

Experiences of Elderly Living Alone During the COVID-19 Pandemic: A Phenomenological Research

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ABSTRACT

Objective: While one of the groups most affected by the COVID-19 pandemic is elderly individuals, those living alone are more disadvantaged. This study aimed to explore the experiences of elderly individuals living alone during the COVID-19 pandemic and to address this process and the problems they experience with all aspects of health..

Methods: This study adopted a phenomenological approach and was conducted with 14 elderly people living alone. Individual in-depth face-to-face interviews were conducted using a semi-structured interview form. Content analysis was used for the data analysis.

Results: The main themes identified were i) the effects of pandemic restrictions, ii) the view of the elderly on pandemic rules, iii) physical, iv) mental and v) social health problems, vi) coping strategies of the elderly, vii) support received in problem-solving, viii) and solution suggestions from the elderly.

Conclusion: Pandemic restrictions in elderly individuals living alone have disrupted health checks and changes in daily life. The elderly experienced physical, mental and social health problems during the pandemic and developed coping strategies to combat the process. The experiences of the elderly and their suggestions should be taken into account in being prepared for any crisis that may affect the whole society, especially the elderly living alone.

Keywords: COVID-19, elderly, experience, living alone

1. INTRODUCTION

The elderly were one of the groups most affected by COVID-19 with high mortality and morbidity rates (1). In February 2021, fatal cases were 86% among people aged 65 and over (2). Therefore, strict restrictions were imposed on the elderly in Turkey, as in the rest of the world. The Ministry of Interior issued a circular on March 21, 2020, prohibiting individuals aged 65 and over from going out (3). Elderly individuals observed social distancing, minimized face-to-face interactions, avoided crowded areas, stayed at home, and faced travel restrictions (4).

During the COVID-19 pandemic, elderly individuals living alone felt social isolation more deeply and were more disadvantaged than those living with their families, children or grandchildren (5,6,7). In 2022, 26% of elderly individuals lived alone in Türkiye (8). Those living alone faced challenges during the lockdown, such as grocery shopping, accessing healthcare, and obtaining medicine, and were at risk of physical and psychological problems due to prolonged isolation (5,6). A study showed that elderly individuals living alone were the most affected by the pandemic, and that

they experienced worsening orthopedic problems due to inactivity and not being able to go to periodic check-ups and taking their medications at the same dose for a long time. However, their religious beliefs helped them cope better (7). A study conducted in the USA revealed that elderly people living alone communicate less with others and are less likely to receive help and support (6). However, those living alone communicate more with their friends via phone and social media. It has been stated that those who communicate face-to-face have better psychosocial health and therefore those living alone are disadvantaged (6,9).

In one study, more than 70% of older adults practiced social distancing early in the pandemic and experienced challenges mostly due to limited social interactions and activities. They also reported psychosocial, health, financial, global environmental, and death anxiety concerns (10). Elderly individuals, especially those living alone, should be supported individually to address the feelings of loneliness, exclusion, uncertainty, anxiety, and stress caused by the pandemic (11).

In future outbreaks, as seen during COVID-19, it is very important to understand the experiences and needs of elderly people living alone and to offer solutions. Studies have been conducted on elderly individuals during the COVID-19 pandemic in the literature (7,10), and two studies focused on those living alone (6,12). But no research has examined their experiences and health in a holistic, detailed and comprehensive manner.

1.1. Aim of The Study

This study aimed to explore the experiences of elderly individuals living alone during the COVID-19 pandemic and to address this process in all its aspects in terms of health.

1.2. Research Questions

- What are the problems experienced by elderly individuals living alone during the COVID-19 pandemic?
- In which area of health did elderly individuals living alone experience the most problems during the COVID-19 pandemic?

