


The Experience of Older Adults Socially Distancing during the Early Stages of the COVID-19 Pandemic

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Article

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Résumé

Dans les phases initiales de la pandémie de COVID-19, il a été demandé aux personnes de rester à la maison et de restreindre leurs sorties afin de limiter la propagation du virus. L'isolement physique a été particulièrement contraignant pour les personnes âgées (plus de 60 ans) qui, en raison du vieillissement et des conditions médicales qui y sont liées, couraient un risque accru de maladie grave et de décès dus au virus. Cela a permis de réduire la propagation du virus, mais a aussi entraîné des problèmes de santé sociale et émotionnelle pour les personnes âgées. La protection de la santé physique de la population plus âgée était priorisée pendant la pandémie, mais le soutien de la santé sociale et mentale ne doit pas être négligé. Cette étude qualitative axée sur les patients a inclus 40 entretiens avec des personnes âgées, menés dans les toutes premières phases de la pandémie, suivis d'une analyse thématique. Trois thèmes sont ressortis des résultats : plan de vie bouleversé, impacts émotionnels et création d'une perspective d'avenir. Les résultats de cette étude contribueront à éclairer les directives en matière de distanciation physique et sociale pendant les prochains stades de la pandémie de COVID-19. En outre, ils indiquent que les défis liés à l'isolement physique et social continu, surtout lorsque sa fin est incertaine, doivent être pris en considération au cours des prochaines pandémies.

Abstract

During the early stages of the COVID-19 pandemic, individuals were asked to stay home and restrict outings to limit the spread of the virus. Physical isolation was particularly emphasized for older adults over the age of 60 who, because of their age and related medical conditions, were at increased risk of severe disease and death from the virus. This led to reduced spread of the virus but also to social and emotional health challenges for older adults. Protecting the physical health of older adults was of the utmost importance during the pandemic but supporting social and mental health must not be overlooked. This patient-oriented qualitative study involved 40 interviews with older adults, conducted in the early stages of the pandemic, followed by a thematic analysis. Three themes were derived from the findings: subverted life plan, emotional impacts, and creating a path forward. The findings from this study will help inform current physical and social distancing guidelines during the ongoing COVID-19 pandemic. Moreover, findings indicate that social and emotional challenges with ongoing physical and social isolation must be taken into consideration for future pandemics.

COVID-19 spread rapidly around the world in the winter of 2019 and spring of 2020, causing widespread illness and death. In response, many countries, including Canada, recommended restrictions to limit the spread of the virus, including physical and social distancing and the closing of stores, gyms, and churches (Giles, 2020). This patient-oriented research project used Braun and Clarke's (2006) thematic analysis approach to examine the specific experience of older adults during the early months of the pandemic. The following research question guided this inquiry: What is the experience of older adults physically and socially isolating during the COVID-19 pandemic? Three themes emerged from the data: subverted life plan, emotional impacts, and creating a path forward. The findings highlighted that COVID-19-related restrictions aimed at reducing the physical health risks of a widespread pandemic also had emotional and social health impacts in older adults. The physical and social/emotional health of older adults need to be considered when creating policies and providing supports. This project highlights the challenges of social isolation for older adults and strategies for coping during the COVID-19 pandemic, in the hope the results will inform future pandemic planning.

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Background

At the outset of this research, Saskatchewan, a mid-western Canadian province, had experienced only a handful of COVID-19 cases and was anticipating a major outbreak. Saskatchewan was targeted for this research to narrow the participant group, as the pandemic experience of each country and province was unique depending on case numbers, virus spread, and implementation of various lockdown measures. The importance of taking increased precautions, including physical distancing, was particularly emphasized for those vulnerable to increased severity of COVID-19 illness, including adults over the age of 60 (Government of Canada, 2020). The province's first case occurred on March 12, 2020 (Giles, 2020). On March 18, a state of emergency was declared, large gatherings were banned, fitness centers and restaurants were closed, and all elective surgeries were cancelled. Further, a document was leaked predicting a death toll of 15,000 in a province with just more than 1,000,000 people (Giles, 2020). All individuals were asked to stay home and limit social contacts to prevent the spread of COVID-19. This was particularly emphasized for older adults (those over the age of 60), who make up 21.7 per cent of Saskatchewan's population or 238,340 individuals (Statistics Canada, 2016). It was in this context that our data gathering occurred, reflecting older adults' concerns about the current situation and fear of what was to come.

