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IMPACTS OF COVID-19 ON SENIORS FROM THE PERSPECTIVE OF SOCIAL WORKERS

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Abstract

The pandemic period has endangered the needs of our seniors, and hence there is a need to look at the implications from the perspective of social workers. In line with the above, our study aims to determine how social workers of selected homes for the elderly interpret the effects of the coronavirus pandemic on the elderly and based on these findings to propose appropriate guidelines, possible recommendations, and measures in case of a recurring situation. Using a qualitative research strategy, specifically Grounded Theory, we carried out semi-structured interviews with social workers from homes for the elderly in the Czech Republic. We found that the Covid pandemic has affected the lives of seniors and brought about changes in their quality of life. Population aging has been shown to require changes in public discourse on government policy and community support for the elderly. Public policies should address the issues of legal rights and cost-effective provision of health care and social services. The study output should result in guidance and proposal of recommendations and measures in case of a recurring pandemic. These outputs should benefit the general public, social workers and medico-social workers working with seniors, as well as workers in all types of facilities providing care for seniors.

Keywords: Covid-19, senior, social workers

1. Introduction

The implemented research deals with an unexplored topic, namely the impacts of the coronavirus pandemic on seniors. In recent years, and especially in the last year, seniors have been increasingly discussed as a target group that is important to protect. At the same time, society is trying to find mechanisms to improve their well-being and quality of life. Old age is the last stage of every man's life. It is therefore important that we pay attention to this stage with people, trying to listen to their needs, problems, and wishes. The pandemic has led to the increased failure in satisfying their needs, such as the need for social contact, spirituality, activities, leisure time, and rehabilitation. It is therefore important that we discuss the impacts of the Covid-19 pandemic, both from the perspective of seniors themselves and professionals working with seniors. The back data results (2007–2018) show that population demographic structure is gradually changing. The number of seniors is increasing. According to the Czech Statistical Office (CSO) forecast, the highest number of people aged 65+ is expected around the 2050s, when it could be almost double of the current number. The Covid-19 pandemic has brought about changes in the lives of seniors. 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. The research aims to find out what impact the coronavirus pandemic has had on seniors from the perspective of social workers.

2. Problem Statement

The topic of old age and ageing will become a topical discourse of society in the coming years, since demographic forecasts indicate that the population will continue to age. These predictions should motivate society to change its attitude to the issue of old age and ageing, to see seniors as rightful members of society and as a growing group of the population that can be active, self-sufficient, and useful with the support of family and social solidarity. Maintaining mental and physical health is a prerequisite for keeping seniors active and self-sufficient, where one of the determinants that can preserve these values is the quality of life of seniors. The quality of life in old age can be helped by each individual, e.g., by preparing for old age and by trying to stay active. Pospíšil (2020) emphasises that coping with stress enhances self-esteem. The choice of problem-solving coping strategies tends to prevail in situations that are perceived as controllable, whereas emotion-focused coping strategies are more often associated with situations that are uncontrollable. The family plays an important role in this context, as it is irreplaceable in meeting the needs of its older family members. Pospíšil (2014) notes that challenging situations are better withstood by resilient, flexible families, which are usually characterised by an optimistic approach to life, where members see each other's strengths and provide encouragement to overcome difficulties. Such families can adapt to changing roles and rules, into which they appropriately incorporate new life challenges. At the same time, the family should be able to maintain existing family rituals and traditions that ensure stability in parent-child relationships.

However, the role of social services cannot be overlooked, as they often become an essential part of the lives of seniors in coping with their difficult conditions. Social services are one of the tools of social work for the seniors. Due to their reduced self-sufficiency, many seniors use residential social services in

homes for the elderly. Juna (2022) states that there were significantly more deaths among the seniors last year than the long-term average. The largest year-on-year increase was among those in their seventies, of whom 5,800 more died than the year before (a 16% increase). However, this group includes the baby boomers from the 1940s. According to WHO (2022), there were 349,641,119 confirmed cases of Covid-19 and resulting deaths worldwide. According to the Czech Statistical Office, Covid-19 was the second leading cause of death in the Czech Republic. In 2020, a total of 129,289 people in the Czech Republic died from this disease, which is almost 17,000 more compared to 2019. This increase represents a 15% year-on-year increase, compared to low unit changes in annual deaths (Rojíček & Štyglerová, 2021). On a global scale, the Covid-19 pandemic represents a huge societal problem, which has a negative impact on all areas of life. Despite scientists' efforts to develop vaccines and drugs to fight the disease, it is evolving naturally, i.e., mutating at a rate of approximately 25 mutations per year. A mutation can be described as a change in one of the 30,000 "letters" in the genetic information of the virus (Šprinclová & Klika, 2021).

