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## COVID-19's Impact of Social Isolation on Seniors in an Assisted Living Facility

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**COVID-19's Impact of Social Isolation on Seniors in an Assisted Living Facility**

University Honors Program Thesis Project

University of Nebraska Omaha

Submitted by:

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**Abstract**

This study explores the impact of social distancing precautions in response to the rapidly evolving COVID-19 pandemic by resident seniors in an assisted living facility. Previous studies describe how social distancing regulations can amplify feelings of loneliness in all age groups. However, pandemic-related lockdowns and social distancing measures disproportionately affect vulnerable older populations. Resident seniors in an assisted living facility in Omaha, NE participated in a semi-structured interview focused on the perceived impact of COVID-19 safety precautions. Participants reported a temporal dimension of impact, specifically, an increased level of loneliness in the evening, but also discussed the importance of encouragement from a variety of sources, and various coping mechanisms. I discuss how the results create a clearer picture of the experience of seniors in a group living environment during the pandemic and identify key areas of improvement to alleviate the feelings of loneliness which may limit the long-term effect of social distancing on mental health.

COVID-19's Impact of Social Isolation on Seniors in an Assisted Living Facility

**Background**

On March 11, 2020 the World Health Organization categorized the rapid spread of COVID-19 as a pandemic (WHO-Director, 2020). Globally, the primary goal was to stop the spread of the virus through social distancing and enhanced sanitation and hygienic efforts. When these protocols were initially enacted, infection control was the paramount concern. This was especially important for the older adults who are most vulnerable to developing significant illness from the COVID-19 infection (Batra 2020). Assisted living and long-term care facilities sought to protect their residents by increasing sanitation and decreasing contact between individuals. However, there was little consideration given to the long-term psychological and relationship strain that prolonged physical isolation might cause. The pandemic represents a unique challenge: how do we protect older individuals in a group living environment from the coronavirus while still promoting an active, social, and fulfilling life?

For assisted living and long-term care facilities protecting their residents involved specific isolation protocols including pausing group activities, delivering meals to the resident's rooms, and not allowing visitors. Although these isolation protocols were enacted to contain the spread of COVID-19, they potentially contribute to increased feelings of loneliness and a decline in psychological well-being. Pre-coronavirus pandemic, it was estimated between one-third and half of older adults worldwide had reported loneliness and social isolation (D'cruz, 2020). It is possible that the lockdowns and physical distancing measures taken in response to the accelerating spread of COVID-19 have disproportionately affected older people and amplified feelings of loneliness. According to Groarke et al., chronic loneliness can lead to an overall negative affect on physical and mental well-being by causing higher prevalence of mood

disorders (depression and anxiety), self-harm, and suicide (2020). In addition, the required isolation limited opportunities for the buffering effects of social support. Social support and congruity are vital to keep our stress levels low, decrease feelings of loneliness, and developing a sense of belonging and purpose in a group. Participating in meaningful social activities improves health and promotes a robust immune system. In a review about the psychological impact of quarantining during past epidemics, Brooks et. al (2020) noted that a loss of social connectedness can increase stress levels, disrupt sleep cycles, and increase levels of psychological distress. This review cited fear of infection, boredom, inadequate information from public health officials, and insufficient supplies throughout the duration of the quarantine as the predominant stressors. The prolonged social distancing measures taken during the COVID-19 pandemic amplified many of these stressors.

Limited research exists regarding the personal effect of isolation and separation in an assisted living facility, as this is a rapidly evolving topic. The current study addresses this gap by asking how social isolation and distancing needs impact seniors living in an assisted living and memory care facility. Specifically, this research focuses on how these COVID infection protocols and the necessary changes to their daily life has affected psychological health and relationships of seniors with their family, care givers, and friends. Are Zoom or Facetime visits beneficial to the residents? Do they help to maintain their current relationships? How can we create meaningful moments with the residents while still following infection control protocols? Do older individuals use past experience to cope with pandemic-related obstacles? What other means of coping do they report? In answering these questions, the current research provides insight into the lived experiences of older adults in one assisted living facility throughout the

pandemic, to both better understand their situation, and assisting public health and healthcare administration employees for future planning.

