

Managing the Pandemic in Care Homes – Older People's Perspective

Irena Zemaitaityte

Mykolas Romeris University, Lithuania

Veslava Radziuliene

Mykolas Romeris University, Lithuania

Abstract. *The ageing population and the challenges it poses are becoming more and more pressing, both in Lithuania and in other European countries. This requires constant attention from researchers and institutions providing social services and education activities. A new challenge is the Covid - 19 pandemic, which has resulted in nursing homes banning visits to residents and restricting educational activities in order to protect the elderly. Residents were not allowed to see relatives and friends. The pandemic and the quarantine imposed in Lithuania caused stress and anxiety for the residents and the negative social consequences are still being felt even after the pandemic. Nine semi-structured interviews were carried out to reveal the attitudes of older people towards the management of the pandemic in care institutions and the peculiarities of communication in care homes during the quarantine. The research revealed that during quarantine, lonely older people were sensitive to a lack of opportunities for social communication, and felt a lack of closeness among people. As a result of the quarantine regime lonely older people felt unfulfilled, lost the ability to realize themselves through certain activities.*

Keywords: *aging, care homes, communication, Covid-19, education activities.*

Introduction

Scientific Aging is one of the issues of the 21st century. Lithuania, like many European countries, is facing an ageing population trend, population ages are increasing and birth rates are falling. Old age is characterized as a social risk by reduced income, social isolation, deteriorating health, morbidity, disability (Newall & Menec, 2019). Although old age is often described on the negative side: an ageing body, diseases in the old age period, inferior cognitive abilities, dependence on relatives, social isolation, solitude, loneliness (Courtin & Knapp, 2017; Singh & Misra, 2009), yet, scientists see a positive side of the old age by claiming that old age can be an opportunity to find new friends, discover new interests (Apostolou et al., 2020).

China born COVID-19 infectious disease first located in the town of Wuhan spread rapidly across many countries and developed into a worldwide pandemic, causing an emergency state in the health system and a global health crisis

(Straigyte & Briliute, 2020). The Government of the Republic of Lithuania rapidly responded to the scale of the virus spread and the threats posed by the virus to human health and life. Regarding COVID – 19 spread, the Government of the Republic of Lithuania, by Resolution No 207 of 14 March 2020 (LR vyriausybes nutarimas Nr. 207, 2020), declared quarantine throughout the territory of the Republic of Lithuania as of 16 March. The Government of the Republic of Lithuania, introducing a pandemic caused quarantine has taken strict protective measures: special conditions, restrictions and procedures of work, life, rest, movement, economic and other activities of persons have been established. The governmental measures in Lithuania against the spread of coronavirus for protection of public health and life during the pandemic particularly affected older people, as the Resolution of the Government of the Republic of Lithuania on the proclamation of quarantine in the territory of the Republic of Lithuania (LR vyriausybes nutarimas Nr. 207, 2020), prohibited attendance of all stationary social service institutions, family residences, homes of group and community life. In order to shield older people from COVID – 19 infections in care homes, visiting residents was banned, residents' leaves and transfers of items and foodstuffs to residents were suspended. Residents of the care home could not see their relatives, friends, and could not step outside their institutions. The pandemic and the break of the quarantine in Lithuania have caused stress and anxiety to residents, while negative social consequences are felt even after the expiry of the pandemic. The aim of the article is to reveal the attitude of older people towards managing the pandemic in care institutions and the peculiarities of communication in care homes in the quarantine period.

Research methods

A qualitative study method, a semi-structured interview was used to conduct the research. The participants in the research were 9 single older people aged 67 to 78 who lived in a care facility. Interviews with older people were conducted directly (face-to-face), recording respondents' answers on an audio recorder. Subsequently the interviews were transcribed – the entries were recorded in a text document using symbols (Kuckartz, 2019). There was also a translation of three interviews into Lithuanian, as these interviews were carried out in another language. Data from interviewees have been deindividualized to ensure the anonymity of the participants in the research. In the process of the study the ethical measures of the procedure were kept, i.e.: participants in the interview were informed of the purpose of the study and gave their verbal consent to participate in the research; during the interview, the principles of anonymity and confidentiality were adhered to, no questions that could infringe a person's dignity or cause other psychological harm were asked, as well as the permission from the administration of the institution to conduct a research was granted. In this article

we will discuss the following topics highlighted in the analysis of research data: quarantine caused difficulties and peculiarities of communication in care homes during quarantine.

The participants in the research signed an informed consent form, by which they confirmed their voluntary participation in the study, and the researchers were obliged to ensure the confidentiality of personal data.

