

What Are the Effects of the Covid-19 Pandemic on the Lives of Elderly Individuals?

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The Covid-19 pandemic, which began in late 2019, has spread throughout the globe while impacting communities, individuals, businesses and society. It disrupted nearly every aspect of daily life, but its impact has particularly affected older individuals. As one of the most vulnerable populations to both the health risks and social consequences of the pandemic, older individuals have faced unique challenges during this global crisis. According to the World Health Organization, the elderly are most at risk when they contract Covid-19. Beyond the health risks, this specific group faced issues regarding their social, emotional and psychological well-being. Changes in their daily routine, social isolation, and limited access to support systems led to difficult outcomes. The question leading the study is : *What are the effects of the Covid-19 pandemic on the elderly individual lives?* This research aimed to understand the effects of the Covid-19 pandemic on the elderly individual lives based on a variety of angles such as the impacts on their daily routine, social connections and communication. Moreover, by investigating those effects, a true understanding of the elderly's reality at the time of pandemic emerged. Also, it examined the self-reflection and personal insights that emerged in the aftermath of this event. Based on previous research, the hypothesis guiding this research is that this event negatively affected the elderly by disrupting their lives, but the way it influenced them is related to their living situation. For instance, if they lived alone or with someone ,since it impacted their level of loneliness. However, despite the sensible subject, this study explores the possibility of resilience, adapting to the crisis in various ways.

Literature Review

Socioeconomic Background

The first theme portrayed in the research is the distinct social and economic past that truly shaped the outcome of the elderly facing Covid-19. As Cocuzzo et al. (2022) implied, older adults from lower economic statuses faced greater challenges during the pandemic, since the impact of economic recession strongly affects them. In fact, financial instability caused people to avoid hospital visits, since in the United States it is an expensive service that everyone cannot afford. In the long term, this had the effect of increasing hospital trips. Also, Cocuzzo et al. (2022) revealed that economic instability was a significant threat to food security. It also caused an increase in medical care, since their lower income affected their ability to provide for

themselves and their family. Working older adults could not afford to isolate themselves when they were ill. Often, they preferred to work at the cost of sacrificing their health. This dilemma highlights the difficult choices they needed to make during the pandemic. By prioritizing work, they exposed themselves to the virus which increased their vulnerability.

However, Statistique Canada (2021) denied the financial burden of the elderly. They argued that the pandemic had a less important impact on their finances than other age groups. This affirmation is supported by the fact that older people are often retired. In Canada, the elderly can rely on the federal government pension plan and private retirement funds. On the other hand, this study ignored the fact that the anxiety related to the pandemic limited the elderly in their daily economic activities. It claimed that only 14% of the elderly divulged that Covid-19 would have “major” or “moderate” consequences in relation to respect their financial obligations, including their rent and their groceries, as opposed to the younger age group.

As far as social context goes, Ooi et al. (2023) explored the idea that the elderly felt socially barricaded during the pandemic as many new challenges were being introduced to them. This academic work revealed that 31% of older adults, in the fall of 2020, felt they weren't participating as much in “social activities” (p.172), and 76% cited that the restrictions put up due to Covid-19, were limiting their ability to do so. As Cocuzzo et al. (2022) further mentioned, these harsh measures would ultimately result in increased anxiety and isolation, leading to worse mental and physical health in older adults. It also highlighted that prolonged blockage of social contact is more likely to play a part in mortality and morbidity rather than physical effects of the virus. According to Son et al. (2020), social activities “provide a stress buffering effect” (p.288), which implies that symptoms of anxiety and depression are in turn weaker for the people who possess a source of support from friends and family, for example.

Linking back to economic statuses, it is a reality that adults with less education were impacted in a much harsher way during Covid-19. Therefore, Ryu et al. (2022) pointed out that around 39% of the population in South Korea had no formal education throughout the three waves of the pandemic, which is much more than the percentage of any formal education. This directly impacts an individual's economic position, as a lower level of education (or none at all) makes it harder for a person to get a job, since they often do not acquire certain skills. This consequently means that a pandemic could be disastrous for individuals facing this issue, as they would likely struggle to earn a significant income whilst working at a low wage line of work.

Gender and Age: Two Key Factors

In the prior research, it is recurrent to see gender and age being portrayed as two important factors, as they largely had an effect on the results of research on human interaction. In fact, gender has an effect on social relations, as well as age, since it is apparent that as adults age, mobility is reduced. Ryu et al. (2022) suggested that pre-pandemic, it was already a trend that older women were less inclined to interact with family members than older men, as they usually tended to live on their own from a younger age. This can be attributed to the cause of life expectancy, which is longer for females than for males. This is why most widows are women, and why they usually tend to live alone. In fact, Ooi et al. (2023) supported this as they dispatched a larger part of females reporting they sensed a feeling of loneliness than their male counterparts during the pandemic, thus following the trend. This is why Amagasa et al. (2017) found that for women, social activity is far more valuable than for the opposite gender at old age (cited in Ryu et al, 2022, p.12). Conversely, Ooi et al. (2023) added that older males usually have a smaller-scale social community, which then explains why they may be less intent to report a higher feeling of community affiliation.

