COVID-19 Restrictions on The Older Adults in Sweden and The Role Played By Social Workers During COVID-19 Pandemic in Sweden

A study on How the Older Adults in Sweden Experienced The COVID-19 Restrictions Imposed on Them by Swedish Health Agency

Asp Samuel Egbe
Famurewa Festus
2022
Abstract
The aim of this study is to investigate how older adults were affected by the COVID-19 restrictions that were put in place by the Swedish Health Authority during the first wave of the COVID-19 pandemic to protect them and the roles played by social workers during the pandemic. A qualitative study was conducted whereby two older adults aged seventy and two practicing professional workers were interviewed, and their responses analyzed using thematic analysis. The results showed that one of the older adults felt isolated, while the other did not have the same experience. The social workers on the other hand felt that they were responsible for the lives of their clients as well of that of their staff.

Keywords: COVID-19, Loneliness, Social Isolation, Restrictions, Social Distancing, Gerontology, Older adult, social work, Ageism, Stratification, coping, resilience, crisis intervention.
Acknowledgement

This work is the effort of both authors, Festus Famurewa and Samuel Asp. We contributed evenly on every chapter throughout this work. Our philosophy was that we must act as each other’s editor to create some sought of triangulation that will increase the creditability of the research. Therefore, every bit of this research has the fingerprint of both authors.

Samuel

I will like to thank all my lecturers for impacting me with the knowledge that lays as the basis for this research project. A special thanks to our supervisor, Ms. Sanaya for her patience, valuable advice, and encouragements throughout this research. A big thank you also to our examiner, Ms. Annemi Skerfving who showed so much interest in our work and provided us insightful critiques that uplifted the quality of our work. I am also grateful to the four wonderful respondents who were able to sacrifice their valuable time to provide us with answers for our studies. They are real heroes for their contributions despite challenges of the COVID-19 pandemic. Thank you to my co-author, Mr. Festus Famurewa for being an awesome partner. I also take this opportunity to express my gratitude to my Mum, Tanyi Susana who has always been there even before I was born. I would also like to thank my siblings for their endless moral support. Special thanks to my wife Nkemeto Lydia for the peace of mind that helped me to focus on this work. I dedicate this work to my daughter Ely-Grace whose smiles gave me strength in time of weakness. Thanks to myself for believing in me.

Festus

I am grateful to God Almighty, the giver of life for his grace and mercy upon my life to be alive and to witness the end of my studies.

Thanks to my partner whom we put this incredible work together (Samuel) and my project supervisor (Sanaya Singh). I will also use this medium to say a big thanks to my friend in the person of Hans Hommans for his support and encouragement towards my academics and care for my wellbeing. Also, I would like to thank every participant and contributor who deemed it fit to partake in this study.
A special thanks goes to my dear wife, son, and daughter for always standing by my side and for their all-round support towards me.

Thanks to my mother, my brothers, and their immediate families for their supports in words and actions.

I dedicate this work to my late father who has gone to rest in the Lord. I commend myself for the job well done to fulfill my parts in the success story of this thesis.

Contents

Acknowledgements ........................................................................................................................................................................... 3

Chapter One ........................................................................................................................................................................................................................................ 1
Introduction ......................................................................................................................................................................................................................... 1
1. The Situation of Older Adults in COVID-19 ................................................................................................................................. 1
2. Sweden’s Response to COVID-19 Outbreak ............................................................................................................................ 3
3. Responding to the needs of the Older Population ...................................................................................................................... 3
4. Social Work Perspective ........................................................................................................................................................................ 4
5. Aim and Study Question ................................................................................................................................................................. 6
6. Essay Disposition .................................................................................................................................................................................. 6
7. Explanation of Concepts ................................................................................................................................................................. 7
8. Scope ........................................................................................................................................................................................................ 2

Chapter Two .................................................................................................................................................................................................................................. 1
Previous Studies .................................................................................................................................................................................................................. 1
1. Mental Health Condition of the Older adult during the Restriction ......................................................................................... 1
2. Social Isolation and Loneliness .......................................................................................................................................................... 2
3. Legal Background of the COVID-19 Restriction in Sweden ........................................................................................................ 3
4. Role of Social Workers ................................................................................................................................................................. 4
Chapter Three ............................................................................................................................................. 5
  Theoretical Framework ......................................................................................................................... 5
  Age Stratification Perspective .............................................................................................................. 5

Chapter Four ............................................................................................................................................. 7
  Methodology .......................................................................................................................................... 7
  1. Study design ................................................................................................................................. 7
  2. Selecting Literature ....................................................................................................................... 7
  3. Sample ........................................................................................................................................... 8
  4. Data Collection .............................................................................................................................. 9
  5. Transcription ............................................................................................................................... 11
  6. Data Analysis ............................................................................................................................... 11
  7. Credibility ...................................................................................................................................... 12
  8. Ethical Concerns .......................................................................................................................... 13
  9. Limitations .................................................................................................................................... 13

