



## Effects of The Quarantine Enforced During the Covid-19 Pandemic on Elderly People: A Phenomenological Study from Turkey

*Covid-19 Pandemisi Sırasında Uygulanan Karantinanın Yaşlılar Üzerindeki Etkileri: Türkiye'den Fenomenolojik Bir Araştırma*

### ABSTRACT

**Background:** Global experts repeat the warning that the fight against COVID-19 is not over yet. If the increase in the number of cases continues, there may be a possible quarantine process in the coming days and it is clear that the elderly will be affected first. This research was conducted to determine the effects of the quarantine applied during the COVID-19 pandemic on the elderly living in the Central Anatolian Region of Turkey.

**Methods:** The research was carried out between April 6 and May 11, 2020, with 21 elderly individuals selected by purposive sampling method and in the quarantine process. The data were collected through in-depth interviews via the Semi-Structured Interview Form, paying attention to social distancing in the open area during the hours when the elderly are allowed to go out. The collected data were analyzed through content analysis.

**Results:** The sub-theme of "A right decision" among the expressions of elderly who had positive opinions about the quarantine; The sub-themes of "boring/depressive process" emerged from the expressions of elderly who had negative opinions.

**Conclusion:** In the study, it was determined that quarantine affects the elderly negatively in general. In the research; it has been determined that staying at home during the epidemic left the elderly physically inactive, mentally depressed, and socially separated from their children, grandchildren, and friends, causing them to yearn. In addition, it was found that the elderly experienced fear and anxiety about the transmission of the disease due to the pandemic.

**Keywords:** COVID-19 pandemic, Elderly, Quarantine, Qualitative Research, Nursing

### ÖZET

**Giriş:** Küresel uzmanlar, COVID-19 ile mücadelenin henüz bitmediği uyarısını yineliyor. Vaka sayısındaki artışın devam etmesi halinde önümüzdeki günlerde olası bir karantina süreci yaşanabilir ve bundan ilk olarak yaşlıların etkileneceği açık. Bu araştırma, COVID-19 pandemisi sürecinde uygulanan karantinanın Türkiye'nin İç Anadolu Bölgesi'nde yaşayan yaşlılar üzerindeki etkilerini belirlemek amacıyla yapılmıştır.

**Yöntem:** Araştırma, 6 Nisan-11 Mayıs 2020 tarihleri arasında amaçlı örnekleme yöntemiyle seçilen ve karantina sürecinde olan 21 yaşlı birey ile gerçekleştirilmiştir. Veriler, yaşlıların dışarı çıkmasına izin verilen saatlerde açık alanda sosyal mesafeye dikkat edilerek Yarı Yapılandırılmış Görüşme Formu aracılığıyla derinlemesine görüşmeler yapılarak toplanmıştır. Toplanan veriler içerik analizi ile çözümlenmiştir.

**Bulgular:** Karantinaya ilişkin olumlu görüşlere sahip yaşlıların ifadelerinden "Doğru bir karar" alt teması; Olumsuz görüşe sahip yaşlıların ifadelerinden "sıkıcı/depresif süreç" alt temaları ortaya çıkmıştır.

**Sonuç:** Çalışmada karantinanın genel olarak yaşlıları olumsuz etkilediği belirlendi. Araştırmada; salgın döneminde evde kalmanın yaşlıları fiziksel olarak hareketsiz, zihinsel olarak bunalımlı, sosyal olarak çocuklarından, torunlarından, arkadaşlarından koparak hasret çekmelerine neden olduğu belirlendi. Ayrıca yaşlıların pandemi nedeniyle hastalığın bulaşmasına ilişkin korku ve kaygı yaşadıkları tespit edildi.

**Anahtar Sözcükler:** COVID-19 pandemisi, Yaşlı, Karantina, Niteliksel Araştırma, Hemşirelik

### BACKGROUND

The elderly is at a much higher risk, especially in terms of infectious diseases and pandemics, as they experience more health problems and loss of function with aging (Yasin, 2020). Caused by the SARS-CoV-2 virus that emerged in Wuhan city of Hubei province of China in December 2019 and spread quickly throughout the world, the COVID-19 pandemic continues to threaten public health. A weakened immune system with aging increases the risk of illness and death. Most patients who needed intensive care and died during the COVID-19 pandemic were elderly (Onder et al., 2020).