On the social aspect, Statistique Canada (2021) noted the fact that when adults are over the age of 50, it is likely that they slowly lose social relations. This is why age also comes into factor in the analysis of the causes of social isolation and loneliness in older adults. Though Statistique Canada stated this, on the other hand, Ooi et al. (2023) reported that adults over 75 in contrast to adults aged 65-74, had the tendency to feel more lonely during the time of the pandemic. The reason for this was due to the fact that they tended to live more independently, although their life satisfaction was greater. This brings clarifications to the impact of age and how only a few years makes a big difference in how older adults deal with isolation, as well as the effects of loneliness.

As far as age goes, generally, the older someone is, the harder it is to adapt to anything new. Ooi et al. (2023) highlighted that with age also comes the difficulty to adapt to new technology, something that was notably important during the pandemic when real-life interactions were near absent. Cocuzzo et al. (2022) also points out that the use of telemedicine as a primary source of professional medical help during the Covid-19 pandemic was a challenge for older adults due to their lack of ease in the use of technology.

Moreover, the fear of death was also an influential factor in the isolation of the older population. As one gets older, the more fearful they are regarding their health. Statistique Canada (2021) stated that adults over 65 constituted the population that had the most chances of death during the pandemic, representing 80% of deaths related to Covid-19 and 85% of excess deaths. Due to this, older adults had the need to take severe precautions in limiting even further their contacts with other human beings, while being isolated and amplifying the feeling of loneliness. Therefore, the fear of death was highly present among older adults.

Loneliness and Social Isolation : Impacts on Mental Health

The third and last theme portrayed is medical vulnerability, social isolation and loneliness that all impacted the mental health of many elders during Covid-19. As previously stated, the pandemic was more threatening for older adults. This explains why many tended to be more stressed and anxious to contract the disease. The ones that were anxious about contracting Covid-19 were less susceptible to return to normal life, which caused them to isolate themselves longer, and made them feel overall more lonely, as Izcovich et al. (2022) affirmed.

Aswell, unlike the younger generation who would easily keep in touch with their friends through social media, older adults were less likely to communicate with their friends and family through technology. Their inability to use social media and technology highlighted the feeling of loneliness. Depression, anxiety and cognitive dysfunction, heart disease and mortality were all examples of issues that social isolation created. Murthy (2022) declared : “The most common pathology I saw was not heart disease or diabetes; it was loneliness.” (cited in Cocuzzo et al, 2022, p.4), which highlights how loneliness is harmful. However, there was a difference that needed to be addressed between loneliness and social isolation, affirmed Statistique Canada (2021). Even though both were associated with poorer mental health and well-being, they were incorrectly used as interchangeable terms. The main difference was that social isolation was the objective idea of a lack of social contact ,while loneliness was the subjective idea of feeling alone. Social isolation is associated with physical health problems, which could in turn influence changes in their behavior, awareness and sensitivity . While loneliness was associated with mental health problems like depression, as Cocuzzo et al. (2022) stated. Son et al. (2024) also noticed that older adults were already at risk to feel lonely and isolated due to their situation for example retirement, health, and mobility limitations. Their medical vulnerability was another

huge risk, which is why they were encouraged to practice social distancing, since they had a higher probability of severe illness, hospitalization, and even death. The physical protocols aggravated the risks for loneliness and social isolation, which was highlighted in the article by Statistique Canada (2021).

In addition, according to Pereira et al. (2024), the level of stress, anxiety and depression particularly varied depending on the specific quarantine restrictions applied to each municipality. Another discovery was that the reopening of social environments such as grocery stores created fear and worry amongst the older population. Vaccination was another factor that influenced these results, since it decreases the levels of anxiety, mainly because it protects the elderly's health and creates a feeling of security, as showed by Pereira et al. (2024). Isolation also had a physical impact due to the many restrictions that promoted staying at home without any access to gyms and exercise stated Cocuzzo et al. (2022). This “sedentary lifestyle” was overall increasing mortality, which created problems such as cognitive decline, poorer insulin sensitivity, and the loss of muscle mass. Sedentarity was a threat to physical health, which proves the importance of physical activity. Additionally, Ooi et al. (2023) mentioned that another factor was the mental confusion also called in this case “infodemic”, which was misleading information relating to the disease that includes false information and unreliable content. Moreover, the existence of infodemics prevented many elders from getting truthful information. Many studies showed that this overindulgent information was related to psychological changes such as fear, stress and anxiety.