The risk of severe disease, disability, and death, combined with the high percentage of older adults in Saskatchewan, made social isolation of increased importance for older adults (Government of Canada, 2020). At the time of data collection, no original research had been published on the emotional and social impacts of COVID-19-related restrictions for older adults in any jurisdiction. However, several non-COVID-related studies showed the general effects of social isolation for older adults. Older adults are at increased risk for social isolation, which can affect up to one half of elderly people (Cho *et al.*, 2019; Landeiro, Barrows, Nuttall Musson, Gray, & Leal, 2017). People who are socially isolated experience more sleep disturbance, depression, and fatigue (Cho *et al.*, 2019). Social isolation can also lead to higher rates of "depressive symptoms and psychological distress" (Taylor, Taylor, Nguyen, & Chatters, 2018, p. 241). Social networks are an important mitigating factor for the negative effects of social isolation. A Canadian study by Harasemiw, Newall, Mackenzie, Shoostari, and Menec (2019) found a positive correlation among social supports, life satisfaction, and positive mental health. Lack of or minimal family support is associated with increased loneliness, but increased socialization can help older adults recover (Hawkey & Kocherginsky, 2018).

In the year since data collection, a number of articles have been published on the emotional impact of COVID-19-related social isolation on older adults, and a common finding is the experience of increased loneliness during the pandemic (Bronskill *et al.*, 2021; Cho *et al.*, 2019; Choi, Farina, Wu, & Ailshire, 2021; Kotwal *et al.*, 2021; Krendl & Perry, 2021; Parlapani *et al.*, 2020; Van Tilburg, Steinmetz, Stolte, Van der Roest, & De Vries, 2020). Interestingly, three studies found that participant loneliness decreased from originally high rates through the early weeks of the COVID-19 pandemic or varied throughout (Herron *et al.*, 2021; Kotwal *et al.*, 2021; Macdonald & Hülür, 2021). Symptoms of depression and anxiety also increased during the study time frame and a loss of autonomy was described (Herron *et al.*, 2021; Kotwal *et al.*, 2021; Krendl & Perry, 2021; Parlapani *et al.*, 2020).

Risk factors such as concern for safety, lack of social contact frequency, and discrepancy between actual contact frequency and older adults' expectations, make older adults increasingly susceptible to loneliness (Krendl & Perry, 2021; Van Tilburg *et al.*, 2020). Additional risk factors for loneliness include personal losses, such as the loss of a spouse, living alone, and change to daily routine (Bronskill *et al.*, 2021; Teater, Chonody, & Davis, 2021; Van Tilburg *et al.*, 2020). Underlying health conditions decrease levels of positive affect (Macdonald & Hülür, 2021). A COVID-19 study by Choi *et al.* (2021) found that those between 50 and 69 years of age were more likely to be lonely than those over 70 years of age; older adults were also more likely to experience loneliness if they were female, lived alone, and had low income (Choi *et al.*, 2021). Moreover, feeling less close to social networks can lead to increased depressive symptoms (Krendl & Perry, 2021). Less frequent contacts with children and grandchildren increased loneliness (Van Tilburg *et al.*, 2020), whereas providing care for grandchildren reduced loneliness (Parlapani *et al.*, 2020).

Older adults have used a variety of methods to cope with loneliness and low mood during the COVID-19 pandemic. Keeping busy with hobbies, exercise, household chores, or visiting outdoors helped to prevent loneliness (Herron *et al.*, 2021; Whitehead & Torossian, 2021). Social connection was important for overall wellness, with one study finding the strength of the connection was more important than the frequency (Krendl & Perry, 2021; Macdonald & Hülür, 2021). Social connection was moved online in one study, pushing seniors to learn new technologies (Kotwal *et al.*, 2021). Overall, the literature has begun to highlight the emotional and social impacts of social isolation and ways that older adults have adapted during the COVID-19 pandemic.

Except for one (Herron *et al.*, 2021), all COVID-19-related studies included in this literature review used surveys to collect their data. Two of these surveys included open text boxes that allowed participants to type in answers (Kotwal *et al.*, 2021; Whitehead & Torossian, 2021). Quantitative studies work well for testing theories but are less appropriate for exploring experience. Some of the studies required technical savvy to complete, as the surveys were completed online, which could be challenging for some participants. Qualitative research gathers rich data that express participant experiences in their own words. The one study that used semi-structured interviews only sought rural participants (Herron *et al.*, 2021). The research described in the present article involved both urban and rural participants and used semi-structured interviews to allow participants to describe their experience. Since the time this study began, some relevant research has been published, but gaps remain with respect to qualitative research; there remains a need to further explore the holistic experience of older adults during the COVID-19 pandemic. This study used qualitative methods to address the following research question: "What is the experience of older adults who are socially isolating during the COVID-19 pandemic?"

