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**Assisted Living Resident Experiences During the Covid-19  
Pandemic: A Qualitative Exploration of Social Engagement  
and Wellbeing**

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## **Abstract**

### **Purpose**

This paper reports on two research studies that explored how older adult residents in assisted living facilities in the United Kingdom (UK) experienced changes to their social activity and wellbeing during the Covid-19 pandemic restrictions.

### **Design/methodology/approach**

A qualitative design was employed and combined interview data from 13 residents across five assisted living facilities in the UK. Data were analysed using reflexive thematic analysis.

### **Findings**

Four themes were developed. The first theme 'being locked in' explores the reduction in social contact and feelings of imprisonment experienced by assisted living residents. The second theme 'keeping everyone safe' discusses the ways in which isolation was rationalised by older adults through drawing on narratives around safety and protection of others. The third theme 'finding new ways to connect' illustrates how learning new skills enabled assisted living residents to maintain connections with others and highlights the novel opportunities for connection presented by communal living. The final theme 'keeping a positive outlook' underlines how positive thinking and hope for the future enabled residents to cope with isolation.

## Originality

The findings from this study present a novel insight into the experience of assisted living residents during Covid-19 restrictions. While it is known that isolation during lockdowns had negative wellbeing implications for community dwelling older adults, this study highlights some of the ways that communal living was protective for assisted living resident wellbeing.

**Keywords:** Older adults, mental wellbeing, social isolation, independent living, coronavirus pandemic, assisted living

## **Assisted Living Resident Experiences During the Covid-19 Pandemic: A Qualitative Exploration of Social Engagement and Wellbeing**

### **Introduction**

The highest rates of death from Covid-19 are amongst older adults (Office for National Statistics, 2023) and there is an increased risk of Covid-19 transmission for this group within communal dwellings (Coe and Van Houtven, 2020). Due to this increased vulnerability many assisted living residents were encouraged to isolate in their homes for an additional period during pandemic restrictions (British Geriatrics Society, No Date).

During the pandemic some assisted living facilities in the United Kingdom (UK) chose to limit access to communal spaces, others prohibited visitors and asked residents not to leave the buildings, and many only allowed essential staff or individuals who had formed a support bubble with a resident to enter their buildings (Dutton, 2021). This meant that many of the usual assisted living social activities which can enhance quality of life for residents (Mansfield and Burton, 2020) were curtailed (Kulakiewicz and Cromarty, 2021). This was problematic as older adults' psychological wellbeing is significantly impacted by social contact and support (Maryatmi, 2018) with social support known to be a protective factor against depression and anxiety (Berg-Weger and Morley 2020, Gariépy *et al.*, 2016, Yildirim *et al.*, 2021). Despite the clear risks

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6 posed by the increased isolation of older adults in assisted living residences little is known about  
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8 the impact these social contact changes had during this time.  
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11 The World Health Organization urged researchers to collect qualitative data on the  
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13 psychological and social implications of Covid-19 on vulnerable people, including older adults  
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15 (World Health Organization, 2020). By using qualitative methods, researchers empower  
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17 participants by valuing their knowledge and wisdom enabling exploration of feelings and  
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19 thoughts that underpin responses to situations (Austin and Sutton, 2014). Such qualitative  
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21 investigations can provide potentially helpful information for disease outbreak response  
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23 measures planning (Falvo *et al.*, 2021).  
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28 This paper reports on research which aimed to understand experiences of older adult  
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30 residents in assisted living facilities in the UK during the Covid-19 pandemic to address the  
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32 research question: ‘How do assisted living residents perceive the changes to social activity  
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34 during coronavirus lockdowns to have impacted their wellbeing?’  
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## 38 **Materials and Methods**

### 39 **Design**

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42 The two studies employed qualitative designs using semi-structured interviews. Ethical  
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44 approval was obtained from \*\*removed for review\*\*  
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## Recruitment

All participants were recruited from assisted living facilities in England.

**Study 1:** Recruitment took place in four facilities during Covid-19 pandemic restrictions (November 2020 - February 2021). An email invitation was sent to residents who had previously shown an interest in research activities within the facility. Interested residents were contacted by email or phone, provided with an information sheet prior to interview, and gave audio-recorded consent.