Chapter Five ........................................................................................................................................... 14
  Analysis and Results ............................................................................................................................. 14
  1. Generalisation ............................................................................................................................ 15
  2. Mental Health of the Older Adult ............................................................................................... 16
  3. Responses of Social Workers ....................................................................................................... 17
  5. Person-Centred Social Work ........................................................................................................ 22
  6. The importance of Information .................................................................................................... 23

Chapter Six ............................................................................................................................................... 24
  Discussion and Conclusion .................................................................................................................. 24
  The Way Forward ............................................................................................................................... 27

Chapter Seven ......................................................................................................................................... 27
  References ............................................................................................................................................ 27
Chapter One

Introduction

In December of 2019, the World Health Organization was officially informed about a contagious disease (COVID-19) that plagued the existence of humans in Wuhan City, China. As COVID-19 began to spread across the city of Wuhan about 59 cases were reported in January 2020 with no death recorded according to the World Health Organization. In January 2020, Covid-19 took several lives countries such as, Japan, South Korea, Thailand and China.

The cause of COVID-19 was an infectious disease that was initially known by many as Coronavirus disease and reported as severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) by World Health Organization. (Rothan & Byrareddy, 2020) state in their conclusion that previous outbreaks of coronaviruses (CoVs) include the severe acute respiratory syndrome (MERS)-CoV which have been previously characterized as agents that are a great public health threat.

The general overview of COVID-19 has brought about changes in daily statistics of death rates among the old and the young around the world. However, the confirmed cases and death rates among the citizens indicates the number of deaths that have been recorded within a region and among its population. Therefore, death rates among the older people and young people reflects how serious the occurrence and severity of corona virus among the population and age difference in each area have been. Confirmed cases and fertility rates of countries populations in pandemic are somewhat related to age among the people, especially the older people with underlying medical problems and usually low rates among the young people.

1. The Situation of Older Adults in COVID-19

According to a British study on COVID-19, being old was associated with having a higher risk of dying from COVID-19 (Williamson et al., 2020). Statistics in Sweden according to the Government of Sweden known in Swedish as Folkhälsomyndigheten (FHM) showed that the older a person is, the higher their chances of being seriously
sick (Folkhälsomyndigheten, 2020). Data from the Swedish Social Welfare Authority (Socialstyrelsen) shows that in April of 2020, over 19,000 persons were infected by COVID-19 of which 7,315 (38%) were persons 70 years of age and above. Also, 39% of the infected older adults lived in nursing homes while 27% received care at home. Furthermore, in terms of the total number of care home residents, 4% of the total residents had contracted COVID-19 meanwhile 1% of those receiving care from home were infected. Infection fatality rates related to COVID-19 among the older adult (over 70 years) during this period was 90% of the total number of registered deaths: 50% of the deceased lived in care homes and 26% received home care (Socialstyrelsen, 2020). Going by these statistics, it was obvious that something needed to be done to reduce these numbers. The high rate of infection among the older adult was a huge problem as apart from the high fatality rate, it was putting a lot of pressure on the already exhausted healthcare system. According to the Government of Sweden, the Swedish health system was facing a shortage of its resources as hospitals were being overcrowded as more people were being infected (Folkhälsomyndigheten, 2020). Also, according to a study carried out by the Government of Sweden, most of the older adults are living in constant fear of not being able to receive care during the pandemic. Many of these older adults have cancelled their scheduled appointments for health, psychiatric or dental care. This can lead to more health problems as other health issues might go unnoticed due to failure of carrying out the necessary medical examinations. This study found out that the reasons why the older population was cancelling their hospital visits among others including their fears that their cases will not be given priority and because they thought the hospitals were already overcharged (Folkhälsomyndigheten, 2020).

The Government of Sweden oversees the country’s public health and works towards guaranteeing good health to the population. They are the authority responsible for setting the guidelines against COVID-19. Through the Swedish Health Authority, the government has carried out several engagements aimed at protecting older adults and other risk groups (Kivi et al., 2021). However, the response of government is to reduce if not eliminate the struggle of the older people with the use of modern-day crisis intervention strategies that are helpful to normalize the social life and mental health of the risk group during and after pandemic. These COVID-19-related difficulties added to the daily challenges of the older adult because of ageing.
The Swedish government through its Public Health Authority recommended some preventive measures such as: social distancing, wearing a face mask in public places, hand washing, covering of mouth when sneezing especially in the public, covering one's mouth when coughing in public, surface disinfecting, self-isolation, avoidance of physical contact with friends and relatives. For risk groups, such as the 1.6 million people aged sixty-five and up in Sweden, the recommendations have been stricter, including a voluntary quarantine and avoiding all social interactions outside the household.