## **Methodology**

### **Study Setting**

All interviews were conducted at Richmond Terrace Assisted Living and Memory Care in Bellevue, Nebraska. Richmond Terrace offers personalized care plans to any person who can live independently but needs a little bit of extra assistance. Richmond Terrace staff assist residents with their medications, housekeeping, activities of daily living (dressing, bathing, other hygienic activities), ambulating, and by providing three meals a day in the dining room. In spring 2021, there are 65 resident seniors living on the assisted living floors of the building and 24 residents in the memory care wing. The assisted living floor plans include a living room, a bedroom, a full bathroom, and a kitchen area equipped with a fridge, sink, and microwave. Assisted living resident seniors have access to a fitness center, a craft room, a chapel, activity rooms, a coffee shop, and a theatre. The youngest resident living at Richmond Terrace is 67 and the oldest is 103 years old.

On March 15<sup>th</sup>, 2020 in response to the COVID-19 pandemic, Richmond Terrace began “Limited Access” measures which allow only necessary staff into the building. Resident seniors began social distancing and wearing masks in the dining room and during group activities. The facility also put a quarantine plan in place. Specifically, if a staff member tested positive for SARS-CoV-2 and had close contact with resident seniors, those resident seniors began a quarantine in their room for two weeks. As a result of intensive social distancing and infection control efforts, Richmond Terrace has not had any resident seniors contract SARS-CoV-2.

## **Sample**

The participants in this study represent a convenience sample. The fourteen participants were chosen based on recommendations from Richmond Terrace's Executive Director, Annie Dwyer. She recommended resident seniors that she believed from her relationship with them would be the most conversational and would be likely to agree to participate in the study.

## **Interview Structure**

The semi-structured interview questions focused on learning more about the experience of living in an assisted living facility during the COVID-19 pandemic. The interview content was divided into two parts: questions about their personal experiences and vignettes to elicit how generally they viewed the relationship between social isolation and loneliness. The interviews began by how the facility's day to day life changed as a result of the pandemic. In particular, these questions asked about which specific facility protocol changes and precautions had the largest impact on the participants. The next set of questions investigated how changes in visitation impacted relationships with their loved ones. Specifically, how did affect frequency of contact, and what communication methods they used with their loved ones (Zoom, email, phone calls etc.). The last set of interview questions focused on how participants coped with the pandemic-related changes in their lives. In particular, how participants' past experiences, relationships with staff and other resident seniors, and specific COVID-19 precautions relate to feelings of loneliness.

The second part of the interview introduced multiple vignettes. The structure of the vignettes elicited the perceived responsibilities of nursing staff, friends, family, and individual's responsibility to help reduce loneliness of the residents during the pandemic. Vignettes were chosen to allow participants to answer questions about the imaginary characters to initiate

sensitive conversations. As a research methodology, vignettes focus on imaginary characters to improve participant comfort and openness when discussing beliefs and attitudes about sensitive subjects (Erfanian et al., 2020). The four vignettes focused on different situations where a resident senior struggled with their independence and health. When discussing each scenario, the participants were asked to offer advice and recommendations to help the imaginary characters. Finally, I asked participants what actions they would take to help the vignette character if they were a relative, friend, or nursing staff.

### **Data Collection**

Fourteen residents at Richmond Terrace Assisted Living in Bellevue, Nebraska participated in semi-structured interviews. The interviews took place between January 2021 to February 2021. Permission for data collection was given by the Executive Director, Annie Dwyer. All interview sessions aligned with the current health and safety protocols implemented at the facility. At all times, precautions and safety measures were enforced in accordance with Richmond Terrace's policies. This included wearing masks and maintaining a six-foot distance between the interviewer and participant.