Methods

A patient-oriented approach to research incorporates people who have lived experience of the topic under study as part of the research team, thus ensuring that the direction of the research, questions asked, and recommendations provided are relevant (Saskatchewan Centre for Patient Oriented Research, 2020). "Patient-oriented research" is a term originally used in health care, but "patients" here refers to persons with lived experience, in this

case older adults socially isolating at home. Two such older adults were invited to be members of the research team and were not participants in the study. These two persons with lived experience were part of the research project from the beginning; they guided the direction of the research, assisted with the literature review, interviewed participants, and assisted with data analysis. They were integral to the research direction and ensured that the concerns of older adults were central to all discussions regarding the research.

Braun and Clarke's (2006) thematic analysis method, used to identify, analyze, and interpret patterns, was applied to analyze the data. Their six-step process (familiarizing oneself with one's data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report) makes sense out of large volumes of data. Data were analyzed for rich descriptions, with the inductive approach strongly linking the themes to the data (Braun & Clarke, 2006). This method was selected because its straightforward stepwise process allowed all members of the team, including persons with lived experience, to participate in thematic analysis.

Emergency ethical review was obtained from the University of Saskatchewan Research Ethics Board. Participants were recruited via social media (Facebook) and information was sent to local churches for distribution. Interested participants e-mailed researchers, interviews were arranged, and consent information was e-mailed to participants. Because of COVID-19 isolation requirements, all interviews took place via phone with oral consent. A maximum of 40 participants was set to ensure feasibility. Within 1 week of recruitment, 40 participants had contacted the researchers and additional prospective participants were put on a wait list.

A semi-structured interview approach allowed for the interviews to be guided but also allowed participants to express individual concerns. Five of the six team members performed interviews following an interview guide, with follow-up questions as they arose. Interviewers encouraged more discussion with statements such as "tell me more about..." and by asking probing questions as relevant. Team meetings were held to discuss how to ask questions and obtain consent in order to maintain internal validity. Interviews varied in length from 15 to 60 minutes. Four interviews were performed with each participant in April, May, June, and December 2020, respectively. Three participants declined to be interviewed a third time and two declined to be interviewed a fourth time. Interviews were audiotaped and transcribed using NVivo transcription software, and then checked for accuracy by a research assistant.

This article contains data from the first interview only and represents participant experiences in the initial stages of the pandemic response. These interviews occurred within weeks of older adults being asked to physically distance and socially isolate. All participants were offered a list of phone numbers for counselling assistance and more immediate help such as the mobile crisis unit, if needed. Any participants who expressed symptoms of low mood, depression, or anxiety during the phone interview were provided the phone list and encouraged to seek professional support.

Participants

Participants were Saskatchewan residents over the age of 60, retired, and living independently. This age range was selected as many people in Canada are retired by this age and therefore would be more susceptible to social isolation. Participants ranged in age from 61 to 85 (one person's age was unknown) with a mean age of 70.3

and a median age of 72. Fifteen participants lived alone, 19 with a significant other or relation, and 6 with two other people. Female participants (33) were over-represented in this study compared with male participants (7). Thirty-three participants were from communities with populations greater than 10,000, and seven were from smaller communities.

Analysis

An inductive approach to analysis with data-driven coding was employed (Braun & Clarke, 2006). Each researcher initially coded data independently with the words that best described the quote, often using the participant's own words. These coded data were entered into word processing tables. The research team then discussed potential themes and placed coded data under the appropriate theme. Themes were reviewed and refined to ensure that the themes were closely linked to the data, and then these themes were assigned names. Those individual codes that did not group with other concepts were not included in the final study findings. Rigour was enhanced through research team discussions of meaning, fit of codes into themes, discussion of naming, and relevance of codes.

Findings

The rapid spread of COVID-19 in the early stages of the pandemic led to government regulations and policy changes that impacted numerous aspects of older adults' lives. Three overarching themes were derived from the qualitative interview data: subverted life plan, emotional impacts, and creating a path forward.

Subverted Life Plan

Subverted life plan referred to the daily and long-term activity changes that disrupted life. Subverted life plan for older adults in this research included sub-themes of missing out on life and lost opportunities to achieve life goals. Missing out on life explored the day-to-day activities, whereas subverted life plan examined the middle- and long-term goals that were disrupted.

