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**IMPACTS OF THE COVID-19 PANDEMIC FROM THE  
PERSPECTIVE OF SENIORS**

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**Abstract**

In recent years, and especially in the last year, seniors have been increasingly discussed as a target group important to protect. Mechanisms to improve the well-being of seniors and improve their quality of life are needed especially during and after the Covid19 pandemic which has led to the increased failure in satisfying their needs, loss of social contacts, as well as problems among the seniors. The study aimed to determine the impact of the pandemic on the quality of life of seniors living in homes for the elderly through the research question: "How has the Covid-19 pandemic affected the quality of life of seniors from their perspective?" Questions aimed at learning opinions were distributed through a questionnaire survey to homes for the elderly. The data were processed and analysed in the IBM IPSS statistical software. The findings showed that the Covid-19 pandemic significantly impacted seniors in homes for the elderly. Respondents reported that most of their loved ones and family did not provide them with help and support during the Covid-19 pandemic. Seniors were isolated, without a chance to be visited by their family and friends, travel, shop, and their health status was significantly altered. The research aim is to emphasise the importance of meeting the needs of seniors and respecting the autonomy of seniors in homes for the elderly.

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## 1. Introduction

Since the 1990s, the concept of active ageing, first defined by the World Health Organization (WHO) as a response to the ageing of the world population, has been gaining attention (Janiš & Skopalová, 2016). The term active ageing refers to living life to the full in safety and dignity and having the opportunity to participate in society. The purpose of active ageing is to reduce the risk of social exclusion, to strengthen the integration of the individual in society, and to provide such support that the problems affecting seniors do not lead to their social exclusion and dependence on the care of another person. It is based on the principles of autonomy, participation in society, dignity, care, and self-actualization (Holczerová & Dvořáček, 2013). In order to mitigate the epidemic, several measures were introduced to protect particularly vulnerable populations - seniors. Isolation, strict ban on leaving their rooms, ban on visitors, and the absence of much needed social contact have had a negative impact on them. Since 2000, the Czech Republic has been divided into 14 higher territorial self-government units (regions).

We take a postmodern view of the individual's conduct and view reality as a construction. We believe that each individual or group interprets their world in their own way, but only based on their own experiences, which limit them. We assume that seniors create their own ideas about old age and quality of life and adapt these ideas to their own perspectives in the context of fulfilling their ideas about quality of life. Postmodern constructionism moves away from power imbalance and the category of power. It excludes the question of illusoriness, emphasizing the uniqueness of each person and their own imaginations that construct reality (Keller, 2013).

### 1.1. Theoretical Base and Conceptualization of Concepts

The concept of quality of life can be understood as multi-level and dynamic. Quality of life is based on many factors and is also influenced by many variables (Mareš, 2014; Olišarová et al., 2012). The World Health Organization (WHO) defines quality of life as "how a person perceives his or her position in life in the context of the culture in which he or she lives and in relation to his or her goals, expectations, lifestyle, and interests" (Dragomirecká & Prajsová, 2009, p. 9).

Across the span of life, quality of life is often associated with the issue of needs, as these are a driving force of human development and form an irreplaceable area in the fulfilment of our wishes, desires, and goals (Mühlpachr & Vaďurová, 2005). The fulfilment of needs, from a social work perspective, is most often dealt with when working with seniors. One reason for this may be the fact that needs change frequently in old age and inadequate satisfaction of needs can lead to frustration for seniors (Čevela et al., 2012). After having retired, seniors must cope with a new daily routine that may come boring and unfulfilling to them. The lack of fulfilment can lead to apathy, loss of motivation, and an overall disruption of well-being and safety (Dvořáčková, 2012). One of the important needs of seniors, not only in homes for the elderly, is the need to be surrounded by their family, which is the most important social group in society. Therefore, when seniors are separated from their family, it usually leads to an increase in the seniors' stress (Příbyl, 2015).