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The first COVID-19 case in Turkey was detected on March 11, 2020, and the effects of the COVID-19 pandemic still continue both in Turkey and in the world (Ugras-Dikmen et al., 2020). Along with the spread of COVID-19, the number of cases and deaths increased in Turkey, and hence, several new measures and precautions were issued by the Turkish President and certain ministries. The imposition of a quarantine (starting March 22, 2020) for individuals aged 65 or above through a circular published by the Ministry of Interior of Turkey on the evening of March 21, 2020, was the first of these measures (Ministry of Interior of Turkey, 2020). In Turkey, individuals who were banned from going outdoors for being aged 65 or above due to the COVID-19 pandemic were allowed to go out from 11:00 to 15:00 as of May 10, 2020, along with the softening of certain measures. On May 17, 2020, this permission was rescheduled, and individuals aged 65 or above were allowed to go outdoors from 11:00 to 17:00 as of this date (Ministry of Interior of Turkey, 2020).

Individuals who cannot get out of home and perform social or physical activities are likely to experience certain psychosocial problems (Brooke and Jackson, 2020; Yorgancioglu, 2020). Undesired circumstances such as loneliness, failure to socialize, difficulty in following up the chronic diseases, setbacks in having the medications, immobility, and fear of death can be experienced frequently by elderly people who stay at home and even more frequently by elderly staying alone during the pandemic (Hsieh and Leung, 2019). During the pandemic process, the treatment and care needs of elderly people who stay at home, especially those with chronic diseases, should be met. In this process, it is important to psychologically support the elderly, who are alone and have fear and anxiety due to the pandemic, at home. For these reasons, home care services should be provided to elderly in order to provide medical and psychological support in the home environment (Altin, 2020; Yorgancioglu, 2020). In-home care services, health professionals, especially nurses whose primary role is caregiver, have important roles and responsibilities (Grabowski and Mor, 2020). Nurses can holistically evaluate elderly in their living environments, meet their treatment and care needs, and support them psychologically with the education they will provide (Grabowski and Mor, 2020; Ekici, 2020). Determining how the elderly who are faced with quarantine for the first time within the scope of pandemic control measures are affected by this process and what they experience in this process will be effective in the revision and rearrangement of the measures taken for the elderly during the pandemic process.

This research was conducted to reveal in detail how the quarantine applied to individuals aged 65 and over, within the scope of the measures taken in Turkey during the COVID-19 pandemic, affects the elderly. It is thought that the data to be obtained within the scope of this research will shed light on the conditions of the elderly and provide a better understanding of their needs, and thus both local and health professionals will be encouraged to support the elderly. In this study, answers to the following questions were sought

## **METHODS**

### **Study design**

This was a phenomenological research (qualitative) and was conducted to determine the effects of quarantine applied during the COVID-19 pandemic on elderly people living in Turkey's Central Anatolian Region.

Research Questions:

- ✓ How does the curfew imposed during the COVID-19 pandemic affect the elderly living in Turkey?

### **Sample**

The phenomenological research population consisted of individuals aged 65 and over living in a city center in the Central Anatolian Region of Turkey. The sample of the research is in public parks, gardens, etc., during the hours allowed in quarantine between April 6 and May 11, 2020. The study consisted of 21 elderly individuals living alone or with their spouses, who had no communication problems, agreed to participate in the study, and were selected using a non-probability easy-to-access situation sampling. The data were collected through in-depth interviews using the Semi-Structured Interview Form.

### **Measures**

The data were collected using the Semi-Structured Interview Form.

A Semi-Structured Interview Form was prepared considering the relevant literature (Agirman et al., 2017; Ekici, 2020). The form has a total of two parts and 36 questions. The first part (the first 30 questions) comprises questions that explore elder participants' sociodemographic characteristics (age, gender, education level, and so on) and their circumstances in relation to COVID-19. The second part (questions 31-36) includes open-ended questions designed to determine whether the elderly is affected by quarantine measures. In the in-depth interviews with the elderly, a total of six open-ended questions were asked:

- ✓ What are your feelings and thoughts on the Covid-19 outbreak?
- ✓ What do you think about the curfew imposed for individuals aged 65 and over during the Covid-19 outbreak?