The analysis of the research data

The quarantine has become a challenge for the residents of care homes, while social issues linked to quarantine create circumstances that are harmful or undesirable. Older people living alone in care facilities have become even more vulnerable during quarantine, and have faced isolation because of the changes in the regulations of the visits and interaction with incoming people, resulting in the limitation of the right of the residents to see friends, acquaintances, relatives, so this age group experienced a lack of opportunities for social communication. All movement was restricted within care facilities, education activities and incoming visits suspended, and leaves outside the institution's territory were canceled. Participants' responses show dissatisfaction with the quarantine regime and frustration. The analysis of the research data revealed the following subtopics.

Restricting movement in care homes. Study participants revealed that they were most affected by the restrictions of human contacts in care homes during quarantine. The inability to leave their room restricts possibilities, rights and freedoms, and affects self-esteem. A person feels unwanted, depowered, rejected, isolated, even more lonely, experiencing a sense of being locked behind the walls: "... they wouldn't let it out of the room here, would try not to let us in anywhere." (D3). The restriction of movement caused to stop community meetings, which meant that social workers could not augment the sense of community, and the residents did not feel belonging to the community: 'In general, it used to be someone's birthday and the whole community would come together, and now it's over.' (D8). Long stays in bed restrict physical activity, have adverse effects on health, build up dependency: "... well you just lie down <... > You won't stay in bed all day. At night it's another matter, well, but during the day you have to move."; "... not enough movement..." (D7). The prohibition of going to a clinic or to a shop located in the same building emphasizes the restriction of freedoms been more, a person does not feel a part of society: "... after all, all of us have this and no entrances, walk around there, there's a clinic on the other side, you cannot go in there, there is a buffet, nothing, you cannot get in ." (D1).

Passing time outside within the territory of the institution. Being outside is understood to have a positive effect on health. During quarantine, residents of care homes had the opportunity to go outside within the territory of the institution, but they could have stayed outside for a limited period of time keeping distances, so

such a passing of time is one of the quarantine discomforts: “*We get out <... > within the fenced territory and that 's all... (D2); “Please, step out here but nowhere else.” (D3)*. The possibility of sitting on a bench outside is perceived as an opportunity to communicate, to break away from negative feelings and loneliness: “*And here, for quarantine, you can only sit on a bench.”; “... I used to go outside, we have benches. Well, with a man in a wheelchair, we would go out together...” (D5)*.

Resident visitation suspense. According to the study participants, relatives, friends, and acquaintances were not allowed to visit during quarantine. The care home was subject to strict hygiene requirements, so attendance was banned. This quarantine measure that does not promote social contact and depowers a lonely elderly person: “*... now no one is allowed in”; ‘...they wouldn't let in <... > relatives, they wouldn't let anyone in. Well, checked when someone came, well: employees, all that (D1)*. As a result of the attendance suspension, the study participants lost the opportunity to communicate live with other significant individuals who helped and visitors who came to see other residents; this led to a narrowing of the social circle: “*The saleswoman used to come, now it's not possible...’; “No one came in at the time of the quarantine.” (D8); “No strangers are allowed in here.” (D9)*. The administration's strict quarantine measures give a sense of anxiety and distrust: “*It's very strict here”; “... we have a very strict approach to it.”; “... does not allow anything.” (D4)*. Residence visits suspension is associated with closure, which restricts communication, destroys social ties: “*... now, shut down for such time”; “... so no one is let in...” (D7)*.

Forbidden leaves. Participants said they could not go out to the city or to the store. Such restriction does not strengthen a person's self-confidence, narrows possibilities of leisure activities and independence: “*... I can't go shopping, nor pick anything in the store myself...’; “... I can't go out to town.” (D1); “... you can't get out behind the fence.” Beyond the fence around the city for a ride.” (D2)*. Because of prohibited leaves, lonely older people are unable to realize themselves through certain activities: “*... you can't even go to the store...” (D3); “... but for quarantine you won't go any further, you can't.”; “... you're not going anywhere.” (D5)*. Such a restriction reduces physical activity and capacity: “*And this is good for nothing, I can't move, it is not allowed to go outside.” (D7)*.

Social communication problem. The inability to communicate live with friends, acquaintances, and relatives is a major problem of psychological severity. Lonely older people cannot fulfill themselves among their friends, relatives, cannot meet their social needs, they feel longing, loneliness: “*... we can't meet friends.” (D2); “Well, you can't even see each other. This is very bad.” (D4)*. The quarantine has led to discontinued social ties, indicating even greater psychological difficulties, frustration, anger, anxiety: “*... I didn't call, I don't think you can come here.”; ‘... you can't meet anyone, you can't in any way, it's not good.’ (D7)*.