Methodology

General Population and Social Context

The population included in our project on the effects of the Covid-19 pandemic on the elderly are people ranging from 89 to 95 years of age living in a residential home. It was chosen to solely integrate those who currently live in a non-subsidized home, as the repercussions of the pandemic are normally less severe in these types of residences. Considering the studied population is vulnerable, this was a factor to reflect on as the interviewers did not have the tools to interact with those who have had negative impacts caused by the pandemic. Inclusion criteria also included people who did not live in a residential home at the time of the pandemic, but a private residence in order to evaluate the difference of how the pandemic was lived between those who had the extra measures implemented by the home. The targeted sample strictly

included residents of the Québec province. Also, people who were both in a relationship and single at the time of the pandemic were included in the research to analyse how being alone had an effect on how the pandemic was lived. The exact sample for the research was a total of five people ranging from 89 to 95 years of age. Four of the participants were females, one was male. Two of the participants were in a couple, one was in a relationship during the pandemic but her spouse passed away in late 2022, and the last two female participants were single and still are today. As for sociodemographic inclusion, two of the participants are Canadian, one is French and the last two are Portuguese. All participants had permanent residency in Quebec during the time of the pandemic. The studied participants, as mentioned earlier, are part of a vulnerable population due to their age. In fact, it was necessary to take this into consideration during the interview and even more during the selection process, bearing in mind the sensitive subject that was addressed. A printed and detailed consent form was read and signed by the participants before the interview took place. Confidentiality was not an issue for the included participants. The desired sample was used for this project, as it was wanted to include older people who lived in a non governmental institution at the time of the pandemic.

Methodological Tools

It was decided to strictly use interviews for the data collection as this strategy favored open ended questions. It also permitted developed and thought out answers from the participants. The interview took the form of a discussion, which allowed the participants to open up even more about their lived experience. Also, face to face interviews were favored rather than a survey or facetime-calls as the elderly have the tendency to be less at ease with the use of technology. The relevance of interviews was also proven by the fact that elders living in a residential home rarely have visitors. The interview was an exciting time for them as they had human contact. The tool was pretested with an interview conducted with a resident living in the same residential home of the included participants, notably one of the teammate's grandmother. The test emphasized the relevance of some questions rather than others, slightly reducing the number of questions for the interview. The questionnaire took the form of theme-grouped questions, notably on social life, general background, communication, daily life and routines, and looking back on the lived experience.

Recruitment and Execution

The data collection took place on Saturday, November 23rd, during the entirety of the day. In total, five hours were taken to interview the five participants. To easily access each participant, the data collection took place in the residence where each participant lived. The recruitment process was overall a tricky job as the population we were dealing with is vulnerable. This indicated that we had to take extra precautions when finding candidates, as not everyone would be comfortable talking about a sensitive topic. Not only are elders a vulnerable group, but since our topic was a sensitive one, they may not have wanted to disclose their experience throughout the pandemic. This meant that there was a smaller percentage of elders available for us to interview as some would be uneasy with the questions asked. To facilitate the recruitment procedure for us, one of the teammates' grandmother organized the interviews in the residence. This woman had formerly been part of the research project, such as being the target for the pretest taken prior to this date. Since she had already gone through the interview process, it meant she was familiar with the questions being asked. This meant she could make use of this knowledge to select the right participants that would be at ease with the questions asked and who would give relevant information. By selecting the right people, it made sure that the people interviewed were comfortable looking back on their experience, without resurfacing high levels of emotional distress, which needed to be avoided at all costs. As for the actual data collection procedure, it was executed by conducting in depth-interviews, separately, for each of the five candidates. One person would ask the questions, and the other would note down the key points discussed by the candidate; a recording device was also used so in the future, quoting could be used. For each interview, the questions were related to the themes of the questionnaire. They had a direct link to the literature review, but they were separated differently, as seen in Figure 2. The interviews were conducted over a span of five hours, attributing around 1 hour for each participant. By giving each candidate a prolonged amount of time to answer the questions asked, they did not feel uncomfortable to answer any questions. This in turn made the participants feel very relaxed and made them answer thoroughly. This increased the probability of getting truthful and quality responses. Useful data for this research paper was obtained during the interviews, which helped produce a thorough analysis of the data.

Method of Data Analysis

The data collected from this research was mostly analyzed by closed coding. To organize the data collected, the method selected was to regroup it by themes. However, they were not

separated by the themes explored in the literature review. In fact, the literature review's themes were divided into general themes that weren't adequate to use for a questionnaire, as they were too broad. New themes derived from the previously mentioned topics from the literature review were selected for the questionnaire, being more specific for better analysis following the interviews (see Figure 2). Since the interview questions were divided into different themes, closed coding seemed like the most efficient way to analyze the data. This coding method facilitated the comparison between different participants and their experience. This is privileged for this particular research, since it aimed to understand the effects of an event on a particular group.