How did the curfew affect you?

- ✓ Did you receive support from any person/relatives during the curfew?
- ✓ What kind of support did you receive from any person/relatives during the curfew?

What can be done in terms of help and support for elderly individuals during and after the epidemic? What are your thoughts and suggestions on this subject?

The questionnaire, consisting of open-ended questions, was submitted to the opinion of three experts who are competent in qualitative research, and the questions were finalized after experts opinions. Afterward, a pilot study was conducted with three elderly people who were excluded from the sample to test whether the questions were understandable and whether there were any problems during the interviews.

### Data collection

The research was carried out in public parks, gardens, etc., between 14:00 and 20:00 on Sundays, where the elderly are allowed to go out during the quarantine period. carried out in the environment. First, the researchers went to public places and asked the ages of individuals who appeared to be old. Elderly individuals who confirmed that they were 65 years or older were first informed about the study before obtaining verbal and written consent for participation. Interviews were started by selecting the elderly people without communication problems, volunteered to participate in the study, and lived alone or with their spouses, among the elderly people sitting and resting in the parks and gardens, using a purposive sampling method. At the beginning of the interview, the questions in the first part of the semi-structured interview form were asked to each elderly person by paying attention to social distance (by sitting at a distance of at least 1-1.5 meters from face to face and wearing a mask), and the answers of the elderly were recorded in the form by the researcher. Filling the first part of the form took approximately 10-15 minutes. Then, the second part of the form, which included open-ended questions, was passed, and before the interview, permission was obtained from each elder for the audio recording. At the beginning of the in-depth interviews, the researcher stated that each elderly person interviewed would be given a participant number (Participant 1, Participant 2, etc.) according to the order of the interview. While writing the documents created as a result of the interviews, these participant numbers were used instead of names. Each in-depth interview, in which open-ended questions were asked to the participants, lasted approximately 30–45 minutes. Data collection continued until responses from the elderly were replicated.

### Analyses

The quantitative data obtained from the research were analyzed via SPSS 15.0. In the analysis of research data, a two-by-two chi-square test and multi-span chi-square test were utilized. Means, standard deviations, and percentages were used for the presentation of research data.

Qualitative data obtained through this research were analyzed in two stages, firstly the data obtained through interviews and secondly content analysis. The analysis of qualitative data was carried out by the first author, who is an expert in qualitative research and has a doctoral study on this subject.

Data coding consists of bringing together important statements and sentences related to the purpose of the study, and these statements are assigned as a code. The coded expressions were then compared for similarities and differences. Codes with common features are grouped to form main and sub-themes. Themes and sub-themes have been continually revised for clarity and relevance (Figure 1,2,3).

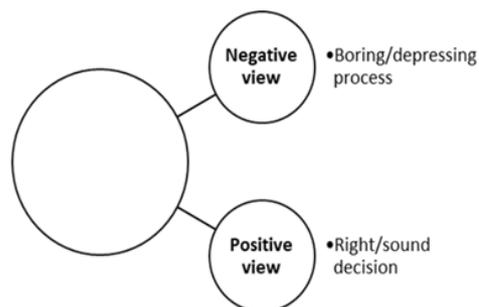


Figure 1: Themes and sub-themes created as per the elderly people's views on the quarantine

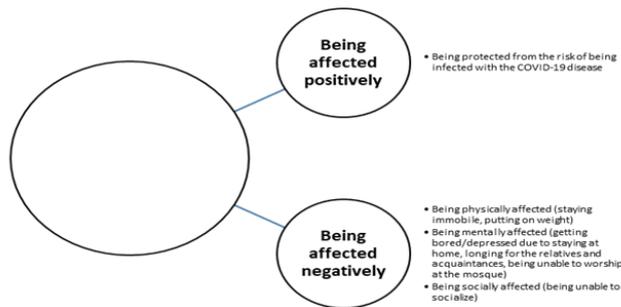


Figure 2: Themes and sub-themes created as per the elderly people’s views as to whether they were affected by the quarantine