2. Sweden’sResponse to COVID-19 Outbreak

The responsibility to conduct emergency measures to face the COVID-19 outbreak was on the shoulder of the government under the Swedish Communicable Diseases Act (Smittskyddslagen) first enacted in 2004 following the first corona virus epidemic. This Act sets the guidelines for the implementation of various interventions by the government in case of an eventual communicable disease outbreak. Strategies relating to medical care, preventions, and protection of the population from further infections are all outlined in this legal document (Communicable Diseases Act). On February 1, 2020, COVID-19 was classified as a communicable disease to the likes of Ebola and smallpox (Folkhälsomyndigheten, 2020). Following this classification, the Swedish government took a number of actions to curb the spread of the virus as well as contain the economic impacts from these preventive measures. The government took a mitigation approach to this goal (Baral et al., 2021). This has been mostly through recommendations such as washing of hands, avoiding large gatherings, keeping a social distance from each other, and avoiding travels not deemed necessary. All these are based on the goodwill and understanding of the citizens to act responsibly. Other measures included closing down of ‘not – so –necessary ’public places such as restaurants, sporting complexes, churches. Schools were moved on-line and when possible, work was from home. According to (Baral et al., 2021), the goal of the Swedish government has been to curb down the mortality rate of the virus while maintaining the socioeconomic loses to a bare minimum.

Responding to the needs of the Older Population

The Swedish government using the Communicable Diseases Act imposed strict restrictions on those above seventy which according to them were aimed at protecting
this week and frail gr-Åoup (Skoog, 2020). A set of legislations contained in the Swedish Codes of Statutes (SFS 2020:163) were passed on the 30th of March 2020 issued a temporary visiting ban for special residences for the older adult to hinder the spread of COVID-19 (Socialtjänsten, 2020). Some of the decisions contained in the legislations included:

- Ban on visits to people living in older adult homes. Only those working with the residents were allowed access to these residences.
- Allowing only persons below the age of eighteen to visit their parents or someone with whom they have lived. They must be approved first by the manager of the residence after considering their chances of spreading COVID-19 as low.
- Apart from visiting bans, the Swedish Health Authority (FHM) also passed strict recommendations that all those above sixty-five should limit their physical contacts; they should avoid crowded avenues such as public transport, grocery shops, malls. They were also advised to stay at home and avoid visitors (FHM, 2020). These temporary laws and recommendations were applicable from April 1, 2020.

3. **Social Work Perspective**

Social Work is defined by International Association of Schools of Social Work (IASSW) in harmony with the International Federation of Social Workers (IFSW) as a profession that works to enhance the wellbeing of the people. Cox et al (2014) state that social workers have been involved with older adults living in residential homes for a long time. The role of social workers has been dynamic and at times determined by the economic needs of the organisation and not the psychosocial needs of the older adult. Stuart-Hamilton (2011) explains the changes the human undergoes as they get older. These changes weaken both the physical and psychological abilities of a person. The role of social work with the older adult over the years has been directed to reduce the effects of ageing on the client. As pointed out by Cox et al. (2014), social workers have been doing this in care homes. The outburst of COVID-19 apart from being a health issue has proven to also constitute a social problem for the older adult. Social work interventions during pandemic rests on the application of well-grounded methods that will help build the resilience and survival of those affected. Berg-Weger & Morley (2020) hold that those social workers working in healthcare organizations, residential
communities, and social service agencies have been on the front lines of ensuring the safety and engagement of older adults during the crisis.

Social workers have aired their view about the sudden and daily increment of loneliness and social isolation among older adults because of the detrimental effect of COVID-19 on this risk group. The pandemic has shown the world how important the social work profession is because they constitute the larger part of the social service provider’s decision-making body that understands the risks and impacts of loneliness and social isolation on the older adult group in society (World Health Organization, 2020). The COVID-19 pandemic has given rise to interest in health concerns at the individual and community level and a growing awareness of the need to better support vulnerable populations, including older people. The rate of loneliness and social isolation among the older group are two indicators that show how the physical, mental, and social life of the risk group are being affected and how the role of social work is highly sought after to ease the negative results of COVID-19 on the older people, the social work profession also helps to increase the wellbeing of the older people in this pandemic era. While talk of loneliness and social isolation were once not seen as a big threat among the people generally before pandemic and were sometimes shelve aside by social service providers, the outbreak of COVID-19 has led social workers and other relevant social service providers to focus more and increase their attention on loneliness and social isolation especially for the vulnerable older group at different levels in the society. Through this research, we wish to shed light on the important role social workers play during the COVID-19 pandemic as well at the impact the restrictions set out by the Swedish government had on some of the older adults.

However, social workers themselves felt they have not been treated fairly to deliver public and private services to the older group living in various communities. Coping strategies were used to manage crises and the conditions that are measured as disturbing to the health and living conditions of the older group. Social workers endeavoured to give service to the risk group who needed their services when they were infected with Covid-19 syndrome, by giving a social counselling, support and creating awareness for the older people to overcome isolation and loneliness. In addition, social workers tried their best to educate older people to disown any disturbing news regarding Covid-19 as it might have a great consequence on their health due to their age and frailty. Social workers took the responsibility of giving out an honest information to reduce the pain
and fear of older group in the society. Agencies were also contacted to put hands together with social workers and government officials to help alleviate the consequences of loneliness older group were subjected to in pandemic.