Missing out on life

Disruptions in routine activities were the result of physical distancing guidelines and left older adults with the feeling they were missing out on life. The inability to attend social events such as gatherings with friends and family disrupted older adults' daily routines. One participant discussed the loss of group activities with friends: "There's eight of us and we would get together to celebrate birthdays. We regularly got together to coffee, aqua fit class, swimming class, go to the leisure center, walking and travelling but, this year zero. Dramatically changed." Another participant stated that, "[My spouse and I] used to enjoy going out to restaurants and usually as part of meeting other people, that social aspect." Further, the inability to shop or visit affected another older adult:

I usually interact on a daily basis, to go to a store or a mall freely, to go on a trip or just visit my family. That I think has been the worst for me, not being able to be with my family.

An inability to participate in usual outings led to a change in routine that many found challenging. Older adults missed simple outings such as grocery shopping, which occurred less frequently or were instead completed by friends and family.

The lack of simple outings left older adults feeling they were missing out on aspects of their lives, “I feel a little cheated because I don’t know if it’s my age or what. Because we can’t be out there doing things we want to do and time is running along. I almost feel like I’m wasting time.” One older adult participant explored the lack of scheduled outings and motivation:

When I don’t have any appointments or anything from the outer world, you know, asking me to do things like if I have to get groceries, then I feel much less likely that I want to get up. I’ll stay in bed much longer. I find I’m sleeping more. Some days getting dressed doesn’t even seem like a very useful activity when there’s absolutely nothing that you have to do.

In other cases, older adults made changes to their precautions in order to maintain normalcy and not miss outings:

I’ve been taking all the precautions with social distancing and washing my hands regularly. If I have to go out for groceries, I only go out once a week and I have some disinfectant wipes that I take along and I wear a mask.

Another felt that maybe she was taking personal precautions a step too far: “I may be overcompensating a little bit bringing them in [the groceries] and making sure everything was sanitized.” Because daily routines frame peoples’ lives, the lack of routine brought about by the pandemic-related restrictions led to a feeling of missing out on life and subverting of their day-to-day life plan.

Lost opportunities to achieve life goals

Older adults’ middle- and long-term goals for this period of their lives were subverted by government guidelines related to the COVID-19 virus. Life goals for older adults in the middle- and long-term included travel to visit family, travel for recreation, and volunteerism. In the voice of one participant, “I guess the biggest thing is just wondering, going forward, like everyone else, what the future holds. Will I be able to visit my children?” When connections with friends and family would resume was a particular concern for many participants. Visiting friends and family was part of the life goals of many older adults and missing an opportunity to see them was a loss.

Many older adults had a plan for this phase of life, which was now brought into question. The opportunities for traveling and volunteering were curtailed, and uncertainty remained about when and if they would resume: “I am quite concerned about whether I’ll be able to re-engage with my volunteerism, and travel is totally off the table right now.” Re-envisioning how they would spend this portion of their lives was troubling for many participants.

The one thing that really occurred to me is that if I’m not able to resume my volunteer activities, I’m going to really rethink what this stage of life is all about, because volunteerism occupies a big part of my time. It’s very fulfilling, it excited me, and if I can’t do anything because of social distancing going forward, I’m not sure what I’m going to do.

An inability to plan for the future led to feelings of uncertainty.

I’m not a person who generally wakes up at night but there’s been some days where I’ve had to maybe reach out, connect with someone or have a conversation, because you start to feel just kind of, I don’t know, draggy or worried, the uncertainty and the unknown is troubling.

The uncertain future caused much reflection amongst older adults about what they were missing, limited time, and how to reframe this chapter of their lives. COVID-19 regulations and restrictions subverted the life plan of older adults, leaving many feeling that they were missing out on life and losing opportunities to achieve life goals.

Emotional Impacts

All older adult participants experienced emotional impacts from the COVID-19 pandemic, but some felt the effect more than others. Many had experienced loss of spouse, loneliness, and depression prior to COVID-19 and the pandemic compounded these challenges. Emotional impacts were divided into two sub-themes: looking inwards and looking outwards.

Looking inwards

Older adults spent time looking inwards at their feelings surrounding the pandemic, and this theme includes all experiences related to participants’ personal perceptions of their experience. Participants had diverse feelings surrounding the pandemic and the physical distancing required during this time. This sub-theme was further divided into putting COVID-19 into perspective, alterations in mental health, and feeling trapped.

