroke: systematic review and meta-analysis of longitudinal observational studies. Heart, 102:1009-1016.
19. VicHealth. (2019). https://www.vichealth.vic.gov.au/letter/articles/vh-letter-47-loneliness https://www.campaigntoendloneliness.org/about-loneliness/.

References

Abbott, J., Lim, M., Eres, R., Long, K., Mathews, R. (2018). The Australian Loneliness Report, Australian Psychological Society https://www.psychology.org.au/for-members/publications/inpsych/2018/December-Issue-6/The-impact-of-loneliness-on-the-health-and-wellbei

Australian Bureau of Statistics, Causes of Death, Australian 2015. Suicide in Australia. https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2015~Main%20Features~Intentional%20self-harm:%20key%20characteristics~8

Cigna (2018). Cigna U.S. Loneliness Index. https://www.cigna.com/assets/docs/newsroom/loneliness-survey-2018-full-report.pdf

Ertosun, O.G. & Erdil, O. The effects of loneliness on employees' commitment and intention to leave. Science Direct, Procedia - Social and Behavioral Sciences 41 (2012) 469 – 476. https://www.sciencedirect.com/science/article/pii/S1877042812009378

Lim, M., Eres, R., & Peck, C. (2019) Victorian Health Promotion Foundation, VicHealth. The Young Australian Loneliness Survey https://www.vichealth.vic.gov.au/media-and-resources/publications/young-australian-loneliness-survey

Mercer, W., Fitzpatrick, B., Grant, L., Chng, N.R, McConnachie, A., Bakhshi, A., James-Rae, G., O'Donnell, C.A., Wyke, S. Effectiveness of community links practitioners, in areas of high socioeconomic deprivation (2019). Annals of Family Medicine, Vol 17 No. 6, 518-525 http://www.annfammed.org/content/17/6/518

National Women's Health Survey 2019 A healthier future for all women in Australia. Jean Hailes (2019) https://jeanhailes.org.au/survey2019

Ozcelik, H., Barsade S.G. Work Loneliness and Employee Performance (2017) College of Business Administration California Sacramento University, Sacramento. https://faculty.wharton.upenn.edu/wp-content/uploads/2012/05/Work_Loneliness_Performance_Study.pdf

Ozcelik, H., Barsade, S.G. No Employee an Island: Workplace Loneliness and Job Performance (2018). Academy of Management. https://journals.aom.org/doi/full/10.5465/amj.2015.1066

Perlman, D., & Peplau, L. A. (1981). Toward a Social Psychology of Loneliness. In R. Gilmour, & S. Duck (Eds.), Personal Relationships: 3. Relationships in Disorder (pp. 31-56). London: Academic Press

Rath, T. & Harter J. (2010) Your Friends and Your Social Well-Being. Gallup. Business Journal August 2010. https://news.gallup.com/businessjournal/127043/friends-social-wellbeing.aspx

Rokach, A. Leadership & Lonelinesss (2014). International Journal of Leadership and Change, Vol 2, Issue 1, Article 6. https://digitalcommons.wku.edu/cgi/viewcontent.cgi?article=1014&context=ijlc

Shared Vision for the Growing North. Evidence Guide. Loneliness – a Public Health Challenge. https://sharedvision.org.au/sharing-learnings/

Victorian Government, WorkSafe Victoria. WorkWell Toolkit. https://www.workwell.vic.gov.au/toolkit
About Workwell: https://www.workwell.vic.gov.au/about-workwell
Link to Portal: https://www.workwell.vic.gov.au/

Victorian Government, Department of Health and Human Services (DHHS) *Community Services Quality Governance Framework* (October 2018) https://www.dhhs.vic.gov.au/publications/community-services-quality-governance-framework