Quality Control

Before the interviews, a pretest was held to make sure that the questions led to relevant answers. To ensure the quality of the data collected, any responses that deviated from the research focus or became unrelated to the research question were rejected. This was particularly important given the sample interviewed, who, at times, tended to lose track of the main topic and shift into personal stories. These deviations were frequent, but by carefully organizing the data, its integrity of the research was preserved. Therefore, no irrelevant data was kept. This research had quite a few one-way data, since the participants lived in the same residency. Consequently, their experience during the pandemic was similar. This proves a weakness in the sample of this research because of the generalization of the findings. To avoid any absent data, the interviewer made sure to ask every question and to obtain the answers necessary. This was done by verifying their notes before ending the interview. Also, to make sure the data collected was accurate, it was important to revise the transcripts of the interviews. Since the transcripts were done with software, the accuracy is not guaranteed. By reading the transcripts carefully and filling any gaps with the recordings of the interviews, the transcribed data was precise. To avoid any issue of comprehension of the interviewee's answers, at multiple times during the interview, the interviewer would ask for clarification on the response. At certain times, the participants contradicted themselves. For instance, when asked if they were scared because of the pandemic, they initially responded with "no" but by the end of the conversation, they changed their answer to "yes". This is probably due to the lack of comfort of some participants at the beginning of the interview. This might also be explained by the lack of introspection on their feelings prior to the interview. To ensure the validity of the interpretation of the data, any findings that were unclear,

irrelevant, and inadequate were discarded. This guarantees that the data interpreted was reliable and useful to the research.

Results

At the end of the data collection, five participants were carefully interviewed to thoroughly understand the effects of Covid-19 via the elderly population. The results are divided into the following themes: social lives, daily lives and routine, communication, and looking back. The looking back section was used for the participant to reflect on the studied period.

Social Lives

Two out of the five candidates were single during Covid-19. Participant 1 and 2 both mentioned that by having each other's company during this time, it really helped them get through this struggle. Participant 3, who also had a partner who was sick and hospitalized during the pandemic, shared how taking care of him helped her through the pandemic. Whereas Participant 4 and Participant 5, who were both single at the time, struggled more socially and felt more isolated. Having a partner during the pandemic is a key factor of this investigation, as the ones with a partner felt less lonely compared to the ones without. For the living situation, three out of the five participants did not live in a residential home. (See Figure 4) Participant 1 and 2 lived in a condo together. Participant 5 arrived at the residential home in November 2021. All of the participants claimed to be relatively social. One of them is an introvert but still enjoys their circle of friends. As seen in Figure 4, the participants of this study had optimal social conditions to have relatively positive experience during the pandemic.

Daily Lives and Routine

All participants favorably highlighted the fact that they all followed isolation measures as much as possible. "Moi, la seule chose, j'ai un rhume. Alors, ils m'ont enfermée pendant dix jours." However, as seen in Figure 3, they all followed the measures on different levels. The ones that lived in the residential home had stricter restrictions compared to the ones that lived independently. "On s'est rendu comme ça. Ici, à la résidence, les mesures, ils les suivaient beaucoup. C'était vraiment strict." For instance, both Participant 3 and 4 mentioned how in order to get their food, a table was placed outside their front door where their food would be placed, in order to not have direct contact with others. "On n'avait pas le droit d'aller dans un autre appartement chez des amis. Ils nous apportaient, au début, notre souper. Ils sonnaient, ils s'ouvraient et préparaient l'autre repas sur une table. Il fallait mettre une table dans le corridor."

On the other hand, the candidates that lived independently ran errands such as grocery shopping and the pharmacy. The participants that lived in the residence talked about the lack of activity during this period. “Toutes les activités étaient annulées.” They admitted that it was difficult and painful for them. All of the participants were retired, at the time of the pandemic. They all mentioned that they did not once struggle financially.

Communication

The participants got their daily information from the radio and the television. However, they did not all react to the news in the same ways. For instance, as seen in Figure 5, two out of the five participants admitted that the information scared them. One of the participants expressed tiredness in face of the news, since they were always negative. Another one of the candidates admitted that the news was traumatizing, because of the constant deaths being televised. The first impression of the Covid-19 outbreak from the participants were all quite similar. Both Participant 2 and 3 mentioned how they did not believe in the stories they were hearing about, whereas Participant 4 and 5 expressed that it was quite far and did not think it would ever reach them, let alone affect them. Participant 1 on the other hand, did not think much about it, as she had grown up with a doctor as a mother, so their family was always careful around sicknesses. To communicate with their family and friends, four out of the five participants communicated often with them. The four of them called their family and one of them used text messages. The only participant that did not communicate with her loved-ones is not at ease with technology. Therefore, the candidate rarely communicated with anyone outside of the residence. The two participants that lived together could communicate with each other which is an influential factor in the research, since they felt less loneliness.

