

Research Paper


Analyzing the Elderly's Quarantine-related Experiences in the COVID-19 Pandemic




Shakiba Gholamzad<sup>1</sup>, Narges Saeidi<sup>2</sup>, Shiva Danesh<sup>1</sup>, Hadi Ranjbar<sup>2</sup>, \*Mahsa Zarei<sup>3</sup>

1. Student Research Committee, Iran University of Medical Sciences, Tehran, Iran.
2. Mental Health Research Center, Psychosocial Health Research Institute, Iran University of Medical Sciences, Tehran, Iran.
3. Department of Gerontology, School of Behavioral Science and Mental Health (Tehran Institute of Psychiatry), Iran University of Medical Sciences, Tehran, Iran.

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**Citation:** Gholamzad Sh, Saeidi N, Danesh Sh, Ranjbar H, Zarei M. [Analyzing the Elderly's Quarantine-related Experiences in the COVID-19 Pandemic (Persian)]. Iranian Journal of Ageing. 2021; 16(1):30-45. <https://doi.org/10.32598/sija.16.1.2083.3>

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**Received:** 18 Aug 2020  
**Accepted:** 13 Mar 2021  
**Available Online:** 01 Apr 2021

**Key words:**  
 Covid-19 pandemic, Experiences, Quarantine, Older Adult Elderly, Content analysis

**ABSTRACT**

**Objectives** The present study aimed to discover the lived experiences of the older adults from quarantine during the Coronavirus Disease 2019 (COVID-19) pandemic.

**Methods & Materials** This qualitative study employed a content analysis method. Sampling was performed in 10 subjects using a purposive sampling method and continued until data saturation. Semi-Structured face-to-face interviews were used to collect the necessary data. The texts of the interviews were analyzed by qualitative method.

**Results** As a result of the interviews, the two main themes of negative outcomes with the sub-themes of illness anxiety, low mood, death anxiety, interpersonal conflicts, social isolation, treatment limitations, and reduced physical activity as well as the main themes of positive outcomes with the sub-theme of lifestyle improvements were discovered. Each of the above-mentioned themes had several supporting semantic units.

**Conclusion** The themes discovered based on lived experience provided useful information about the effects of quarantine on biopsychological health and quality of life of the elderly; these characteristics can be considered in treatment planning and measures for this group.

**Extended Abstract**

**1. Introduction**

According to the World Health Organization, coronavirus infection is a global crisis that has seriously endangered public health [1]. According to these statistics, the elderly are considered to be the most vulnerable group of Coronavirus Disease 2019 (COVID-19) due to their physical condition and vulnerability; they are also the first group to be quarantined [3].

As stated, epidemics can cause various socio-behavioral changes that result from the way individuals experience them. Aging is a critical period of human life; accordingly, paying attention to issues and understanding the needs of this stage is an essential social necessity. Few studies have been conducted on the psychological effects of home quarantine and COVID-19 in Iran; thus, it is necessary to investigate the psychological effects of home quarantine as an emerging phenomenon. Therefore, the present study was conducted with the aim of qualitative analysis of the elderly experiences of quarantine and daily life during the COVID-19 pandemic.

**\* Corresponding Author:**

**Mahsa Zarei**

**Address:** Department of Gerontology, School of Behavioral Science and Mental Health (Tehran Institute of Psychiatry), Iran University of Medical Sciences, Tehran, Iran.

**Tel:** +98 (21) 86701021

**E-mail:** zareii.m@iums.ac.ir

## 2. Methods and Materials

This qualitative study used a content analysis method. The study population included the elderly who were referred to the clinic of the Faculty of Behavioral Sciences and Mental Health of Iran University of Medical Sciences. The sampling method was purposive and the sample size was determined based on data saturation. To conduct this study, a semi-structured interview was conducted. First, the medical records of the elderly referring to the clinic of the Faculty of Behavioral Sciences and Mental Health were selected based on the inclusion and exclusion criteria of the research. Then, they were contacted by phone. While explaining the objectives of the research, a suitable time for the interview was considered. The inclusion criteria were as follows: the elderly aged  $\geq 60$  years who provided an informed consent form to participate in the study; as well as the lack of comorbidity of active psychotic disorders, current substance and alcohol use, and cognitive impairments. The exclusion criteria were the patient's unwillingness to participate in the study at any stage of the study. The interview time lasted

between 20 and 45 minutes, depending on the conditions of the study participant and the interview process. After 10 interviews, no new information was added and the analysis was performed on 10 participants.

For data analysis, Maxqda software and Granheim and Landmann content analysis methods were used; they included word-for-word interviews and several times reading the text to develop the general meaning; dividing the text into semantic units summary; the abstraction of semantic units, summarizing and labeling by codes; separating of codes into sub-themes and their comparison based on their similarities and differences, and setting of themes as an indicator of the hidden content of the text [4].

To ensure the accuracy and precision of the research findings in this section, 4 criteria of validity, reliability, transferability, and verification were observed in Lincoln's and Guba's qualitative research [5].