Putting COVID-19 into perspective

Some participants examined the positives of their lives in spite of the challenges surrounding the COVID-19 pandemic. Older adults discussed choosing to be thankful: “I have to be thankful, I have a roof over my head. I have food on the table, and almost all my necessities are looked after for now, except for going out.” For one participant, the challenges of the pandemic led to feelings of gratefulness: “I think I appreciate more, every day I wake up, I appreciate our lives and not to take it for granted.”

The pandemic engendered a variety of feelings. One participant examined their feelings of mortality: “I was just sort of thinking about my own mortality, which I don’t really think about or dwell on. It’s just, I guess it’s not my nature to think like that.” For another participant, concerns regarding their mortality led to feelings of fear: “I’m probably scared more than depressed. I’m scared. I’m not ready to go to heaven yet.” Conversely, another participant discussed the importance of choosing a positive outlook: “Just focusing on more positive stuff. I mean, hey, I’m fine. My health isn’t getting worse. My friends are calling and I call them.” Similarly, a participant expressed the following: “I’m an optimist. I am fine. You know what, I’m retired. I love being home. I would rather be here than working, so this is a piece of cake.” In the words of another participant, “I think I’m a fairly positive person. I’m more of a glass half full person. So, I don’t think that has changed. I think it’s made me more aware of how fortunate I am and of my blessings.”

Many participants also reported feelings related to working together and helping each other: “There is more of a sense that we are all in this together. I think it is in some ways very wonderful.” Helping each other and observing others caring for one another brought happiness to some older adult participants: “I think one of the things that I have noticed is that people are more caring for each other through this, that they are more concerned for each other.” Another participant noted the following: “I try to do for others, as well, which makes me happy.” Being part of something larger and helping others inspired some participants to be more positive about the experience of socially isolating.

Alterations in mental health

The COVID-19 pandemic and the related restrictions led to alterations in mental health and worsening of underlying mental health challenges in participants. The experience of negative emotions was prevalent in participant interviews and included low mood, loneliness, and anxiety. Having low mood and feeling down were more problematic for some older adults during this period: "I can honestly say that I had moments where I didn't think I could make it. I didn't think I could handle it. I was just literally sobbing on the floor." Having low mood was also expressed by another participant as follows: "I am certainly at a lower energy level and a lower level of contentment, let's say. I've had days like Sunday, where I cried all day." Other participants felt more labile emotions: "So very up and down which is unusual for me." Older adults that lived alone expressed the need for physical contact: "It's been maybe more difficult in a way too, because I know I like to hug people." One participant simply stated that "loneliness is horrible" and "yes, I have had some teary days." Low-mood was affecting most of the participants to some extent and, for some, it was debilitating.

Anxiety was expressed by other participants. One older adult discussed how anxiety was affecting their functional ability: "My concentration has been poor. I'm sure it's just anxiety, but I haven't been able to read many books." Growing anxiety was an expressed concern: "I knew stuff was going to happen but in the last week it is real. So now I'm getting a bit more uptight." Another participant had trouble defining what they were feeling: "I was trying to analyze it, like it's anxiety, fear, hopelessness and is lack of control." The behaviour of others also increased older adults' anxiety about their personal safety.

I was out the other day and I got a little anxious because they were not practicing social distancing. So, it doesn't matter what the government says if people have an attitude of 'I don't care, this isn't going to affect me. I am masked and wearing gloves and I'm saying 'back off'. Then a person gets anxious, right?

Anxiety at this early stage of the pandemic reduced quality of life for many participants.

Feeling trapped

Older adults felt a loss in their ability to make decisions and choices in their life, leading to feelings of being locked up and robbed of time. The experience of socially isolating caused feelings of imprisonment: "I've never had a feeling like this before. I don't know – sort of locked up. I can't go visiting. I really can't do anything." Similarly, another participant stated, "I feel like I'm in jail except I've got to make my own meals but, anyways, it was not a good day because you're not used to just sitting and not going anywhere."

Looking outwards

Looking outwards categorized those feelings that older adults experienced in relation to people in their family, friends, and the general public, including the sub-themes of behaviour of others and concern for others.

Behaviour of others

A few participants were concerned about the behaviour of others, which impacted their feelings of safety: "I just hope people respect the whole situation and I know most people do but, there are a few people that you just shake your head." A confrontation that an older adult observed in a grocery store was upsetting.

I think it was the first or second time I was out. An elderly woman yelling at a mom and four kids to stay back, you're too close to me and I mean they got into a verbal confrontation. So, I think that people are really afraid, watching too much news. I mean that could put fear of anything in you.