2. METHODS

2.1. Design and Setting

The study, conducted from November 2021 to March 2022, included elderly individuals registered at a Family Health Center in a province, living alone, and coming for various reasons (e.g. medication, examination, injection). This study was prepared according to the COREQ (Consolidated Criteria for Reporting Qualitative Research) (13) (Supplementary File 1) checklist. Ethical approval was obtained from Akdeniz University Clinical Research Ethics Committee (Date: 18.08.2021, Number: KAEK-568) and institutional permission from the Family Health Center. The female nurse researcher, who has a master's degree in Public Health Nursing, explained the purpose of the study to the participants before the interview and obtained written consent. Participants had no previous relationship with the researcher to avoid bias. Personal information forms were filled out by those who gave their consent and the interview schedule was determined. In-depth, semi-structured interviews were recorded with a voice recorder with the consent of the participants; those who did not accept the voice recording were recorded in writing. Content, functionality and questions were checked with a pre-test conducted with two suitable individuals not in the sample. Repeat interviews were not conducted with the participants and the Declaration of Helsinki was adhered to throughout the study.

2.2. Sample

In phenomenological studies, the focus and the amount of data are important in determining the sample size. Lincoln and Guba (1985) suggest that 12 participants may

be sufficient if selected appropriately (14). The sample of this study consists of 14 elderly individuals (66-89 years old) living alone during the COVID-19 pandemic period and data saturation has been reached. Purposive sampling was used. Inclusion criteria were people aged 65 years and over living alone at home; Exclusion criteria were psychological disorders and conditions that hinder communication.

2.3. Data Collection and Instruments

Individual interviews with elderly individuals living alone were conducted in a quiet and well-lit room of the Family Health Center, in accordance with social distancing, masks and hygiene rules. The interviews lasted 45-60 minutes. Observational interviews, recommended as a data collection method in phenomenological studies, were conducted together with personal information form, semi-structured interview form and observation notes.

Personal Information Form: It consists of questions that inquire about the socio-demographic characteristics of the individual (age, gender, education level, perception of income level), presence of chronic disease, and proximity to the children who help him/her (4,6,7).

Semi-Structured Interview Form: It was prepared by the authors based on previous literature to determine the experiences of elderly individuals living alone during the COVID-19 pandemic and to investigate all aspects of health by focusing on them (7). Opinions of geriatrics and qualitative research experts were obtained. A preliminary application was made with two individuals who met the inclusion criteria (not in the sample) and the questions were finalized.

2.4. Data Analysis

Content analysis, based on the approach by Graneheim and Lundman (15), was used to explore the experiences of older people living alone during the pandemic. The interviews were transcribed verbatim and the transcripts were reviewed several times to gain insight. After two researchers independently coded the transcripts, they came together to compare codes, group them into subthemes, and develop themes. Two other researchers then independently assessed the codes (kappa analysis). Finally, all researchers met to finalize the themes and subthemes.

2.5. Validity and Reliability

Lincoln and Guba's criteria of reliability, confirmability, and transferability (16) were used to assess data accuracy. Validity and reliability were established according to Guba and Lincoln's criteria (17). After data saturation, interviews were recorded and stored on Google Drive. Purposive sampling ensured diversity in age, gender, education, income, and support networks. The research process, data collection, and analysis were described in terms of reproducibility. Semistructured questions were pretested and reviewed by the research team. In-depth interviews took place in a

quiet environment where participants could speak freely. Recordings were reviewed, codes were compared with raw data, and participants verified their statements to reduce bias. To verify external validity, two faculty members reviewed the code categories. Internal consistency was assessed using kappa analysis to strengthen reliability. Participants' statements were included to ensure transferability.

3. RESULTS

The average age of the participants was 76.1 ± 7.1 years and 71.4% (n=10) were female. 57.2% had primary school education or less (n=8) and 71.4% had income that covered their expenses (n=10). 71.4% had chronic diseases, mostly hypertension, diabetes and cardiovascular diseases. 50% (n=7) had children who helped them, but none of them lived in the same apartment building. 14.3% (n=2) had children living in the same neighborhood.

Eight main themes emerged: i) the effects of pandemic restrictions, ii) elderly people's perspective on pandemic rules, iii) physical, iv) mental, v) social health problems, vi) coping strategies of the elderly, vii) support received in problem-solving, viii) solution suggestions from the elderly. Main themes and subthemes are shown in Figure 1, and explanatory quotes are shown in Table 1.