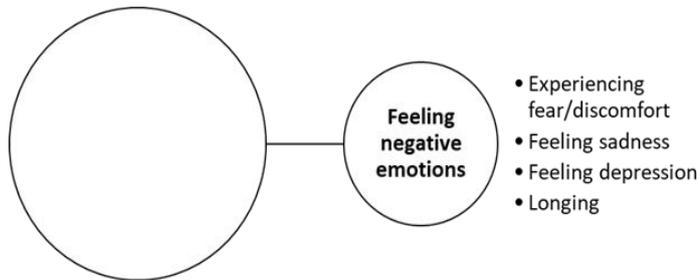


Figure 3: Themes and sub-themes created as per the elderly people’s views concerning their emotions during the pandemic

**Ethical considerations**

Before starting the study, the elderly was informed about the study, and their verbal and written consents were obtained. Before the research was conducted, permission was obtained from the Provincial Health Directorate and approval from the Non-Interventional Clinical Research Ethics Committee (2020-05/23).

**RESULTS**

**Characteristics of the elderly**

The mean age of the elderly participants was 73.81±5.78 years and, of the research participants, 57.1% were female, 57.1% were elementary school graduates, 81.0% were married, 95.2% no longer worked (retired+housewife), and 61.9% were members of nuclear families. The proportion of the elderly who had at least one chronic disease and regularly used medication was 90.5% (Table 1).

**Table 1:** Sociodemographic characteristics of the elderly (n=21)

Sociodemographic characteristics		n	%
<b>The average age</b> 73.81±5.78 (Min:65; Max:85) year			
<b>Age</b>	65-74 age	10	47.6
	75-85 age	<b>11</b>	<b>52.4</b>
<b>Gender</b>	Female	<b>12</b>	<b>57.1</b>
	Male	9	42.9
<b>Level of education</b>	Illiterate	2	9.5
	Primary school graduate	<b>12</b>	<b>57.1</b>
	secondary school graduate	1	4.8
	High school graduate	4	19.0
	Graduated from a Universty	2	9.5
<b>Marital status</b>	Married	<b>17</b>	<b>81.0</b>
	Single/ widow	4	19.0
<b>Working status</b>	Not working (Housewife/Retired)	<b>20</b>	<b>95.2</b>
	Working	1	4.8
<b>Family type</b>	Nuclear family	<b>13</b>	<b>61.9</b>
	Extended family	6	28.6
	Living alone	2	9.5
<b>Economic situation</b>	Income less than expenses	2	9.5
	Income equals expense	<b>15</b>	<b>71.4</b>
	Income more than expenses	4	19.0
<b>Living place</b>	City	<b>19</b>	<b>90.5</b>
	Village	2	9.5
<b>People living with</b>	Partner	<b>11</b>	<b>52.4</b>
	Wife and children	6	28.6
	Their children	2	9.5
	Lives alone	2	9.5
<b>Chronic disease status</b>	No	2	9.5
	There is	<b>19</b>	<b>90.5</b>
<b>Type of chronic disease (n=19)*</b>	Hypertension	<b>16</b>	<b>84.2</b>
	Diabetes	9	47.4
	hypertension and diabetes	8	42.1
	Other (Heart failure, COPD Parkinson's, Cancer)	4	21.1
<b>Continuous drug use</b>	Yes	<b>19</b>	<b>90.5</b>
	No	2	9.5

\* Percentages were taken over n because the elderly reported more than one chronic disease.

It was ascertained that, of the participants, 47.6% received moral and material support during the COVID-19-related quarantines. Those receiving support acquired it from their children: 19.0% had trouble in follow-ups and treatments of their chronic diseases, 38.1% obtained housekeeping support, with 75.0% of those obtaining housekeeping support receiving it from their children. It was identified that all participant elderly people received support for shopping, and 95.2% of them received shopping support from their children. Last, 76.2% of them acquired information about the course of the COVID-19 pandemic from TV (Table 2).