The actions of others were a source of feeling unsafe: "There have been instances where I have not felt safe." Lack of rule following also decreased feelings of safety: "It makes me mad every time somebody breaks the rules." Older adults expressed concerns about the unknown "other" who were not following guidelines, leading to safety concerns for many.

Concern for others

For some participants, concern for friends and family was more pressing than concern for themselves. Some participants had friends and family who were hospitalized or missed important events: "I have a friend that has been dealing with mental health illness her whole life and she had to be hospitalized and you know my heart really went out to her." Other participants expressed concern about having to take family members to the hospital during the outbreak. Some participants felt sympathy for their family members who were missing important events: "The thing I feel sorriest about is my granddaughter's wedding. She was looking forward to it, she had everything all planned." Missing events and concern for family members was expressed in an overall feeling of anxiety: "I have moments of being anxious for my family, particularly members of my family that are still working through this. I have moments of anxiety for their health and safety." Concern for others increased older adults' already existing worries.

Creating a Path Forward

In spite of the many challenges related to COVID-19 and the government regulations, older adults found ways to take control of many aspects of their lives and move forward. This theme was further subdivided into seeking connection and getting on with it: strategies for coping.

Seeking connection

Older adults expressed the need to seek connection from organizations, family, and friends. Seeking connection was an important way for older adults to mitigate the emotional impacts of the COVID-19 pandemic and the accompanying regulations. For those older adults who regularly attended church, ways to stay connected with their church community established a much-needed lifeline and provided spiritual comfort. For one participant, having the support of their spiritual leader was uplifting: "My pastor calls at least once a week to see how I am doing." However, the missing support of the church was a gap for some: "Going to church, of course, is huge in my life. Not being able to do that is a tremendous loss. That's probably the biggest loss of all." Church was notably a major support for some participants.

Older adults identified family as a support and having significant others or grown children in the home lessened feelings of loneliness. A participant discussed the mixed emotions of having her husband as her main support: "My husband's companionship [is supportive] although, boy the conversation is getting a little stale on occasion. Luckily, he's got a workshop in the garage outside because we do need some social distancing." Having grown children living at home was also seen as helpful: "But I think I would be really struggling if my son didn't come home on weekends." In

other instances, people had to get creative to stay in contact: “My son’s here. He just had a new baby. I’ve been looking to see him through the door.” Other participants used technology to stay in contact: “I read to my grandchildren by Zoom.” Some wished to hear more from their family, while others reconnected with family members during this time.

We have a daughter we haven’t heard from in five years and she just made contact again because she’s panicking over the pandemic. She seemed to have managed without us for five years, but now she’s in touch pretty well every day.

The role of family contact was mentioned in almost every interview, highlighting the importance of maintaining family connections during this time. In addition, older adults were concerned not only about visiting their friends and family, but also about their inability to visit parents who were living in care facilities: “My mom is in a level one-two care home, so I haven’t been able to see her for way over a month.”

Missing friends who provided day-to-day support was commonly reported: “It’s very frustrating not to be able to pick up the phone and say to a friend, ‘Let’s go for lunch today.’” Others talked about the need to communicate in order to stay emotionally stable: “I think if you aren’t really careful and don’t talk to people, some days you feel just blue because you’re alone a lot. I think that could be dangerous.” Conversely, one participant talked about how her friends needed her: “I think it is more intense. Like I’m finding some of my friends need my support more.” Finding ways to keep in contact with friends was important even if it was not as engaging as in-person visits: “You know we’ll get on the phone with each other and talk lots, but it’s not the same and I played bridge on the computer, but that’s not the same either. It’s kind of one dimensional really.” Another participant stayed engaged with friends while socially distancing: “I belong to a book club of 10 people. They call on the phone. They bring books for me to read, we exchange books. They brought me some food, that kind of stuff.” The importance that participants placed on maintaining friendships and social contacts cannot be overstated.

Pets offered unconditional companionship. For some older adult participants, dogs provided something alive for them to talk to, interact with, and cuddle: “We have a dog and our dog is like a lifesaver.” Another participant borrowed a dog from a family member: “She gave me her little dog for about a week because they figured I needed something alive in the house.” For several of the participants, pets provided much joy and the social interaction needed to stave off negative emotions associated with social isolation.