**Study 2:** Recruitment took place in one facility following the Covid-19 pandemic (February-April 2022) through leaflets, posters, and word of mouth. Participants were required to have lived in an assisted living facility for at least two weeks during pandemic restrictions (March-May 2020). Participants were provided with an information sheet prior to interview and gave written consent.

## Procedure

Semi-structured interviews discussing experiences during the Covid-19 pandemic restrictions were conducted.

**Study 1:** Interviews were conducted by telephone or online conferencing due to Covid-19 restrictions. Five were with individuals and one was conducted with a cohabiting married

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6 couple. Interviews lasted between 40 to 75 minutes. The interviewer was a Black British female  
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8 who was employed as a researcher for an assisting living housing organisation and had no  
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10 previous relationship with the participants.  
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13 **Study 2:** Interviews were conducted in resident apartments or a private room in the  
14 facility. Four were conducted with individuals and one was conducted with a cohabiting married  
15 couple. Interviews lasted between 53 minutes to 114 minutes. The interviewer was a white  
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17 British woman and postgraduate student. The researcher had a pre-existing relationship with  
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19 some participants through working at the facility as a catering assistant.  
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26 For both studies debrief information included instructions for withdrawal and sources of  
27 support.  
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### 30 31 **Analysis** 32

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34 Interviews were audio recorded and transcribed verbatim with all identifying information  
35 removed. Data were analysed using reflexive thematic analysis (Braun and Clarke, 2006). A  
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37 critical realist approach was taken, which acknowledges that knowledge is expressed through  
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39 various accounts but direct access to reality is not possible (Braun and Clarke, 2006). Reflexive  
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41 thematic analysis requires organic coding as opposed to reliance on coding frameworks  
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6 throughout analysis (Braun and Clarke, 2021) and the researcher is integral to analysis and  
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8 actively creates themes (Braun and Clarke, 2019).  
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11 Interview transcripts were read, and initial items of interest were noted. Then initial codes  
12 were developed, extracted from transcripts and collated. Preliminary patterns in the data were  
13 investigated by organising codes into theme groups. Identified themes were reviewed multiple  
14 times and codes were reorganised where necessary to alternative themes. A theme table was  
15 created to support this process, where example quotations were added to illustrate themes.  
16 Themes were defined and provide with a name that reflected the meaning of the theme. Finally, a  
17 narrative account of the themes was produced by the first author and reviewed by all authors.  
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### 28 **Participants**

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31 Participants were aged between 65 and 84. The majority identified as White British, and  
32 one identified as Asian. Assisted living tenure length ranged from 1 year to 11 years (Table i).  
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36 **\*\*INSERT TABLE I ABOUT HERE\*\***  
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### 38 **Results**

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42 Four themes were developed: (1) being locked in (2) keeping everyone safe, (3) finding  
43 new ways to connect, and (4) keeping a positive outlook.  
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## Being locked in

All participants described a reduction in social contact resulting from the enforcement of lockdowns. In the worst cases these experiences were likened to a prison sentence: “*God [lockdown is] a bit like being in prison, I think. Being locked in.*” (Margaret).

Irma had previously attended a crochet group, however the combination of the need to socially distance and Irma’s hearing impairment meant that she could not attend. Irma reported that she could no longer engage in conversations at the group meaning the social benefit was lost:

*“[we] used to have [a crocheting group], which they still do the moment, that I don't attend at the minute. A crocheting group, but you got to distance apart from each other? So that doesn't help me because of me having hearing loss (Irma)*

Similarly, Gail and Joseph did not leave the facility often, and as a result small changes made by the facility such providing meals by delivering them to the door meant that the usual chances for social contact were reduced:

*Gail: [the meals were] much better in the dining room [...] you could do different things and have a laugh with people. It's a communal thing as well as just eating. It's something that some of us can enjoy.*



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6 *used to one hour a week with me. But she could not come [during lockdown].*

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8 *So that that, that I felt I was taking a step back.” (Noor)*

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10 Noor felt that this loss of social contact increased her isolation but was also a huge set  
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12 back in her recovery from stroke.  
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### 14 15 **Keeping everyone safe**