**Table 2:** Support status of the elderly during the COVID-19 pandemic's quarantine application (n=21)

Support status of the elderly during the quarantine applied in the pandemic		Number	%
State of receiving moral and material support during the pandemic	Yes	10	47.6
	No	11	52.4
Person who provides moral and material support (n=10) <sup>a</sup>	Child(ren)	10	100.0
State of having problems in the follow-ups and treatments of chronic diseases	Yes	4	19.0
	No	17	81.0
State of receiving support for housekeeping	Yes	8	38.1
	No	13	61.9
Person who provides support for housekeeping (n=8) <sup>a</sup>	Daughter-in law	2	25.0
	Child(ren)	6	75.0
State of receiving support for shopping	Yes	21	100.0
Person who provides support for shopping (n=21) <sup>a</sup>	Neighbor	1	4.8
	Child(ren)	20	95.2
State of receiving support for bill-paying	Yes	19	90.5
	No	2	9.5
Person who provides support for bill payments (n=19) <sup>a</sup>	Child(ren)	19	100.0
News source extending information about the progression of the COVID-19 pandemic	TV	16	76.2
	Internet	2	9.5
	Child(ren)	2	9.5
	Social media	1	4.8

<sup>a</sup>Percentages were calculated based on the number of respondents (n).

### Opinions of the elderly regarding the quarantine process applied in the COVID-19 pandemic

Upon the review of expressed views by the elderly when questioned, "What do you think about the quarantine measures taking place during the COVID-19 pandemic for individuals aged 65 or above?", two themes emerged: a positive view and a negative view about the quarantine. While most elderly who expressed a positive view of the quarantine stated, "It is the right/sound decision" (by participant 10 "I hold a positive view of the quarantine implemented for individuals aged 65 or above. The quarantine was put in place to protect our health" as noted), most participant elderly people who expressed a negative view of it said, "It is a boring/depressing process" (by participant 4 "Honestly, I think that it is very boring and very depressing." as noted). (Table 3).

**Table 3:** Themes and sub-themes created as per the elderly people's views on the quarantine

Elderly People' Statements	Sub-theme	Theme
<p>"Not going outdoors is awful for people. You stay imprisoned at home. Therefore, staying at home is not all right." (Participant 2)</p> <p>"Honestly, I think that it is very boring and very depressing." (Participant 4)</p> <p>"The process affected me negatively. I was separated from my children. I was suffocated." (Participant 12)</p>	Boring/depressing process (8 participants)	Negative view
<p>"I hold a positive view of the quarantine implemented for individuals aged 65 or above. The quarantine was put in place to protect our health." (Participant 10)</p> <p>"In my opinion, it was all right, very all right. Otherwise, this situation would last too long. Moreover, as we were old, maybe, we would not be able to withstand it if we went outdoors. We have a poor immune system, we are no longer young, that is to say, we are old. The imposition of such a ban was all right." (Participant 15)</p> <p>"All the things done and implemented were very all right. They were even less than enough." (Participant 18)</p>	Right/sound decision (13 participants)	Positive view

According to the analysis of responses given by the elderly when the questioned, "How did the quarantine affect you?", two themes were discerned: being positively affected and being negatively affected. Under the theme of being positively affected, the sub-theme, being protected from the risk of being infected with the COVID-19 disease (by participant 1 "Hence, the danger of being infected with the disease was eliminated for us." as noted), was created based on most participant elderly persons' statements about the quarantine. Besides, under the theme of being negatively affected, the sub-themes, being physically affected (staying immobile, putting on weight) (by participant 15 "I have already had calcification in my body, I did not walk, I had limited movement, we got heavier, we put on weight." as noted), being mentally affected (getting bored/depressed due to staying at home, longing for the relatives and acquaintances) (by participant 5 "It is as if we were imprisoned inside the house..." as noted), and being socially affected (being unable to socialize) (by participant 9 "It is too hard to stay at home all the time, we could not see our children and grandchildren." as noted), were designated (Table 4).

**Table 4:** Themes and sub-themes created as per the elderly people’s views as to whether they were affected by the quarantine

