

QUALITY OF LIFE OF OLDER ADULTS DURING THE COVID-19 PANDEMIC: CHALLENGES AND IMPLICATIONS OF ANTI- PANDEMIC MEASURES

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ABSTRACT: *The COVID-19 pandemic has significantly impacted the quality of life on a global scale, presenting a wide range of challenges that have affected various aspects of daily life. During the spread of the COVID-19 infection, the elderly became the group most severely affected by the disease and the necessary measures implemented in response. This article focuses on analyzing the impact of social isolation and anti-pandemic measures on the physical, psychological, and social well-being of older adults. Seniors faced an increased risk of health complications, social exclusion, and mental strain, particularly due to limited mobility, inability to meet basic life needs, and insufficient access to information. The article highlights the crucial role of government interventions and preventive measures, which were essential for protecting public health, but on the other hand, deepened issues of social isolation and reduced the overall quality of life for this age group. The aim of the article is to analyze how these changes have shaped the lifestyle of seniors and what consequences the pandemic has had on the overall quality of life of the elderly population.*

KEY WORDS: *quality of life, COVID-19, seniors, interventions, public administration*

INTRODUCTION

The COVID-19 pandemic has triggered a global health and social crisis that has significantly affected the elderly population. The high risk of severe illness, combined with preventive measures such as mobility restrictions, social isolation, and quarantine, has led to substantial changes in their quality of life. Older adults, who often suffer from chronic illnesses and reduced mobility, were forced to adapt to conditions that made access to healthcare, social interactions, and basic life necessities more difficult. COVID-19 was particularly critical for the elderly, especially those with multiple comorbidities in addition to advanced age, which heightened the risk of severe illness and serious complications from SARS-CoV-2 infection. In addition to physical risks, psychological and social challenges also came to the forefront, notably feelings of loneliness, isolation, and loss of social connections, all of which are crucial for their quality of life.

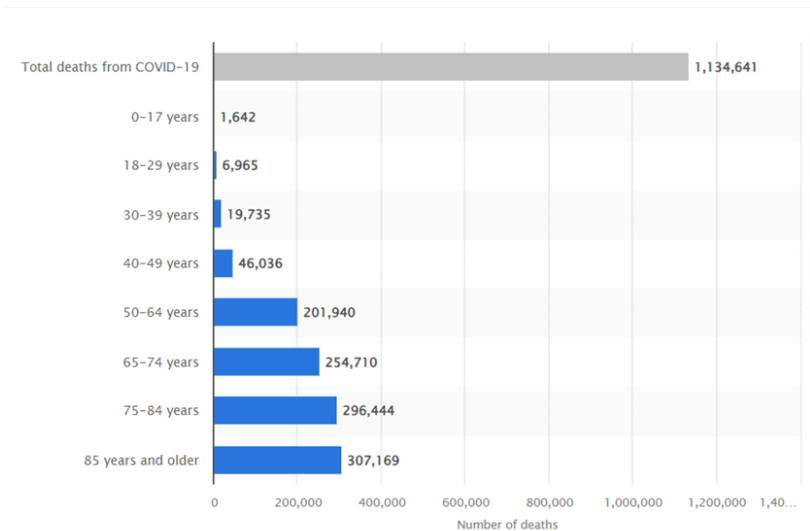
The social isolation that was often necessary during the pandemic had negative consequences for seniors. This article highlights the detrimental effects of isolation on the physical and mental health of this population. Social interactions, which are crucial for this age group, were restricted, leading to a decline in overall quality of life. Public interventions and measures, while essential for protecting public health, also contributed to reduced physical activity, limited access to healthcare, and worsened mental well-being. The aim of this paper is to analyze the impact of anti-pandemic measures on the quality of life of seniors, focusing on the physical, psychological, and social dimensions from a long-term perspective. It also provides insights into international experiences and offers recommendations that could help better manage similar crisis situations in the future.

THE COVID-19 PANDEMIC AND ITS IMPACT ON THE QUALITY OF LIFE OF OLDER ADULTS

Older adults represent a specific segment of the population that is more susceptible to illnesses and chronic conditions. As age increases, the immune system undergoes changes, making it harder for the body to fight off diseases and infections. Seniors typically already experience deteriorated health, which complicates their ability to cope with illness and recovery. This vulnerability

particularly exposes them to risks during the COVID-19 pandemic. For instance, approximately 8.5 million residents in Germany are aged 80 and over. In this age group, 8,500 deaths from the coronavirus were recorded. The average age of deceased patients who tested positive for COVID-19 was between 80 and 81 years. Italy has one of the oldest populations in the world, with 22.8% of its population aged 65 and above, the highest in the European Union. Given this, along with a large number of people suffering from chronic lung diseases, there is a significantly higher number of individuals in the at-risk group compared to other countries. Globally, the percentage of people infected with COVID-19 who died in 2020 increased across age groups, from 1.71% for those aged 65 to 30.40% for those aged 90 and older (Reiss & Bhakdi 2020). The following chart provides an overview of COVID-19 mortality rates in the USA as of June 14, 2023, categorized by age.