At the time of the Covid-19 pandemic, both clients and staff were confronted with a new reality, a condition unknown to the society until then. During the pandemic, people faced death more often than ever before. It was not only people with serious health conditions who suffered, but also their families and the medical workers, whose physical exhaustion was compounded by mental exhaustion after dozens of hours of overtime. Everybody was frustrated by the government's confusion, people ignoring the simplest of measures, but most of all by the fact that the nursing staff had no way of helping (Kubal & Gibiš, 2021). Thus, seniors faced many restrictions that impacted their mental and physical health. Since this situation is new and unexplored, we have an ambition to describe its impacts in our research. The described facts and the topicality led us to the intention to deal specifically with the impacts of the coronavirus pandemic on seniors living in homes for the elderly.

3. Research Question

How do social workers in selected homes for the elderly interpret the impacts of the coronavirus pandemic on seniors?

4. Purpose of the Study

The aim was to determine the impact of the coronavirus pandemic on seniors in homes for the elderly, as the seniors were and are the group most at risk of losing social contacts. The areas of social services for seniors are embedded in the 2016–2025 National Strategy for the Development of Social Services (Pospíšil, 2015).

5. Research Methods

Since our focus was on individual perceptions of impact interpretation, we adopted a constructivist paradigm (Lincoln et al., 2014). To meet our aim, we chose Grounded Theory (Padgett, 2017) and opted for a semi-structured interview technique to collect data. Then, we transcribed the interviews verbatim, re-read and analysed them using the open coding techniques and the notes linking emerging interpretations and conceptualisations (Howard & Berg, 2016). We analysed the data obtained following a generic

inductive qualitative approach (Hood, 2014) or a general coding paradigm (Maxwell, 2005). Grounded Theory uses Charmaz's approach, which is based on an interpretive paradigm and constructivist principles (Hubík, 2006). If Grounded Theory is well designed and developed, it should meet the basic criteria, which are congruence, clarity, generality, and control (Strauss & Corbin, 1997). The research process according to Glaser and Strauss is sometimes referred to as the continuous comparison method. The scheme of the stages of Grounded Theory can be divided into four areas: data preparation (data collection, data storage), initial analysis (coding), basic analyses (taking notes, linking categories) and results (definitions, extended notes, graphs) (Hendl, 2016). The Grounded Theory method is about open, axial, and selective coding. The data was analysed using ATLAS.ti8 software, which uncovers the complex hidden structure of the data and its interrelated meanings.

The research sample was social workers who were selected by random sampling from the Register of Social Service Providers, which contains a list of all registered social services in homes for the elderly (Ministry of Labour and Social Affairs, 2022). Since 2000, the Czech Republic has been divided into 14 territorial self-government units (Regions). The research project was implemented in all regions, with the two informants selected from each region. In total, we carried out 28 interviews with social workers of selected homes for the elderly from all over the Czech Republic. The informants were informed in advance about the aim of the project and the possibility to interrupt or terminate their participation at any time. The subjects were interviewed in safe conditions, so that they could talk openly and at the same time they were informed that all the data obtained would be anonymised. Table 1 shows the socio-demographic data of the informants. The first part of the interview was focused on information gathering, the second on the core of the qualitative research topic.

Table 1. Sociodemographic features of the informants

Informants total	Average age of informants	Average number of years in the work position	Average capacity of homes for the elderly
28	49	13	120

Source of data: own research, 2022

The transcribed data were then analysed through open, axial, and selective coding. In open coding, we repeatedly read through the text. In this way, a list of primary codes was created, which we combined according to their semantic similarity in order to reduce the number of objects with which to work. We then categorised the codes to create categories and subcategories. We generated 98 codes, which we grouped into 8 categories based on their content. Each category was named to logically refer to the phenomenon (Strauss & Corbin, 1997). During the data analysis, individual concepts were analysed, explored, compared, conceptualised, and categorised. The resulting categories are presented in Table 2.