Looking Back

To conclude the interview, the candidates were led to retrospect on their experience. For instance, two out of five of the participants said that age did indeed affect their experience, as more isolation measures were targeted towards the elderly community which made them feel more lonely. In turn, two of the other participants mentioned they did not feel that their age had an impact the way they lived through the pandemic. However, an interesting remark was made by Participant 4, as she felt that by being an elderly woman, her past experiences such as taking care of herself when ill in France successively helped to go through the pandemic, as she knew what she would be facing, and had years of experience that came in help. After the pandemic,

two participants argue that they feel much more appreciative of their life now, with Participant 2, 3 and 5 valuing their freedom much more and content it is all over. Participant 1 and 4 both state that they do not see their life much differently than before going through Covid, as they would both be ready to confront another pandemic, where Participant 1 explains she is used to these since her mother was a doctor and brought her up to be careful around diseases. All participants shared their most difficult moment during the pandemic, with answers varying with each person. Participant 4 expanded on this and clearly stated she had a hard time being alone, which made sense as she had no partner to rely on during the pandemic. The lack of freedom and communication during this time, was declared as the hardest thing for Participant 3 and 5. For Participant 2, their main fear was that they did not want their family to be gravely affected by Covid and did not appreciate seeing pictures on television highlighting the deaths produced by the pandemic. Participant 1 did not clearly respond to this question, so the data was discarded. Overall, despite the challenges, the participants had a positive experience of the pandemic.

Discussion

Consistent with other studies, the key finding in this research was the effect of loneliness. As seen in Ooi and al. (2023), “Overall, social isolation and loneliness were associated with poorer well-being among older adults in Canada during the pandemic.” It was shown that the participants that were living alone at the time of the pandemic found it more difficult than the participants that were living with a partner. For instance, Participant 1 and 2 both mentioned that by having each other’s company during this time really helped them get through the struggle that the pandemic carried. As for the other participants, such as Participant 4 and Participant 5, who were both single at the time, they struggled more socially and felt more isolated. As for activities, all participants mentioned that they did not partake in such events, due to the restrictions. This partially confirms the statement of Ryu and al. (2022) that “The frequency of social activity was significantly reduced in both sexes during the pandemic, with greater reduction for older women than older men.” For this research, it was found that all activities were suspended with no direct connection to gender. Also, it was not a reduction but an absence of activity. This might have varied in the study by Ryu and al. (2022), since it did not occur in Quebec, therefore the restrictions were different. Despite everything, the participants were left healthy physically and mentally. In opposition, in Cocuzzo and al. (2022), the mental and emotional impact of isolation are tackled. They also mentioned a spike in older adults

suicides. “ This demonstrates the severe impact of fear, isolation, and uncertainty around the pandemic.” Cocuzzo and al. (2022) Fear and its effects were not especially highlighted in the conducted research. The main fears were regarding their family’s well being and not the participant’s own health. This made some candidates comfortable enough to go to the grocery store and the pharmacy. This contradicts Statistiques Canada (2021) that stated the following, “ elles étaient plus susceptibles de déclarer de ne pas aller à l’épicerie ou à la pharmacie que les plus jeunes participants (15 à 64 ans)”. However, this research aligns with Statistique Canada (2021) on the subjects of the respect of isolation measures. As seen in Figure 3, all of the participants respected the measures properly which affirms the thesis of Statistique Canada (2021) “Les personnes âgées sont plus susceptibles d’être préoccupées par leur santé et sont plus susceptibles de prendre des précautions.”

As mentioned in the current literature on the subject, communication was crucial during the pandemic. As addressed by Ryu and al. (2022), “ However, older adults living alone with weak or absent familial networks may become more isolated during public health crises; therefore, they need to be supported by the management system more intensively. ”it was shown that the participants living alone and that were not in touch with current technology had difficulty communicating with their loved ones. Consequently, this had the effect of deepening their sense of lack of communication and proximity with others as illustrated with Participant 4. Cocuzzo et al. (2022) also related back to this “ it is critical to take advantage of the willingness of some older adults to learn how to utilize these communication technologies to include them in virtual communication activities ”. A deeper ability to utilize certain technological tools would be necessary for elders. Four out of the five participants were comfortable with the use of technology and did not face any problems which differs from the study by Raj & Kumar (2021) “The diffuse use of technology and new methods pushes the elderly towards the « digital divide » making social contact very difficult for them ”. It is partially applicable to this research since one of the participants was not comfortable with technology and did not communicate as often with others, as seen in Figure 5. The research showed that news on the virus was transmitted through television and radio, which had the consequence of making elders' sense of fear grow larger. This contrasts with the literature, as Statistique Canada (2021) stated: “les adultes plus âgés font preuve d’une plus grande résilience au stress”.

Given the financial condition of the participants, the finding on finance differs from other studies such as Cocuzzo et al. (2022) “In addition to the impact on the physical and mental health of older adults, coronavirus produces a variety of financial problems for older adults who are already at risk for financial hardship in times of recession”. The participants in this research reported that their financial situation was not altered by the pandemic. Therefore, the findings of the two studies do not match. Also, since the participants of this research were all retired, they were financially stable as they avoided employment fluctuations. If the participants were employed, their financial situation might have been different, as seen in Cocuzzo et al. (2022), “ This may be because older adults who are not yet retired are less likely to be stable on social security and those who are in the younger age bracket are less likely to have finished paying off their mortgage. ” In sum, the participants did not struggle financially which differed from the prior research on the subject such as Cocuzzo et al. (2022).