The period of the Covid-19 pandemic significantly changed the daily routine of seniors in homes for the elderly. As a result of these changes, there were discussions about the quality of life and needs of seniors in homes for the elderly during this time. Therefore, we designed a survey to find out this

information. The indicators examined in the survey were quality of life and needs. These concepts first need to be operationalized. Operationalization is the conversion of concepts into investigable indicators (Reichel, 2009). In operationalization it is important that the right indicators are selected for measurement and then that the correct measurement is made (Dočekalová et al., 2010). Quality of life touches many areas of human life (Gurková, 2011). For example, it is an area related to health, relationships, environment, and leisure.

Max-Neef (The Rainforest Information, 2015) articulates that human needs are unchangeable and universal for all cultures and the only thing that differs are the ways of satisfying them. The fulfilment of needs varies mainly in intensity in relation to place, surrounding conditions, and time.

**Subsistence, survival:** The individual's mental and physical health, to which is linked the need for food, sleep, light, clothing, work, and shelter. **Measurement indicators:** sleep, work performance, activity.

**Protection:** It is based on autonomy, which allows an individual to make decisions and act on his or her own. It also includes the availability of health care, the individual's social security, the place of residence and the impact of social environment. **Measurement indicators:** decision-making, actions, availability of health and social care

**Affection and emotions:** The need for love, a certain sensuality and space to share our feelings are very important to us. Relationships with family and friends who surround us play an essential role. We also include the need to be respected, accepted and to be able to express our emotions. **Measurement indicators:** relationships with family, respect, emotions

**Understanding and comprehension:** The individual is shaped by education, family, and community. The individual's education and knowledge are acquired through curiosity and intuition. He/she expects a certain understanding from society that helps him/her to consolidate who he/she is. The manifestation of understanding helps the individual to anchor his/her SELF in society. **Measurement indicators:** understanding

**Participation:** Every individual is responsible for his/her own duties and work. At the same time, he/she has certain rights, including the right to express his/her ideas, the right to decline or disagree. Participation means working with other people and being part of their team. It is the opportunity to join a team and share your ideas or thoughts. **Measurement indicators:** cooperation, participation in society, activities, sharing experiences

**Leisure:** Meaning the ways the leisure is satisfied. In old age, when one has a lot of free moments, negative thoughts form very easily. **Measurement indicators:** leisure time

**Creation:** Being creative means being able to use one's talents, opportunities, and abilities, trying to create new things or building something that has meaning. By being creative, one develops one's thinking and improves one's skills. **Measurement indicators:** creativity (manual activities, home projects)

**Identity:** Every individual has an identity in society. The identity is to be accepted among other individuals. We can include self-esteem, personal growth, and a sense of belonging here. **Measurement indicators:** self-esteem, sense of belonging

**Freedom and liberty:** Here we include the equal rights of all individuals in society. Regardless of restrictions, privileges, and other preferences. Everyone has the right to develop his/her personality, thinking, and actions (Příbyl, 2015). **Measurement indicators:** equality

## 2. Research Question

The research question is based on the research problem and is defined as follows: “How has the Covid-19 pandemic affected the quality of life of seniors from their perspective?”

## 3. Purpose of the Study

The purpose of the study was to determine the impacts of a Covid 19 pandemic on the quality of life of seniors in homes for the elderly. Old age and demands on the quality of life of seniors is today a frequently discussed topic among professionals. Extended life expectancy brings along demands for improved health and social care, especially during the Covid-19 pandemic.

## 4. Research Methods

In general, research can be understood as a process of epistemic actions at the theoretical and empirical level seeking to find an answer to a research question (Baum & Gojová, 2014, p. 21). Hendl (2016) adds that quantitative research is associated with natural sciences because human behaviour can be predicted and measured to a certain extent. The conceptual framework of the research focuses on variables that examine the attitudes and beliefs of seniors. The research part shall be carried out in cooperation with the non-profit organisation Zkušeni.cz. We addressed seniors 65+ living in homes for the elderly in the Czech Republic with all regions represented in the sample.