**Table 1.** Extracting themes and sub-themes from the lived experiences of the elderly in the COVID-19 pandemic quarantine

The Main Theme	Sub-theme	Semantic Codes
Negative consequences	Anxiety disorders	Anxiety due to disease conditions, concerns about others' health, increased stress and tension caused by underlying diseases
	Mood disorders	Frustration with the destruction of the disease, low mood, decreased sense of self-efficacy, increased negativity and negative thinking about the future, irritability, stress
	Death anxiety	Feeling of imminent death for oneself and those around you, fear of death without the presence of others, fear of strange burial, mental occupation with death, fear of the quality of burial, observing the death of those around
	Interpersonal conflicts	Blame for disobedience and the possibility of infection, conflict, controversy, problems with family members, distrust and pessimism, impatience
	Social isolation	Living at home, social limitations, feeling lonely, the lack of social connections
	Therapeutic limitations	Increased fear of underlying diseases, restrictions on regular access to physiotherapy, monthly check-ups, fear of medical facilities due to coronary heart disease
	Decreased physical activity	Prohibition of the use of sports facilities, swimming pool, walking, reduced access to necessities of life
Positive consequences	Seize life opportunities	Appreciation for the blessings of life, children, health care, living in the moment, perceiving social support
	Spiritual growth	Accepting the realities of life, such as death, performing religious rites and experiencing positive emotions, connecting with nature at home
	Lifestyle improvements	Increase self-care, use, create healthy health habits, strengthen healthy fun habits at home (reading books, watching movies), spend more time with family, increase productivity and increase media literacy

The relevant code of ethics was also obtained for this research (Code: IR.IUMS.REC.1399.226).

### 3. Results

The age of the study participants ranged from 60 to 84 years, their educational level ranged from illiterate to BA degree, and the interviewees presented physical problems. Additionally, 6 participants in the study were females and 4 were males. Table 1 presents the main, sub-themes, and semantic codes.

The first main theme: Negative consequences of quarantine:

**Anxiety disorders:** This theme includes anxiety due to illness conditions, concerns about the health of others, as well as increased stress and tension caused by underlying illnesses. The elderly, due to certain physical conditions, weakened immune system, ongoing news, and information regarding the vulnerability of the elderly to COVID-19 are at the highest risk of anxiety disorder.

**Mood disorders:** Disappointment with drugs and vaccines, low mood, a decreased sense of self-efficacy, increased negativity and negative thinking about the future, irritability and stress have reduced their mood.

**Death anxiety:** The feeling of imminent death for oneself and others, the fear of death without the presence of others, and the fear of strange burial have been common experiences of the elderly.

**Interpersonal conflicts:** Conflict, quarrels, problems with family members, as well as mistrust and pessimism are some of the things that the elderly have experienced.

**Social isolation:** This sub-theme is derived from the semantic codes of staying at home, social constraints, loneliness, and the lack of social interaction.

**Medical limitations:** After the COVID-19 outbreak, the fear of underlying diseases has increased and the affected elderly experienced more stress; due to the special conditions of medical centers and the possibility of developing COVID-19, they encountered limitations to continue the usual treatment process.

**Reduced physical activity:** The prohibition of the use of sports facilities, swimming pools, walking, are some of the restrictions that have been experienced concerning physical activity in the elderly as a result of quarantine.

The second main theme: the positive consequences of quarantine, i.e., as follows:

**Seizing life opportunities:** As a result of living in the quarantine for the elderly, positive changes, such as the appreciation of the blessings of life, healthcare, and life at the moment have occurred.

**Spiritual growth:** Accepting the realities of life, such as death, performing religious rites, connecting with nature in the home space were the semantic codes of this theme.

**Lifestyle improvement:** This theme was achieved as a result of the semantic codes of increasing self-care, creating healthy habits, strengthening healthy fun habits at home, spending more time with family, as well as increased productivity and media literacy.

### 4. Discussion and Conclusion

Themes discovered by the phenomenological method obtained new information about the effects of quarantine on the elderly during the COVID-19 pandemic; it emphasizes the need to precisely explain the lived experiences of this group, create methods of reconstruction, improve the quality of life, and providing effective solutions based on these themes. Furthermore, according to the positive themes obtained from the research, considering cultural resources, including cultural, Islamic, and spiritual beliefs, can help create a more effective conceptual framework in preventive programs. Without fostering a culture-oriented approach, essential evidence is lost. Eventually, it is suggested that programs to reduce anxiety, including death anxiety, be considered. Given the findings, it seems necessary to increase the understanding of the emotional experiences of the elderly during quarantine.

#### Ethical Considerations

##### Compliance with ethical guidelines

This study was approved by the Ethics Committee of the University of Iran University of Medical Sciences (Code:IR.IUMS.REC.1399.226).

##### Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

### **Authors' contributions**

Study concept and design, data collection, and literature review, data analysis, writing discussion: Shakiba Gholamzad; Writing the introduction and method: Narges saeedi; data collection, and literature review: Shiva Danesh; Data analysis, critical revision of the article: Hadi Ranjbar; writing and final approval: Mahsa Zarei.

### **Conflicts of interest**

The authors declared no conflict of interest.

### **Acknowledgements**

The authors would like to thank the Geriatric Clinic of the School of Behavioral Science and Mental Health.