Graph 1: Number of coronavirus disease (COVID-19) deaths in the U.S. by age



Source: J., Elflein 2023 in Statista.

From early January 2020 to June 14, 2023, out of the 1,134,641 COVID-19-related deaths in the United States, approximately 307,169 occurred among individuals aged 85 and older (Graph 1). These data indicate that people aged 85 and above represented a significant portion of COVID-19 deaths, confirming that this age group is particularly vulnerable to the disease.

The impact of public administration interventions during the pandemic on the quality of life of seniors can be perceived differently. In this context, it's important to recognize the differences between seniors dependent on the help of others and living with relatives, and those residing in social care facilities. There are several options for elder care, including nursing homes, senior care communities, which are typically private, and individual caregivers who provide care where the patient lives. All these options share a common foundation—the relationship between the senior and the caregiver. According to Eurostat, as of 2020, on average, 13.5% of people over the age of 65 did not require special care, such as moral support, rehabilitation assistance, or help recovering from illness. However, 46.6% of respondents admitted that additional support would be suitable and necessary for them (Eurostat 2020).

Despite the existence of various long-term care options, research and analysis of current issues in elder care within specialized facilities remain a priority. Survey results by Resnick et al. (2010) among residents of specialized care facilities suggest that seniors individually determine the factors that influence their satisfaction with life and care in these institutions. This highlights the importance of viewing each patient as a unique individual. One of the main factors affecting the overall well-being of seniors, according to this study, is communication—not only with staff but also with other residents and relatives. Before the COVID-19 pandemic, a significant challenge was the insufficient availability of staff, which worsened during the pandemic as many employees left their positions. This staff shortage negatively impacted seniors, as their close relationships with workers were disrupted due to the high staff turnover. When patients do not receive adequate care, their health conditions can deteriorate. Studies conducted in German nursing facilities in 2012 indicated that inadequate care leads to serious complications and worsens symptoms of existing diseases among patients. From this perspective, the importance of a holistic approach to elder care in specialized facilities becomes clear. A holistic approach not only addresses physical health but also emphasizes communication, mental well-being, physical activity, and the emotional needs of seniors.

During the COVID-19 pandemic, it was challenging for most elderly individuals, especially those who had moved into specialized facilities, to adapt to the fact that their loved ones could not visit due to strict restrictions.

Communication with family members shifted primarily to online platforms. Staff and caregivers encouraged families to call elderly residents at least once a day and recommended sending letters, photographs, and exchanging regular updates about their everyday lives to help seniors maintain a sense of security and connection with their families (Simard et al., 2020).

For seniors who no longer had family members, even greater attention from institutional staff was necessary, particularly during the pandemic when strict restrictions were in place. In 2022, a series of surveys among caregivers for the elderly revealed challenges faced by nursing home staff and patients' relatives. Caregivers highlighted that seniors missed physical closeness, as a lack of touch and physical distance hindered understanding the patient's current condition and true emotions. The restrictions made them feel a loss of freedom. Many patients exhibited signs of depression, and some experienced episodes of aggression, depression, and apathy (IOV 2022).

Further research by Kaňuková & Rimárová (2024) indicates that the place of residence influenced the quality of life of seniors during the COVID-19 pandemic (Table 1).

Table 1. Rozdiely v spokojnosti s kvalitou života a zdravím u seniorov žijúcich doma a v zariadení pre seniorov

Period	Variable	Residence	n	Average rank	U	Z	p
Before the pandemic	QOL	Home facility for seniors	284 130	223,42 172,72	13 939,00	-4,883	0,000
	Health	Home facility for seniors	287 129	221,96 178,55	14 647,50	-3,872	0,000
During the lockdown	QOL	Home facility for seniors	282 127	201,63 212,49	16 956,00	-0,898	0,369
	Health	Home facility for seniors	285 126	221,5 170,93	13 536,50	-4,221	0,000
Present	QOL	Home facility for seniors	256 130	191,37 197,69	16 095,00	-0,567	0,571

