Social Isolation Among Individuals With Cancer

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The COVID-19 pandemic has intensified the social isolation of individuals with cancer. Studies about how to address social isolation among patients with cancer are limited, yet data from other high-risk populations can inform oncology nursing practice. This literature review of evidence-based clinical interventions provides a foundation for clinical oncology nursing practice. With the use of technology, institutional resources, and community resources, oncology nurses can tailor physical activity, psychotherapy, and socialization interventions to reduce the negative psychosocial outcomes of isolation.

AT A GLANCE

- The prevalence of social isolation in individuals with cancer is likely underestimated and undervalued.
- Oncology nurses can reduce negative psychosocial outcomes of social isolation for individuals with cancer.
- By using technological, institutional, and community resources, oncology nurses can tailor simple yet innovative interventions across the care continuum.

KEYWORDS
loneliness; oncology nursing; social isolation; socialization

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The COVID-19 pandemic increased isolation in high-risk, vulnerable populations, including individuals with cancer who may already experience isolation as part of the overall cancer experience. In clinical oncology practice, social isolation is prevalent, but the degree of prevalence has not been established. Among a large cohort of 7,699 patients with metastatic malignancy, 2,538 (33%) reported being socially isolated (Moore et al., 2018). During the COVID-19 pandemic, more than half of individuals with cancer reported being lonely (Miaskowski et al., 2021).

Studies to date suggest that individuals with cancer who are diagnosed with COVID-19 are at greater risk of severe complications or death than individuals who are not diagnosed with cancer (American Cancer Society, 2021). In general, patients receiving hematologic, oncologic, and hematopoietic transplantation therapies are considered more susceptible to COVID-19 infection, severe complications, and death because of disease- or treatment-related immunosuppression, advanced age, or other comorbidities, such as diabetes, hypertension, and obesity (American Cancer Society, 2021). In particular, individuals with lung cancer or hematologic malignancies and those undergoing active cancer directed treatment are at increased risk for severe COVID-19 complications (American Cancer Society, 2021). The COVID-19 pandemic has intensified social isolation because of the need for extensive infection prevention measures. It is likely that the prevalence of social isolation among individuals with cancer is underestimated and undervalued.

Background

Social Isolation Versus Loneliness

Social isolation and loneliness are distinct yet interrelated concepts. Social isolation is "a state in which the individual lacks a sense of belonging socially, lacks engagement with others, has a minimal number of social contacts, and [is] deficient in fulfilling and quality relationships" (Nicholson, 2009, p. 1,346). Loneliness is "a need for another person or group that has been disrupted and is discussed in the context of absence or loss" (Hagerty et al., 1992, p. 175).

Criteria for social isolation are objective, but loneliness is subjective. For example, a patient with neutropenia may be isolated as a precaution in the acute care setting. Although they may not feel lonely, social isolation may be distressing. For some individuals, loneliness may be a negative consequence of social isolation at some point in their illness trajectory. Patients with metastatic disease may have supportive and involved family and may not be socially isolated but may still feel lonely secondary to the underlying serious