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18 Despite dissatisfaction with reduced social contact, many rationalised this through  
19  
20 drawing on government guidance and constructing the enforced social restriction as an essential  
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22 requirement for ensuring they, and others, remained physically safe and well.  
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26 Dylan explained how social isolation was essential to avoid the risk of Covid-19 infection  
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28 portraying isolation as protective rather than restrictive:  
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31 *“I think [my risk of Covid-19] would be low risk, to be honest, because we*  
32 *don't mix in with a great number of people [...] we wouldn't go into into*  
33 *crowds at all I can assure you that we haven't done, and we will not do [...] we*  
34 *certainly haven't put ourselves at risk at all. (Dylan)*  
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39 Similarly, while Elsie had experienced some anxiety when restrictions first began, she  
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41 had consciously chosen to keep herself isolated to limit the risk of infection:  
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44 *“When we went into lockdown in March I mean, we were all shocked and*  
45 *would... right? We're not going out, it's just [Husband] and me and that's it.*  
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6 *And I didn't even go to the bin room with the you know, with our rubbish it's*  
7 *just, it's not far away from where we are. [...] if I wasn't careful, or if [my*  
8 *husband] wasn't careful, we could have both got Covid [...] So that's why we*  
9 *decided you know, to be sensible” (Elsie)*  
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14 This shared responsibility for keeping each other safe was echoed by other couples. Gail  
15  
16 and Joseph also described their behaviours as ‘sensible’:  
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19 *Gail: We have been sensible.*  
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21 *Joseph: Sensible everyday. Got a mask on. Going by the rules. Wash your*  
22 *hands when you come in.*  
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26 The need to be sensible was particularly important for some participants like Irene and  
27  
28 her husband who had additional health challenges that put them at greater risk. For this couple it  
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30 was the elements outside of their control that resulted in anxiety:  
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33 *“We do feel that if we were mix with [other residents], then we would be*  
34 *putting our health at risk. Because many of these residents are in bubbles.*  
35 *They can... they can have visitors. So... that was just that was one of the*  
36 *reasons why we just don't go into the communal areas at all now. [...] in some*  
37 *ways, I'm more bothered about catching Covid living at [this assisted living*  
38 *facility] than I am if I could go outside and meet a friend. Because I trust my*  
39 *friends, I know all about them. None of us know anything about each other at*  
40 *[name of court] do we?” (Irene)*  
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6 This illustrated that the protective environment and self-care activities were not always  
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8 enough to protect individuals from anxiety regarding Covid-19 infection. In such close quarters it  
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10 was also the behaviours of others that played an important role in perceptions of risk for some  
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12 residents.  
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### 16 **Finding new ways to connect**

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19 Without any social engagement some participants felt that their mental health could be at  
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21 risk Many described how they found new ways to be socially connected through (1) making the  
22  
23 most of existing connections, and (2) maintaining contact through technology.  
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27 Some participants made the most of communal living to benefit from opportunities for  
28  
29 social contact. For example, when exercise was allowed, Margaret used this as an opportunity for  
30  
31 some social connection with other residents:  
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34 *“During lockdown I only saw [other residents] when I was passing the*  
35 *corridor. Or you meet people exercising up and down. That’s all you could do*  
36 *for exercise, up and down the corridor.” (Margaret)*  
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40 Similarly, Irma felt that by being in an assisted living community, some of the isolation  
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42 resulting from avoiding others was lessened as even during lockdowns you could encounter  
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44 people within the facility in the corridors:  
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6 *“If you're just living in a house or flat, and you wasn't in sheltered*  
7 *accommodation, that we probably wouldn't have seen people as much. So, say,*  
8 *when you leave your flat and walk down the corridor, you're more likely to*  
9 *bump into a carer or a manager or a cleaner, or even one or two residents if*  
10 *they are passing you. So, say would have never been able to do anything like*  
11 *that. You'd have probably felt more isolated.” (Irma)*  
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17 Dylan found that periods of forced isolation were eased, both by the regular company of his wife,  
18 and the quality of care received from the assisted living facility staff. This care prevented the  
19 need for them to take health risks during periods of lockdown, as was the case at the time of  
20 interview:  
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27 *“We have been told to isolate this week [...] it hasn't affected us at all. And in*  
28 *that respect, because then, you know, meals have been brought to us by*  
29 *members of staff. And we've managed to cope ourselves in our*  
30 *accommodation.” (Dylan)*  
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35 Elsie explained how her life with her husband was *‘not much different to just living in a*  
36 *normal house’* and that having each other’s company protected them from negative impacts of  
37 social restrictions:  
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42 *“we've got each other.... It's just like normal couple living together you see?*  
43 *But if you're on your own well, that's a lot different.” (Elsie)*  
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6 Irene, who also lived with her husband had a different perspective. Despite the company  
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8 of her husband, the inability to ‘bubble’ with anyone outside of the facility made Irene feel like  
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10 they were more isolated than others: “because of Covid. It means that we don't see anybody from  
11  
12 the outside because we can't fit into anybody's bubble” (Irene). However, Irene also kept this in  
13  
14 perspective by considering that this would be worse for residents living on their own who didn't  
15  
16 have a bubble:  
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21 *“I suppose as well, some people that literally live on their own, that can't get*  
22  
23 *out. And like us might not have a bubble that where they can have a visitor.*  
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25 *Might not even be well enough to get outside, I think for them that's worse than*  
26  
27 *it is for us.” (Irene)*

