

# Impact of social isolation on the elderly during the COVID-19 pandemic

## Impacto do isolamento social em idosos na pandemia covid-19

### Impacto del aislamiento social en los ancianos durante la pandemia de COVID-19

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# REVISA

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#### RESUMO

**Objetivo:** identificar o impacto do isolamento social na vida dos idosos residentes em Joinville, bem como, conhecer as principais limitações e dificuldades durante a pandemia de Covid-19. **Método:** estudo descritivo com abordagem qualitativa. Foram selecionados participantes ativos de grupo de idosos de Joinville. A coleta de dados foi realizada através de entrevista conjugada, com o auxílio de um roteiro de perguntas semi-estruturadas. Para a análise dos dados foi realizado a análise temática de acordo com Minayo. **Resultados:** a entrevista foi realizada com 9 participantes, do sexo feminino com idades entre 60 e 80 anos. Todas as entrevistadas relataram mudanças em sua rotina durante a pandemia, entretanto diante do envolvimento com familiares e demandas domiciliares algumas entrevistadas mantinham as atividades de rotina como por exemplo a ida a supermercados. A maioria das entrevistadas relataram sentimentos como tristeza, ansiedade e depressão, e, relevante prejuízo na vida social. **Conclusão:** o isolamento social ocasionou restrições nas atividades e relações sociais, limitando a autonomia e independência, sobrecarga, bem como, tornou-se uma forte influência para o surgimento de sentimentos negativos.

**Descritores:** Saúde da pessoa idosa; Isolamento social; Vírus da COVID-19; Enfermagem.

#### ABSTRACT

**Objective:** to identify the impact of social isolation on the lives of the elderly residents in Joinville, as well as to understand the main limitations and difficulties during the COVID-19 pandemic. **Method:** descriptive study with a qualitative approach. Active participants from elderly groups in Joinville were selected. Data collection was carried out through combined interviews, with the aid of a semi-structured question guide. For data analysis, thematic analysis according to Minayo was performed. **Results:** the interview was conducted with 9 participants, females aged between 60 and 80 years. All interviewees reported changes in their routine during the pandemic; however, some interviewees maintained routine activities such as going to supermarkets, in light of involvement with family and household demands. Most interviewees reported feelings such as sadness, anxiety, and depression, and significant impairment in social life. **Conclusion:** social isolation led to restrictions in activities and social relationships, limiting autonomy and independence, causing overload, and becoming a strong influence for the emergence of negative feelings.

**Descriptors:** Elderly health; Social isolation; COVID-19 virus; Nursing.

#### RESUMEN

**Objetivo:** identificar el impacto del aislamiento social en la vida de los ancianos residentes en Joinville, así como conocer las principales limitaciones y dificultades durante la pandemia de COVID-19. **Método:** estudio descriptivo con enfoque cualitativo. Se seleccionaron participantes activos de grupos de ancianos de Joinville. La recopilación de datos se realizó a través de entrevistas combinadas, con la ayuda de una guía de preguntas semiestructuradas. Para el análisis de datos, se realizó un análisis temático según Minayo. **Resultados:** la entrevista se llevó a cabo con 9 participantes, mujeres de entre 60 y 80 años. Todas las entrevistadas informaron cambios en su rutina durante la pandemia; sin embargo, algunas entrevistadas mantenían actividades de rutina como ir al supermercado, debido a la participación en familia y las demandas del hogar. La mayoría de las entrevistadas reportaron sentimientos como tristeza, ansiedad y depresión, y un deterioro significativo en la vida social. **Conclusión:** el aislamiento social provocó restricciones en las actividades y relaciones sociales, limitando la autonomía e independencia, causando sobrecarga y convirtiéndose en una fuerte influencia para la aparición de sentimientos negativos.

**Descritores:** Salud del adulto mayor; Aislamiento social; Virus COVID-19; Enfermería.

REVIEW

## Introduction

According to the World Health Organization (WHO) and Law No. 10,742 of October 2003, an elderly person is any person aged 60 years or older. The WHO considers human aging one of humanity's greatest triumphs, with the expectation that by 2025 Brazil will be among the 6 countries with the highest number of elderly people<sup>1</sup>.

The term aging is defined as a set of physiological, morphological, biochemical and emotional changes, becoming a joint process. Being progressive and gradual of motor and sensory losses occurring with the passage of time<sup>2</sup>.