The subject of the survey is to determine the impact of the Covid-19 pandemic on seniors' lives. The object of the survey is seniors 65+ in the different regions of the Czech Republic. The 65+ age group was selected on purpose. In the Czech Republic, an amendment to the Pension Act sets the retirement age at 65. At the same time, people aged 65 and over are considered seniors, to whom the survey was targeted. The survey was conducted in state homes for the elderly. In total, 908 seniors from homes for the elderly throughout the Czech Republic took part in the research. Survey was distributed to homes for the elderly in written form and the elderly were informed of the possibility of participating in the research. The method of obtaining data and the procedure for filling out the survey were described in detail to them. The seniors were also informed that all the information they provided was anonymous and that the survey was voluntary.

The questionnaire survey is a special set of usually written questions. It consists of several questions, which are most often closed, but also semi-closed, and usually focused on a single topic. The survey also includes demographic data (Reichel, 2009). Urban (2011) notes: “Quantitative research is conducted on a sample whose size ranges from hundreds to thousands of respondents. The emphasis is on maximum representativeness of the sample” (p. 75). Reichel (2009) describes sampling based on voluntariness and availability, which can also include a survey. Respondents themselves decide whether or not to participate in the survey and the results are only valid for those who have answered. Based on this, we can conclude

that the results cannot be generalised to the wider population as it cannot be specified. Hendl (2016) adds that sampling based on voluntary decision favours individuals who are motivated to comment on the topic.

Every research is associated with ethical issues. Although this is quantitative research, the researcher has a role to play and should follow generally accepted ethical rules in quantitative research. In our research, in which we opted to use a survey technique, we were careful to ensure that all respondents' anonymity was not violated. Before they started completing the survey, seniors were assured (both through the survey introduction and verbally when the survey was distributed) what the purpose of the study was and who was conducting the study. All surveys that we collected were stored in a secure location and were not accessible to anyone other than the members of the research team, who are the authors of this paper.

The survey was distributed in person in paper form to homes for the elderly. The research survey started in September 2021 and ended in May 2022. In the initial phase (September-October 2021), the survey was being prepared. This was followed by the implementation phase, when data collection took place in homes for the elderly in the Czech Republic in the period from November to January (2022). The survey was distributed to individual homes, where we presented the research survey to the seniors and handed them the survey, which we came to pick up after a pre-arranged time with the senior staff of the home for the elderly. The final phase (February - May 2022) consisted in the analysis and interpretation of the data found, where there was an opportunity to complete them voluntarily. The survey is composed of 19 questions, including both opinion-seeking questions and demographic questions viz. below. The pilot phase of the research consisted in the distribution of ten questionnaires in order to verify the questions. Whether they are correctly worded and understandable for seniors. The pilot phase showed that the created survey is comprehensible for seniors, i.e., that seniors understood the content of the question. Based on these findings, questionnaires were subsequently distributed to the facilities of homes for the elderly in the Czech Republic. Following the data collection in paper form, the data was processed and analysed in the IBM IPSS 28 statistical software.

The survey was created by the researchers themselves in order to determine the impact of the Covid 19 pandemic on the elderly. The questions were formulated as closed, to which the respondents answered either yes or no. The questions were created according to the assessment of the quality of life into 6 categories (physical health, mental health, quality of life, social relations, environment and spirituality). based on the World Health Organization (WHO).

The World Health Organization (WHO) defines quality of life in relation to health care. In total, WHO has defined six general domains and 24 aspects that will be used as a basis for the survey.

- 1) **Physical health:** We would like to determine within our survey whether seniors have suffered from Covid-19 and whether subsequently they experienced changes in their sleeping patterns, habits toward taking dietary supplements, and whether there has been a change in their overall physical condition.

**Measurement indicators:** sleep, Covid-19, dietary supplements, physical condition

- 2) **Mental health:** The survey will try to determine if government regulations were comprehensible to seniors.

**Measurement indicators:** clarity of government regulations

- 3) **Quality of life:** It deals with levels of autonomy; inquiries about opportunities to travel, shop, and attend cultural events.  
**Measurement indicators:** travel/commute, shopping, attending cultural events
- 4) **Social relationships:** We would like to determine whether lockdown (restriction of movement) meant a lack of contact with family for seniors.  
**Measurement indicators:** missing contact with family
- 5) **Environment:** The goal is to learn whether lockdown was used by seniors to spend time outdoors, doing manual work or reading books, and whether the Covid-19 pandemic had an impact on visits to GPs or other professionals.  
**Measurement indicators:** leisure time, doctor visits
- 6) **Spirituality and personal confession:** The goal is to find out whether the senior has been vaccinated or plans to do so.  
**Measurement indicators:** vaccination

## 5. Findings and Discussion

The text below presents the results of the survey engaging seniors from homes for the elderly in the Czech Republic. The tables display the analysis of responses according to the questionnaire items.