Before the interviews, the researcher explains the purpose of the study in detail and invited questions. Subsequently, each participant signed a form of consent form for inclusion in this study. An additional consent form was signed for permission to audio record the interview via the iPhone Voice Recordings app. After each interview was transcribed, the recording was deleted. Interviews took place in the participant's apartment at their convenience and lasted between twenty minutes to one hour. Each participant was asked seven questions and responded to four vignettes. Data collection closed at fourteen interviews when no new information emerged, indicating data saturation had occurred.

## **Data Analysis**

To identify common themes in the interviews, I conducted a grounded theory analysis. Grounded theory involves identifying categories and concepts that emerge from text, and then linking the concepts into substantive themes, and ultimately formal “theories”—how concepts relate to each other. The first step of grounded theory is becoming familiar with the collected data to identify common themes or interesting categories that emerge from the text. Each of these findings was given a code which helps to focus the data analysis going forward. Next, I located examples of each of the codes from within the interview transcripts. After identifying three important and reoccurring themes, I began focused coding. Exemplar quotations that fit into each common theme were identified and organized as support for the key findings. A review of the coding process refocused my perspective on the data and allowed for me to see the “bigger picture”. To further understand what the findings meant, I asked myself questions about the data. The purpose of asking questions about the key findings was to help me find the significance in what was found in the data. To better quantify this data, I also recorded the frequencies of specific words or themes arose in the interviews. To ground my analysis, I reapprached my data to observe if the patterns were still there and considered all negative cases. As part of this analysis, I also considered the reliability of the participants to provide honest answers about their specific experiences. I considered possible factors that indicated why or how that individual reported a different viewpoint than the others.

## **Results**

The participants' information has been de-identified to ensure the participant's privacy. Each participant has been given a sequential letter the alphabet (A-N) as an identifier. Out of the fourteen participating residents, six of them were men and eight were women. Additionally, six

of the participants lived in an apartment with their significant other. The remaining eight participants were widowed. Over half of the participants had completed a bachelors degree or more. More information about the demographic information of the participants in this study can be found in *Figure 1*.

<b>Gender</b>		
Men		43%
Women		57%
<b>Age</b>		
70-80		29%
81-90		57%
91+		14%
<b>Education</b>		
High school grad or less		29%
Some college		14%
College+		57%
<b>Marital Status</b>		
Widowed		57%
Married		43%

**Figure 1.**  
Summary Table of General Demographic Information of Study  
Participants (n=14)

### Themes: Overview

Participants expressed a high level of individual accountability for coping with the negative effects of loneliness and social isolation, frequently commenting that it is ultimately up to the individual to take care of their own psychosocial health. However, they also expressed that encouragement from loved ones and the nursing staff is appreciated and helpful. A second theme emerged related to loneliness and temporality. Out of the fourteen participants, eleven reported that after dinner was when they felt the impact of social isolation the most. The remaining three respondents found mealtimes to be the most difficult time of day. The last theme identified is the reliance on bible study/ religious practices as a coping mechanism. Four out of fourteen

participants discussed how their faith has helped bring them comfort during difficult times during the pandemic. Below, I expand on each of these themes.

***Encouragement is Important***

Throughout the interviews, nine participants reported a responsibility to themselves to stay physically and mentally healthy during the pandemic. They understand the importance of maintaining daily routines and engaging their mind in various activities as part of that effort. Ultimately, this effort is part of looking forward to seeing their family and revisiting their favorite places when safety protocols allowed. Although encouragement was seen positively, participants felt it is not appropriate for their family, nursing staff, or facility administrators to pressure or force the residents into doing activities. Participants felt that it was important to allow the resident seniors the independence to make decisions about their mental and physical health, as much as possible. Participant G stated, "I have accepted that life isn't the same as it was and it is up to me to make changes" (personal interview, 2021).