3.1. Main Theme 1: The Effects of Pandemic Restrictions

The effects of the pandemic restrictions were determined as i) disruption of health checks, ii) change of daily life, iii) lack of social support, iv) awareness/learning, v) insufficiency in physical activity, vi) financial inadequacy. Health checks were disrupted and daily life changed during the pandemic. Meetings were canceled due to the curfew, individuals were confined to their homes, physical activity decreased, they could not visit their neighbors or friends, and they had to shop in bulk. Lack of social support and not being able to get help from relatives for grocery shopping were another effect. Financial problems arose due to inflation, rent increases, unemployment, and low wages. However, the pandemic restrictions also had positive effects because individuals became more aware of their health and learned about issues such as nutrition, hygiene, and social distancing (Table 1).

3.2. Main Theme 2: Elderly People's Perspective on Pandemic Rules

Three sub-themes were generated: i) uncertainty perception regarding COVID-19, ii) supportive approach to restrictions, iii) critical approach to constraints. Participants expressed uncertainty about the outlook and lethal potential of the virus. While some believed that the pandemic restrictions were necessary, others felt that society was not complying with the Ministry of Health guidelines. Some criticized the restrictions, stating that the first 2 to 4 hours given to the elderly to go out were insufficient and too many restrictions were imposed on the elderly (Table 1).

3.3. Main Theme 3: Physical Health Problems

The subthemes under physical health problems were as follows: i) pain, ii) weight change, iii) weakness, iv) heart disease, v) forgetfulness. Elderly participants reported problems such as migraines, back pain, and leg pain. They became inactive, which led to weight gain. Many experienced fatigue/weakness after the COVID-19 vaccine. Forgetfulness also increased, and some had difficulty remembering whether they took their medications (Table 1).

3.4. Main Theme 4: Mental Health Problems

Five subthemes emerged under mental health issues: i) loneliness, ii) depression, iii) anxiety/stress, iv) fear, v) sadness. Elderly individuals felt lonely due to the lack of visitors and curfews, and loneliness was their biggest challenge. The pandemic disrupted their lives, leading to home confinement and depression. While some participants were worried about infecting their children and grandchildren when they were sick, others were afraid of being infected. Many were afraid of catching the virus, especially given its higher impact on the elderly and the increasing mortality rate. Participants also felt sad due to the unemployment of their loved ones and economic difficulties during the pandemic. One participant who lost her son expressed sadness at not being able to attend his funeral (Table 1).

3.5. Main Theme 5: Social Health Problems

The subthemes of social isolation and exclusion were determined as social health problems in elderly people living alone. Participants were confined to their homes, could not attend sociocultural activities, and this ended their social lives. Many also distanced themselves from society to avoid the virus. In addition, the perception among young people that "elderly individuals caught the virus" emerged, which led to their exclusion. Elderly people felt that society treated them as if they were spreading the virus (Table 1).

3.6. Main Theme 6: Coping Strategies of The Elderly

Five subthemes emerged: i) becoming a solution developer, ii) taking refuge in faith/spirituality, iii) use of mass media and social media, iv) home remedies, v) recreational activities. Some participants avoided public transportation to avoid exposure to the virus, preferred taxis, did physical activities on roofs, and carried spare masks. Most of them engaged in religious activities to cope with fear of death, depression, and stress, believed that God was the greatest healer, and prayed. Participants stayed in touch with friends and relatives through phone calls to combat loneliness. Some learned about their health from television, while others used home remedies for their health problems. Elderly individuals also engaged in leisure activities such as listening to Turkish classical music, attending courses, and traveling to address their psychosocial problems (Table 1).