**Table 1.** I have had Covid-19

		Frequency	%	Validity %	Total %
Validity	Yes	313	34.5	34.5	34.5
	No	583	64.2	64.2	98.7
	Not answered	12	1.3	1.3	100.0
	Total	908	100.0	100.0	

Table 1 shows, that total of 908 seniors living in homes for the elderly in the Czech Republic participated in the survey. The results showed that more than one third of all respondents had experienced Covid-19 (34.5%), 64.2% had not, and only one percent did not answer the question. Seniors have been, are and will be a vulnerable target group at risk of any disease. The results show that restrictions in place to protect seniors were significant.

**Table 2.** My relatives provided me with assistance during the disease

		Frequency	%	Validity %	Total %
Validity	Yes	297	32.7	32.7	32.7
	No	520	57.3	57.3	90.0
	Not answered	91	10.0	10.0	100.0
	Total	908	100.0	100.0	

In the following table 2, we demonstrate the results of whether relatives of seniors provided them with help. The survey results further demonstrate the findings in the area of providing assistance to seniors

during the Covid-19 pandemic. The results point to a negative finding that most of family members and loved ones did not provide assistance to seniors in the homes for the elderly during the Covid-19 pandemic. One of the reasons for this could be the fact that there was a ban on visitors to the homes for the elderly. Also, there were strict restrictions in place that were associated with a ban on travel outside districts in the Czech Republic and/or due to lack of interest on the part of the family.

**Table 3.** During lockdowns I missed contact with my family and friends

		Frequency	%	Validity %	Total %
Validity	Yes	524	57.7	57.7	57.7
	No	359	39.5	39.5	97.2
	Not answered	25	2.8	2.8	100.0
	Total	908	100.0	100.0	

Table 3 shows whether the seniors lacked contact with family about. The previous question demonstrated the negative results in terms of lack of assistance to seniors during the Covid-19 pandemic. The following question found that seniors lacked contact with family, friends, and loved ones during the lockdown in almost 60% (or 57.71%). Almost as many as 40% reported that they did not lack contact with family. One possibility is that family relationships are disrupted or family is absent.

**Table 4.** Are government regulations responding to the pandemic easy to understand?

		Frequency	%	Validity %	Total %
Validity	Yes	453	49.9	49.9	49.9
	No	441	48.6	48.6	98.5
	Not answered	14	1.5	1.5	100.0
	Total	908	100.0	100.0	

Table 4 demonstrates the results focusing on the comprehensibility of government regulations. Government regulations during the Covid-19 pandemic were quite clear and easy to understand for half of all respondents (49.89). The other less than half of the respondents (48.57) reported that the government regulations related to lockdowns and no visitor rule were not clear to them. It should be noted that Czech government regulations were often confusing, unclear, and were changed quite often. This then led to seniors not being able to distinguish which government regulation was valid and which was not.

**Table 5.** Did I miss the freedom of going shopping whenever I wanted to?

		Frequency	%	Validity %	Total %
Validity	Yes	476	52.4	52.4	52.4
	No	420	46.3	46.3	98.7
	Not answered	12	1.3	1.3	100.0
	Total	908	100.0	100.0	

Table 5 shows whether seniors lacked the opportunity to purchase. Respondents indicated that more than half of the respondents (52.4%) were free to go shopping at the times and to the shops they wanted to

go. On the other hand, less than half of the respondents did not lack the option of freedom of shopping. This is due to the fact that they were not used to going shopping on their own and it is provided for them by family, friends, and agencies providing assistance to seniors with securing their basic needs.