Despite a need for independent decision-making about their mental health, the participants emphasized how helpful encouragement is from nursing staff and family members. Out of the fourteen interviews, twelve mentioned in some capacity the need for loving encouragement, a need for reminders to take care of themselves and to engage in meaningful activities. Participant C said in response to a problem posed in a vignette, "Really encourage him... A little bit of extra kindness goes a long way" (personal interview, 2021). How the encouragement is best structured was also discussed. Participants suggested demonstrating that you care about their well-being and offering necessary supports is how the resident seniors want to be encouraged. However, participants were careful to make a distinction between encouraging

and pressuring resident seniors to engage in an activity. When responding to a vignette, Resident B described the proper way for nursing staff to encourage someone,

“The advice I would give to the nursing staff would be to encourage her to go back to the kinds of things that she probably enjoyed before, but don't force it. Don't be overbearing about it. Maybe she will maybe she won't get better. That is up to her” (personal interview, 2021).

### ***Loneliness at Mealtimes and in the Evening***

Evening was most frequently reported as the time of day when the impact of social isolation was the most difficult. Many participants pointed out that as there are no activities after dinner, and everyone stays in their rooms. Resident H described the evenings as “I can go out in the hallway and you don't see anybody you don't hear anybody. That's the longest stretch where if you wanted to do anything or play games you can't” (personal interview, 2021). Many described their only activity options as watching TV or reading a book until they go to bed. Participant E noted since the pandemic began, they go to bed earlier and sleep more because there “is nothing else to do” (personal interview, 2021).

Mealtimes were the other reported time of day that is difficult. In the dining room, social distancing protocols were implemented to create a safe dining experience. Participant G described their challenge with necessary physical distancing, “We can't hear each other because they keep us so far apart. We can't have a conversation” (personal interview, 2021). Before the pandemic, the resident seniors would sit in clusters of four or six and were able to hear and speak to each other. Participants living with their spouses were more likely to identify mealtimes as the hardest part of the day. In the dining room, couples do not need to distance from each other, but instead sit at a table separated from the other residents. Resident C lives with their spouse and states,

“It’s really sad that we can’t visit in the dining room. Before the pandemic we went to the dining room at our own time. We would pick where we sat and who we visit with. Now it’s just weird. We are lucky that we have each other. It would be nice to talk to other people though” (personal interview, 2021).

### *Coping Mechanisms*

There was less consensus among participants concerning coping mechanisms, compared to the other themes, with nine out of fourteen discussing specifics. The coping mechanism most frequently reported participants is reading the Bible. Four out of fourteen participants discussed turning to their faith and Bible study as a tool to make themselves feel better. All four of these participants stated that they had found comfort in reading the Bible their whole life. Participant D found a new community within their church, “I joined a zoom Bible class from my church, and I now get to at least see people” (personal interview, 2021). It is the community aspect of being a part of a church with the opportunity to share common hardships that helps Participant D stay resilient during their most difficult days.

Watching television was the second-most commonly reported coping mechanism. Three out of fourteen participants shared that they watching TV helps when they are feeling lonely. Participant G stated that watching sports on TV “distracts me” (personal interview, 2021). Physical limitations affected the preferred coping mechanism in some participants. A decline in physical ability or increased pain levels with activity is common in the elderly. Activities that relaxed them when they were younger may no longer be possible or are more difficult as they age. Resident L described their struggle with maintaining their coping mechanism, “If my body allows me to, I like to clean closets or drawers or some cleaning around the house makes me feel better. Cleaning used to get me out of depression” (personal interview, 2021). Participant C described reminding themselves of the importance of maintaining the social distancing protocols in order to avoid contracting COVID-19 infection. Participant C stated that when they struggle

with loneliness related to pandemic-protocols, they remind themselves that they “ feel isolated in a very safe way” (personal interview, 2021). In this case, reminding themselves that the protocols are in place to keep them safe was used as a coping mechanism.

Another response that is notable is that two of the participants had their pet dog or cat living in their apartment. Spending time with their pet was reported as how they overcome their loneliness. Resident K stated that their dog “is a salvation. I talk to him and he talks back. Bandit is what keeps me sane” (personal interview, 2021). Richmond Terrace also organizes visits from local animal rescues and animal therapy organizations to come and visit with the residents. Resident I said that these visits “make me excited and I look forward to them all week” (personal interview, 2021).

