Addressing Social Isolation and Loneliness in Hospital Settings

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Social isolation—an objective lack of social connection—and loneliness—the subjective feeling of disconnection—are surprisingly common yet serious health concerns.[1,2] They affect more people than many well-known conditions such as diabetes and obesity. About half of Americans report feeling lonely, and roughly 1 in 4 adults say they lack social and emotional support.

As an example, consider an older man admitted to the hospital who has spent days in his room without a single visitor or phone call from family or friends. His wife died several years earlier, and he now lives alone in a small apartment with his children living far away. Over the years, his social connections have dwindled, leaving him largely isolated and lonely. His medical chart lists common chronic conditions: diabetes, hypertension, and arthritis. During clinical encounters, his physicians move through their familiar routines: reviewing laboratory results, adjusting medications, and managing disease-specific concerns. Yet, beneath these comorbidities and laboratory values lies something that often goes unnoticed: a life affected by social isolation and loneliness.

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While each patient's circumstances may differ, the underlying theme is often the same: social disconnection, the quiet "elephant in the room," frequently goes unrecognized. Clinicians routinely track chronic diseases, but they rarely assess social isolation and loneliness, despite their profound impact on health. Research shows that poor social connection is linked to increased risk of cardiovascular disease, depression, suicide, and premature mortality, as well as higher health care utilization and cost.[1,2] Recognizing their growing impact on health and well-being, the US Surgeon General declared isolation and loneliness a national epidemic in 2023.[1]

While these conditions are not routinely screened for in clinical practice, hospitalization represents a promising yet underutilized opportunity for assessment. For many patients, a hospital stay may be one of the few reliable points of contact with the health care system. A recent study found that more than 1 in 4 hospitalized adults report feeling lonely, and nearly a quarter experience social isolation,[3] highlighting the opportunity to identify and address these issues during hospitalization. Moreover, a longer inpatient stay offers health care professionals, including social workers, nurses, and physicians, more time to screen for and address these issues than is typically available during an outpatient visit.

How can hospital providers implement this screening opportunity? One approach is through brief, standardized instruments, such as the UCLA Three Item Loneliness Scale,[4] which is readily available for more structured screening. When formal screening is not feasible, asking a few open-ended questions may provide valuable information about how social isolation and loneliness are affecting a patient. Examples include the following:

1. How often do you talk with family or friends?
2. Is there someone you can call for help?
3. How connected do you feel to others?

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4. Do you ever feel lonely or left out?

The easiest approach in hospital setting may be to integrate these questions naturally into the social history interview rather than treating them as a checklist.

Once isolation or loneliness is suspected or identified, the next step is addressing it. While interventions for community-dwelling populations are better studied,[5] evidence specific to hospitalized patients remains limited. Nonetheless, several feasible strategies may help promote social connection during a hospital stay, including maintaining contact with family and friends through visits, phone, or video calls; offering group-based activities such as physical therapy sessions; encouraging therapy animal visits; and involving social workers early to address broader social needs. These efforts should extend beyond hospitalization through discharge planning that connects patients to community resources, such as adult day programs, peer support groups, and local organizations such as the Wisconsin Coalition for Social Connection.[6]

Ultimately, addressing isolation and loneliness is as much an art as a science, and there is no one-size-fits-all fix. Health care teams have the freedom to be thoughtful and creative, tailoring their approach to each patient's needs while drawing on both hospital and community resources to strengthen social connection. Nonetheless, rigorous evaluation of inpatient-specific screening approaches and interventions remains a critical unmet need.

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REFERENCES

1. Office of the Surgeon General. *Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community.* US Department of Health and Human Services; 2023. Accessed August 30, 2026. https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf

2. National Academies of Sciences, Engineering, and Medicine; Division of Behavioral and Social Sciences and Education; Health and Medicine Division; Board on Behavioral, Cognitive, and Sensory Sciences; Board on Health Sciences Policy; Committee on the Health and Medical Dimensions of Social Isolation and Loneliness in Older Adults. *Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System.* National Academies Press; 2020. Feb 27. doi:10.17226/25663

3. Anguzu R, Sharda M, Amjad T, et al. Social isolation and loneliness among US adults with self-reported hospitalization. *Am J Prev Med*. 2026;71(2):108371. doi:10.1016/j.amepre.2026.108371.

4. Hughes ME, Waite LJ, Hawkley LC, Cacioppo JT. A short scale for measuring loneliness in large surveys: results from two population-based studies. *Res Aging*. 2004;26(6):655–672. doi:10.1177/0164027504268574

5. Hoang P, King JA, Moore S, et al. Interventions associated with reduced loneliness and social isolation in older adults: a systematic review and meta-analysis. *JAMA Netw Open*. 2022;5(10):e2236676. doi:10.1001/jamanetworkopen.2022.36676.

6. Wisconsin Coalition for Social Connection. Accessed October 22, 2026. https://connectwi.org/.

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