Evaluating the Impact of a Medical Student-Led Phone Call Program on Senior Isolation: A Qualitative Study of the SSIPP Ottawa Experience

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ABSTRACT

Background: Social isolation and loneliness among older adults in Canada are associated with poorer health outcomes and increased mortality. The Student-Senior Isolation Prevention Partnership (SSIPP) program pairs older adults referred by physicians with medical students for regular phone calls to address perceived isolation. This study qualitatively explored older adults' experiences with SSIPP and the perceived impact of the program on loneliness, emotional well-being, and social connection.

Methods: Semi-structured interviews were conducted with eight seniors aged 65+ who participated in the SSIPP program for at least six months. Transcripts were thematically analyzed using an inductive approach. Themes were developed iteratively and refined collaboratively.

Results: Four major themes emerged describing participants' experiences with the SSIPP program: perceived reductions in loneliness and emotional distress, the value of human connection across generations, the development of routine and anticipation through regular calls, and reflections on the relational value of the interaction. Participants described the calls as emotionally supportive and socially meaningful, even when day-to-day routines remained unchanged.

Conclusion: Participation in the SSIPP program was perceived by older adults as emotionally supportive and socially meaningful. These findings highlight the potential role of structured, student-led phone-based outreach in fostering social connection and addressing perceived loneliness among seniors.

RÉSUMÉ

Contexte : L'isolement social et la solitude chez les personnes âgées au Canada sont associés à de moins bons résultats en matière de santé et à une mortalité accrue. Le programme « Student-Senior Isolation Prevention Partnership » (SSIPP) met en relation des personnes âgées orientées par des médecins avec des étudiants en médecine pour des appels téléphoniques réguliers visant à remédier le sentiment d'isolement perçu. Cette étude a exploré de manière qualitative les expériences des personnes âgées avec le programme SSIPP, ainsi que l'impact perçu de celui-ci sur la solitude, le bien-être émotionnel et les liens sociaux.

Méthodes : Des entretiens semi-structurés ont été menés auprès de huit personnes âgées de 65+ ans qui ont participé au programme SSIPP pendant au moins six mois. Les transcriptions ont fait l'objet d'une analyse thématique selon une approche inductive. Les thèmes ont été développés de manière itérative et peaufinés de manière collaborative.

Résultats : Quatre thèmes principaux sont ressortis, décrivant les expériences des participants au programme SSIPP : une diminution perçue de la solitude et de la détresse émotionnelle, la valeur des liens humains intergénérationnels, la mise en place d'une routine et d'une anticipation grâce à des appels réguliers, et des réflexions sur la valeur relationnelle de ces interactions. Les participants ont décrit les appels comme un soutien émotionnel et socialement significatifs, même lorsque leurs routines quotidiennes restaient inchangées.

Conclusion : La participation au programme SSIPP a été perçue par les personnes âgées comme une source de soutien émotionnel et d'enrichissement social. Ces résultats soulignent le rôle potentiel d'une sensibilisation téléphonique, structurée et menée par des étudiants, pour favoriser les liens sociaux et remédier au sentiment de solitude perçu chez les personnes âgées.

INTRODUCTION

Social isolation and loneliness are well-documented public health challenges among older adults in Canada. Over 500,000 Canadian seniors report feelings of isolation, and nearly a quarter report infrequent social participation.[1] These challenges were amplified during the COVID-19 pandemic in Canada and around the world, with substantial increases in reported loneliness, particularly among older adults experiencing reduced access to in-person social supports.[2,3] Given the association between social isolation and poorer quality of life and increased morbidity and mortality,[4] addressing senior isolation remains a pressing concern in the Canadian context.

One-on-one interventions, including phone-based outreach involving regular, non-clinical telephone conversations, have been implemented to foster companionship and emotional support, with variable outcomes reported across settings. This includes reductions in perceived loneliness and increased social integration in some programs, alongside mixed effects on broader psychosocial and quality-of-life measures, highlighting the importance of context and program design.[5] In Canada, the SSIPP program connects medical students with older adults for ongoing weekly or biweekly phone calls focused on companionship and social connection. These seniors are referred to the program by physicians and are paired with medical student volunteers based on common interest, language, and culture, if applicable. Calls are conversational in nature and typically involve open-ended discussion guided by participant interests, daily experiences, and social connection, without the use of structured clinical scripts or health assessments. To date, much of the existing work on phone-based outreach has been conducted in larger urban centres, such as Toronto, and during periods of pandemic-related social restrictions.[5,6] Less is known about how older adults experience these programs in smaller urban settings such as Ottawa and in post-pandemic contexts. This is important to elucidate as smaller urban settings differ in resources, social dynamics, and access to services, which may influence how such programs are used and the perceived benefits and drawbacks. It also will aid in determining what program changes may be needed in order to better serve the population. Furthermore, examining this program in a post-pandemic context helps determine whether findings from similar pandemic-era programs are generalizable, equitable, and applicable for the development of sustainable and effective outreach models beyond the pandemic. This underscores the need for further qualitative exploration of such programs in varying city sizes and in a post-pandemic context.