### **Discussion**

Demonstrating empathy and compassion is essential when spending time with the resident seniors. According to the participant’s experiences, the most effective way to do this is by taking time and demonstrating support and care. Before the pandemic, family members were free to come and visit their loved ones in their room. They would frequently help with these small tasks (changing a battery in a TV remote, working through an issue on the computer etc.) that positively impact mood. In response to the COVID-19 pandemic, family members are unable to visit their rooms or provide small task support. As the resident seniors are shielded from visiting with their family members, the ability of staff to assist with these small tasks becomes more important. The participants in the current study reported that they did not always feel comfortable asking for additional help from staff. Resident L stated that he was hesitant asking for extra help from nursing staff because “they always seem rushed” (personal interview, 2021). Assisted living facilities keeping their nurse to resident ratios low can best ensure that

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staff are able to spend that extra time with the residents. However, the facility's COVID-19 response required time-consuming enhanced sanitation procedures and more frequent vital sign monitoring of resident seniors. With these extra duties, it becomes challenging for nursing staff to find extra time to spend with the resident seniors. Before Richmond Terrace moved to a "Limited Access" status response to the pandemic, there were volunteers available to spend time with resident seniors as well. As volunteers are not considered essential staff, residents no longer have access to this programming. The results of this study suggest facility administrators and nursing staff might consider ways to make up for this quality time deficit in planning for future "limited access" events. The evidence in this study strongly suggests that, especially during the pandemic, it is important and appreciated by the resident seniors to receive extra help from staff.

The importance of staff providing encouragement to resident seniors shows their support role to be multifaceted in the pandemic. Study participants stated a nurse observing an increase in depressive symptoms in a resident senior needs to encourage them. Encouraging resident seniors to engage in activities is helpful but will not always be successful. How encouragement by the staff member occurs is important. Participants expressed that they become frustrated when they are spoken to in a condescending way or pressured too hard to do something. Although most nursing staff may want to do anything in their power to help a patient, our study participants emphasized the importance of encouraging autonomy. Nursing facilities could offer training sessions for staff about how to properly encourage their resident seniors. While COVID protocols restrict family visits, nursing staff now play a larger supportive role to the resident seniors than before. Therefore, offering additional training about how to respond when an individual has increased loneliness and/ or depression symptoms as a result of social distancing regulations would give the nursing staff the necessary skills to help resident seniors.

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One approach described by participants as helpful to alleviate feelings of loneliness was contact from family members. Although Participant M described video calls with family as “not the same” (personal interview, 2021), seven out of fourteen participants reported video calls as the most-preferred mode of communication with loved ones during the pandemic. When asked about the benefits of video calling their family, Participant H stated “It’s better than even talking to you because we don’t have to wear a mask” (personal interview, 2021). Administration and nursing staff time investment facilitating these video calls show benefits. Resident A described window visits with their family as “nice, but weird” (personal interview, 2021). Not every participant in this study had the opportunity to have window visits either because they lived on the top floor or had no local family. As the pandemic creates a unique situation, those with family members in group living environments should make an extra effort to reach out to their loved ones as a reminder of how they love them and are looking forward to seeing them in-person again. Sending care packages and handwritten letters were also reported as being helpful. Continuing to maintain their social connections outside of their group-living environment was described to give the resident seniors hope and something to look forward to.

In accordance with COVID-19 protocols, the group dining structure was modified. To limit the number of resident seniors dining together at the same time, they were divided into two separate dining groups: an early group and a late group. Limiting the number of people in the dining room allows for more physical distance between the residents while they are eating. The early group finishes dining at around 5:15 in the evening, and the rest of their day does not have any structure or scheduled social activities. Three participants mentioned that they do not like to go to bed until they have received their medications-which can be as late as nine o’clock. The extended evening without a schedule has amplified the effects of social isolation and loneliness.