Table 1. Main themes and subthemes with illustrative quotations

Main theme 1: The effects of pandemic restrictions	
Subthemes	Illustrative quotations
Disruption of health checks	"...it became a problem when my hospital work started. I already knew that I had cancer. I couldn't go for my check-ups due to the pandemic (P5)" "I did not have my sugar and cholesterol checked during this period. It's off, I don't know what my blood pressure is or anything. (P11)"
Change of daily life	".... There were meetings and negotiations before. Every day, people were coming to me, and I was leaving. Now they are gone, they are gone. My travels and meetings were blocked (P7)" "Of course, I was affected a little badly during the period when the markets were closed and we could not go out... I could not go to my neighbors or friends... Living alone made everything difficult for me. We couldn't go out.'(P10)"
Lack of social support	"I was angry at my sister. I asked them to do the shopping for me, so I wouldn't go out too much, but they didn't come because there was a curfew. (P4)" "No one from my family helped me with the grocery shopping. It didn't help much. (P6)"
Insufficiency in physical activity	"I used to walk, now I can't walk (P3)" "I am a person who walks regularly, but I couldn't do them. (P11)" "Yes, the biggest challenge for me is the reduced range of motion,.... (P12)"
Financial inadequacy	"Economically, our economy was restricted, be it the house rent or my son's unemployment, and we suffered a lot from that. We are still shooting. (P10)" "No matter how much you cut your expenses, the salary you receive is not enough to live on. With the effect of the pandemic and inflation, we cannot buy anything, this is the truth. (P12)"
Awareness/Learning	"We learned to clean, we learned to eat healthier, we learned to take care of ourselves. (P11)" "... The positive contribution of the pandemic is that we are more careful. We need to stay away from dangers, pay attention to our distance, and be a little more conscious. If they said to wash your hands 20 times, I washed them 40 times. (P13)"
Main theme 2: Elderly people's perspective on pandemic rules	
Subthemes	Illustrative quotations
Uncertainty perception regarding COVID-19	"It is clear that this virus is neither a fly, worm, or insect. we don't know (P8)" "At first we didn't know how it was transmitted, they told us later, but I still can't understand it. 10 viruses knock down and kill a man weighing 150 kg... I cannot understand it, I mean I cannot understand the power of this virus. (P11)"
Supportive approach to restrictions	"I think whatever the Ministry of Health thought about the restrictions was good, but not everyone followed these restrictions. (P6)" "I swear, you know that the Scientific Board takes those rules. I don't think they did anything wrong... In some periods, curfews were increased, bans were imposed on entering crowded places such as cinemas, theaters and shopping malls, and markets were closed. Of course it was good to bring these.(P11)"
Critical approach to constraints	"Of course you can't go where you want, you can't run and get what you want. Let the time come. They gave me two or three hours at first. You're old, two hours will be over before you walk and get something and come back. I could never get over my fear of him. Time is short. (P3)" "In other words, it was limited to three or four hours and many restrictions were imposed on people over the age of 65. (P4)"
Main theme 3: Physical health problems	
Subthemes	Illustrative quotations
Pain	"She suffers from pain everywhere, from not being able to walk, from sitting all the time, and of course when she cannot move. (P3)" "Physically, my migraines increased, back pain and hernia increased when I sat too much. My legs cramped. (P14)"
Weight change	"I gained weight due to staying at home and sitting all the time. (P7)" "Since I couldn't walk... I gained 10 kilos during the closure period and I still can't lose those 10 kilos. Even though I'm careful about eating so much, I can't lose weight due to inactivity.... (P9)"
Weakness	"We are given this health injection, but it makes us a little sick. I can't get up, I can't help myself, I'm lying down (P3)" "Inactivity, diabetes, blood pressure, stress, vaccinations, I don't know, I have to lie down because of these, I have weakness and weakness. (P5)"
Heart disease	"I'm stuck, my heart is stuck. I thought I had a heart problem. (P4)" "After the vaccination, I felt stuck, my heart felt tight. It's just the tremors and stuff. (P6)"