28  
29 Many of the participants described how technology has been an important tool to stay  
30  
31 connected with others. This included telephone contact and online video conferencing. For  
32  
33 example, Irma used technology to stay connected with the church community and other contacts:  
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37 *“Through the lockdown, we've been able to take part in service from the*  
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39 *Methodist [church] on YouTube. So, we've been able to have service brought*  
40  
41 *to us rather than us go to the church. [...] I think it's been nice, you know, that*  
42  
43 *but there we are fortunate that technology can offer us these services” (Irma)*

44 Margaret was also able to stay in touch with others through technology and this was a benefit she  
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46 explained had continued even after lockdowns had ended:  
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6 *“every day, my four children would come on [zoom] and we’d talk and we’d*  
7 *pray together and things like that. Um, positives I think the positives were,*  
8 *actually, I spent more time talking to my children than I would have. In fact,*  
9 *we’re face to face on Zoom. Zoom, you’re all on the screen together. And we’ve*  
10 *continued that. We don’t do it every day. Now we do twice- twice a week.”*  
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15 *(Margaret)*  
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17 However, technology was not accessible for all participants. Noor struggled with technology and  
18 attributed this to various health challenges including experiencing a stroke. However, she did  
19 persevere and found some ways to use her phone to connect with family:  
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25 *“I- I couldn’t do FaceTime. So, somebody drew a diagram for me how to do*  
26 *FaceTime. Then I learned to do FaceTime now. Then I started taking pictures*  
27 *of my food the plants. So just something to send to my family. Yes. And that’s*  
28 *the positive, I learned.” (Noor)*  
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### 32 **Keeping a positive outlook**