Limited communication. Some participants in the study revealed a shortage of communication during quarantine. This problem is due to a weakening of social contacts and the possibility to communicate only with roommates: “Well, that friend and I talk, that's all.” (D6); “Well, well, that's in the hallway, and it's not possible for a long time, to gather in a larger group.” ... *There's not even anyone to talk to <... > And now it's such a time, it doesn't let anyone in...* (D8). A lack of communication leads to self-exclusion: “My communication, uh, radio.” (D9). *Scarcity of education activities.* Social workers were unable to organize education activities involvement due to strict quarantine requirements, so lonely older people felt bored, emptiness, and struggled to survive this period: “What can one do here, nothing, the quarantine has come...”; “... I can't do anything, damn.”; “Nothing is done, there are no activities now ...” (D7). Lack of activities has had a negative impact on communication, psychological well-being: “Well, our teacher didn't come.” *'It's been tough for a while, because it's just coming every Tuesday, well every week. Well, it was more and more fun, some kind of entertainment and being in the company.*” (D8).

Communication peculiarities in the care homes during quarantine

The stories of the interviewees revealed the importance of communicating, maintaining social ties and the desire to connect with relatives, friends or acquaintances. As the study participants state, there is never too much of communication, and communication is particularly important for lonely older people, because not only does it help to exchange valuable information, but it also satisfies the basic needs of the individual, to be given a sense of need, usefulness and ability to express oneself. Communicating to lonely older people is similar to a pleasant pastime. Another person's concern at a particularly difficult period such as a pandemic is also meaningful.

A need to communicate. The desire to communicate is inseparable from a human being and it helps to avoid the feeling of loneliness, so lonely older people need communication on a regular basis “... just that I want to communicate.” (D1); “Communication, no, no, it's never too much.” (D2).

Communication possibilities. It is very important for lonely older people to be contacted, but the restrictions imposed by quarantine have made communication in care homes difficult. Residents of care homes have been deprived of the opportunity of live contacts with relatives, friends, acquaintances, so live communication in care homes was possible only among residents: “We communicate among ourselves with whom we wish to.” (D2); “... you can go to somebody's ward here and you can talk to them.” (D7). Residents are encouraged to communicate with each other: “They obviously wish us to communicate with each other...” (D3). Care homes help reduce the burden of negative feelings and

increase positive feelings, break away from loneliness. “... well just like home is home, and this is different, other communication.” (D5); “Of course it is better to communicate with a person.” (D6). Residents in care homes feel physically surrounded by other people and needed. The attention shown by employees strengthens confidence, improves well-being, creates a confidence-building environment: “You know, you can talk to someone, too, while at home no cat, no dog, no neighbor, but neighbors have their own life. And here come girls, and others, and social workers, doctors, nurses, ask of how you feel, how are you doing, how is your mood, always...” (D8).

Help of friends, residents. Contacts between friends or residents of care homes grow stronger through communication. People become friends when they interact more often, so lonely older people often call other people in care homes with whom they interact and receive help friends: “... comes just occasionally, sits for a while, helps.” (D3) ; “I was usually accompanied outside by this <... >, sometimes this one accompanied me outside” (D9). Nurturing old ties: “... my social aid brings familiar books from the ambulance...” (D1); During quarantine, the assistance and communication provided by a care home resident became perhaps the most significant in the course of a difficult quarantine period, as regular contact creates a safe environment: “... he would come to pick up the dishes, carry them away, and even at one point he told me, my the nurse was told by the doctor, that he even fetched me medicine and went to take it for me, he is very good” (D4).

Social ties. The spread of the network of older people is influenced by loss, change of residence, but it is also important how the individual is able to communicate and make contact. The study participants revealed that when they changed their place of residence, they found friends, and that they were interested in creating new contacts with others and maintaining old contacts, but that quarantine restrictions had a negative impact on fostering social ties: “... there are acquaintances, friends...” Well, I have one friend <... >.” (D2); “... these are both friends and acquaintances, here are all kinds.”; “<... > I have all, all my relatives, and all the friends they are <... > living out there.” (D7). Maintaining relationships with relatives stimulates a sense of need: “I have a niece who cares about me, cares deeply, a very, very good person...” (D4). Having no relatives increases loneliness and emotional emptiness: “My relatives are all in the cemetery...” (D9).

Maintaining social contacts through phone conversations. Maintaining social relations depends on restrictions imposed by quarantine, so as the only option and preferred way of communicating with relatives and friends during quarantine are phone calls: “So I call, so one talks”; “... I make calls, I make phone calls, everything” (D1); “I've got this on the phone...”; “... I call and talk.” (D3). There is also a lack of communication from relatives or friends, which is a negative factor. Participants rarely get calls, and they themselves don't always

have the opportunity to make calls: “... somehow I always try to get her to call me, to find out how it is, with everyone ...” (D8).