Elderly People’ Statements	Sub-theme <sup>b</sup>	Theme
<p>“Hence, <b>the danger of being infected with the disease was eliminated for us.</b>” (Participant 1)</p> <p>“The positive side is that <b>we never got sick, we did not have even flu; in this respect, it had a very positive effect.</b>” (Participant 15)</p> <p>“In my opinion, thus, <b>the disease did not spread, it was good for us, the elderly, to stay at home.</b>” (Participant 16)</p>	Being protected from the risk of being infected with the COVID-19 disease (14 participants)	<b>Being affected positively</b>
<p>“I have already had calcification in my body, <b>I did not walk, I had limited movement, we got heavier, we put on weight.</b>” (Participant 15)</p> <p>“I cannot go outdoors, <b>I put on weight as I always sit at home. I cannot walk, I cannot climb up and down the stairs.</b>” (Participant 17)</p> <p>“Honestly, it affected me negatively, my dear. Here, I used to walk across the park every day, it was good for me. I used to come and go throughout the park. I used to visit my daughters, <b>now I cannot visit them, I have footsore at home.</b>” (Participant 21)</p>	Being physically affected (staying immobile, putting on weight) (11 participants)	<b>Being affected negatively</b>
<p>“When you can never go outdoors, of course, <b>the people feel suffocated, people want to go and see their relatives and friends, wander around, and walk on the street for a while. However, due to the quarantine measures, we cannot go outdoors.</b>” (Participant 4)</p> <p>“It is as if <b>we were imprisoned inside the house...</b>” (Participant 5)</p> <p>“<b>We got bored at home...</b>” (Participant 16)</p> <p>“<b>I desperately yearned for meeting my relatives.</b>” (Participant 9)</p> <p>“I could not go outdoors, <b>I could not see my relatives and friends. I missed them. What else to complain about.</b>” (Participant 19)</p> <p>“For months, <b>the mosque has been locked down. We cannot go to the mosque.</b>” (Participant 16)</p>	Being mentally affected (getting bored/depressed due to staying at home, longing for the relatives and acquaintances, being unable to worship at the mosque) (15 participants)	
<p>“It is too hard to stay at home all the time, we could not see <b>our children and grandchildren.</b>” (Participant 9)</p> <p>“We cannot participate in Friday prayer, I cannot see <b>my friends from the mosque...</b> This situation affected my life a lot. <b>I cannot meet with my children. My house is closed to the guests.</b>” (Participant 11)</p>	Being socially affected (being unable to socialize) (11 participants)	

<sup>b</sup>Participating elders expressed multiple views concerning how they were affected by the quarantine.

As per the examination of the responses given by participant elderly people to the questions, “What do you feel and think about the COVID-19 pandemic?” and “How did the pandemic make you feel?”, the theme, feeling negative emotions (by participant 6 “The pandemic made us feel very sad. Many people died and we do not know how many people will continue to die.” as noted), emerged from the combination of sub-themes represented by feelings of fear-unrest, sadness, depression, and longing (Table 5).

**Table 5:** Themes and sub-themes created as per the elderly people’s views concerning their emotions during the pandemic

Elderly People’ Statements	Sub-theme <sup>b</sup>	Theme
<p>“Our citizens are dying. People are <b>scared.</b> As you can also be infected, you are <b>scared and uneasy, too.</b>” (Participant 2)</p> <p>“When the virus emerged, we <b>got very scared.</b> I gave a name to this situation. Do you know how I called it? I call it World War III as a large number of people died across the world.” (Participant 7)</p> <p>“The pandemic made us feel <b>very sad.</b> Many people died and we do not know how many people will continue to die.” (Participant 6)</p> <p>“We were imprisoned at home, we could go nowhere, we felt <b>suffocated.</b> This pandemic made us feel bad. <b>It made us feel and think the death all the time. We were very sad and anxious</b> thinking that we would also get sick. We were very, <b>very sorry</b> for those who got sick and died. <b>We were very scared thinking that we also would be infected with it.</b> (Participant 5)</p> <p>“It was a terrible process. We are overcoming a terrible process. God forbid. As I heard about the deaths, I was demoralized. I was <b>saddened, very saddened.</b> The rise of such a situation all of a sudden <b>made us saddened.</b> We lived <b>in fear all the time.</b>” (Participant 15)</p> <p>“Mentally, it troubled us a little; staying at home was <b>very boring.</b>” (Participant 3)</p> <p>“I am retired, I no longer work; I used to come together with friends from the mosque, but now we cannot meet. I cannot see my children and grandchildren. We can only talk by phone, <b>I missed them a lot.</b>” (Participant 16)</p> <p>“I hope it ends soon and hence, <b>we live as before.</b> I shall go to the grocery store, attend the mosque to read the Holy Qur’an, <b>I also miss friends over there at the mosque.</b>” (Participant 17)</p>	<p>Experiencing fear/discomfort (14 participants)</p> <p>Feeling sadness (10 participants)</p> <p>Feeling depression (9 participants)</p> <p>Longing (8 participants)</p>	<b>Feeling negative emotions</b>

<sup>b</sup>Participating seniors expressed more than one personal emotion they felt during the pandemic.