Corona Virus Disease-19 (COVID-19) is an infectious disease caused by the Severe Respiratory Syndrome Coronavirus-2 (SARS-CoV-2) virus that causes respiratory symptoms, starting mildly, and may manifest more severe stages. Even though it affects young adults en masse, attention is given to the elderly and people with comorbidities, as they represent the risk group for contamination<sup>3</sup>. The elderly account for 68.9% of COVID-19 deaths<sup>4</sup>.

In times of pandemic, social isolation was necessary so that the disease does not spread. COVID-19 is not only life-threatening. According to the United Nations (UN), the social life of the elderly is being threatened, as mortality rates represent five times the global average. Prolonged periods of social distancing have had a direct impact on health, rights, and basic care, creating challenges in accessing these people. Since, this is a major problem, with the elderly being more prone to chronic diseases and comorbidities<sup>5</sup>.

Social relationships are necessary to maintain health at any stage of life. According to Rocha<sup>6</sup>, social interaction activities are important for the well-being of the elderly, and the lack of these activities in the routine has a direct impact on the maintenance of active aging. At this stage of life, the elderly are already in greater vulnerability that favor the appearance of diseases or aggravating factors, and, by being in a situation of social distancing, they become more favorable to behavioral changes<sup>6</sup>.

Thus, the present research was justified by the pandemic scenario in Brazil, in which isolation had a direct impact on the lives of the elderly. In this sense, this study aimed to identify the impact of social isolation on the lives of elderly residents in Joinville, as well as to identify their sociodemographic profile and learn about the main limitations and difficulties during the Covid-19 pandemic. Therefore, the question was asked "What is the impact of social isolation on the lives of the elderly?".

## Methodology

This is a descriptive study with a qualitative methodological approach. This research addresses four aspects: description, registration, analysis and interpretation<sup>7</sup>, seeking to describe reality and aiming at the subjective aspects of the social sciences<sup>8</sup>.

Through a face-to-face interview combined with a script of semi-structured questions. They took place in the months of July and August 2022 in a Joinville Parish, with 9 members of one of the elderly groups. Elderly people

over 60 years of age and churchgoers participated in the inclusion criteria. Older adults with cognitive disabilities were excluded.

The elderly who agreed to participate in the interview received a Free and Informed Consent Form (ICF), which contained all the necessary information, in accordance with Resolution 510/2016. All participants were invited voluntarily, free of charge, preserving anonymity, confidentiality and secrecy (BRASIL, 2016).

After the interview, the answers to the questions were fully described, without personal interference and ordered by participant. To extract the results of the research, the three stages of the thematic analysis proposed by Minayo<sup>8</sup> were used<sup>8</sup>.

Data collection was possible only after the approval of the Human Research Ethics Committee (REC) of the IELUSC Faculty, under opinion number 5.420.497.

## Results

### Characteristics of the participants

The interview was conducted with 9 female participants living in the city of Joinville-SC. The participants' ages ranged from 60 to 80 years. Regarding marital status, 5 participants were widows and the others were married. Among them, only 2 lived alone, while the others lived with their spouses and/or children and grandchildren, as can be seen in Chart1.

**Chart 1** - Characteristics of the participants.

AGE	60 to 69	04
	70 to 79	04
	80	01
MARITAL STATUS	Married woman	04
	Widow	05
HOUSING SITUATION	Alone	02
	Husband	04
	Family	03

Source: Prepared by the authors. Joinville, 2022.

All participants had an active social life and maintained autonomy and independence. Most of the participants indicated that they did not have family help in their routines, even though some do not live alone, but depend on themselves to perform routine tasks.

Based on the data collected in the interviews, and through the analysis, the results were grouped into 3 categories: Impact on the social activity of the elderly during isolation, perceptions of the elderly in relation to their autonomy and feelings of the elderly in relation to social isolation.

## Impact on the social activity of older adults during isolation

Regarding the questions related to the changes in the routine of the elderly during isolation, all the interviewees reported changes in their routine. The statements demonstrate dissatisfaction with the restriction of social relations and the loss of freedom, as exemplified in the following reports:

*"... Yes, I used to go to the gym and I didn't go anymore, I had a trip scheduled and it went down the drain..." (Participant 2)*  
*"... Yes, yes, it closed here so I couldn't go to Mass..." (Participant 3)*  
*"... here in the church and in CRAS..." (Participant 9)*

All the elderly women interviewed reported changes in their routine as a consequence of social isolation during the pandemic. To distinguish what had actually changed in their routine, the participants were asked about which activities they had stopped doing due to the pandemic, as shown in the following reports:

*"... Yes, I used to go to the gym and I didn't go anymore, I had a trip scheduled and it went down the drain..." (Participant 2)*  
*"... Yes, yes, it closed here so I couldn't go to Mass..." (Participant 3)*  
*"... here in the church and in CRAS..." (Participant 9)*

Before the pandemic, all participants attended social groups and practiced various activities such as trips, crafts, dances, masses and activities in favor of the church. In addition, they are elderly women who have control over their routines, go to the market, pharmacy, bank and perform other activities that are necessary. However, with the arrival of the pandemic, these activities were restricted and they began to be confined to their homes. It was possible to observe the sad faces of the elderly women during the reports.