**Table 6.** Did I miss attending cultural events?

		Frequency	%	Validity %	Total %
Validity	Yes	490	54.0	54.0	54.0
	No	399	43.9	43.9	97.9
	Not answered	19	2.1	2.1	100.0
	Total	908	100.0	100.0	

In table 6, we can see whether the seniors missed cultural activities. When seniors in homes for the elderly were asked whether they missed the opportunity to attend cultural events, it was determined that more than half of the respondents (54%) missed this opportunity. Two-fifths of all (43.9%) reported that they did not miss cultural events at all. In a few cases (2.1%) the question was not answered.

**Table 7.** Did I use the pandemic time for my further education and self-development, e.g., reading, interactive computer courses?

		Frequency	%	Validity %	Total %
Validity	Yes	506	55.7	55.7	55.7
	No	378	41.6	41.6	97.4
	Not answered	24	2.6	2.6	100.0
	Total	908	100.0	100.0	

Table 7 shows whether seniors used the period of the Covid 19 pandemic for further education. Survey found that more than half of all respondents (55.7%) took advantage of the Covid-19 pandemic and periods of leisure time to deepen their education, which included reading books, interactive computer courses, etc. Two-fifths of the respondents (41.6%) did not use the pandemic period for further education and a low percentage of respondents did not answer the question. The covid times, a ban on visitors to homes for the elderly, and the restrictions that affected all areas (educational and social) in society led to opportunities to use leisure time in other ways.

**Table 8.** Did I use this time to do my favourite activities, e.g., taking walks, doing art and crafts, home exercise?

		Frequency	%	Validity %	Total %
Validity	Yes	606	66.7	66.7	66.7
	No	289	31.8	31.8	98.6
	Not answered	13	1.4	1.4	100.0
	Total	908	100.0	100.0	

In Table 8, we can see whether seniors used the pandemic period for their favourite activities. More than two-thirds of the respondents, i.e., seniors living in homes for the elderly, when asked whether they



used the period of the Covid-19 pandemic to do their favourite activities, they answered that they used their leisure time for walking, doing art and crafts, and home exercise (66.7% of the respondents). One third of the respondents did not use this time to do their favourite activities. During the Covid-19 pandemic, homes for the elderly struggled to provide activities for their seniors. For this reason, there was an increased demand for volunteers who wanted to give their time to people who felt lonely and did not want to spend time alone.

**Table 9.** I regularly followed events in society on TV, radio, newspapers, Internet, social networks

		Frequency	%	Validity %	Total %
Validity	Yes	582	64.1	64.1	64.1
	No	317	34.9	34.9	99.0
	Not answered	9	1.0	1.0	100.0
	Total	908	100.0	100.0	

Table 9 demonstrates the results in the field of monitoring social events on television, radio, newspapers or on the Internet among seniors. During the Covid-19 pandemic, there was an increased demand for television and other electronics. One of the reasons for this was precisely the restrictions in terms of lockdowns, loss of social contacts, and loss of contact with social life. The survey respondents indicated that they regularly watched television, listened to radio, read newspapers, and followed events on the Internet and social media (64.1% of the respondents). A larger third of all respondents did not follow any media.

**Table 10.** Has your health changed emotionally or physically?

		Frequency	%	Validity %	Total %
Validity	Yes	451	49.7	49.7	49.7
	No	444	48.9	48.9	98.6
	Not answered	13	1.4	1.4	100.0
	Total	908	100.0	100.0	

Table 10 shows whether there were changes in the emotional or physical state of the elderly. A question inquiring about the perception of physical health among seniors in homes for the elderly mapped that less than half of all respondents had experienced physical changes in their health, and less than half had not. The results show that the impact of the Covid-19 pandemic on the physical health of seniors was individual. This is related to their lifestyle, regular exercise routine, etc.