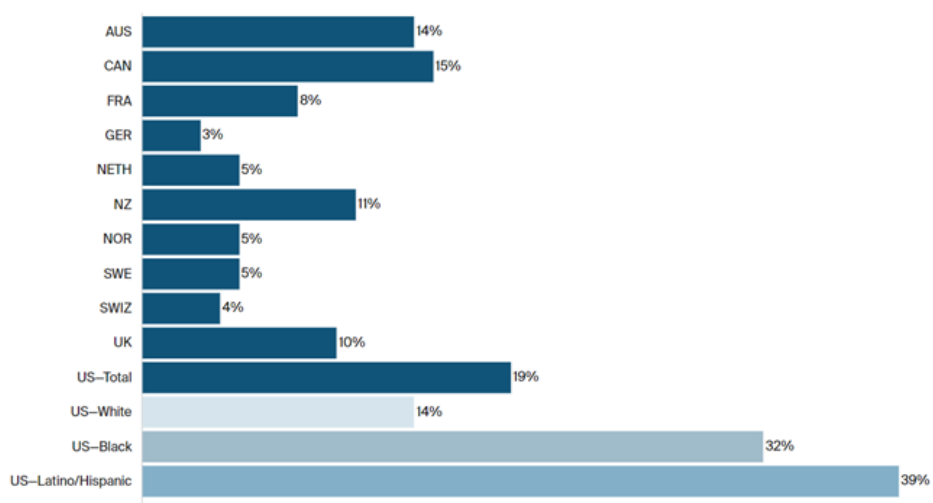
Period	Variable	Residence	n	Average rank	U	Z	p
	Health	Home facility for seniors	255 129	202,10 173,53	14 000,00	-2,557	0,011

Source: own data processing based on Kaňuková & Rimárová, 2024.

The health assessments of respondents significantly differed across all three periods. Seniors living at home rated their health better than those residing in senior care facilities (Table 1).

During the pandemic, seniors also faced significant economic challenges, including loss of income and increased expenses. Research conducted by the Commonwealth Fund International Health Policy Survey of Older Adults in the USA in 2021 highlights the deterioration of the situation compared to other countries (Graph 2).

Graph 2. Percent of adults age 65+ who reported either using up all or most of their savings or losing job/source of income because of the coronavirus pandemic



Source: Commonwealth Fund, 2021.

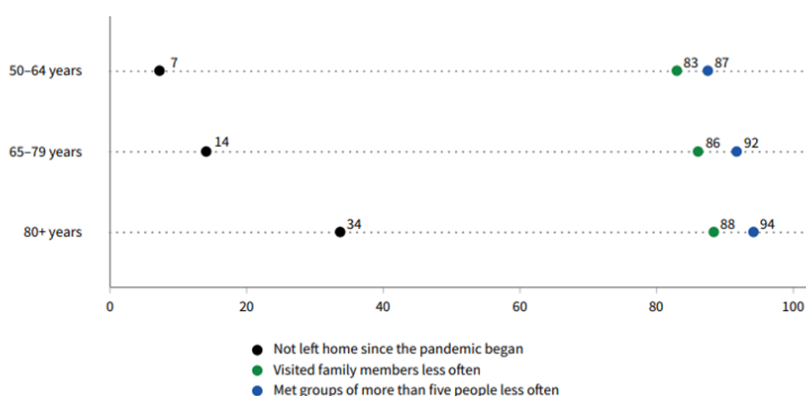
The percentage of older adults in the USA reporting that they had exhausted all or most of their savings or lost their job or source of income due to the pandemic was four to six times higher than in Germany, Switzerland, the Netherlands, Norway, and Sweden (Commonwealth Fund 2021).

In 2020, a shift occurred in the declining unemployment trend among individuals aged 50–64 in the EU. While there was a notable increase in unemployment among younger age groups from 2019 to 2020 (from 6.5% to 6.9%), the unemployment rate among those aged 50–64 remained stable at 5.1%. However, this EU average does not reflect the differences in unemployment levels within this age group across various member states. The largest increases in unemployment were observed in Lithuania (by 2.5 percentage points), Estonia, Latvia, and Malta (all by 1.8 percentage points), followed by Croatia (1.0 percentage points), Sweden (0.9 percentage points), Austria, Romania (both by 0.8 percentage points), and Bulgaria (0.7 percentage points).

The change in unemployment rates from 2019 to 2020 was more unfavorable for those aged 50–64 than for individuals aged 25–49 in only five member states: Croatia, Greece, Italy, Spain, and Malta. Overall, the unemployment rate among older adults remained highest in Greece and Spain (both at 12.4%) (Eurofound 2022).