4. Aim and Study Question

The aim of this study is to shed light on how some older adults experienced the restrictive measures implemented by the Swedish government in view of COVID-19 pandemic to better understand the situation of older adults. We also examine the roles played by social workers during the pandemic in order to understand the application of social work in reality. This study will seek to answer the following questions:

1. How do some older adults describe their experiences of living with the restrictions from the Swedish government?
2. What roles did Social Workers working with older adults in Sweden play during the COVID-19 Pandemic?

5. Essay Disposition

The first chapter of this study is an introduction to the thesis work with highlights on the background and the aim of the study. The second chapter gives an insight to previous works that are related to the subject matter of this study work. Articles relating to the experiences of older adults following restrictive measures in different countries will be summarized. Chapter three explains the age stratification perspective in social work as well the coping theory. The methodology in chapter four explains how the study was conducted -that is, how data have been collected and analyzed. The results and analysis are presented in chapter five. This consist of the findings and outcome of the study. The discussion of the result is presented in chapter five and then related to other previous work that are related to the study. The conclusion is the final part of the thesis, and it gives an overall summary of the outcome of the study and reflection on future work.
6. Explanation of Concepts

Coronavirus Disease (COVID-19)

The World Health Organization (WHO) defines COVID-19 as an infectious disease caused by the coronavirus. According to WHO, older people and those with underlying medical conditions such as cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to experience more serious illness from this virus which mostly attacks the respiratory organs.
The Older Adult

The older adult throughout this study is used to describe persons seventy years and older.

Social Worker

Social worker refers to a professional who is responsible for the implementation of the social policies laid down by the government. This study considered social workers as those who in one way or the other conducted interventions geared towards providing the older adult with adequate care during the pandemic. Nurses and assistant nurses though providing their services towards improving the health of the older adult are not considered as social workers unless otherwise stated.

Restrictive Measures

Restrictive measures were a set of actions taken by the government to limit the spread of COVID-19 in the country by cutting-down some social activities. The reference of restrictive measures in this work will unless indicated, entail measures such ban of visit at residential care facilities, recommendation such as no visits to shops and other places considered to be crowded.

Social Work Response

In this study, social work response refers to the various interventions by social workers to provide the older adult with the necessary care during the pandemic. The interventions mentioned in this work are limited to the older adult and during the pandemic unless otherwise indicated.

Mental Health

Mental health in this work is limited to the recognizable set of symptoms or behavior that are related to distress, and which might affect how the older adult functions. The mental health of the older adult referred to in this study are strictly those conditions that occurred during the pandemic and could be traced to the restrictions.
Effects of the restriction

This refers to the recognizable outcomes resulting from the COVID-19 restrictions that were laid down by the Swedish government. The effects of the restriction unless otherwise stated covers the physical, psychological, and financial impacts felt by the older adult following the restrictions set by the government of Sweden.

7. Scope

This study work investigates the situation of older adults affected by the COVID-19 restrictions and the response of social worker in Gävle. Only old adults of the age of 70 years and above and living in a care facility for the older adult or receiving support at home will be considered. Social workers in this study are those working at a residence for the older adults or providing support to older adults living at home.
Chapter Two

Previous Studies

This section will present previous mentions of the topic of this study. The following areas were of interest to the authors of this work; impacts of COVID-19 on older adult people, strategies used by the government to contain the pandemic as well as the experiences of older adult people during the restrictions. The role of social work will shed some light on how social workers perceived their roles in this crisis considered mostly as a health pandemic.

1. Mental Health Condition of the Older adult during the Restriction

Ingmar Skoog, lecturer at the Department of Psychiatry and Neurochemistry, Institute of Neuroscience and Physiology, Sahlgrenska Academy, University of Gothenburg, wrote about mental health among the older adult following the restrictive measures by the government. In this article titled, “COVID-19 and mental health among older people in Sweden”, published in the International Psychogeriatrics (2020), he sheds light on the expected consequences of the special rules applied to persons from sixty-five and above regardless of their condition. To the healthy seventies and sixty-five plus, he observed a stigmatization of old people and a type of ageism in how they were being treated in the society. According to him, old people were abused verbally if they were seen outside trying to go to the shops or just taking a walk. He meant that the younger population would see these ‘active ’older adult as exposing the rest of the population to COVID-19. He detected also, a rise in mental illness within members of this group especially those in nursing facilities following their isolation. Though a great percentage of the older adult living in nursing homes were already suffering from loneliness before the pandemic, Ingmar hints that a long-term exposure to loneliness because of the restrictions might lead to severe symptoms of depression. The increase in the number of calls to call centers for people with suicidal feelings he thought, is an indication of the effects of the COVID-19 restrictive measures on the mental health of the older adult.
“The risk for mental health consequences also applies to older people living at old age care facilities who are isolated from relatives for months.” (Skoog, 2020).

Skoog also added that the government is yet to take steps to put in place concrete strategies to deal with this ticking bomb. This article brings the discussion as to whether the mental health consequences of the restriction on the older adult overshadows the risk of contracting COVID-19. These concerns by Skoog are one of the fuels igniting our exploration into the psychological effects of the restrictive measures on the older adult, and if they (the restrictive measures) are necessary.