When comparing the results of this research project to the prior studies regarding the effects of Covid-19 on elders, gender and age were recurring factors. As stated by Lund et al. (2022), women “believed Covid-19 prevention measures are more effective than their counterparts”. This could be argued as a confirmed factor in this research, as three out of the four women followed them with precaution, meaning they believed by following the measures, they were ensuring safety for others and themselves. To further confirm this, the only man in the investigation specifically mentioned that the measures were “exagérées”(Participant 2), validating the statement that women leaned more towards the fact that it was effective.

Furthermore, Mazza et al. (2020) explored that “female gender was associated with increased anxiety, depression, and stress”. This however, contradicts the findings of this paper, as none of the female participants once mentioned feeling stressed or anxious, but rather felt quite isolated and worried for others. Also, there were no obvious differences between the genders interviewed.

Concerning their age, the majority of participants firstly denied that age and gender had an effect on their experience during the pandemic. However, when given examples, Participants 1, 4 and 5 agreed it had an effect as their stricter isolation measures restricted them. Therefore, they felt more lonely. These restrictions influenced younger people to distance themselves from the elderly to ensure their safety, negatively impacting older adults as they felt isolated, observable in Statistique Canada (2021).

Limitations

The research on the impact of Covid-19 on elderly's lives encountered methodological and practical limitations that influenced the results. First of all, a few limitations arose because of the sample of this research. In fact, five participants were interviewed as required. However, for the results to be transferable and generalizable, the sample size should have been bigger. Also, the participants in this study came from a wealthy socioeconomic background which impacted the results of the research. For instance, participants with financial difficulties probably lived the pandemic differently. Since they were all wealthy, financial difficulties could not be studied and linked with certain prior literature. Similarly, even though the participants lived in different residences during the pandemic, the living situations were not diverse enough. For example, some participants could live in a house, condo, residence, and CHSLD. Also, the participants were from Western ethnicities which again, is not representative of the entire studied population. Moreover, they were all located in Quebec and were around the same age. In fact, the participants' ages varied from 89 to 95 years old. A more diverse age range would be more representative. Therefore, the data collected is not completely representative of the effects of Covid-19 on the whole population of elderly. Second of all, some data had to be rejected because of its irrelevance. As explained in the quality control paragraph, some participants often lost track of the matter at hand. That being the case, any irrelevant information was discarded. Similarly, incoherent data occurred at different times during the interviews. That data was erased. Nevertheless, this challenge was expected due to the population studied. In fact, the elderly have a reputation of sometimes being incoherent mainly because of their difficulty to recall certain information. Also, they could have been uncomfortable with the interviewers which could have led to incoherences. Some data was very specific to the participants such as their daily lives during the pandemic. Obviously, this data is relevant for the study but not representative of the population studied.

As for biases, the social desirability bias was definitely present, since the participants were vaguely familiar with the interviewer. In fact, most of the participants were friends with one of the interviewer's grandmother. The candidates might want to please the interviewer because of their proximity. Also, they might have filtered their answers because of the sensibility of the subject. Furthermore, the participants might have altered their answers in light of social acceptance. For instance, the participants might be afraid of the perception the interviewers had

on them such as being seen as victims. As a result, they could have altered their answers to avoid judgement. Also, the affective bias was present during the interviews, since they all occurred on the same day. This most likely affected the interviewer's openness, interactivity and overall listening capacities. After a few interviews, the answers became redundant to the interviewers and made them less interested in the interviewees. This phenomenon is shown in the duration of the interviews. In fact, the last interview was significantly shorter than the others. To avoid this bias, the interviews should have been divided by more than two interviewers or scheduled on different days.

“Based on previous research, the hypothesis guiding this research is that this event negatively affected the elderly by disrupting their lives, but the way it influenced them is related to their living situation.” The hypothesis stated in the introduction is confirmed, since the data collected affirmed that loneliness impacted the experience of the elderly during the pandemic. Therefore, if they lived alone or with someone influenced the overall experience of this event. The research objectives were reached. This research explored the possibility of resilience and made the comprehension of the issues the elderly had to face possible. Notably, with the section *Looking Back* of the results. Finally, this research examines the effects of Covid-19 on this particular population by asking questions on their experience and obtaining meaningful data as seen in Figure 3, 4 and 5.