The quality of life for seniors was also threatened during the pandemic from a social perspective, as limited social contacts and isolation negatively impacted their mental health and overall well-being (Graph 3).

Graph 3: Social contacts, by age group, summer 2020, EU (%)



Source: Eurofound, 2022

According to survey results, four out of five individuals aged 50 and over (85%) reported visiting family members less often. Nine out of ten people aged

50+ (90%) met in groups larger than five less frequently, with this trend increasing with age. Those aged 80 and older particularly noted that they had not left their homes since the beginning of the pandemic, though this phenomenon also affected many individuals aged 50–79. The highest percentages of those aged 50+ reporting reduced social interactions were in Malta (44%), Croatia and Cyprus (both at 34%), and Italy (33%), while the lowest were in Denmark (2%) and Sweden (3%). During the initial months of the pandemic, Denmark and Sweden were among the member states with the least stringent lockdown measures (Eurofound 2022).

THE IMPACT OF ISOLATION ON THE QUALITY OF LIFE OF THE ELDERLY POPULATION

Isolation significantly impacted the quality of life for seniors during the pandemic. Mandatory isolation during COVID-19 severely affected this demographic, which is already marginalized and at risk for health complications associated with the virus. As they aged, many older adults lost opportunities for an active social life and communication with loved ones. This isolation can have long-term negative effects on their mental and emotional health. According to a study by the National Academies of Sciences, Engineering, and Medicine in the U.S., nearly a quarter of Americans aged 65 and older have few social contacts and rarely meet with others. Up to 43% of the older population over 60 reported feelings of loneliness (NASEM 2020).

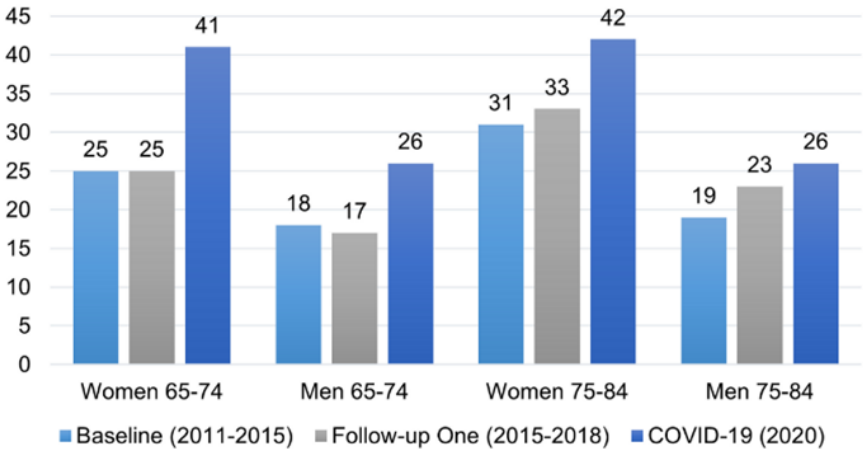
Elderly individuals were often forced to remain in quarantine and isolation without the presence of family members or caregivers. This situation exposed them to increased health risks. Beyond the physical risks of the virus, older adults faced social and psychological consequences of the pandemic, including heightened isolation, lack of social contacts, and limited access to essential services. Seniors living in refugee camps or settlements faced even greater risks due to overcrowding and restricted access to healthcare and sanitation services. They struggled to obtain necessary humanitarian assistance and support (WHO 2020). A person's health and resilience are crucial aspects of societal well-being, influencing how we think, feel, and act, how we cope with stress, and how we make decisions in life. Mental health reflects an individual's perspective on the world

and their unique traits. During the pandemic, mental health and resilience served as primary resources for maintaining physical health (Marinucci & Riva 2020).

Prolonged isolation can have significant negative impacts on mental health, including feelings of loneliness, fear of infection, boredom, disappointment, and lack of care and support. These consequences can lead to psychological issues such as depression, stress, and irritability, increasing the risk of emotional difficulties and other mental disorders. The risk associated with social isolation is comparable to smoking and other significant biomedical and psychosocial risk factors (House 2001). Other authors, like Rubin and Wessely (2020), also highlight factors that elevate the risk of psychological and emotional difficulties, including depression, stress, mood swings, irritability, post-traumatic stress disorder, anger, and emotional exhaustion. Thus, isolation during the COVID-19 pandemic indicates a deterioration in the quality of life in society (Rubin & Wessely 2020). Similar conclusions were reached by Colucci et al. (2022), who found that lockdown during COVID-19 negatively affected the quality of life for older adults, including their health and well-being. According to Cocuzzo et al. (2022), lockdown also had adverse consequences for the quality of life of seniors, and despite the availability of vaccines, it is impossible to guarantee a return to pre- pandemic quality of life.