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35 Despite the challenges and reduced social contact most participants were able to maintain  
36 a positive outlook. Viewing the situation as temporary and something to accept appeared to be a  
37 coping strategy that was protective to wellbeing.  
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6 Elsie explained that as time went on following initial lockdowns, she found little had  
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8 changed with day-to-day life and that acceptance of the situation ensured that she was not  
9  
10 negatively impacted by the restrictions:  
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14 *“At the beginning. I did feel anxious [...] But as times gone on, I’ve*  
15 *accepted ...I’ve accepted the situation. And you know, I’m, I’m alright. [...] I’ve*  
16 *just always been positive... I don’t know, I just, I just get on with things. I*  
17 *accept things and I count me blessings... I count my blessings. And I think*  
18 *that’s important.” (Elsie)*  
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23 Similarly, Dylan acknowledged that life had been restricted by the pandemic, he was no  
24  
25 longer able to attend regular church services, chat with his neighbours, or enjoy his role as the  
26  
27 regular bingo caller for other residents. However, he and his wife both took a positive view of  
28  
29 the situation (*“We’re both very positive in our view, outlook”*) expressing the perspective that it  
30  
31 was unhelpful to view these changes negatively. They chose to believe life would soon improve:  
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36 *“We tend to sort of think, oh, well, life, hopefully will be better, sooner rather*  
37 *than later. And we just we just take each day. As it comes [...] I’m going to be*  
38 *quite open with you. We don’t worry, ‘oh, what if this happens or what if*  
39 *happens?’ If it does. It does if it does ... if doesn’t all to the good.” (Dylan)*  
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43 Noor coped through using distraction strategies and concentrating on the ‘positives’ like  
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45 the opportunity to practice self-care:  
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6 *“I do bit of meditation, I do exercise. Just to take my mind off. Instead of*  
7 *reading the books, I started listening to the radio more often. [...] I got so used*  
8 *to it. I think it made me in some way, I took a look at the positive side of being*  
9 *the lock down. I concentrated more on the positive side it I started doing my*  
10 *relaxation exercises.” (Noor)*  
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15 Noor attributed this coping approach to the way that her childhood experiences had  
16 prepared her to adapt to challenging situations:  
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21 *“We are told, especially the girls, should be able to adapt because when you*  
22 *get married you're going to go to another family so you must learn to adapt...*  
23 *We say yes. So adapting to the situation is in my blood.”. (Noor)*  
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27 Irene also attempted to maintain a positive outlook, but acknowledged that this was not  
28 always easy, and found that she had to consciously work harder to keep herself ‘cheerful’:  
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32 *I think I have to work a bit harder on keeping myself more cheerful than I did*  
33 *before. And I think that's because before Covid, we were quite active within the*  
34 *community say, you know, with all the things that we did and that used to take*  
35 *our day up, where now we haven't got much to take our day up really. So we*  
36 *just have to work harder at being happier. (Irene)*  
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41 For Irene and her husband lockdowns had interrupted the usual distractions and activities  
42 of everyday life. This meant that positivity had become a more conscious endeavour for them,  
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6 and they acknowledged the potential for prolonged life changes to present more of a challenge  
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8 for this positive outlook.  
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## 10 11 **Discussion** 12