An elderly woman told us that she had a very busy life before the pandemic, in addition to social and leisure activities, she exercised at the gym, took walks outdoors, attended church services and liked to receive visits from family members at her home. However, this routine changed completely during the pandemic period, since the mobility restrictions and the fear of contracting the disease made her move to the beach house, along with her husband, in order to be more distant from the possibilities of contagion. She also told us that walking was one of the main activities she missed and needed due to the severe pain she had in her joints. But, he found a way to adapt this activity around his home, as in the following quote:

*"... We left, because we were isolated on the beach so there was no way to go... I was going around the house so I could exercise and not stand still..." (Participant 8)*

Regarding the perceptions of the elderly women about the activities and needs of their daily lives during isolation, it was observed that almost all of them performed their routine activities alone, as they did not have frequent help from a family member. Although most of them lived with a relative, they could not depend entirely on the help of the family member due to the professional and personal routine they maintained.

In view of this question, in order to understand the management of autonomy and the degree of help they had ahead of their routines and basic needs, they were asked if they went to markets, bakeries, pharmacies, among other social facilities during the pandemic:

*"Yes... sometimes I go with my daughter-in-law..." "... if she can't, I'll go there, take my car and that's it..." (Participant 1)*

*"... I've been doing it for many years, my husband has never done it, all my life I..." (Participant 3)*

*"... I do, because there's no one to go for me..." (Participant 5)*

*"... Everything was normal, it was just me, you know, I was forced to do it..." (Participant 7)*

From the reports, it is possible to observe that there is a complexity in this context of autonomy and the pandemic scenario, in which the participants had a very strong role in their daily lives and that they often depend on themselves, either by choice or by necessity, as is the reality of 2 interviewees who played the role of family caregivers.

### **Feelings of the elderly in relation to isolation**

The elderly women's feelings were related to sadness, anxiety and depression. Only 01 of the participants indicated feeling lonely during isolation, the others felt anxious. For them, isolation contributed to the emergence of these feelings, as it was not possible to receive visitors, meet with family members, attend church celebrations and participate in groups.

In this sense, the participants were asked about the contribution of social isolation to the emergence of negative feelings, as demonstrated by the following reports:

*"... contributed a lot... He contributed because I'm used to going to these groups to play cacheta, to play canasta..." "... going to the farm and the relatives didn't get paid because of the isolation..." (Participant 2)*

*"... I've lost my appetite, I'm kind of repressed, I didn't sleep well..." "... the fear because we lost a brother-in-law to covid..." (Participant 4)*

*"... I think so, because we're afraid too, because everywhere we go it's contaminated..." (Participant 5)*

*"... a lot, that contributed a lot, we couldn't talk, we couldn't go out, we could be alone inside a house..." (Participant 6)*

*"... a little sad for the situation, and also for the people we heard were going, thank God in my family there was no covid..." (Participant 8)*

### **Discussion**

Social isolation during the pandemic was a necessary strategy to guarantee subsistence, however, it brought several negative consequences, causing restrictions on contact and communication, since, at this stage of life, their social connections are going to church celebrations, visiting or receiving relatives, shopping for basic supplies, and being part of groups of the elderly and/or the community<sup>9</sup>.

Also in this sense, social isolation was a measure that affected the entire population, regardless of age group. However, changes in social activities for

the elderly culminate in a natural process of age transition, contemplated by retirement, physical limitations, loss of family members, among other causes<sup>10</sup>.

The trajectory of social participation is proportional to advancing age, promoting successful aging with health and well-being. Older adults who continue to participate in activities in the community are less susceptible to health problems. The lower the level of interactions and connections that social activities promote, the earlier declines in physical and cognitive conditions are evidenced, increasing the risk of disability and mortality.<sup>11</sup>

Understanding the quality of life of the elderly goes beyond the perceptions of clinical health conditions, it is necessary to know social relations and the way in which these means provide exchanges and experiences. At this stage of life, these bonds are necessary so that the elderly do not feel invalidated by society, as well as being indispensable for mental and physical health. In a study conducted by Luzardo<sup>12</sup>, the need for resilience, patience, and empathy to recreate routines and adapt to changes to reduce harmful effects during this period was evidenced through the perceptions expressed about coping with COVID-19.