Research from the Government of Canada (2021) shows an increase in feelings of loneliness among seniors between the pre-pandemic period and the COVID-19 pandemic (Graph 4).

Graph 4. Percentage of older adults lonely at least some of the time



Source: Government of Canada, 2021.

The study used data from three separate waves of the CLSA: baseline data (collected from 2011 to 2015); data from the first follow-up (collected from 2015 to 2018); and data from the CLSA COVID-19 study (collected from April to December 2020). During the baseline period and the first follow-up, feelings of loneliness were almost identical. Based on this data, it is estimated that before the pandemic, approximately 20% of older adults experienced loneliness at least occasionally, with about 10% experiencing chronic or intense feelings associated with negative health and psychological consequences. However, in the CLSA COVID-19 study, these rates significantly increased. Among older women aged 65 to 74 and 75 to 84, the rates of loneliness are 41% and 42%, respectively. Men also experienced increased loneliness, but at lower rates than women. Among men aged 65 to 74 and 75 to 84, 26% felt lonely at least occasionally. The increase in feelings of loneliness between the baseline period and the COVID-19 pandemic period (2020) is notable. For women aged 65 to 74, there is a 67% increase in loneliness, and a 37% increase for those aged 75 to 84 (Government of Canada, 2021).

Over the course of several years, the COVID-19 pandemic significantly impacted the mental health of older adults. While the coronavirus posed a direct threat to physical health, mental health was affected more indirectly, based on accompanying phenomena of the pandemic, such as quarantine leading to social isolation and economic problems, lack of information about infectious

diseases, worries about one's own health and that of loved ones, and the need for rapid adaptation to significant life changes. For this reason, the coronavirus pandemic is not only a threat to physical health but can also lead to the development of mental disorders, such as depression and anxiety disorders, or threaten individuals' mental health through increased stress, anxiety, disrupted sleep cycles, or strong emotions of anger and fear.

Stress, economic difficulties, and social isolation associated with both short-term and long-term measures implemented to curb COVID-19 have affected mental well-being, exacerbating existing mental health conditions, including common issues such as depression and anxiety, and potentially increasing the risk of cognitive decline. Seniors may respond more strongly to stressful events and require more time to recover from stress, which can impact their mental and physical health (IASC 2021). Measures introduced to limit the spread of COVID-19 and protect seniors, such as isolation, created additional economic pressure and burdens for them. For these reasons, it is essential to create conditions and further remedial measures to ensure that older adults remain mentally healthy and active during crisis periods such as the COVID-19 pandemic.

CONCLUSION

The COVID-19 pandemic caused not only economic consequences and enormous loss of life but also significant damage to people's mental health, particularly affecting the most vulnerable—seniors. This contribution addresses surveys related to the COVID-19 pandemic and associated public policy interventions that have a direct impact on the mental health of the older population worldwide. Research highlighted in this article has shown that the pandemic disproportionately affected the lives of older adults compared to the rest of the population, leading to widespread panic, anxiety, stress, and physical isolation. Various measures, such as isolation, visitor restrictions, and closures of businesses and cultural events, had the most significant impact on three areas of quality of life: physical health, mental well-being, and social relationships of seniors.

Based on the literature and data used, this contribution provides recommendations for public policies that could help better manage similar crisis situations for the older population in the future:

- Improving access to healthcare for older adults: It is essential to ensure that seniors have uninterrupted access to healthcare during crisis situations, such as a pandemic.
- Supporting mental health and preventing social isolation: Implement programs to support mental health that include phone counseling, regular virtual meetings with family and community groups, and options for psychosocial support. Specialized helplines for older adults focused on preventing depression, anxiety, and loneliness should be prioritized.
- Strengthening community and volunteer services: These organizations play a key role in providing assistance to seniors, especially in securing basic needs like food, medication, and personal assistance. Public policies should support these organizations through financial grants and logistics to effectively assist isolated and vulnerable seniors.

Promoting intergenerational programs: To alleviate loneliness and improve the social relationships of older adults, it is necessary to support intergenerational programs that enable communication and interaction among seniors, whether virtually or through safe community activities.

Experiences from the pandemic period have shown that a broader analysis of quality of life is needed in the future to timely identify issues related to the care of seniors and their mental health, allowing for appropriate interventions in potential crisis situations.

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