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14 This study has provided insight into how older adults in assisted living facilities  
15  
16 experienced changes to social activities, and the impact this had on their wellbeing.  
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19 Reduced social contact was common, and for some this felt ‘a bit like a prison’; this  
20  
21 mirrors questionnaire research in America in which 30.9% of participants described loss of  
22  
23 freedom during the Covid-19 pandemic as challenging (Heid *et al.*, 2021). Furthermore,  
24  
25 interview research with community dwelling older adults in Switzerland reported that  
26  
27 participants conceptualised the experience as being like a ‘prison’ (Falvo *et al.*, 2021) illustrating  
28  
29 that the feelings of restriction and entrapment experienced by the participants was present across  
30  
31 a range of countries and settings. However, unique to assisted living residents were the additional  
32  
33 restrictions put in place by the facilities themselves. At the time, the UK government guidelines  
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35 around social distancing within assisted living communities were limited, and guidance provided  
36  
37 to organisations was not as clear as other care sectors due to the lack of understanding of the  
38  
39 assisted living model. As a result, organisations had a varied approach to implementing social  
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41 distancing rules, which would have meant that in some areas, residents may have experienced  
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43 stricter restrictions than others (Dutton, 2021). Careful consideration of the impact of additional  
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6 restrictions on an already isolated population of older adults is needed for organisations to  
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8 prevent additional isolation risk.  
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11 Some older adults viewed the assisted living facility as protecting them from isolation  
12 through opportunities for social contact which would have not been possible in the community.  
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14 In community dwelling older adults' isolation resulting from pandemic restrictions has increased  
15  
16 levels of anxiety, depression and loneliness (Derrer-Merk *et al.*, 2023). There was limited  
17  
18 evidence of such negative impacts within the participants in this study, instead by positioning  
19  
20 restrictions as keeping them safe and adopting a positive outlook about the future those in this  
21  
22 research may have been protected from some negative outcomes. The older adults also discussed  
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24 chance encounters in the corridor, meals in communal areas (when allowed) and support and  
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26 contact from facility staff all of which contributed to opportunities for social contact. This may  
27  
28 have also been psychologically protective and reassuring when compared to community dwelling  
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30 older adults for whom such encounters may be less likely to occur. Assisted living environments  
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32 are known to benefit quality of life through creating social environments and encouraging social  
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34 participation (Mitchell and Kemp, 2000, Mansfield and Burton, 2020). These accounts suggest  
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36 that some of these benefits may be retained even when social contact is restricted.  
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44 Rather than the restriction leading to loneliness, the examples suggest that restrictions  
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46 were a catalyst for new methods of connection and alternative activities for entertainment. This  
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6 is in line with studies on community dwelling older adults which highlight the coping strategies  
7 and adaptations that were adopted by older adults (Derrer-Merk *et al.*, 2023). One adaptation used  
8 by all interviewees was technology, with many quickly learning new skills. Learning new ways  
9 to communicate was common for older adults during the pandemic, with 55.9% of older adults in  
10 one study implementing new technology since the beginning of lockdown (Haase *et al.*, 2021).  
11 However, technology was not easily accessed by all, and it is therefore important that researchers  
12 involve older adults in technology design, to ensure that products are inclusive of this age group  
13 (Mannheim *et al.*, 2019) and that facilities support their residents to develop technology skills.  
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25 Participants spoke of acceptance and taking a positive outlook as an important coping  
26 strategy, and some discussed how they had developed resilience to challenging experiences over  
27 their lives. This is not uncommon, as older adults might have been more resilient to mental  
28 health issues during the initial phase of the Covid-19 pandemic (Vahia *et al.*, 2020). Interviewees  
29 were determined to cope through lockdown, and social activities evolved into solitary activities  
30 or activities that relied on technology as previously discussed. Some interviewees remained  
31 positive through lockdown and appreciated what they could still do. Similarly, older adults in a  
32 previous study explored how minor activities become meaningful and gave them a sense of self-  
33 determination (Verhage *et al.*, 2021).  
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6 It has been theorised that some older adults will experience long-term effects from the  
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8 social isolation of lockdown (Morrow-Howell *et al.*, 2020) community dwelling older adults  
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10 have been found to be fearful of coming out of lockdown (Falvo *et al.*, 2021). Participants in  
11  
12 this research suggested hope regarding freedom from lockdown and for some a confidence that  
13  
14 they could use the new skills they had developed to improve their social connections in the  
15  
16 future. However, it is also possible that declining mental health during lockdowns have impacted  
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18 engagement with social activities. For example, depression is associated with lower motivation  
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20 to engage with social activities (Frey and McCabe, 2020) and for those who have disengaged,  
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22 facilities should co-ordinate tailored activities with access to peer mentors who can encourage  
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24 engagement (Greaves and Farbus, 2006).  
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30 This study was not without limitations and consideration must be given to how  
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32 transferable the findings are for the wider population (Higginbottom, 2004). As the sample were  
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34 self-selected individuals, they may have already been more engaged in social activities and have  
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36 a more positive outlook than those who chose not to volunteer. While this study spans five  
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38 facilities, these were largely based in the midlands of England and, as independent living  
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40 facilities have different staff, accessibility to the wider community, and different protocols  
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42 during lockdowns research with a wider range of facilities would be of value.  
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## 46 **Conclusion**

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6 Overall, this study has offered insight into how older adults in assisted living facilities  
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8 experienced changes to social activities during lockdowns and the subsequent impact on their  
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10 wellbeing. Interviewees were determined to cope with the challenges of lockdown and adapted  
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12 accordingly. Some experienced reduced social activity prior to lockdown and so did not feel the  
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14 impact of lockdown restrictions while others experienced drastic reductions in social contact but  
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16 found ways to cope. Prior to this study, the experiences of older adults residing in assisted living  
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18 facilities during COVID-19 were largely unknown. These findings can be applied to developing  
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20 good practice guidelines and recommendations for assisted living organisations in the future.  
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## References