2. Social Isolation and Loneliness

In response to the rising death toll of the older adult (especially those in long-term nursing homes) emerging from COVID-19-related complications, governing bodies around the globe sought age-centered restrictions. These restrictions entailed among others: Visit bans from relatives and those considered as non-essential in the running of the homes. The limitation of socialization of residents in the facilities, stop for outdoor activities and testing of staff entering the facilities for fever or other COVID-19 symptoms. These measures considered as essential for protecting the lives of the older adult has been examined by Cathy Purvis Lively (2021), pointed out how social isolation could be detrimental to the health condition of the older adult. In her article, she claimed that the restrictions imposed by the Centers for Medicare and Medicaid Services (CMS) following the recommendations of the Centers for Disease Control (CDC) led to social isolation and loneliness among older adults. According to her, the restrictions on the older adult affected all three dimensions of loneliness which include:

Absence of a significant person to provide emotional support and affirm one’s values as a person for example, a family member, priest, or friend.

The absence of a small group of people seen regularly such as housemates.

The absence of a larger network group of people who provide support by being together as a group such as church groups, book clubs, etc.

Loneliness according to Lively, can result from social isolation which is also a health hazard as it increases the risks of health conditions such as obesity, anxiety, and depression. Loneliness can also lead to depression, alcoholism, and suicidal thoughts in
the words of Lively. These revelations by Lively play a particularly significant role in our study as it provided us with key knowledge on how social isolation and loneliness can affect the older adult.

3. Legal Background of the COVID-19 Restriction in Sweden

Ana Nordberg and Titti Mattsson, both lecturers at the Faculty of Law of Lund University, in their article “COVID-19 Pandemic in Sweden – Measures, Policy approach and Legal and Ethical Debates” published in: BioLaw Journal – Rivista di BioDiritto (2020), investigated the legal strategies used by the Swedish government against COVID-19 as well as their legal background and ethical questions arising from the authority’s approach. In this article, they established that the Swedish approach to COVID-19 is rooted in their democratic traditions. The Communicable Diseases Act was the framework that provided the guidelines needed by the authority to carry out its responsibility of protecting the people during health emergencies such as COVID-19 (Nordberg & Mattsson, 2020). By understanding the responsibility of the Swedish government to protect its citizens from pandemics and processes involved in designing what strategy to use in curbing the spread and effects of COVID-19 on her population, one will be able to have a balance analysis of the applied policy. In this case, that of restriction.

4. The older adult’s perspective: The case of Serbia

An important aspect of social work is collecting information directly from the client. This gives us a proper understanding of the client’s situation based on their perspective. “Experiences and the quality of life of the older adult during the COVID-19 pandemic and the introduction of COVID-19 restrictive measures in Serbia” by Dzamonja-Ignjatovic Tamara, Stankovic Biljana, and Klikovac Tamara published in Psiholoska Istrazivanja last year, investigates the experiences of the older adult during the state of emergency declared by the government as a COVID-19 reprisal. They also inquired into how this affected the quality of life of the older age group. They conducted a qualitative study in which sixteen people from sixty-five and above were interviewed through semi-structured approach on the emotional reactions and coping strategies, their experiences towards change and their expectations of the future. The results revealed
that the participants were able to adapt to the new system without many difficulties. This result shows a degree of coping strategies employed by the elders to maintain their life quality. The researchers also found out that isolation led to a growth in negative feelings, a drop in the quality of life and saw a perceived threat towards one’s dignity (Džamonja-Ignjatović et al., 2020). This study sheds light on our study in terms of its international perspective and its focus on the experiences of the older adult themselves. In their study article titled, “Everyday life in a Swedish nursing home during the COVID-19 pandemic: a qualitative interview study with persons 85 to 100 years”, (Lood et al., 2020), investigated the effects of the COVID-19 restrictions on the daily life of the older adult living in nursing homes. This study was conducted in a publicly run nursing home in an urban area in Sweden. The researchers used empirical qualitative interview techniques to extract information from ten residents between eighty-five and one hundred years of age relating to their living conditions during the COVID-19 induced restriction. The result from this study reveals that the participants were feeling both protected as well as isolated. They understood that policies were meant for their protection and felt safe. On the other hand, they felt isolated from the rest of the population. This study sets a precedent to our study as it provides us with an insight of the situation in Sweden as experienced by the older adult themselves.

5. Role of Social Workers

An insight into the role social workers have been playing since the start of the COVID-19 pandemic is an important part of this study. In their letter to the editor of Journal of Gerontological Social Work entitled, “They are Essential Workers Now, and Should Continue to Be: Social Workers and Home Care Workers during COVID-19 and Beyond” (Guerrero et al., 2020), described social workers as the, “backbone” of the social service delivery and healthcare systems. They explained that social workers play very important roles as far as the health care of the older adults is involved. They assert that social workers provide emotional support and companionship to the elderly during this trying period. These authors also expressed their disappointments regarding the lack of recognition given to social as well as home care workers. They called on the authorities as well as the society to show some appreciation to the efforts of the groups as they combined forces with other health personnel to combat COVID-19. In this letter, they exposed some of the problems faced by social workers who despite roles in
hospitals and nursing homes are not being recognized as essential workers. They also outlined some of the roles of social workers during this pandemic. This letter gives a better social worker perspective regarding their contributions to the struggle as COVID-19.