Conclusion

The study performed on the effects of the Covid-19 pandemic on elderly people's lives has highlighted many important aspects that should be taken into consideration towards their overall health and well being. Firstly, it has been shown that loneliness was a major factor in the diminishing mental health of the older population. Aside from living alone, their lack of knowledge on the use of technological devices had a big impact on their feeling of seclusion from their loved ones. Those who lived as a couple had the tendency to feel less isolated and restrained from living life. On another hand, the access to real-time news caused fear among most of the participants, seeing the threat of the virus and the regular showcasing of death. Some participants even said the news was “traumatizing”. Financially, the study has not been able to determine a leading threat caused by the pandemic as the studied population was already retired and had been for quite some time. It was also determined that age was a major factor in the repercussions of the pandemic, because isolation measures were naturally more restrictive

towards this vulnerable population. Outlook on life was also altered for many of the participants, as they now appreciate their freedom greatly and enjoy the little perks of life. For future research, it would be important to include a larger and diverse sample in terms of ages, socioeconomic status, and geographical location. With those changes, the research would be more representative of the population. Finally, in the event of another pandemic, the elderly could be more understood and measures such as psychological help could be instaurated.

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Appendix

Figure 1

Informed Consent Form for Participation in Research Study: Interviews

You are invited to participate in a research project for the Research Methodology Cegep level course. We are students from Collégial International Sainte-Anne in Lachine and we are conducting a research study aimed to examine the impacts of Covid-19 on senior citizens.

Your task

If you agree to participate, you will be asked to take part in an interview. You will be asked to answer questions about your experience in senior facilities during the Covid-19 pandemic. The interview will approximately take x minutes to complete.

Voluntary

Your participation in this study is completely voluntary. You have the right to withdraw from the interview at any time or refuse to answer a question without facing any negative consequences.

Risks & Benefits

We understand that discussing your experiences during the pandemic may bring up strong emotions, as it was a difficult time for many. Talking about your experience during the pandemic may trigger feelings of anxiety, sadness and fear. As you reflect on these loaded memories, please remember that this research aims to gain a deeper understanding of the reality of the older

adults during those challenging times. This research can bring attention to this sensitive topic and raise awareness of the elderly's experience during the pandemic. Your participation is valued as it contributes meaningfully to this important research. However, as stated in the voluntary section of this consent form, you have the right to withdraw from the interview at any time or refuse to answer questions at any time.

Confidentiality

Your responses will be kept confidential and only the researchers will have access to them. Only the research will have access to the interview recordings and transcripts which will be destroyed after the semester ends. The information you provide will be kept confidential. Your identity will not be revealed or linked to any results in the research.

Contact information

If you have any questions or concerns about the research, feel free to contact Ophélia Duchaine at 438-882-4424 or by Email at ophelia.duchaine@e.sainteanne.ca.

Consent

By signing this, you have read and understood the information above and agree to participate in this research study. It is understood that your participation is voluntary and that you have the right to withdraw at any time.

Participant's name: _____

Participant's signature: _____ Date: _____

Formulaire de consentement éclairé pour la participation à l'étude de recherche :

Entretiens

Vous êtes invité(e) à participer à un projet de recherche dans le cadre du cours de Méthodologie de Recherche au niveau collégial. Nous sommes des étudiantes du Collégial International

Sainte-Anne à Lachine et nous menons une étude visant à examiner les impacts de la Covid-19 sur les personnes âgées.

Votre rôle

Si vous acceptez de participer, vous serez invité(e) à prendre part à un entretien. Vous devrez répondre à des questions concernant votre expérience dans des établissements pour aînés durant la pandémie de Covid-19. L'entretien prendra environ x minutes.

Participation volontaire

Votre participation à cette étude est entièrement volontaire. Vous avez le droit de vous retirer de l'entretien à tout moment ou de refuser de répondre à une question sans que cela n'entraîne de conséquences négatives.

Risques et bénéfices

Nous comprenons que discuter de vos expériences durant la pandémie puisse susciter de fortes émotions, puisque cette période a été difficile pour plusieurs. Parler de votre expérience pendant la pandémie peut provoquer des sentiments d'anxiété, de tristesse et de peur. En réfléchissant à ces souvenirs chargés émotionnellement, veuillez garder à l'esprit que cette recherche a pour objectif de mieux comprendre la réalité des aînés durant cette période difficile. Cette étude peut mettre en lumière ce sujet sensible et sensibiliser la population à l'expérience des aînés pendant la pandémie. Votre participation est précieuse, car elle contribue de manière significative à cette recherche importante. Cependant, comme mentionné dans la section sur la participation volontaire, vous avez le droit de vous retirer de l'entretien à tout moment ou de refuser de répondre à certaines questions à tout moment.

Confidentialité

Vos réponses seront traitées de manière confidentielle et seules les chercheuses auront accès à vos réponses. Seule l'équipe de recherche aura accès aux enregistrements et aux transcriptions des entretiens, qui seront détruits à la fin du semestre. Les informations que vous fournirez resteront confidentielles. Votre identité ne sera pas révélée ni associée aux résultats de la recherche.

Informations de contact

Si vous avez des questions ou des préoccupations concernant la recherche, n'hésitez pas à contacter Ophélie Duchaine au 438-882-4424 ou par courriel à ophelia.duchaine@e.sainteanne.ca.

En signant ce formulaire, vous confirmez avoir lu et compris les informations ci-dessus et acceptez de participer à cette étude de recherche. Il est entendu que votre participation est volontaire et que vous avez le droit de vous retirer à tout moment.

