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Recent scientific findings show that loneliness is found among the highest predictors of mortality. This information could prove to be a major influence on future interventions for medical patients. However, the literature is inconclusive on how best to implement these findings in the real world. Given that research is limited, a meta-analysis of all appropriate scientific articles was performed to find how social support affected mortality in a medical setting.

This meta-analysis was performed by a team of undergraduate researchers with the assistance of two professors who served as mentors. Members of this research team used scientific databases available to them through the Brigham Young University library to find articles that fit a criteria put in place to ensure the validity and reliability of their findings. Such criteria included the implementation of social support in the intervention, patients with medical conditions, and other factors. Some articles were excluded from analysis because they did not adhere to the criteria required. These articles were recorded and will be available for future reference. The researchers would then read each article and code for each of the variables that were analyzed in this project, such as the type of intervention, average age of the participants, effect of the intervention on mortality, etc. All final analyses of the coded variables were performed by the professor in charge of the project. Coding for all articles was done in a three-step process. A pair of researchers would perform the first code on a specific article. That article would then be coded by a second pair of researchers who were blind to the coding decision made by the first pair. This was done to eliminate bias in the coding process. Finally, the article would be coded a third time by one member from the first and second pairs. Any discrepancies between the first and second codes were then resolved and a final code of that article was submitted to the professor for statistical analyses.

Key points from a statistical analysis of the articles used for this research are the following: 40 separate hazard ratios were reported across studies. The average was HR= 1.52, indicating a 52% increased likelihood of survival among participants in a social intervention. 126 separate odds ratios were reported across studies. The average was HR= 1.21, indicating a 21% increased likelihood of survival among participants in a social intervention. Results using HR are a better indicator of survival because they track time to death and they statistically control for known confounds such as age and health status at intake.

Studies averaged 610 participants, with 52% women and with an average age of 57.2 years. Interventions consisted of an average of 15 sessions, lasting an average length of 90 minutes each. Interventions occurred across and average of 7.5 months, with an average of 32 months of follow-up by the time of final data collection. Approximately 9% of participants did not complete the interventions in each study (attrition). Across all studies, an average of 15% of participants had died during the follow-up period.

Results varied by several factors. Studies with longer follow-up periods tended to demonstrate more conclusive positive effects, meaning that the longer people were followed across time, the more pronounced was the positive effect of the intervention (r = .27, p < .05). Studies with sessions of longer length (greater than 90 minutes) tended to be more effective than brief sessions (r = .21, p < .05). Results did not differ by other variables, including gender, age, year of data collection.
The results of this meta-analysis are most important for those in the medical field. Many interventions are currently used in hospitals to help patients such as medication and surgical procedures. These practices can be a physical, mental, and financial burden on individuals and society. This research shows that there are alternative ways to help us stay healthy and live longer. Social support can be found anywhere through family, friends, patients with similar conditions, therapists, doctors and nurses, etc. These findings show that the implementation of social support into medical interventions would be an effective form of treatment for all types of medical patients. It is important to note that no differences were found between groups such as gender, age, etc. Social support seems to be a universal phenomenon. Regardless of one’s personal circumstance, having a functional network of social relationships can help increase life-span. Society at large must improve its ability to foster these networks that will help individuals increase the the social support they have in their lives. This research did not focus on the general population, but it would be wise for all members of society to implement these findings into their lives. Even for someone with no medical conditions, increasing social support seems to be a worthy preventative practice. This meta-analysis was limited in a few areas. Primarily, the undergraduate researchers who searched for articles may have been limited in their access to all articles available. Missed articles or future articles could be included in future analyses. Another limitation was the criteria that was used. Some articles implemented only a small amount of social support but were included because they fit the criteria. Articles like these could have affected the statistical results. It would be useful for future research to find which types of interventions were most effective.

This meta-analysis improves the existing literature by showing that interventions which implemented social support do help reduce the risk of mortality for medical patients. These findings are important for both the medical field and society at large. It is imperative for the medical field to implement social relationships into their treatments. Societies across the globe must improve their to help individuals create lives where social support is commonplace. Too many people in this world are lonely. The findings published in this meta-analysis will help to change that.