**Table 11.** Have your eating habits changed?

		Frequency	%	Validity %	Total %
Validity	Yes	318	35.0	35.0	35.0
	No	578	63.7	63.7	98.7
	Not answered	12	1.3	1.3	100.0
	Total	908	100.0	100.0	

Table 11 demonstrates the results in the area of eating habits among seniors during the Covid - 19 pandemic. The survey mapped the eating habits of seniors in homes for the elderly. The results showed that the eating habits of the seniors in 63.7% had not changed and that the eating habits of more than one third of the seniors (35%) had changed. Meals in homes for the elderly must follow the principles of healthy nutrition, i.e., they must contain sufficient amounts of carbohydrates, fats, proteins, minerals and vitamins. This shows that meals in the period before and during the Covid-19 pandemic must be provided at the same level. Dietary changes can only happen in leisure time and outside regularly provided meals (breakfast-lunch-dinner).

**Table 12.** Did you gain weight during the pandemic?

		Frequency	%	Validity %	Total %
Validity	Yes	362	39.9	39.9	39.9
	No	537	59.1	59.1	99.0
	Not answered	9	1.0	1.0	100.0
	Total	908	100.0	100.0	

Table 12 shows whether weight gain occurred during the Covid 19 pandemic. The previous question aimed at identification of eating habits was followed by a question to determine whether body weight increased during the pandemic among seniors or not. The results showed that body weight did not change in most cases (59.1%), however, almost as many as 40% of the informants reported changes in their body weight.

**Table 13.** Did you increase your intake of dietary supplements?

		Frequency	%	Validity %	Total %
Validity	Yes	406	44.7	44.7	44.7
	No	487	53.6	53.6	98.3
	Not answered	15	1.7	1.7	100.0
	Total	908	100.0	100.0	

Table 13 above demonstrates the results of whether seniors increased their intake of food supplements during the Covid 19 pandemic. Although GPs called for an increased intake of dietary supplements during the pandemic, the survey showed that more than half of seniors in homes for the elderly did not increase their intake of supplements (53.6%) compared to those who did (44.7%).

**Table 14.** Have your sleep patterns (hours) changed?

		Frequency	%	Validity %	Total %
Validity	Yes	411	45.3	45.3	45.3
	No	490	54.0	54.0	99.2
	Not answered	7	0.8	0.8	100.0
	Total	908	100.0	100.0	

Table 14 presents the results of a survey that focused on sleep, or whether there have been changes in sleep in the elderly. The survey revealed that almost half of the respondents (45.3%) had experienced changes in their sleeping pattern. Although there are rules in homes for the elderly that set the meal times and regular hygiene times, changes in the ways old people spent their leisure time (and especially when there was a shortage of volunteers and staff) may have occurred. Instead of spending time socialising with other residents and restrictions that meant a ban of social activities in the homes, seniors could use their free time to relax and sleep.

**Table 15.** Has the time spent by watching TV changed?

		Frequency	%	Validity %	Total %
Validity	Yes	435	47.9	47.9	47.9
	No	462	50.9	50.9	98.8
	Not answered	11	1.2	1.2	100.0
	Total	908	100.0	100.0	

In table 15, we can see whether there have been changes in the length of time spent watching television among seniors. The survey question sought to determine whether the amount of time seniors watched television has changed. It was found that less than half of the respondents (47.9%) experienced some change. However, it is not possible to determine from the survey whether there has been a change in the amount of television time **to more or less of it**. It can be assumed that due to increased free time, a ban on socializing, television watching from the perspective of seniors has increased

**Table 16.** Has your number of doctor visits or telephone consultations with your GP changed?

		Frequency	%	Validity %	Total %
Validity	Yes	365	40.2	40.2	40.2
	No	533	58.7	58.7	98.9
	Not answered	10	1.1	1.1	100.0
	Total	908	100.0	100.0	

The following two tables 16 and 17, present the results in the field of consultations with doctors. Table No. 16 indicates the results focusing on the detection of visits or telephone consultations with general practitioners. This question attempted to map whether the pandemic has led to an increase in telephone consultations with seniors' GPs. The survey showed that there was no increase in telephone consultations for almost 60% of all respondents. However, more than 300 respondents (40.2%) reported that there had been an increase in telephone consultations. This is also due to the fact that there was an increase in consultations with the GP when seniors contracted Covid-19.