In this study, it was possible to observe that there was a direct impact on the social activity of the participants. The reports of the elderly women pointed out the importance of social relationships and how much these interactions bring benefits to their lives, promoting quality of life. It was evident that the interviewees were aware of how important social activities are. According to the WHO<sup>1</sup>, the exchange of experiences, social support networks and the affective bonds that social interactions provide are decisive for preserving and promoting autonomy and independence, thus ensuring active aging.

All participants were frequently involved in the activities of society, enjoyed their vitality, self-sufficiency and decision-making capacity. These concepts are pertinent to autonomy, although they have heterogeneous meanings that derive from each person's experience.<sup>13</sup>

In a study conducted by Medeiros, Borges and Oliveira<sup>14</sup>, active aging is influenced by the environment in which the elderly are inserted. From the point of view of the elderly, having quality of life is linked to the ability to perform activities, take care of oneself and not depend on help. The study also reinforces that the frequent participation of the elderly in social groups promotes many benefits, mainly favoring autonomy and independence.

Even though they were afraid of contracting the disease, these elderly women were forced to leave their homes to ensure the supply of basic supplies to their homes. Studies conducted by Barros and Oliveira<sup>15</sup> and Almeida<sup>16</sup> highlight the prevalence of women as the main family caregiver, having to face the challenges of taking care of their own lives and offering care to a dependent. Taking on this role can be linked to a variety of reasons, but the motivation for love, obligation, and need stands out.

Researchers have highlighted the increase in conflicts between young and older adults during the pandemic, due to the resistance of some older adults to adhering to social isolation measures. This situation hinders interactions in society, causing detrimental effects and, consequently, affecting autonomy.<sup>17-21</sup>

Although part of society has a pejorative and discriminatory idea of the elderly, it is necessary to understand the sociocultural and historical complexity that determine who these people are and how they manage their lives. The

elderly should not be placed on the podium of the disabled, their needs are no less important than those of younger people. In this sense, Hammerschmidt, Bonatelli and Santana<sup>22</sup> reinforce that it is necessary to reorganize common thoughts about the conceptual understandings of autonomy, humanity, heterogeneity and subjectivity in order to recognize the elderly human being as the protagonist of their lives.

According to Costa<sup>23</sup>, people react differently to stressful situations as a result of their experiences throughout life and the environment in which they live. It also points out that, due to social distancing, reactions such as fear, stress, worries and sleep changes are common. Reinforcing this issue, the study by Pecoits<sup>24</sup> states that there was a marked increase in emotional disturbances and the predominance of females for the development of anxiety. According to Santos, Brandão and Araújo<sup>25</sup>, at this stage of life, negative feelings can be potentiated and generate later consequences.

## Final Considerations

Although social distancing represents an essential and necessary sanitary measure to contain the spread of COVID-19, it is undeniable that such a measure has caused significant damage to the lives of many individuals. In this context, it was found that, as a result of the restrictions imposed in terms of mobility and movement, the elderly were deprived of their liberty and were compelled to remain confined to their homes for prolonged periods. In addition, this long period of isolation generated limitations for autonomy and independence, emotional overload, as well as triggered negative manifestations and feelings.

In the field of nursing, it is important to highlight the fundamental role played in promoting the quality of life of the elderly and in aiding their recovery. The importance of this study is evident in adopting a humanized approach, aimed at the elderly who face suffering due to the long period of isolation.

Considering the projections that point to the growth of the elderly population in the coming years, it is opportune for society to reflect on the deep-seated prejudices about this group, in order to understand the complexity and diversity of the human experience in old age, helping them to age, treating them in an integral, heterogeneous and humane way. and assuring them of a dignified and revered life.

Although most of the interviewees reported that they did not feel sad or alone in their routines, they reported that social isolation contributed to feelings of sadness, fear, anguish and loneliness. It is observed that these feelings are associated with how isolation had a negative impact, as a consequence of isolation, impediment to go out, restriction of contact with family, fear of contamination and of losing a family member or friend.

Through the results found, it was possible to understand the emotions of the elderly in the face of social isolation, since people in this age group are more susceptible to the emergence of negative feelings. It is important to have family support by providing physical and social well-being, in addition to self-help measures such as reading books and watching movies, and adopting positive attitudes to mitigate the effects of isolation.

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