- Austin, Z. and Sutton, J. (2014), "Qualitative Research: Getting Started", *Canadian journal of hospital pharmacy*, Vol. 67, No. 6, pp. 436–440.
- Berg-Weger, M. and Morley, J.E. (2020), "Loneliness and Social Isolation in Older Adults during the COVID-19 Pandemic: Implications for Gerontological Social Work", *The Journal of nutrition, health & aging*, Vol. 24, No. 5, pp. 456–458.
- Braun, V. and Clarke, V. (2021), "One size fits all? What counts as quality practice in (reflexive) thematic analysis?", *Qualitative research in psychology*, Vol. 18, No. 3, pp. 328–352.
- Braun, V. and Clarke, V. (2019), "Reflecting on reflexive thematic analysis", *Qualitative research in sport, exercise and health*, Vol. 11, No. 4, pp. 589–597.
- Braun, V. and Clarke, V. (2006), "Using thematic analysis in psychology", *Qualitative Research in Psychology*, Vol. 3, No. 2, pp. 77–101.
- British Geriatrics Society (No Date), *Coronavirus: Advice to older people, families, friends and carers*. <https://www.bgs.org.uk/coronavirus-advice-to-older-people>

1  
2  
3  
4  
5  
6 Coe, N.B. and Van Houtven, C.H. (2020), "Living Arrangements of Older Adults and  
7  
8 COVID-19 Risk: It Is Not Just Nursing Homes", *Journal of the American Geriatrics Society*  
9  
10 (*JAGS*), Vol. 68, No. 7, pp. 1398–1399.

11  
12  
13  
14 Derrer-Merk, E., Reyes-Rodriguez, M., Soulsby, L.K., Roper, L. and Bennett, K.M. (2023),  
15  
16 "Older adults' experiences during the COVID-19 pandemic: a qualitative systematic  
17  
18 literature review", *BMC Geriatrics*, Vol. 23, No. 580.

19  
20  
21  
22 Falvo, I., Zufferey, M.C., Albanese, E. and Fadda, M. (2021), "Lived experiences of older adults  
23  
24 during the first COVID-19 lockdown: A qualitative study", *PloS one*, Vol. 16, No. 6, pp.  
25  
26 e0252101.

27  
28  
29  
30 Frey, A. and McCabe, C. (2020), "Impaired social learning predicts reduced real-life motivation  
31  
32 in individuals with depression: A computational fMRI study", *Journal of affective disorders*,  
33  
34 Vol. 263, pp. 698–706.

35  
36  
37  
38 Gariépy, G., Honkaniemi, H. and Quesnel-Vallée, A. (2016), "Social support and protection  
39  
40 from depression: systematic review of current findings in Western countries", *British*  
41  
42 *journal of psychiatry*, Vol. 209, No. 4, pp. 284–293.

- 1  
2  
3  
4  
5  
6 Greaves, C.J. and Farbus, L. (2006), "Effects of creative and social activity on the health and  
7  
8 well-being of socially isolated older people: outcomes from a multi-method observational  
9  
10 study", *The journal of the Royal Society for the Promotion of Health*, Vol. 126, No. 3, pp.  
11  
12 134–142.  
13  
14  
15  
16 Haase, K.R., Cosco, T., Kervin, L., Riadi, I. and O'Connell, M.E. (2021), "Older Adults'  
17  
18 Experiences With Using Technology for Socialization During the COVID-19 Pandemic:  
19  
20 Cross-sectional Survey Study", *JMIR aging*, Vol. 4, No. 2, pp. e28010.  
21  
22  
23  
24 Heid, A.R., Cartwright, F., Wilson-Genderson, M. and Pruchno, R. (2021), "Challenges  
25  
26 Experienced by Older People During the Initial Months of the COVID-19 Pandemic", *The*  
27  
28 *Gerontologist*, Vol. 61, No. 1, pp. 48–58.  
29  
30  
31  
32 Higginbottom, G.M.A. (2004), "Sampling issues in qualitative research", *Nurse researcher*, Vol.  
33  
34 12, No. 1, pp. 7–19.  
35  
36  
37  
38 Kulakiewicz, A. and Cromarty, H. (2021), *Effect of the COVID-19 outbreak on retirement*  
39  
40 *communities*. UK Parliament. House of Commons Library.  
41  
42  
43  
44 Mannheim, I., Schwartz, E., Xi, W., Buttigieg, S.C., McDonnell-Naughton, M., Wouters, E.J.M.  
45  
46 and van Zaaen, Y. (2019), "Inclusion of Older Adults in the Research and Design of Digital  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

1  
2  
3  
4  
5  
6 Technology", *International journal of environmental research and public health*, Vol. 16,  
7  
8 No. 19, pp. 3718.  
9