Forgetfulness	“My forgetfulness increased during the pandemic (P7)” “I started to become forgetful and couldn’t remember whether I had taken some of my medications or not.. I became very forgetful during the pandemic (P10)”
Main theme 4: Mental health problems	
Subthemes	Illustrative quotations
Loneliness	“The biggest challenge was loneliness. (P6)” “Living alone made everything difficult for me. We couldn’t go out... That’s just my problem, I’m overwhelmed with loneliness and I have to go out once a day..(P10)”
Depression/overwhelm	“We encountered so many negativities. This virus has turned our lives upside down and I still haven’t gotten over the stress of it, I’ve fallen into depression. (P4)” “For the first three months, I felt depressed, unable to fit into the house, stuck, and imprisoned. I experienced that kind of depression. (P9)” “Since I cannot go out, mentally; ‘There was a frequent state of depression and boredom (P14)”
Anxiety/stress	“Of course, you panic a little... I didn’t go around young people much to worry about infecting them. I wonder if it can be transmitted or something? You know, we are old so it would be difficult for that reason. I wondered if the grandchildren would get sick? I didn’t go to their house to protect them (P3)” “I was very stressed. I am always worried about whether I will be infected with the disease. (P9)”
Fear	“As he got older, he became afraid of death. ‘I was scared because this disease affects the elderly more. (P6)” “I heard that the neighbor upstairs was sick with corona. I didn’t go to his house. How should I go? If I leave, it will infect me too. I was afraid that something would happen to me. He became afraid of death because there was death on the horizon. (P7)”
Sadness	“My grandson’s shop was closed during the pandemic and he was unemployed. I felt sorry for him. I feel sorry for people who are having financial difficulties. (P3)” “I lost a son in the pandemic. When my child died, I couldn’t go to his funeral due to corona. I am really sad. It comes to my mind often and I feel sad (P8)”
Main theme 5: Social health problems	
Subthemes	Illustrative quotations
Social isolation	“The biggest challenge, of course, is being confined at home... I used to go to the choir, but I don’t have a choir, I used to participate in events. I couldn’t even play baglama. I couldn’t go to social environments... (P4)” “Theaters, cinemas etc. have already been closed. I never went to public places, events, or shopping malls in fear of getting infected. For example, I stayed away from society. (P6)” ““I can never go out and meet my friends. My social life is over, I have nothing... When I was socially bored, I didn’t do anything anymore, I had to get them, my friends, out of my mind. I was just calling. I had to sacrifice my friends because it was no longer possible for us to get together. (P9)”
Social exclusion	“At first, when restrictions were placed on people over the age of 65, everyone acted as if the elderly were carrying diseases. Everyone thought so. I was ostracized by society (P1)” “Unfortunately, when young and old people got on the bus, they acted as if they were transmitting the virus. We were excluded (P3)”
Main theme 6: Coping strategies of the elderly	
Subthemes	Illustrative quotations
Becoming a solution developer	“For example, I could not take public transportation or buses. I go everywhere by taxi... I went everywhere by taxi whenever I needed. (P5)” “I went up to the roof and walked there for an hour. (P11)” “I always have a spare clean mask in my pocket... (P13)”
Taking refuge in faith/spirituality	“I thought that Allah is the greatest doctor... I constantly read prayers and surahs to get rid of the fear of death (P7)” “Before, ablution and prayer were few, now they are many. I fasted, read more Quran, and relaxed a little spiritually. My faith increased, I slowed down my soul, my resistance increased... ‘I also prayed and read the Quran for spiritual depression and boredom (P14)”
Use of mass media and social media	“Since my family was abroad, we were constantly talking via video during the pandemic... I followed the special programs on television for my mental health. I was careful about my health by following the information given there. (P6)” “I took care of the phone in my hand, and that’s how I established relationships with my friends... Phones became a tool for socialization (P12)”
Home remedies	“Sage tea is good for solving my physical problems. Apple cider vinegar and garlic are also very good. ‘I treated myself with these (P7)” “I didn’t go to the doctor when my arm hurt,... I tried to find a solution on my own by applying vixen and thyme oil. (P8)”
Recreational activities	“The pandemic still continues. Now I’m going to courses to keep myself busy. I’m going to Turkish classical music. When permission was given, I went to courses and trips. (P6)” “I embroider at home myself. I got through that period by doing things for the house... I talk and chat with my flowers (P9)” “If I have free time, I solve the riddles of newspapers... I have small sports equipment at home. I continue some physical movements.. (P12)”
Main theme 7: Support received in problem-solving	

