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RESPONSE TO LETTER

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

Anna-Karin Edberg

Nursing Kristianstad University, Kristianstad, Sweden

Correspondence: Anna-Karin Edberg, Faculty of Health Sciences, Kristianstad University, Kristianstad, SE 291 88, Sweden, Tel +46 44-250 39 75, Email anna-karin.edberg@hkr.se

Dear editor

As the main author of the paper "Existential Loneliness Among Older People from the Perspective of Health Care Professionals: A European Multicenter Study", I am grateful for the opportunity to respond to two important methodological issues raised by Priastana & Artawan. As our paper uses qualitative methodology, aspects of trustworthiness are important to discuss.[1] The first issue concerns variation and authenticity, while the second issue concerns credibility of data.[2–4]

Concerning the first issue, variation and authenticity, Priastana & Artawan actually point at an even larger and global question; how can we attract more men to work in health care professions? The representation of men in the study, unfortunately, corresponds to the share of men working in the field. In quantitative terms, the sample can be deemed as representative. As this is a qualitative study, numbers are, however, of less interest. Instead, aspects of variation[2] are important, ie ensuring that we have captured experiences from a variation in: gender (men and women), age (between 26 and 70 years), cultural and social context (five different countries), work experience in the profession (1.7–43 years), education, professional background and care context/workplace (seven different contexts). So, concerning variation, most known aspects that might influence knowledge and experience of loneliness and existential loneliness among older people, were represented. As qualitative studies do not give a higher weight or precedence for a statement in relation to how often it is expressed, the frequency is not important. But the authors point at another important question – as researchers we need to move from biological sex to gender identification (and not only binary gender identification) when asking about and presenting such data. Concerning authenticity,[3] ie, to ensure that different voices are heard, there is always a risk that one or two participants in a focus group uses more space than others. The likelihood that men were systematically disadvantaged, however, seems low. Further, the role of the moderator is to ensure that all participants have equal possibility to participate in the discussion. However, Priastana & Artawan highlight the importance of awareness of gender imbalance in research in general. When it comes to studies on differences concerning experiences of caring for older people related to gender, this seems as an utmost important and very interesting field for future studies.

The second issue concerns credibility of data.[4] The data from Sweden was collected 2015–2016, while data from the four other countries were collected during 2020. Several steps were taken to reduce the risk of inconsistent data and to strengthen the confirmability. Firstly, the same, detailed, and translated interview guide was used and the same template for analysis was used at all interview sites. However, the second wave of data was collected about the same time as the pandemic started, and Italy was the first county to lockdown. Therefore, individual interviews had to be performed there. There is thus a risk that the second wave of data-collection was influenced by increased knowledge about loneliness among older people due to the pandemic. Even though the aim of qualitative research is not to make comparisons, the data set from Sweden showed that health care professionals from Sweden were more familiar with the concept existential loneliness (as presented in the results) than the other sites, even though data was collected prior to the pandemic. Again, this is an issue being more problematic when it concerns quantitative research methodology.

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Disclosure

The author reports no conflicts of interest in this communication.

References

1. Lincoln YS, Guba EG. *Naturalistic Inquiry*. Newbury Park, CA: SAGE; 1985.
2. Levitt HM. Qualitative generalization, not to the population but to the phenomenon: reconceptualizing variation in qualitative research. *Qual Psychol*. 2021;8:95–110. doi:10.1037/qup0000184
3. Whittemore R, Chase SK, Mandle CL. Validity in qualitative research. *Qual Health Res*. 2001;11:522–537. doi:10.1177/104973201129119299
4. Shenton AK. Strategies for ensuring trustworthiness in qualitative research projects. *Educ Inform*. 2004;22:63–75. doi:10.3233/EFI-2004-22201

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