

Healthcare Professionals' Viewpoint on Existential Loneliness in Older Individuals [Letter]

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Dear editor

We have read with great interest the paper entitled “Existential Loneliness Among Older People from the Perspective of Health Care Professionals: A European Multicenter Study” by Edberg et al.¹ Data was gathered through 18 focus group interviews, with eleven of them being carried out in Sweden, two in Poland, three in Romania, and two in Lithuania. Additionally, nine individual interviews were conducted in Italy. The data collection process occurred in 2020, except for the Swedish interviews, which took place in 2015–2016 and were published in their original form in 2018 and 2019.^{2,3} The goal of this research was to investigate health care professionals' views on loneliness among older people and their understanding, perception, and professional experience of existential loneliness in older people.

However, there are two things that researchers need to be aware of, namely gender bias in the participant sample and time differences in data collection.

The study had a significant gender bias, with 91% of participants being women.¹ This gender imbalance may impact the perspectives and experiences shared during the interviews and might not fully represent the viewpoints of male healthcare professionals. Global surveys are inherently biased when it comes to gender-related data, as they often lack information on various aspects of people's lives related to gender.⁴ This bias can manifest in missing data on gender dimensions, an imbalanced representation of different population groups, and biased methods of eliciting and using gender information. While there is a growing focus on incorporating sex-disaggregated statistics in national programs and understanding the impact of gender-based disparities on overall health, there remains a significant shortage of data needed to comprehend the root causes of gender disparities and design effective intervention strategies. Nevertheless, there are approaches available to address some of these shortcomings, such as distinguishing questions about gender identification from biological sex. Qualitative research can also play a crucial role in reformulating questions and translating gendered terms to avoid perpetuating historical gender biases and encouraging biased responses.⁴

Data was collected over several years, with data in Sweden collected in 2015–2016 and the rest in 2020.¹ This time gap may introduce variations in the context, understanding, and awareness of existential loneliness, potentially affecting the comparability of results from different countries. When data is collected at different points in time, it may become challenging to compare findings accurately. Comparing data from different time periods might require adjustments or controlling for time-related variables to ensure meaningful comparisons.

Disclosure

The authors report no conflicts of interest in this communication.

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