Table 2. The list of codes and categories obtained from social workers as part of open coding

CODES	CATEGORY
Isolation / loneliness	
Freedom restrictions (lockdown)	
Restricted life	
Measures	**RESTRICTIONS**
Toilet seat chair in room	
Meals (space)	
Communication technology	
Contact with family	
High level of support / care	**SOCIAL SUPPORT**
Social interaction	
Senior values	
Sense of safety	
Rules braking	**AUTONOMY**
Guardian	
Information gathering	
Spirituality	
Need for care	
Needs of seniors	
Traditions / rituals	**NEEDS**
Clients requiring more attention	
Activities	
Rehabilitation and physical therapy	
Return home	
Family refuses to take senior home	
Lack of information	**DISAPPOINTMENT**
Lack of information	
Terminal stage	
Missing solidarity	
Health problems	
Deteriorated psychological condition	
Loss of daily routine / clients have become more indolent	**CHANGES**
Mental deprivation	
More frequent contact with death	
Stop state / natural decline	
Aggression / anger	
Conflicts	
Family hysteria	**RESPONSES**
Fear/concerns	
Sadness	
Leisure time	
Students' work as part of their practical training or internship	
Covid positive	
Volunteers	**IMPACTS**
Understaffed /overworked-staff	
Prevention / vitamins	

Source of data: own research, 2022

6. Findings

Axial coding followed upon open coding and was used to search for correlations between individual categories, which were then linked into a set of correlations according to the paradigmatic model shown in Table 3.

Table 3. Paradigmatic model focused on social support

Causal conditions	Phenomenon	Context	Intervening conditions	Strategies of action and interactions	Consequences
Restrictions	Needs	Responses Disappointment	Autonomy Changes	**Social support**	Impacts

Source of data: own research, 2022

Axial coding became the basis for selective coding and for obtaining the categories that we subsequently integrated into the Grounded Theory. The cornerstones for the emerging theory were the categories and their dimensions, which we related to the central category in accordance with the paradigmatic model, and then related the categories at the dimensional level and validated the relationships against the data.

The important categories we created based on the data provided were **NEEDS, SOCIAL SUPPORT, and IMPACTS.**

Social workers interpret **NEEDS** as follows: One of the essential needs was **spirituality**. *We supported this here even in Covid times…if it was just a little feasible for a priest to come here, we did so…the spiritual needs were preserved* (G). *…it was in the interest of everyone to secure the most essential physiological and physical needs, and also spiritual needs* (R). *They could not attend religious services* (W). Another need social workers emphasised was the **need for care:** *… They sort of pushed aside individual plans and the most important thing was sort of the care for them* (C). *They had a social worker available who dealt with issues for them...* (D). Clients required **more attention** from staff during periods of restriction: *They required more attention and often asked for things that they had managed on their own before…they would call staff into the room to help them with it. …They were responding aggressively when someone had more attention* (E). *In numerous cases they demanded attention…they rang the bell to call for help more* (O). Restriction of traditions was another unmet need the social workers reported. **Traditions**: *…On the contrary — they felt sorry that we couldn't celebrate the holidays the way we used to* (J). *We had traditions here, such as those visits from kindergartens, schools…cultural performances for them. All that disappeared for two years. And they missed it terribly* (M). Social workers also verbalised restrictions of group **activities**: *…At one point there was a total ban on gathering, so we tried to deploy the activation workers to do activities individually in the room* (B). *They were only left with reading, crossword puzzles, watching TV, and activities in their rooms* (S). *…The users spent their time in the rooms…the leisure activity options included chatting, reading in their rooms…they tended to be individual activities...* (E). At the same time, **rehabilitation and physical therapy** activities were also limited: *…Rehabilitation did not work or later they did but in a limited manner* (I). *And because of the isolation in the rooms, might not be able to do rehabilitation* (S). The social workers also reported that the **information** that clients and their families

had was **not clear:** *There were regulations in place that changed frequently, so we did our best to keep them updated. And of course, sometimes the media gave false information, or it was taken out of the context. So, we also tried to fill in the staff providing the services, so that they would be able to answer questions if needed* (R).