Subthemes	Illustrative quotations
Getting support from family	<p>“My son would call and ask. I also have a brother, I turn to them when I need something, if there is something I cannot do. They take care of it... When I couldn’t get the medicine, my children bought it and brought it to me. (P1)”</p> <p>“My daughter was bringing a car full of my needs. Thanks to them, I didn’t have much difficulty (P7)”</p>
Getting support from friends/neighbors	<p>“It’s good that they were, my friends helped. For example, I could order from them and they brought what I wanted. When my heart sank, I informed my friends. They took me to the hospital (P4)”</p> <p>“My friends called me, my neighbors in Korkuteli also brought food. They helped me. (P7)”</p>
Getting support from health professionals	<p>“My own pharmacist brought my medications. At that time, he always brought pharmacists (P2)”</p> <p>“The nurse has now made an appointment for my waist. My family doctor helped me a lot with my health problems. (P10)”</p>
Getting support from sellers	<p>“When there was a curfew, the vendors brought bread to our door. Our milkman has arrived. We bought our milk, eggs and cheese from him... When I needed groceries, I made do with what I bought from vendors in the neighborhood such as fruits, vegetables and milk (P5)”</p> <p>“During the pandemic curfew, vendors in the neighborhood brought vegetables and fruits to our front door. (P8)”</p>
Main theme 8: Solution suggestions from the elderly	
Subthemes	Illustrative quotations
Doing physical activity	<p>“I think walking should not be abandoned (P1)”</p> <p>“I recommend Zumba for inactivity. It is important to move with music and exercise. (P9)”</p>
Doing recreational activities	<p>“I can recommend this. People can relieve their loneliness by keeping a few flowers at home. (P9)”</p> <p>“He/she should definitely make use of that gap with activities such as reading books, newspapers, solving puzzles, doing sports, going to the sea. (P12)”</p>
Complying with the recommendations of health professionals	<p>“The world should be looked at, what the world is doing should be done, and the discourses of the Turkish Medical Association should be listened to (P4)”</p> <p>“We need to take the precautions told by healthcare professionals. We need to wear our masks and get our vaccines (P 5)”</p>
Providing food aid	<p>“...food distribution should be made by cars to people living alone (P4)”</p> <p>“As people living alone, we cannot go to the market. I wish they would distribute food. (P13)”</p>
Providing home health care/creating elderly homes	<p>“I would like home health care because I can’t afford it... If only they would distribute panties and diapers to the elderly for urination incontinence. If home care could visit us during this process (P3)”</p> <p>“There are elderly homes abroad. In those old people’s homes, everyone has their own room. A doctor or health services are provided every day. If they need to be washed, they are washed. If they have a health problem, they are listened to and a solution is found. I wish it were so. (P4)”</p> <p>“But I thought it would be nice to have something like home health care if I were to become paralyzed, if something happened, if I needed it. (P5)”</p>