This study explored the experiences of older adults participating in the SSIPP program at the University of Ottawa. Despite the growing use of phone-based outreach interventions, there remains limited qualitative research exploring older adults' lived experiences of these programs, underscoring the need for work that informs the design and sustainability of such programs. The primary objective was to qualitatively examine participants' perceptions of the program and its perceived impact on loneliness, emotional well-being, and social connectedness. This gap underscores the need for qualitative work that utilizes lived experience to inform the ongoing design and sustainability of such programs.

METHODS

Semi-structured interviews were conducted between December 2023 and January 2024 in Ottawa, Canada, with participants aged 65 years and older who had been enrolled in the SSIPP program for at least six months. Participants were recruited through program coordinators. Interviews were conducted by phone or video call using a standardized interview guide adapted from prior SSIPP evaluations. The guide included open-ended questions exploring participants' experiences with the program, the perceived emotional and social impact of the calls. It also prompted reflections on the role of regular phone-based connection in their daily lives. Detailed participant demographic characteristics are not reported because the small sample size and study context could increase the risk of participant identification.

Interviews lasted between 30 and 60 minutes, were audio recorded, transcribed verbatim, and anonymized prior to analysis. An inductive thematic analysis approach was selected to allow themes to emerge directly from participant narratives given the exploratory nature of the study and the absence of a predefined theoretical framework guiding participant experiences. This was consistent with established qualitative methodology for exploratory research.[7]

Initial coding and theme development were supported using ChatGPT (GPT-4; OpenAI, San Francisco,

CA, USA).[8] ChatGPT was used to support the initial organization of transcripts and identification of recurring concepts and patterns across interviews. Its output was used as an initial aid to sensitize the research team to potential areas of convergence within the data. All coding decisions, theme development, and interpretive judgments were then confirmed collaboratively by the research team through iterative review of the original transcripts to ensure accuracy, contextual integrity, and fidelity to participant meaning.

Reflexive review was used throughout the analytic process to account for potential bias related to the researchers' involvement with the SSIPP program (e.g., insider bias, confirmation bias, and subjective attitudes toward the program). Thematic saturation was determined when no new concepts or patterns emerged across successive interviews, which occurred after eight interviews.

This project was conducted as a quality improvement initiative intended to inform ongoing refinement of the SSIPP program by better understanding its perceived impact at the time of evaluation. Given its focus on program improvement, the minimal risk nature of the interviews, and the absence of any experimental intervention, the study was deemed exempt from full review by the University of Ottawa Research Ethics Board.

RESULTS

Eight participants completed interviews. Four major themes describing participants' experiences with the SSIPP program and its psychosocial impacts emerged:

Theme 1: Reduced Loneliness and Emotional Support
Many participants described a noticeable reduction in feelings of loneliness and isolation after joining the SSIPP program. One participant reflected, *"Before the program, I was feeling so alone. I was almost suicidal, thinking about it quite a bit. And I certainly don't anymore"* (Participant #3).

Another described interpersonal connection as central to their experience of emotional support, *"[It] really helped. [I'm a] bit of [a] loner normally… [It] helped having someone to talk to… [I] like going out talking to someone"* (Participant #1).

Theme 2: Human Connection Across Generations
Participants valued the opportunity to connect with younger individuals from different backgrounds. One explained, *"It's good for me to get a chance to talk to young people. I don't have friends your age anymore… [Y]our tone of voice is different from us also, and the ideas that you bring to us [are] good. It's an inspiration"* (Participant #7).

Another emphasized the value of interpersonal connection regardless of generational differences: *"Well, it's just the idea of connecting… [P]eople are real… [Y]ou need to be able to deal with other people"* (Participant #5).

Theme 3: Routine, Meaning, and Anticipation
Several participants expressed that the calls added a structured routine and something positive to their week. One noted, *"Oh, it has made a huge difference. It gave me something to look forward to… [It] really brightens my day"* (Participant #3).

Another shared, *"[It] made me feel more normal. [I got to] talk to someone during the week… [I]t does a lot of good talking to people. Too long a day to not talk to people"* (Participant #2).