Nom du participant : _____

Signature du participant : _____ Date : _____

Figure 2

Interview questions

What Are the Effects of the Covid-19 Pandemic on the Lives of Elderly Individuals?

GENERAL INTRO AND BACKGROUND

Name, tranche d'âge, how are you feeling today,...

1. How are you feeling today?
2. What is your name ?
3. If you don't mind me asking, how old are you ?

SOCIAL LIFE:

4. At the time of the pandemic, were you living in a house or a residential home?
5. At the time of the pandemic, were you living in this residential home ?
6. At the time of the pandemic, did you live alone or with others?
7. If you lived with others, how many people did you live with?

8. Do you consider yourself as a social person, someone who is at ease with being around other people or someone who needs to be surrounded by others in order to feel at their best?
9. Did you have an entourage that favored a support system during the pandemic?
10. At the time of the pandemic, did you contact your family or friends?
11. If so, how regularly did you contact your family or friends ?

COMMUNICATION:

12. How did you communicate with loved ones during the pandemic?
13. Was technology used? How so?
14. In the residence, how did they communicate information to residents? Gatherings?
15. Did you watch the news to obtain information? How did that make you feel?
16. What was your first impression of the news of Covid-19?

DAILY LIFE AND ROUTINES:

17. Did you follow isolation measures? If so, what isolation measures did you apply that changed your daily routine?
18. Did you contract the disease ?
19. If you don't mind me asking, how did it affect you ?
20. Did you feel fear ? If so, do you still feel fear to this day ?
21. How did the pandemic impact your daily life and routines?
22. Did you feel comfortable going on regular outings, such as grocery shopping or medical appointments?
23. Did the frequency of your outings change from before the pandemic ?
24. Were you employed during the pandemic? And did the pandemic change your income ?

LOOKING BACK:

25. As a __ , do you think your gender has influenced the way you have lived the pandemic?
26. If so, how did it influence the way you have treated the pandemic?
27. How do you think your age has affected your experience during the pandemic?

28. What is something that helped you cope/what measures did you take (to feel better) with the pandemic?
29. In what ways do you think your experience could have been improved/ what would you do differently ?
30. How has the hardship experienced in this difficult period impacted your life now ?
31. How did your outlook on life change having survived this pandemic ?
32. Looking back, what was the most difficult challenge(s) faced during this period and how did you overcome it?

Figure 3

Daily lives and routine	Participant 1	Participant 2	Participant 3	Participant 4	Participant 5
Isolation measures	Respected the measures carefully Outings: pharmacy and grocery store	Respected the measures (thought they were too intense) Outings: pharmacy and grocery store	Respected the measures loosely Outings: visiting sister-in-law	Respected the measures for the most part No outings	Respected the measures carefully Rare outings
Contraction of the disease	Non	Non	Non	Yes	Yes, 2 times
Employment	Retired	Retired	Retired	Retired	Retired
Financial situation	Constant	Constant	Constant	Constant	Constant
Activities	No activities	No activities	No activities	No activities	No activities

Figure 4

Social lives	Participant 1	Participant 2	Participant 3	Participant 4	Participant 5
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Housing (at the time of the pandemic)	Condo	Condo	Residence	Residence	Residence since November 2021
Living situation	With husband	With wife	Alone	Alone	Alone
Social skills	Social	Social	Social	Social	Social but, prefers to be alone (introvert tendency)
Support system	Good social circle: friends and family	Good social circle: friends and family	Good social circle: friends and family	Good social circle: friends and family	Good social circle: friends and family

Figure 5

Communication	Participant 1	Participant 2	Participant 3	Participant 4	Participant 5
Frequency	Everyday	Everyday	Regularly	Rarely	Regularly
Means of communication	Phone calls	Phone calls	Skype	Not mentioned	Phone calls and texts
Comfort with technology	Very	Very	Very	Barely	Very
News	Everyday Feeling: Fear	Everyday Feeling: Fear	Everyday Feeling: Overwhelmed and tired of hearing about them	Everyday Feeling: Concerned	Everyday Feeling: Concerned

Figure 6

Individual work form	
Team member	Contributions to the collective work
Ophélie Duchaine	<ul style="list-style-type: none">· Title page· Introduction· Literature review· Method of data analysis and Quality control· Results· Discussion· Limitations· Appendix· Interview transcripts with themes· Final review + APA
Juliette Pennycuick	<ul style="list-style-type: none">· Interviews and note taking· Literature review· Methodology· Discussion· Conclusion· Interview transcripts with themes· Final review + APA

Sidney Cormier Smith	<ul style="list-style-type: none"> · Interviews and note taking · Literature review · Recruitment and execution · Results · Discussion · Reference list · Interview transcripts with themes
Amélie Laurin	<ul style="list-style-type: none"> · Literature review · Limitations · Discussion
Éloïse Rheault	<ul style="list-style-type: none"> · Literature review · Discussion · Conclusion