Chapter Three
Theoretical Framework

1. Age Stratification Perspective

It is general knowledge that our society is class based, where people are classified by their social status, gender, academic background, economic weight even by their occupations. According to Hutchison (2014), the age stratification perspective compares age categorization by the society, to that of the socioeconomic structuration of the society. Age stratification perspective can be defined as a sociological concept describing an age-based hierarchy existing in the society (Hutchison, 2014). By this, she means that the roles and rights of individuals are determined by their membership in an age group.

This phenomenon can easily be traced in the society by looking at aspects such as age limits to alcohol consumption, adult age, and retirement age. This theory is particularly of interest in social work as it exposes the problems related with “one size fits all” approaches (Riley, Johnson and Foner, 1972, as cited by Stuart-Hamilton, 2012, p. 233). This implies that certain persons will have to lose some of their freedom and rights just because they fall under a particular category. Social work owes its reputation to its role in the promotion of the rights and freedom of individuals in a society. This perspective therefore enables social workers to gain a better view of the problems faced by those who feel discriminated against due to their age.

As far as the decision by the Swedish Health Agency to place a stricter restriction on the older adult is concerned, one can see a clear implementation of the “one size fits all” approach. Rooted in the desire to protect the older adult due to their higher level of vulnerability as far as COVID-19 was concerned, the government decided to treat all the older adult from sixty-five years of age as one – irrespective of their health condition. This led to a substantial number of protests by those who felt they have been unfairly treated.
In local newspapers, one could read of some older adults who felt they were being treated as babies. Others felt restricted as they could not carry out their regular activities such as taking a walk, going to the local stores even though they were healthy (Gävle Dagblad, September 2020). Looking into the consequences of inequalities resulting from acts of stratification is of pertinent importance in social work. The age stratification perspective therefore provides us with a powerful analytic tool in the understanding of the consequences of the COVID-19 restrictions placed on the older adult by the Swedish government.

The relevance of the theory in this study is grounded in the desire to understand the reasons behind the government’s decision to set special laws and recommendations for the older adult as they attempt to contain the COVID-19 pandemic. Also, this perspective will guide the authors in understanding the experiences of the older adult by reminding them (authors) about considering the experiences of the older adult on an individual basis.

2. Crisis Intervention: Coping Theory

The effects of COVID-19 were far-reaching. Within a couple of months, COVID-19 had harvested thousands of lives and set the world in total chaos. It is therefore not an exaggeration to claim that the world was going through a health crisis, and something needed to be done to get the situation under control or at least reduce the effects of this pandemic. As medical experts were busy looking for a cure or vaccine against COVID-19, social workers were as well occupied putting together an adequate strategy against the social consequences of COVID-19. For this study, we reasoned that there is a big need for a coping mechanism to survive the psychological impacts of crises like the one the world is going through. We arrived at the conclusion that studying the role played by social workers through the lenses of Coping theory will add more insight to the study. The principles of coping theory were described by Lazarus and Folkman (1984), as the constant changing of our cognitive and behavioural efforts to manage specific external and internal stressors deemed as having negative effects on our wellbeing. In a bid to explain the concept of coping, Hutchison (2014), referred to coping mechanisms which she defined as strategies used to master the demands of life. Hutchison (ibid.) went further to state that as people get older, they tend to make more use of their adoptive coping mechanisms. Payne (2014) listed the establishment of
(new) coping mechanism as part of crisis intervention in social work. Further, the findings from a study of the consequences of Covid-19 for social workers made by Ben-Ezra & Hamama-Raz (2021) is the importance of emotion-focused coping strategies. What is needed is a better knowledge of catastrophe social work practice including. By doing so, methods for dealing with the situation could be found at home as well as at work. Coping theory has been chosen for this study because it seems like a suitable intervention tool for crisis like COVID-19.

**Chapter Four**

**Methodology**

In this chapter we have done an appropriate data collection to get information in this case and we are going to explain how this study was conducted. The various methods that were used to conduct the study and the reasons behind the various choices made will be explained.

1. **Study design**

   As noted by (Rubin & Babbie, 2016) the value of a study is dependent on the quality of the chosen method (p. 571). In this light, the authors decided to conduct a qualitative study to analyze the point of view of some older adults directly affected by the COVID-19 restrictions and that of some social workers working with the older adults during COVID-19 pandemic (Kvale & Brinkmann, 2009). The entire study procedure was designed such that the result will give a holistic first-hand presentation of the interviewed older adult’s experiences. To this end therefore, data was gathered from interviews with two older adults and two frontline social workers. This was to enable us to gather first-hand information from principal actors of this study.