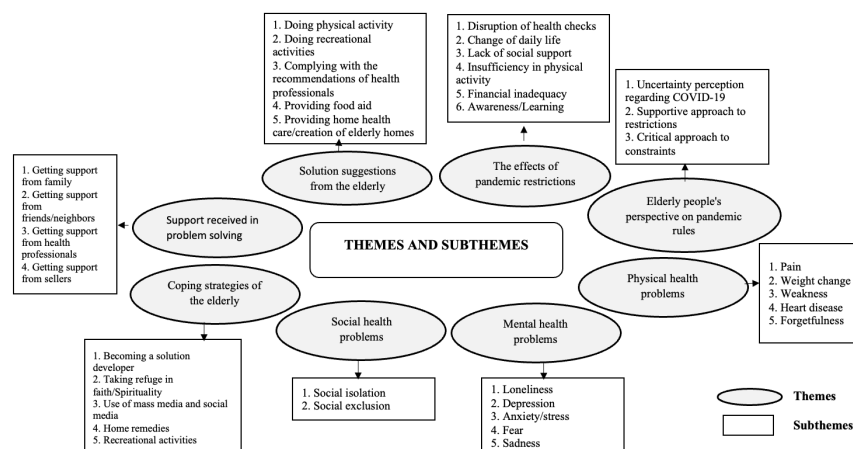


Figure 1. Main themes and subthemes of the study

3.7. Main Theme 7: Support Received in Problem-Solving

Participants received support for problem solving from i) family, ii) friends/neighbours, iii) healthcare professionals and iv) sellers. Elderly individuals reported that their children provided psychosocial support and helped them get medicine. Friends and neighbors helped them in emergencies and shopping. Healthcare professionals also supported them; pharmacists distributed medicines, nurses arranged appointments, and family doctors dealt with health problems. Due to the curfews, vendors solved shopping problems by delivering foods such as vegetables, fruits, milk, eggs, and cheese to the homes of the elderly (Table 1).

3.8. Main Theme 8: Solution Suggestions From The Elderly

Five sub-themes were identified: i) doing physical activity, ii) doing recreational activities, iii) complying with the recommendations of health professionals, iv) providing food aid, v) providing home health care/creation of elderly homes. The elderly suggested walking, Zumba and staying active. Participants suggested activities such as taking care of plants, reading, and solving puzzles in their free time. Following the recommendations of health professionals was another solution, and participants insisted on following global guidelines and the recommendations of the Ministry of Health. They also suggested distributing food, financial support such as underwear and diapers, and to establish home care services and elderly care homes (Table 1).

4. DISCUSSION

COVID-19 and social distancing have affected all segments of society, with older individuals being the most affected. During the pandemic, those living alone faced greater challenges (18). Using a phenomenological approach, we investigated the experiences of older individuals living alone, focusing on the effects of restrictions, their views on the rules, the health problems they faced, and their coping strategies. We also examined the support they received and the solutions they proposed. The discussion section is presented in accordance with the main themes.

4.1. The Effects of Pandemic Restrictions

Elderly individuals were allowed to go out only two days a week, which disrupted their health checks and social activities. Sometimes the curfews also applied to adults, leaving the elderly without support, especially for grocery shopping. Physical activities were limited and economic difficulties arose due to inflation. The only benefit of the restrictions was increased awareness of health protection. Similar to our findings, interruptions in health services during the pandemic affected elderly people with chronic diseases (19), and it was stated that elderly people needed help shopping and their physical activities decreased (12,20). A study conducted in the USA found financial difficulties that harmed mental health due to reduced income (21). Based on the literature and our findings, conditions should be created to ensure that health checks and physical activities continue, and support systems should assist with grocery shopping and medication purchases.

4.2. Elderly People's Perspective on Pandemic Rules

The elderly experienced uncertainty and confusion regarding the coronavirus. While some supported the pandemic rules, others stated that the restrictions were excessive. It was emphasized that the pandemic was an uncertain situation and that each elderly person reacted differently to it (22). Intolerance to uncertainty was high during the quarantine and worsened loneliness (23). Restrictive measures led to feelings of stigma and being seen as a source of disease (24). Social restrictions negatively affected the elderly physiologically, psychologically and economically, it was observed that they did not receive sufficient support and felt lonely (25). In one study, most elderly people found social isolation beneficial during the pandemic (26). Although there were studies with positive perceptions (26,27), there is more research showing the negative effects of the restrictions (22,25,28-30). In this regard, home care services should be provided and psychosocial and economic support programs should be created for the elderly to reduce the negative effects of restrictions and to raise awareness.

4.3. Physical Health Problems

Elderly individuals living alone have experienced physical problems such as pain, weight gain, fatigue, heart disease, and forgetfulness during the pandemic. Studies show that the pandemic restricts physical activity, encourages sedentary lifestyle, increases insomnia, and causes headaches and stomach aches (12,31,32). Pain, weight gain, and fatigue are linked to limited mobility, and pandemic stress may contribute to heart problems and forgetfulness. During the pandemic period, restrictions should be adjusted to encourage physical activity of older individuals and take initiatives to improve their mental health.