The research has revealed that quarantine restrictions have a negative impact on the lives of lonely older people, their emotional well-being, and social engagement. The results of the research suggest that lonely elderly people find it difficult to adapt to worrying situations, i.e. pandemic-induced quarantine. Scientists (Courtin & Knapp, 2017; Lekamwasam & Lekamwasam, 2020) have highlighted that the measures taken to contain infection during a pandemic have a significant negative impact on the mental health of older people, as social constraints resulting from social restrictions and isolation limit daily activities and create difficulties in adapting to new social barriers. This research also highlighted that during the pandemic, lonely older people felt even more lonely, they faced communication problems, a lack of educational activities, and felt a lack of closeness, isolation, and worthlessness. A lonely person feels isolated, worthless, uninterested, saddened by the inability to communicate because of their situation, in which one appears involuntarily, the absence of the possibility to maintain meaningful interpersonal relations reduces personal self-esteem (Courtin & Knapp, 2017; Holmes, et al, 2020). The research shows that the main consequence of COVID-19 is increased social isolation and loneliness. The research also revealed that lonely older people experienced negative emotions as a result of the adverse circumstances of the coronavirus: fear, anxiety, frustration, stress, fear of contracting the disease themselves and infecting others.

Conclusion

In summing up the obtained data it is possible to conclude that care homes have complied with strict quarantine requirements during quarantine to protect the care homes inhabitants from COVID – 19 infection. Special restrictions, the diminished physical and social contacts, absence of educational activities, the loss of the normal rhythm of life, reduced opportunities, rights and freedoms, deepened frustration, boredom and a sense of isolation from the rest of the world. During quarantine, lonely older people were sensitive to a lack of opportunities for social communication, and felt a lack of closeness among people. As a result of the quarantine regime lonely older people felt unfulfilled, lost the ability to realize themselves through certain activities, and there was a severe lack of pastime engagements in care homes. Such occurrences bothered lonely older people, and had a negative impact on their quality of life. Lonely older people living in care homes have needs of stable communication, and relationships with others hold as very important. Communication and social contacts are among the most important needs. A person living in a care home desires to be wanted, heard, have the support, understanding and help of a close person, i.e. of a relative, a friend or an acquaintance.

References

- Apostolou, M., Keramari, D., Kagialis, A., Sullman, M. (2020). Why people make friends: The nature of friendship *Personal Relationship*.1–15. DOI: 10.1111/pere.12352
- Courtin, E. & Knapp, M. (2017). Social isolation, loneliness and health in old age: a scoping review. *Health and Social Care in the Community*, 25(3), 799–812, doi: 10.1111/hsc.12311
- Holmes, E.A., O'Connor, R.C., Perry, V.H., et al. (2020) Multidisciplinary Research Priorities for the COVID-19 Pandemic: A Call for Action for Mental Health Science. *Lancet Psychiatry*, 7, 547-560. Retrieved from: [https://doi.org/10.1016/S2215-0366\(20\)30168-1](https://doi.org/10.1016/S2215-0366(20)30168-1)
- Kuckartz, U. (2019). Qualitative Text Analysis: A Systematic Approach G. Kaiser and N. Presmeg (eds.), *Compendium for Early Career Researchers in Mathematics Education*, ICME-13 Monographs. DOI: https://doi.org/10.1007/978-3-030-15636-7_8
- Lekamwasam, R. & Lekamwasam, S. (2020). Effects of COVID-19 Pandemic on Health and Wellbeing of Older People: A Comprehensive Review. *Annals of Geriatric Medicine and Research*, 24 (3), 166-172, DOI: <https://doi.org/10.4235/agmr.20.0027>
- LR vyriausybės 2020 m. kovo 14 d. nutarimas Nr. 207 „Dėl karantino Lietuvos Respublikos teritorijoje paskelbimo“ (2020). Retrieved from: <https://eseimas.lrs.lt/portal/legalAct/lt/TAD/deaf8694663011eaa02cacf2a861120c>
- Newall, N. E. G. & Menec, V. H. (2019). Loneliness and social isolation of older adults: Why it is important to examine these social aspects together. *Journal of Social and Personal Relationships*, Vol. 36(3). 925–939, DOI: <https://doi.org/10.1177/0265407517749045>
- Singh, A., Misra, N. (2009). Loneliness, depression and sociability in old age. *Industrial psychiatry journal*, 18 (1), 51-55.
- Straigyte, L., Briliute, M. (2020). Širdies ir kraujagyslių pažaida sergant COVID – 19 infekcija: literatūros apžvalga. *Medical sciences*, 8 (16), 262-271.