**Table 17.** Has your number of visits or telephone consultations with a specialist changed?

		Frequency	%	Validity %	Total %
Validity	Yes	265	29.2	29.2	29.2
	No	631	69.5	69.5	98.7
	Not answered	12	1.3	1.3	100.0
	Total	908	100.0	100.0	

Table 17, like the one above, focused on finding out the number of consultations with specialist doctors. The following question sought to determine whether there had been any changes in the number of visits or telephone consultations with a specialist doctor rather than a GP. It was found that there was no significant increase (69.5%) in visits and consultations with a specialist.

**Table 18.** Am I vaccinated against Covid-19 or do I plan to be?

		Frequency	%	Validity %	Total %
Validity	Yes	739	81.4	81.4	81.4
	No	160	17.6	17.6	99.0
	Not answered	9	1.0	1.0	100.0
	Total	908	100.0	100.0	

Given that seniors are considered one of the most at-risk groups for Covid 19, one of the last questions was to find out if they are or are planning to be vaccinated against Covid 19. The results are presented in Table 18. Another area of the survey was to learn whether seniors in homes for the elderly received vaccination against Covid-19. The results clearly show that four-fifths of all, i.e., more than 700 respondents (81.4%) were vaccinated, and only 160 respondents did not receive any “jabs”. The seniors are considered to be a particularly vulnerable group, which is why there has been a recommendation in the Czech Republic for everyone to be vaccinated and thus prevent the severe course of the disease that Covid-19 carries. The fact that some people do not get vaccinated may be due to the vaccine’s contraindication and thus the inability to be vaccinated.

**Table 19.** Have you experienced any health problems after receiving the Covid-19 vaccine?

		Frequency	%	Validity %	Total %
Validity	Yes	82	1.09	11.09	5.69
	No	615	83.22	83.22	94.31
	Not answered	42	5.69	5.69	100.0
	Total	739	100.0	100.0	

If the person is vaccinated, this was followed by a question identifying health problems after vaccination and this was the subject of question 19 in the table. The survey tried to determine whether seniors experienced any health issues after receiving the Covid-19 vaccine. From the previous question we found that more than 80% of all respondents received the vaccine and the following question revealed that more than 80% (83.22%) had no health problems.

## 6. Conclusions

The purpose of our study was to investigate the impacts of Covid-19 on seniors living in homes for the elderly in the Czech Republic on a sample of 908 respondents. Based on the results, we can conclude that most of the seniors in the homes for the elderly have no personal experience with Covid-19, however, they have experienced the restrictions that had been put in place to protect seniors and prevent the spread of the disease. The survey also revealed that many seniors did not have adequate support from family members during the pandemic, which is one of the negative indicators elicited from the survey. The results also point to a misinterpretation of government regulations and measures that were chaotic, confusing, and (not only) difficult for seniors to understand. The second part of the survey included questions identifying the changes that seniors had to cope with, and those included no visitors and no socializing rule, curfews, bans on going out shopping and social outings, as well as the requirements that were placed on seniors by doctors, which concerned isolation and quarantine of persons in homes for the elderly. Seniors reported that during the Covid-19 pandemic they lacked the freedom of movement and ability to go and purchase things. They also lacked contact with society through outings and socializing with other people. Many seniors used this period to read books and to an increased interest in interactive computer courses, television watching, and browsing on the Internet and other media. Conversely, it is positive and encouraging that during the pandemic, more than half of the respondents had no problem with weight gain and there were no changes in eating habits and sleeping patterns. In terms of their physical and mental condition, we found that seniors experienced to a greater extent changes in physical condition. On the other hand, these changes are not the reasons for the increased frequency of visits or telephone consultations with both general practitioners and specialists (e.g., pulmonary specialist, psychiatrist, etc.). Finally, it is important to mention that more than 80% of all respondents have been vaccinated or plan to be vaccinated against Covid-19 and experienced no health problems after vaccination.