4.4. Mental Health Problems

Participants experienced mental health issues such as loneliness, depression, fear, and anxiety during the pandemic. Older adults experienced anxiety disorders, obsessive-compulsive disorder, and most importantly, loneliness (12,32,33). Restrictions on visits and lack of social contact increased isolation. This study suggests that loneliness, a major concern for older adults living alone, worsened during the pandemic. In addition, staying home increased depression, anxiety, and stress (34). Interventions are needed to reduce loneliness and depression and improve mental health.

4.5. Social Health Problems

During the pandemic, participants faced social isolation and exclusion. Elderly individuals have not been able to participate in sociocultural activities and have distanced themselves from society to prevent virus transmission. Due to concerns about the virus and curfew measures, their communication with their social environment has significantly decreased (12). Social distancing has become a form of isolation for the elderly (35,36,37). One study found that elderly people need socialization and have difficulty living alone (12). They have preferred to use their limited outdoor time more actively (34). Although curfews and distancing are essential to control the pandemic, they have separated elderly individuals from their families and friends and caused social problems. Initially, the restrictions created a false belief that elderly people could spread the virus, which led to their exclusion. Reliable sources (e.g., the Minister of Health, health workers) should correct these misconceptions.

4.6. Coping Strategies of The Elderly

Older people coped with the pandemic through religious beliefs, mass media, home remedies, and leisure activities. One study found that listening to the Quran helped their mental health despite a lower quality of life (38). Another study found that older people walked alone for their own and others' health (34). Home remedies were used for the prevention and treatment of COVID-19 (39), and leisure activities supported mental health (40). Encouraging social media use and phone/video connections can reduce isolation

and increase cognitive stimulation (41). Religious activities benefit mental health, and complementary therapies can be beneficial alongside chronic disease medications with physician approval. Leisure activities also improve psychosocial health. Older people often get their health information from television and should be encouraged to consult with their health care providers. In future pandemics, reliable information from trusted sources should be made available to the public.

4.7. Support Received in Problem-Solving

During public health measures, basic needs such as food, water, and clothing were scarce, and many older people were deprived of routine medical care, medicines, and prescriptions (42). They received support for food, medicine, and psychosocial support from family, friends, healthcare professionals, and retailers. A study in the UK found that older people, especially those with dementia, were unable to access social support services, increasing anxiety and reducing quality of life (43). Another study found that their needs were mostly met by family and neighbors (12). In this study, older people did not receive support from local government or NGOs. Local government services are crucial to addressing the impacts of COVID-19, ensuring older people have access to healthcare, and improving quality of life.

4.8. Solution Suggestions From The Elderly

Participants recommended that older adults engage in physical and leisure activities during the pandemic and follow the advice of healthcare professionals, and emphasized the need for food assistance and home care services. It was suggested that information systems and technology should be used in future pandemics (44). Home remedies and professional health advice were seen as key to improving health (45). Another recommendation was to provide online videos, apps, and telehealth services to increase physical activity, cognitive activity, and quality of life (46). These recommendations should be prioritized for older individuals living alone, who are a vulnerable group in future pandemics.

4.9. Strength and Limitations

Individual face-to-face interviews during the pandemic provided detailed data. Although the study's strength is that it included individuals from all age groups, the majority of women may not fully represent the perspectives of both genders. Another limitation is that the study was conducted in only one region.

5. CONCLUSION

COVID-19 has become a global pandemic, and has made elderly people living alone more vulnerable. Restrictions disrupted health checks and routines, deteriorated their physical and psychosocial health, but they developed coping

strategies. Support came mostly from close circles and community resources were used very little.

Restrictions harmed the health of older people, highlighting the need for measures to protect and improve their well-being. These findings are important for understanding the experiences of older people living alone during the pandemic. Healthcare professionals should address the challenges faced by older people and provide home care and social services in future pandemics. Information/support programs using technology should be developed and post-pandemic older people's health should be reassessed.

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