## DISCUSSION

The findings of the research revealed that although the quarantine was welcomed by some elderly people, it mostly affected elderly people negatively. The elderly trust that they are protected from the disease because they do not

come into contact with infected individuals during the quarantine; they describe the curfew as the right decision. It was asserted that being away from others by staying at home would reduce the risk of infection (Smith et al., 2020). In several studies, it was ascertained that the mortality rate was quite high for elderly adults during the COVID-19 pandemic, thus requiring measures to be taken (Centers for Disease Control and Prevention, 2020; Zhou et al., 2020). The relevant literature emphasizes that the elderly contracted infections more frequently due to the physiological changes experienced in connection with aging and old age; as age increased, risk also increased together with the negative effects of diseases (Onder et al., 2020; Liu et al., 2020; Peeri et al., 2020). Especially considering that the elderly with relatively weak immune systems and various chronic diseases are the at-risk group, implementing quarantines in Turkey during the pandemic was a crucial step taken to protect their health. Prolonged exposure to restrictions; It deteriorates the physical, mental and psychological health of the elderly and causes the elderly to be at risk in many respects (Yıldırım et al., 2021).

Some elderly people expressed negative views concerning the quarantines, and having to stay at home was defined by them as a boring/depressing process. Additionally, in-depth interviews revealed that the quarantine had negative physical effects on the participant elderly. While physical distancing measures reduce the risk of infection and illness of the elderly, it is claimed that their physical, mental and emotional health may be adversely affected due to the restriction of their social lives (Kaplan and Demir, 2021; Yasin, 2020). In the research by Altin, it was ascertained that the inability to continue the daily activities and routines affected the elderly's health, and staying immobile for a long time could give rise to new problems for the elderly such as gaining weight and the increase in the secondary falls (Altin, 2020). In the current research, the participants also uttered statements in a similar vein. Departing from the elderly's views and the findings of studies in the relevant literature, it can be stated that, as the elderly stayed immobile, they felt fear of being dependent due to losing their ability to move.

Nearly all elderly people who were included in the current research were either retired or housewives, and most of them said that the quarantine affected their social lives negatively. In old age, numerous physical, mental, and social changes and functional deterioration occur in people's lives. One of the changes occurring alongside aging is a decrease in relations with the social environment and society (Agirman et al., 2017; Ouanes et al., 2021). In addition to reasons such as loss of relatives or leaving home, transition to a nuclear family, working of family members, elderly individuals' transition from working life to retirement are also reported to be among the reasons for their alienation from social life (Agirman et al., 2017). In addition, events such as reduced economic resources, signs of inactivity due to staying at home, death of relatives or friends may reduce the size of social support and thus accelerate age-related health problems in elderly individuals due to lack of socialization (Faraji and Metz, 2021; Ozcanarlan, 2022). Social networks comprised of family members and friends provide elderly people with effective and useful support. It is known that social support received by elderly people from their environment has positive effects, such as gaining prestige and morale, being satisfied with life, and coping with stress effectively (Doganay and Copur, 2020; Kalinkara, 2016; Ozdemir, 2020). It is stated that staying at home due to quarantine during the pandemic prevents the elderly from meeting and spending time with their children or grandchildren face to face (Varisli et al., 2020). In line with the findings of the current research, the statements of the elderly regarding the quarantine such as "We stayed at home as if we were imprisoned" were even in the news during the pandemic process (Labadi et al., 2022; Ozdemir, 2020). Since the elderly cannot adapt to today's technological age and digital platforms as successfully as young adults, they could not use digital platforms as much as young adults in the pandemic, and they were negatively affected socially by this situation. During the quarantine period, young people were able to socialize with older individuals to a certain extent through digital platforms, which is not possible for most older individuals (Doganay and Copur, 2020; Ince, 2020; Naeim et al., 2021). Alternatively, the relevant literature propounds that there was also an increase in the number of elderly who learned how to use mass communication media, despite feeling obliged to do so. This allowed them to have video calls with their families and keep up with current developments via social media (Ozdemir, 2020). As highlighted in the current research and the findings of most studies in the literature, the quarantine affected the elderly negatively by isolating them from their inner circles and, accordingly, from social support networks. Morbidity and mortality rates of the elderly have increased due to physical inactivity, age discrimination, social isolation and loneliness, difficulty in managing chronic diseases, decreased resilience and increased vulnerability due to COVID-19. The elderly had difficulties in accessing care and treatment due to COVID-19, experienced severe symptoms due to their illness or covid-19, and their need for intensive care increased. Compared to younger patients, the elderly stayed in the intensive care units for longer periods of time and were even undernourished. Malnutrition is not only valid at the hospital, but also for elderly individuals who are quarantined at home. Because some of the elderly's shopping and nutritional needs were met by individuals who were not with them and could provide social support (Hindistan and Cin, 2022).