The research showed that it is necessary to deal with the needs of the elderly for several reasons. Insufficient contact with family, failure to satisfy needs (physiological, spiritual) or insufficient knowledge in the field of communication technologies led to negative impacts on the elderly. For these reasons, programs are being introduced in the Czech Republic to increase the self-sufficiency of seniors when working with modern communication technologies (laptops, smart phones), and at the same time, nursing home workers are being educated in this area, that is, how to teach seniors to use these technologies. It is necessary for seniors to have the opportunity to talk and see their loved ones in the event of a recurrence of the pandemic, and thus the closure of homes for the elderly. This will improve their mental health, as the loneliness and isolation caused by the closure of nursing homes had a significant impact on the elderly. Currently, psychotherapy programs are also being introduced in social service facilities, and there has been an increase in demand for psychotherapists who will provide interventions not only during the pandemic.

The Covid 19 pandemic has brought a new perspective on the solution of crisis situations in homes for the elderly, which can also be used in circumstances other than the pandemic, such as a long distance (and the impossibility of regularly visiting the elderly in the facility) from the home for the elderly.

At the same time, our research suggests that there should be a strengthening of communication technologies in facilities for the elderly, an increase in the number of volunteers who will spend time with

the elderly, and an increase in the staff who will have enough time for the elderly, thereby improving the satisfaction of their needs.

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## References

- Baum, D., & Gojová, A. (2014). *Výzkumné metody v sociální práci* [Research methods in social work]. Ostrava: Ostravská univerzita v Ostravě.
- Čevela, R., Kalvach, Z., & Čeledová, L. (2012). *Sociální gerontologie: úvod do problematiky* [Social gerontology: an introduction to the issue]. Grada.
- Dočekalová, P., Švec, K., & Daneš, J. (2010). *Úvod do politologie* [Introduction to Political Science]. Grada.
- Dragomirecká, E., & Prajsová, J. (2009). WHOQOL-OLD. *Příručka pro uživatele české verze dotazníku Světové zdravotnické organizace pro měření kvality života ve vyšším věku* [Handbook for users of the Czech version of the questionnaire of the World Health Organization for measuring the quality of life in older age]. Psychiatrické centrum Praha.
- Dvořáčková, D. (2012). *Kvalita života seniorů: v domovech pro seniory* [Quality of life for the elderly: in homes for the elderly]. Grada.
- Gurková, E. (2011). *Hodnocení kvality života: pro klinickou praxi a ošetrovatelský výzkum* [Quality of life assessment: for clinical practice and nursing research]. Grada.
- Hendl, J. (2016). *Kvalitativní výzkum: základní teorie, metody a aplikace*. Čtvrté, přepracované a rozšířené vydání [Qualitative research: basic theory, methods and applications. Fourth, revised and enlarged edition]. Portál.
- Holczerová, V., & Dvořáčková, D. (2013). *Volnočasové aktivity pro seniory* [Leisure activities for seniors]. 1. vyd. Grada.
- Janiš, K., & Skopalová, J. (2016). *Volný čas seniorů* [Free time for seniors]. Grada.
- Keller, J. (2013). *Posvícení bezdomovců: úvod do sociologie domova* [Enlightening the Homeless: An Introduction to the Sociology of the Home]. Sociologické nakladatelství (SLON), Sociologické aktuality.
- Mareš, J. (2014). Problémy se zjišťováním kvality života senior [Problems with determining the quality of life of the elderly]. *Praktický lékař*, 94(1).
- Mühlpachr, P., & Vaňurová, H. (2005). *Kvalita života: teoretická a metodologická východiska* [Quality of life: theoretical and methodological starting points]. Masarykova univerzita.
- Olišarová, V., Dolák, F., & Tóthová, V. (2012). Quality of life as a part of nursing. *Kontakt*, 15(1), 14-21. <https://doi.org/10.32725/kont.2013.003>
- Příbyl, H. (2015). *Lidské potřeby ve stáří* [Human needs in old age]. Maxdorf, Jessenius.
- Reichel, J. (2009). *Kapitoly metodologie sociálních výzkumů* [Chapters of social research methodology]. Grada.
- The Rainforest Information. (n.d.). *Max-Neef on Human Needs and Human-scale Development*. Retrieved on 15 July 2022, from, <http://www.rainforestinfo.org.au/background/maxneef.htm>
- Urban, L. (2011). *Sociologie trochu jinak: 2., rozšířené vydání* [Sociology a little differently: 2nd, expanded edition]. Grada.