## COVID-19'S IMPACT OF SOCIAL ISOLATION ON SENIORS IN AN ASSISTED LIVING FACILITY

In order to entertain themselves and cope with their loneliness, four participants reported calling their family members in the evenings. Evening calls work better as their working-age children are usually off work at that time. However, even after phone calls to family members, there is a large amount of time where there are no activities available. Before the pandemic, many family members would come and visit during the evenings. Three participants reported that before the pandemic they were accustomed to having their family visit in the evenings and suspending these regular visits was particularly difficult. Participant C reported that before the COVID-related visitation changes in 2020, her children would come visit or take her out for dinner in the evenings two or three times a week (personal interview, 2021). Although the pandemic restrictions lead to video calls as a substitute form of contact, the participant felt the loss of these in-person visits with her family has made the evening time more difficult.

According to a recent national survey, 65% of respondents 65 and older reported that religion is very important in their life. In comparison, 40% of respondents in the 18-29 age group described religion as very important in their life (Religion in America: U.S. Religious Data, Demographics and Statistics, 2020). So, it is not surprising the current study found that faith-based coping mechanisms were the most commonly reported way to help alleviate symptoms of loneliness. However, this finding also aligns with previous studies that show that being engaging in religious practices and being involved in religious organizations can reduce levels of depression and anxiety (Chatters, 2000). In the same study, it was also found that utilizing religious-coping strategies was more effective at alleviating depression compared to those who did not engage in any religion-based activity. A cross-sectional study that explored the relationship between health and religion found that those participating in religious practices felt more “social support and better cognitive functioning” than those that did not (Koenig, 1997).

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Many religious organizations form a community that can create more social connectedness for its members. Additionally, involvement in a religious community can create a sense of belonging and purpose for individuals. Having a larger number of social networks can assist individuals coping with the effects of social isolation and loneliness. As COVID-related social distancing protocols restrict in-person gatherings, thereby contributing to increased feelings of loneliness and depression, it is important to continue creating opportunities for religious communities safely to interact and visit with each other (possibly via Zoom).

The second-most reported strategy to alleviate negative feelings of loneliness was watching TV. Watching TV is a passive (not stimulating brain activity) and sedentary pastime. Frequent and extended periods of TV watching is directly associated with a functional decline in older adults (García-Esquinas, 2017). Extended periods of TV viewing promote a sedentary lifestyle that has been shown to increase the risk of cardiovascular disease, arthritis, and diabetes. Additionally, sitting for long periods of time promotes break down of skeletal muscle which reduces the strength and mobility of the individual (García-Esquinas, 2017).

It is worth noting that the other coping strategies the participants described such as Bible study or calling a loved one as comforting are also sedentary in terms of physical activity. However, these are considered active sedentary activities as they are mentally engaging. Participants acknowledged the difference, as watching television was described as a distraction and simply a way to pass the time. Older adults with physical limitations should engage in mentally stimulating activities while they are sedentary such as puzzles, reading, or crafting. As social distancing protocols place a restriction on highly interactive activities, there are modifications and other activities that are fulfilling. Some of the activities that followed the necessary social distancing precautions mentioned by the participants included group crafts,

playing cards, gardening in the courtyard, and getting special treats delivered from their room (ice cream sundaes and popcorn). Long term care facilities should encourage resident seniors to be mindful about their sedentary time and find creative ways for them to engage in more stimulating activities while following COVID-19 social distancing protocols.

The lack of physical activity in the evenings could play a role in why it was frequently reported as the most difficult time of day by study participants. In a study that assessed the relationship between physical activity and perceived stress and anxiety during the COVID-19 pandemic, researchers found that individuals with decreased physical activity during the pandemic reported higher levels of stress and anxiety (Duncan et al., 2020). According to a study by Schrempf et al., "Social isolation was positively associated with sedentary activity over the waking period" (2019). The increased occurrence of sedentary activity and lack of personal interaction after supper could help explain why so many resident seniors have increased feelings of loneliness at that time. At Richmond Terrace, group exercise and other activities that incorporates movement are scheduled during the morning. Adjusting the schedule so that there are physically active options during this time block could help alleviate the heightened feelings of loneliness reported by the participants.