Getting on with it: Strategies for coping

Older adults were finding ways to cope. This theme reflects actions taken to mitigate the negative emotional impacts of the COVID-19 pandemic. Strategies included accepting bad days, getting out of the house, participating in physical activity, taking up hobbies, and screen time. Sometimes coping simply meant accepting having a bad day: “I’m giving myself permission to have days when I don’t really do very much at all.” For others, simply leaving the house helped break up the monotony of the day: “I took the car out for a drive, just to blow the motor out a little bit. I think I’m going to do that again.” Older adults needed to allow themselves to have slow days and find simple reasons to leave the house.

Physical activity was a positive coping method for many older adults. Two participants were very aware of the role of exercise in

their mental health: “I will then sort of divert those feelings of anxiety into something more constructive, like I’ll grab the dog and go for a walk.” Similarly, another participant noted the following: “I probably just go for a walk, turn on the TV, just try to do something that’s not going to make me worse.” Other participants appreciated the benefits of exercise in itself: “I get out to walk regularly. Exercise is important.” Prioritizing exercise was essential: “I get up and that’s the first thing I do is my exercise.” Online exercise was also another option when the weather was not conducive to going outside: “I walk in my area when the weather is alright and I do yoga online twice a week.” Physical activity outside or online was used by participants to promote their social and emotional health.

Older adults used social isolation as an opportunity to re-engage in hobbies and experiment with new ones: “I paint, I do crafts in my home. I love painting. It just relaxes me.” Baking was a common hobby that participants enjoyed even if they had not done so for years: “I do bake bread and buns and things like crosswords, and I read a lot.” Participants also used their sewing skills to make masks for friends and family. Opportunities to undertake outdoor hobbies also increased as the weather warmed up: “We’re starting to work in our yard.” Hobbies added interest to the lives of older adults during this time.

Television, along with video conferencing and social media platforms, were used as a hobby and to connect with the outside world: “Television is also something I watch. I love television. I’m a television freak.” Another participant made light of her love of television: “I’m going to be cremated and sprinkled on the carpet in front of the TV.” Participants also used the challenge of connecting as an opportunity to learn new technology: “I’m starting to use Zoom or FaceTime and Messenger.” Others, who felt that their technological skills were limited, relied on using the telephone to keep connected with the outside world.

Discussion

Findings from the initial phase of the older adult experience are indicative of wide-ranging interpersonal and intrapersonal variations, from uncertainty and fear to security and social connection. COVID-19 is not only a novel virus; the resulting restrictions related to socially isolating to prevent the spread of a virus have also never been implemented in a coordinated fashion on a global scale. Isolation orders served to protect older adults from COVID-19 infection, but also led to some anticipated and unanticipated challenges. The existing literature examines many of the challenges of social isolation related to losing a spouse, disability, and living in a care facility, as well as the preliminary effects related to COVID-19. This study took a closer look at the experiences of older adults socially isolating during the early portion of the COVID-19 pandemic using qualitative methods.

Although some of the feelings expressed by older adults were related to social isolation, many of the emotions had more to do with uncertainty. Feelings of loneliness were prevalent in this study’s findings and in the literature (Bronskill *et al.*, 2021; Cho *et al.*, 2019; Choi *et al.*, 2021; Kotwal *et al.*, 2021). This study was undertaken because of the objective (physical) isolation of being asked to isolate within their homes; however, subjective isolation, or the perception of being isolated from friends and family, also became a factor (Choi *et al.*, 2021; Taylor *et al.*, 2018). Objective and subjective isolation were found to occur concurrently. For example, comments made by participants related to feeling they were “in jail” or “trapped” combined both the physical act of being shut in their

homes and the associated feelings. The participants in this study who were living alone tended to experience more loneliness and negative symptoms as a result of isolating. This aligns with literature that speaks to the need for a diverse social network (Harasemiw et al., 2019) but differs from findings that show that having a significant other did not affect the experience of social isolation (Hawkey & Kocherginsky, 2018). The feelings of loneliness resulting from living alone were compounded in this study because of the inability of older adults to physically visit friends and family outside of their home.

The COVID-19 pandemic changed older adults' life experiences, including subverted life plans related to both day-to-day life and long-term plans and goals. Having life plans suddenly change is not a new occurrence and is a factor in the lives of older adults as a result of loss, illness, and disability; however, it has never before occurred in such a coordinated fashion and on such a large scale. More than isolation, many participants were experiencing situational fear and anxiety related to the pandemic. Older adults' concerns were related to their personal health and that of their families, which aligns with two COVID-19-related studies (Kotwal et al., 2021; Parlapani et al., 2020). The present study found that many older adults were experiencing persistently low mood and troubling symptoms, such as lack of concentration, low energy, fatigue, and lack of sleep, which were similar to findings in the literature on the effects of social isolation (Cho et al., 2019; Harasemiw et al., 2019; Landeiro et al., 2017). An important finding from this study is the need to manage older adults' social and emotional needs while keeping them physically safe.