The main category was **SOCIAL SUPPORT**. This category includes **communication technology**, which was the bonding element with families and the environment at the time of the restrictions. *At the start of the pandemic, we purchased large touchscreen tablets through which we and our clients used to phone family members together. We used an online calendar for families to book the day and time of the video call. They even could choose from two options. WhatsApp or Skype* (O). *In fact, right at the beginning of the pandemic, we purchased portable tablets to Skype, to facilitate those calls, so that we could bring them video and audio* (R). Clients of homes for the elderly missed the **social interaction**: *...but some, of course, really missed the families...they took it very badly* (I), and definitely the **contact with the family**: *...In the beginning, the pandemic and actually the closure of the facility was very saddening for the users. They couldn't see their families* (A). *...the clients were distressed that loved ones couldn't visit them... that they didn't visit them* (G). *Of course, it was a problem for them, because they were used to them coming to see them, and all of a sudden everything just shut down and it was a problem. ...The clients were suffering more than the families, but some of the family members weren't getting by mentally either* (I). *During* the time of the measures, clients required a **high level of support and care**: *...What they could manage on their own up to that point they started requiring staff to do for them... there was a lady who had a problem with her right upper limb, for example...she managed to put a spread on bread when she wanted something other than what we brought her for breakfast. She managed to butter her bread with her left hand. Once in the room, she refused to do this on her own* (E). *...They asked for more care and more staff presence* (L).

Another important category was **IMPACTS.** During the times of measures, the clients of homes for the elderly had a lot of free time that they did not know how to fill. The social workers tried to find ways to keep them occupied: *...What we do is sit with them and chat* (D). *Free time meant limiting all social contacts... nothing is better than cards or board games, the electronics didn't work very well* (E). Social workers also noticed that clients were **taking more vitamins as a prevention:** *...We received a lot of vitamins from sponsors...different kinds of supplements, so we were giving them out* (C). *They had vitamins... also what the families sent them...* (M) *...They could watch TV. They trained memory – did some crossword puzzle and found different activities* (F). The staff were very exhausted during the restriction period, wearing respirators and other protective equipment, and were very happy about **volunteers**. The volunteers came in to help clients of residential services spend their leisure time: *...We also work with volunteers, so when the restrictions were lifted, we tried to engage volunteers* (B). *We had a girl from Adra NGO who used to come in as a kind of volunteer, Covid escort, during the Covid period* (F). Social workers were also assisted by **students as part of their practical training or internship**, many of which subsequently joined the social services after their graduation. The experience of working during the Covid period was irreplaceable for them and had a positive impact on the development of social services too. *…We had students here on a permanent training or internship, and we just recruited them for a permanent position. They've gone through the worst with us wearing protective suits and shields, and after their graduation we actually offered them, if they wanted, to join our team. And now we've got both here* (V).

Despite all the help of volunteers and students, staff were **overworked,** and social services were **understaffed**: *...There was a staff shortage and more of a staff turnover as part of the Covid situation when conditions were very difficult* (F). *...even though we were doing our best, when staff were dropping out we only had the capacity to provide the bare essentials, even though some volunteers were coming in to help* (H). **Covid positive** included both clients and staff, which made care very difficult: *...and strictly speaking, it wasn't just that the home users were Covid positive, the staff were also positive* (K). *...It sort of took a toll more on the staff, yeah... they might be positive more frequently* (F). *Those who were caring for the Covid positive were isolated completely...* (H).

7. Conclusion

The research survey shows that the impacts interpreted by social workers confirm the findings of the Ministry of Health, which has concluded that there were restrictions in the extent of care, freedom of movement of institutionalised persons, and social isolation caused by limited number of visits or by a total ban on visitors. Institutions were not prepared and managed the situation rather intuitively (MoH Czech Republic, 2022). Families were also afraid to visit their seniors, and people were often left without social contact for several months (Juna, 2022). Communication technology was one of the instruments of meeting the needs of seniors in the times of restrictions. Contact with family and loved ones were used as a source of entertainment and escape from monotonous reality. Even though virtual reality cannot fully replace direct contact with loved ones, we can expect that the communication technology trend is going to develop in the future. The finding that virtual reality enhances quality of life is confirmed by a number of studies (Baker et al., 2019; Roberts et al., 2019). Clients required increased care and attention from staff during the restrictions period, who in many cases were exhausted and limited in terms of capacity. Efforts were made to offer activities in the rooms, with volunteers and students stepping in as part of their practical training or internship. Efforts were made to meet biological, psychological, physical, but also spiritual needs, with clergy visiting the facilities. With the benefit of hindsight, we know that the attempt to protect seniors by isolating them and locking them up had another unintended consequence, namely the health risk of loneliness.

The research results suggest recommendations and possible measures in the event of a recurrent pandemic and isolation of seniors in residential services for seniors:

- Ensure that needs (biological, physiological, social, spiritual) are met
- Have sufficient staff capacity
- Provide psychosocial support and supervision to your staff
- Ensure social contact with the family
- Provide volunteers
- Use communication technology according to the individual's cognitive abilities and skills
- Maintain preventive measures

Acknowledgments

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