2. **Selecting Literature**

   To gain a better understanding of the subject matter, the authors had to investigate existing knowledge in this area (Grinnell & Unrau, 2018). Literature searches were conducted both online and offline. The school library was very resourceful as most of the literature was available at the Social Work shelves. Through the library, online
resources such as SocIndex, Scopus, were also combed for relevant knowledge-bearers on the topic. Search tags included ageism, pandemic, mental health, isolation impacts, social work during pandemic, COVID-19. Online searches were done using these terms solely or in combination with others. The search period spanned out from August 2020 to June 2021.

The search results yielded a substantial number of relevant materials on ageing, mental health of the older adult and pandemic. However, it was difficult to gather information about COVID-19 and its effects since it was still a new and ongoing phenomenon.

3. Sample

Since it is impossible to get the experiences of every one of the older adults in the geographical area of study, sampling was required (Marlow, 2011:138; as cited in, (D’Cruz & Jones, 2017). For this study, purposive sampling was selected as it would enable data to be collected from the targeted group; in this case, persons seventy and above living in care homes as well as those living at home with the support of home care assistants. This to get a holistic view of the situation of some older adults living under care.

Due to COVID-19 conditions, contact was only possible through phone or video calls thus forcing the authors to reduce our search to those who can operate these gadgets. Facebook groups with older adult participants were fertile grounds for the targeted group: they could operate smartphones and computers. Requests were made through private messages and contacts continued through phone calls, once they agreed to participate. The social workers on the other hand were selected through recommendations from networks and friends.

The participants used in this study showed that they had the capacity to understand and elaborate on the subject. Two professional social workers and two older adults were chosen. The reason for this was to enable us to gain an insight into the professional views of social workers on the subject as well as have a glimpse of their working situation during the pandemic.

The first older adult participant referred to in this study as Elder1 is a seventy old resident of a public-run care facility. This participant was highly active during young age and participated in several sporting events. The participant lived in the facility for five years and thinks it is because the family got tired of having them around.
The second participant who we refer to as Elder2 is sixty-five years old and lives alone in his/her privately owned home. Help is provided by the municipal home care services. This participant lost the spouse three years ago and has been receiving help at home for over two years. It was this participant’s ability to use social media and other communication devices that led us to him/her.

Participant three referred to as SW1 is a professional social worker who manages a care home consisting of two departments with a total of sixteen clients and over twenty-five employees. This participant had just completed her studies and it is her first year as manager. The departments managed by SW1 was highly affected by COVID-19 making it an interesting subject for this study.

Participant four referred to in this study as SW2 is also just like SW1 a professional social worker managing eighteen clients in their two departmental residential care facilities. This manager has over twenty caregivers under their control and has managed the facility for over five years. Their facility caught the interest of the study following the fact that none of the residents had contracted COVID-19 as of the time the study was being prepared. This was important as it brings in another angle to see things from.

4. Data Collection

The main source of data for this study is from the interviews with the only respondents we could lay hands owing to the pandemic. These were two older adults and two professional social workers. The search for an older adult to participate in our research was made more difficult because of the ongoing situation with COVID-19 and ironically, the restrictions that were put in place by the government. However, we were able to get one of the older adults through recommendation by a friend who was working with older adults. We were able to send an email to this respondent seeking her permission to participate in our research as well as a letter of consent for us to use her information anonymously in our work. The interview was then carried out through zoom with the technical help of the friend. The second elder was founded through a Facebook group with mostly older adults in Gävle. The reason we searched there was to get an older adult who is already familiar with using computers, or phone for communication. We made a post on the group seeking volunteers for our research. We
received one interested person. We then sent a mail seeking her permission and a letter of consent to their Facebook Messenger. After her approval, the interview was carried through a video call. As far as the social workers were concerned, we found them through snowball effects (Robson, 2010). We got a recommendation from a friend, and we kept on asking our contacts for recommendations until we finally got two social workers who were willing to participate in our research. We mailed them information about our project and a letter of consent. After receiving the go ahead, we then booked dates for the various interviews. The interviews were carried over the phone. Interview plays a vital role in social work (Allen & Langford, 2008) and to gain a clearer picture of the situation facing the older adult, they had to be given the central seat. Semi-Structured interview was used. This type of interview approach implies that the interviewer designs questions based on the areas of interest of the study before the interview allowing for adjustments as the interview unfolds. According to Robson (2010), this type of interview provides a considerable amount of freedom to the interviewer as they can customize the rest of the interview to fit the interviewee's narrative. This was the main reason for the choice of this method as it allowed us to follow the lead of our participants rather than leading them. By doing this, we were able to gain a clearer picture of the participants ’ perspective while at the same time making sure we stay within the vicinity of the subject matter.

We constructed a separate set of questions for the various categories of our participants. The questions that were directed to the older adult centered around how they experienced the restrictions taking into consideration their lives before the pandemic. For the professional social workers, questions focused on their responsibilities during the pandemic and the roles they played either vis-à-vis their clients during the pandemic.