Changes to how people socialized, shopped, and went to restaurants may seem insignificant but the small things often frame and make meaning in day-to-day life. This was expressed by participants missing shopping or seeing no point in getting dressed. Participants missed socializing with friends and families and this impacted their life satisfaction during this time. The literature shows that socialization has a positive effect on mental health and life satisfaction (Harasemiw et al., 2019; Krendl & Perry, 2021; Macdonald & Hülür, 2021). Forced isolation in this study had a negative impact on older adults, although many found other ways of connecting through phone or video conferencing, but these were less optimal.

Although some participants experienced troubling emotional symptoms, many found ways to survive and thrive during the pandemic. The literature echoes the surprising finding of thriving during the pandemic; participants adapted to the changes in their lives and feelings of loneliness and social isolation diminished (Herron et al., 2021; Kotwal et al., 2021; Macdonald & Hülür, 2021). Participants developed new and interesting ways to occupy their time and find meaning in their lives. Older adults discovered new hobbies or re-engaged in hobbies such as sewing and baking. Other older adults took this opportunity to learn and engage with technology such as videoconferencing and social media. Another important positive finding was older adults' feelings of coming together as a community for the greater good and being part of a global struggle. Each older adult experienced the pandemic differently and their feelings varied depending on the day.

Forty participants volunteered, with more requesting to participate within 1 week of initial recruiting. The eagerness of older adults to participate in this study demonstrated this demographic's desire to describe their experience during this challenging time. Phoning the participants became not only a data collection method but also an intervention, with both the older adults and researchers looking

forward to the phone calls. These interviews became a social activity for the older adults and a means of connecting with others.

At the outset of the pandemic, the largest concern was the physical health of the population and containing the spread of the COVID-19 virus. This was particularly highlighted for older persons who were most at risk for severe disease and death from COVID-19. As the pandemic continued and people were asked to socially isolate for extended periods, social and emotional challenges became apparent. Social outlets were limited for older adults who lived alone or with only one other person. Older adults with a positive outlook, with adequate social supports, and who participated in hobbies and exercise appeared to be faring better during the initial stages of the pandemic in April of 2020 than those without these supports. This speaks to the need to consider social and mental health during an extended pandemic. Future considerations may include such things as expanding single persons' allowable social bubble to include a small group of friends, increasing mental health supports, and encouraging older persons to socialize via phone or video conference. Awareness needs to be increased so that those people with good social supports connect with their older friends and relatives to help them through the challenges of social isolation.

Limitations

This study provides valuable insights into the experience of older adults, but is not without limitations. Female participants were over-represented in this study. Moreover, most (31) participants were from Regina, the capital city of the province; this is attributed to the researchers all being from that center and the use of social media to recruit participants. Social media was used to recruit quickly and to capture participants' initial reactions to the pandemic. Furthermore, because of COVID-19 restrictions, it was not possible to recruit through more accessible means such as posters in grocery stores or coffee shops. Recruiting through Facebook and churches excluded those who did not use social media or were not a member of a church. Recruiting through churches may have caused church as a coping method to be over-represented in the findings. Recruiting participants through church organizations may also have made the participants more likely than the general population would have to reflect on religion and church support during the COVID-19 pandemic; however, many participants who were recruited by other means also commented on the importance of church support. Additionally, Saskatchewan had relatively low case numbers at the time of the study, and therefore people in areas with larger case numbers or different restrictions may not have had the same experience. The findings represent participant views and therefore may not be generalizable to the wider population. Further studies that include more male participants and participants from other areas would be valuable.

Conclusion

The impacts of the COVID-19 pandemic on older adults reached far beyond the burden of illness and mortality rates, and affected many aspects of older adults' lives. The themes of subverted life plan, emotional impacts, and creating a path forward represent the holistic experience of the participants while they were socially isolating. Older adults had a wide range of experiences, from being relatively optimistic and stating they were coping well to struggling with their emotional health on a day-to-day basis. Governments

and health authorities took action to prevent negative physical outcomes for vulnerable people, including older adults, but these actions impacted social and emotional health. Finding a balance between protecting physical health and supporting older adults' social and emotional health is essential during the ongoing COVID-19 pandemic as well as future pandemics.

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