10  
11 Mansfield, R. and Burton, A.E. (2020), "Exploring the meaning of quality of life for assisted  
12  
13 living residents: A photo-elicitation study", *Geriatric Nursing*, Vol. 41, No. 6, pp. 812-921.  
14  
15

16  
17 Maryatmi, A.S. (2018), "Well-Being on Elderly: The Role of Predictor of Family Social Support  
18  
19 and Religiosity", *Advanced science letters*, Vol. 24, No. 5, pp. 3414–3417.  
20  
21

22  
23 Mitchell, J.M. and Kemp, B.J. (2000), "Quality of Life in Assisted Living Homes: A  
24  
25 Multidimensional Analysis", *The Journals of Gerontology: Series B*, Vol. 55, No. 2, pp.  
26  
27 P117–P127.  
28  
29

30  
31 Morrow-Howell, N., Galucia, N. and Swinford, E. (2020), "Recovering from the COVID-19  
32  
33 Pandemic: A Focus on Older Adults", *Journal of aging & social policy*, Vol. 32, No. 4-5,  
34  
35 pp. 526–535.  
36  
37

38  
39 Office for National Statistics (2023), *Coronavirus (COVID-19) latest insights: Deaths*.

40  
41 [Homepage of UK Government], [Online]. Available:

42  
43 [https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsand](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronaviruscovid19latestinsights/deaths)  
44  
45 [diseases/articles/coronaviruscovid19latestinsights/deaths](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronaviruscovid19latestinsights/deaths).  
46  
47

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2  
3  
4  
5  
6 Vahia, I.V., Jeste, D.V. and Reynolds, C.F. (2020), "Older Adults and the Mental Health Effects  
7 of COVID-19", *JAMA : the journal of the American Medical Association*, Vol. 324, No. 22,  
8 pp. 2253–2254.  
9  
10

11  
12  
13  
14 Verhage, M., Thielman, L., de Kock, L. and Lindenberg, J. (2021), "Coping of Older Adults in  
15 Times of COVID-19: Considerations of Temporality Among Dutch Older Adults", *The  
16 Journals of Gerontology: Series B*, Vol. 76, No. 7, pp. e290–e299.  
17  
18  
19

20  
21  
22 Yildirim, H., Işık, K. and Aylaz, R. (2021), "The effect of anxiety levels of elderly people in  
23 quarantine on depression during covid-19 pandemic", *Social work in public health*, Vol. 36,  
24 No. 2, pp. 194–204.  
25  
26  
27  
28  
29  
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31  
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Table i: Participant Demographic Information

<u>Study</u>	<u>Pseudonym</u>	<u>Gender</u>	<u>Age range</u>	<u>Ethnicity</u>	<u>Living status during lockdown restrictions</u>	<u>Tenure Length</u>	<u>Covid 19 context at the time of interview</u>
1	Dylan	M	70-74	White British	Cohabiting: Married (to Irma)	2 years	
1	Mary	F	65-69	White British	Lived alone: Widowed	7 years	November 2020
1	Irene	F	65-69	White British	Cohabiting: Married	11 years	local lockdown
1	Elsie	F	75-80	White British	Cohabiting: Married	11 years 6 months	
1	Martin	M	75-80	White British	Cohabiting: Married (to May)*	10 years	December 2020
1	May	F	75-80	White British	Cohabiting: Married (to Martin)*	10 years	Three-tier system
1	Irma	F	70-74	White British	Cohabiting: Married (to Dylan)	2 years	February 2021 Four-tier system
2	Arthur	M	80-84	White British	Lived alone	1 year	
2	Margaret	F	80-84	White British	Lived alone: Widowed during COVID-19	3 years 8 months	February-April 2022 No restrictions.
2	Noor	F	75-80	Asian	Lived alone	3 years	
2	Joan	F	75-80	White British	Lived alone: Widowed during COVID-19	2 years 9 months	Routine testing for COVID-19 still offered.
2	Gail	F	80-84	White British	Cohabiting: Married (to Joseph) *	1 year 9 months	
2	Joseph	M	80-84	White British	Cohabiting: Married (to Gail)*	1 year 9 months	

\*These participants took part in a joint interview with their spouse