A large majority of the elder noted that they felt fear and discomfort during the COVID-19 pandemic. Based on the statements, "Our citizens die; people feel fear. You fear and feel uneasy thinking that you will also be infected.", "I

gave a name to this situation, I call it the World War III as a lot of people died across the world”, and “We feared a lot as it could infect us, too.”, it is considered that old participants feared dying. It is claimed that the constant presentation of news about deaths due to COVID-19 in the media with the emphasis on 'elderly' affects the elderly psychosocially and that such news may increase their stress levels and cause them to experience fear of death (Kurniawidjaja et al., 2022; Labadi et al., 2022; Turk, 2020). In addition, it is underlined that the uncertainty experienced due to the pandemic may cause serious psychological problems such as stress, fear, anxiety, depression and discomfort in people (Ekici, 2020; Hsieh and Leung, 2020; Yorgancioglu, 2020). The findings in the relevant literature support the views of elderly people who stated that they got worried and had a fear of death (Doganyay and Copur, 2020; Ekici, 2020; Hsieh and Leung, 2020; Turk, 2020). From this point of view, it can be stated that the COVID-19 pandemic is frightening and worrying for people in Turkey and all over the world, especially the elderly. Since it is known that there will be other pandemics in the future, it is thought that knowing the levels of exposure and causes of the elderly in case of a possible pandemic will be a guide for health workers and policy makers. In this context, it is thought that the results obtained in the study will help to plan the interventions to be made to elderly individuals in the early period.

## CONCLUSION

As a result, although the quarantine decision during the COVID-19 pandemic was generally welcomed by the elderly included in the study, it was determined that staying at home for long periods affected them negatively. It was also revealed in the research that staying at home during the pandemic period makes the elderly physically inactive, causing them to yearn to stay socially away from their children, grandchildren, and friends. Additionally, it was determined that the elderly experienced fear and anxiety about contracting the disease during the pandemic.

According to the results of the research, it can be recommended that family members provide more social and psychological support to the elderly and contact them more frequently by phone or video call during quarantine. Furthermore, these results show that the elderly who stayed at home and spent most of their time at home require support through home visits and home-care services, especially by primary healthcare workers and local governments. Moreover, they should be informed about the pandemic process to reduce their fears and concerns, as well as meet their material and moral needs.

While the COVID-19 pandemic is about 2.5 years behind, the number of cases has increased in recent weeks both in different parts of the world and in Turkey. Global experts state that the sixth wave of the pandemic may be experiencing and repeat the warning that the fight against the COVID-19 disease caused by the coronavirus is not over yet. Individuals aged 65 and over are considered a risky population for COVID-19 by both the World Health Organization and the Ministry of Health of the Republic of Turkey. If the increase in the number of cases continues, there may be a possible quarantine process in the coming days and it is clear that the elderly will be affected first. It is very important for both health professionals and policy makers to know how the elderly are affected by the quarantine process, especially in protecting and improving the mental health of the elderly.

The authors declare no conflicts of interest.

## Limitations of the research

There are some limitations to this study. First, in-depth interviews were limited to the elderly who went out during the hours when the elderly were allowed to go out and were obtained using a purposive sampling method. Due to the nature of qualitative research, the inability to generalize the findings obtained from a small number of samples (21 people) to the population can be expressed as another limitation of the study. Additionally, this research was conducted at the beginning of the pandemic. The result may have changed at this time. Results of research may differ between countries.

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