Theme 4: Relational Value of the Interaction
Participants frequently recognized that the program offered value to both older adults and medical students. One reflected, *"Give it a try, yes. It's got nothing to do with medical students. It's got to do with [being a] human being, right? The connection"* (Participant #5). Another appreciated students' empathy, sharing, *"Maybe they're giving you some experience in real life too, but this is a very good program for both of us—us and you… [T]he nature of your kindness, and you're always polite and kind"* (Participant #7).

DISCUSSION

This qualitative evaluation suggests that participation in the SSIPP program was perceived by older adults as emotionally supportive and socially meaningful, characterized by reductions in perceived loneliness, a sense of routine and anticipation, and the value of consistent human connection. These findings align with prior qualitative work demonstrating that regular, low-intensity social contact can meaningfully influence emotional well-being among older adults, even in the

absence of formal clinical intervention.[6,9]

Participants' narratives suggest that the perceived impact of the SSIPP program may be mediated through several psychosocial mechanisms, including the establishment of routine, sustained interpersonal attention, and the experience of being listened to without time pressure or expectation for the conversation to serve a specific purpose. The predictability of regular calls appeared to create a sense of anticipation and structured routine, while the conversational nature of the interaction fostered emotional validation and connection. These mechanisms are consistent with existing literature on social support and loneliness, which emphasizes the importance of continuity and relational presence rather than the content of interactions alone.[10]

Although this study did not formally evaluate medical student outcomes, participants frequently reflected on the relational and social value of connecting with students. These reflections suggest that the intergenerational nature of the SSIPP program was meaningful to older adults, not necessarily because of generational differences per se, but because of the sense of mutual respect, attentiveness, and care conveyed through the interaction. Any potential educational benefits to students should be interpreted as contextual observations rather than study findings and warrant dedicated investigation in future work. This study also did not evaluate the experience of the healthcare providers who referred these isolated seniors to the SSIPP program. For future studies, it would be beneficial to analyze the impact of this intervention from the healthcare provider's perspective. From a quality improvement standpoint, it would be important to determine how healthcare providers found the ease of use and efficiency of our senior referral system and potential improvements that could be made. This would also aid in extrapolating the potential impact of these interventions on the healthcare system at large.

This study has several limitations. The small sample size and single-site design limit the transferability and extrapolation of results. Additionally, inclusion criteria for the study required participants to have been engaged in the program for at least six months, which may have selected for a subset of participants with a more favourable view of the program. As a qualitative evaluation, the findings describe perceived impact rather than measurable change and should be interpreted accordingly. Nevertheless, the depth of participant narratives provides insight into how and why this type of intervention may be meaningful to older adults. Despite the small sample, this study contributes valuable insights into the mechanisms by which student-led outreach mitigates isolation. The sustained relevance of the SSIPP program beyond the pandemic highlights its potential role in addressing ongoing social disconnection in aging populations.

Indicators of program success in this study included participants' reported reductions in perceived loneliness, sustained engagement with the program over time, high acceptability, and perceived emotional support and social connection. Future work should assess scalability and variation of implementation across different settings, including expansion to culturally varied or long-term care populations. Longitudinal mixed-methods studies could evaluate sustained psychosocial and healthcare impacts. Strengthening partnerships with community organizations may further enhance recruitment, program sustainability, and accessibility.

While participants described meaningful emotional and social benefits, this study was not designed to formally evaluate feasibility, scalability, or healthcare outcomes. However, the perceived value of regular phone-based connection described by participants suggests that similar low-resource outreach models may merit further study, particularly as complements to existing community supports. Future research using larger samples and mixed methods designs could explore sustainability, implementation across diverse settings, analysis of patient questionnaires, and potential downstream effects on health service utilization.

CONCLUSION

In this qualitative evaluation, older adults described participation in the SSIPP program as emotionally supportive and socially meaningful. The findings highlight the potential role of structured, student-led phone-based outreach in addressing perceived loneliness and fostering connection among seniors. Further research is needed to explore implementation across different populations and to examine outcomes beyond participant experience.

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Conflicts of Interest Disclosure
There are no conflicts of interest to declare.

Informed Consent
Verbal informed consent was obtained in two stages. First, JM, VB, SM, and SS contacted all participants by telephone to explain the study and obtain verbal consent to be contacted for participation. This consent was documented by the study team. Participants who agreed were subsequently contacted to complete the interview, at which time informed verbal consent to participate in the interview was obtained again and documented within the interview transcript before the interview proceeded. Participants were informed that participation was voluntary and that they could withdraw their consent at any time without consequence.