Animal-assisted therapy (AAT) is a meaningful activity that older adults may find appealing. Regardless of their disease-state, interaction with animals provides psychological and social benefits to seniors. In previous studies, AAT reduced "manifestations of cognitive disorders" (Cherniak & Cherniak, 2014). In the current study, multiple participants stated that they enjoyed the therapy animal visits provided by the facility. Increasing the frequency of AAT could help to reduce the levels of loneliness and boredom of the resident seniors. Future studies could investigate the potential benefits of having in-house pets that are cared for by the staff. Having

cats or other small animals available to the resident seniors every day could help to alleviate loneliness and boredom that has become more common during the pandemic.

In the current study, two participants described the positive impact of their pet on their mental health. During the interviews, Resident B recalled that their pet cat encouraged them to make more friends at the assisted living facility. Before the pandemic, resident seniors would ask to visit their cat which led to forming a friendship with the owner (personal interview, 2021). Their pet helped alleviate the owner's loneliness, and helped the owner to increase their social connectedness with other resident seniors. A qualitative study of individuals over the age of 70 found that pet ownership provides individuals with companionship and a sense of purpose. (Anderson et al., 1992). Further, the researchers found those with a pet were significantly less lonely than those without a pet. In addition, dog ownership helps to encourage the owner to do more physical activity. Resident K described enjoyed walking in the courtyard with their dog (personal interview, 2021). There are extensive benefits of owning and interacting with animals to help overcome the negative feelings of loneliness.

### **Conclusion**

This study aimed to answer the question of how pandemic-related social distancing measures in an assisted living facility has impacted resident seniors. Additionally, we sought to determine what coping strategies were used in response to these changes, and if video calls were successful at maintaining relationships with friends and family. The participants in this study demonstrated an understanding and appreciation of the necessary social distancing regulations that have worked to shield them from contracting COVID-19. However, this does not mean that adapting to these changes has been easy. Specifically, the participants most frequently identified the evening as the time of day where the effects of social distancing protocols become the most

difficult to bear. The lack of engaging activity options and long periods of sedentary time attribute to this finding. Various coping strategies were described by the study participants with Bible study being the most commonly used coping mechanism. Based on the results of this study that supports previous research, individuals opting for mentally stimulating coping mechanisms are more resilient to coping with the effects of isolation. Our results show that video calls cannot fully substitute an in-person visit, but while the visitation restrictions continue it is the most preferred way to communicate with family. Facility staff should continue facilitating video calls because they show benefits in maintaining relationships between resident seniors and their family.

Creating opportunities for social engagement and connectivity is very important to overcome these negative effects of infection-control protocols. Maintaining daily routines while spending time with fulfilling hobbies to keep the mind active and engaged is an effective strategy to cope with these social distancing precautions. The findings of this study are important as the long-term effects of social distancing and isolation are not yet known. As more information becomes available about what these long-term effects may be, it will be vital to have documentation of the experiences of assisted living resident seniors during the pandemic. This study can be used as a tool when considering future policy-changes or amendments that may benefit or hurt this population. Although organizations like Richmond Terrace have done anything they can to help alleviate the feelings of loneliness that coincides with these distancing protocols, this study outlined possible actions that can be taken to help these resident seniors.

### **Limitations and Future Directions**

This study was limited in scope due to the convenience-based sampling and the small population of participating individuals. Additionally, the participants represent the experience at

one assisted-living facility. Although their experiences and stories are valuable, they cannot represent the entire population of seniors living in assisted living facilities in the United States. A regional study including participants from multiple facilities would better showcase the impact of social distancing protocols on the resident seniors. It is important to note that long term care facilities received the same instructions from their health departments, but there could exist variation in how instructions were interpreted. How the social distancing regulations were implemented would also play a role into what the experience of a resident senior would be. A study that includes resident seniors from assisted livings across the country would better describe the overall experience at assisted living facilities. Another limitation of this study is that it does not analyze the differences between gender, socioeconomic class, disease-state, or race. The coping mechanisms and reactions to stressful life events (e.g., a global pandemic) could differ among these groups.

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