Following the semi-structured nature of the interview, follow-up questions were asked where necessary to gain a better understanding of our participants ’ answers thus adding more quality to the study (Denzin & Lincoln, 2018, p. 579, as cited in, Kvale & Brinkmann (2009).

The interviews lasted between 30 and 45 minutes. The interviews with the older adult were conducted in Swedish while the social workers spoke English. All the interviews were recorded with permission from the participants (Robson, 2010). Recording of the interviews allows interviewers to concentrate on the interview and enable them to be able to re-listen and transcribe for a better analysis.
5. **Transcription**

We transcribed the interviews to facilitate analysis. We had to translate the interviews with the older adults into English by ourselves before transcribing it as they could not answer in English. Transcription was done separately by both authors by listening to our separate recordings. The various transcripts were later compared by us and combined into one since the differences were few. This helped us to reduce misunderstandings that could have occurred during the interview thereby adding more quality and reliability to the study. Transcription, however, does not bring out the entire content of the interview as certain non-written elements such as gestures are not included (Kvale & Brinkmann, 2009). This however was taken into consideration by the authors who tried to bring out as much detail of the interview as possible. Also, certain changes were made while transcribing to maintain the anonymity of the participants.

6. **Data Analysis**

Analysis of data plays a vital part in the outcome of a study and therefore requires extreme dexterity. Data analysis brings clarity to the raw data collected during study (Robson, 2010). Thematic analysis entails the classification of the responses from the interview into various categories where aspects that share common characteristics are grouped together into themes. The analysis process for thematic analysis begins already during the construction of interview questions, and the selection of the participants (Robson, 2010). The various themes derived during thematic analysis permits the researcher to be able to perform an inductive or comparative analysis. According to Merriam & Tisdell (2016), it is from the units and categories constructed from the data collected during the interview that will answer the study question. In this study, the analysis process started was inspired by the various previous studies that were perused in preparation for the study. Aiming at gaining answers to our study questions, we constructed our interview questions such that the responses when put together will take us closer to our goals. We conducted the analysis individually and then compared our independent findings to avoid including our individual opinions in the study thereby jeopardizing its reliability. We found out that we had identified similar themes in most cases and decided to continue with these themes. The original data is maintained in case
of further references or citations. The collected data in this study were analyzed to gain an answer to the study questions (Robson, 2010). The findings from our analysis drew us closer to the assertions made in the previous studies that had been done on this subject.

In preparation for the interviews for this study, lots of studies were done on the topic. Though it was difficult to find previous material on the subject owing to its recent nature. However, we realized a reoccurring theme while reading news outlets and listening to the radio where those over sixty-five were given the opportunity to express themselves. This was the issue of participation – some of the older adults felt they were not involved in the decision-making process leading to the restriction recommendations. This led us to carry out this study from the perspective of the older adult. In this aspect, we found the Age Stratification Perspective as the appropriate looking glass through which we can see and gain a better understanding of the decision by the government to impose the restrictions on this age group as well as the reaction of some members of this group. The Age Stratification Perspective corresponded with the previous studies that we investigated as it sheds light on the problem of treating a myriad of people with different capacities as an individual. The previous studies provided us with data that helped in the formulation of our interview structure including interview questions. The theoretical framework and previous studies furnished our expectations of the outcomes of the interviews. However, during the interview and while transcribing and analyzing the data, it became obvious that there was more to the topic than the authors had anticipated.

7. Credibility

To ensure that the readers are not misled by this study, the authors have taken following the measures:

Carried out tasks such as transcribing and data analysis individually before combining their findings into one. This helps reduce personal perceptions and biases thereby producing objective study (Robson, 2010).

Designed the same questions for respondents who fall under the same category. By doing this, the authors tried to make their study reliable such that if it was repeated by another group of researchers using the same questions, the findings will be similar if not the same. The similarities in the independent analyses of the authors reveal a degree of reliability of the study (Grinnell & Unrau, 2018).
Selected the interviewees after the aim of the study. In order to understand how COVID-19 restrictions affected older adults, the authors interviewed two older adults directly affected by the restrictions and sought the professional opinion of social workers who work directly with older adults.

Broadened the sampling to include both the care-receiver and the caregiver attempting to attain generalizability though on a smaller scale, and in the case of this study a very small scale, because difficulties of acquiring respondents following the restrictions.

8. Ethical Concerns

Bearing in mind that this study can have varying effects on the participants (Robson, 2010), the authors paid utmost attention to ethics while conducting this study. To ensure that none of the participants was affected negatively, the authors acknowledged the fact that despite the goal to enrich the lives of the targeted group by shedding light on their situation, there could negative consequences. For example, some interview questions could trigger anxiety in the respondent. To prevent this from happening, the resident nurse was informed and available in case of any incident during the interview. To protect the integrity of the respondents, their (free) consents were sought after explaining the goal and scope of the study (See Appendix). The participants were also informed about the confidentiality of the interview. They were assured none of their answers would be used out of the intended purpose. Their anonymity was also guaranteed. More importantly, they were informed that they are not obliged to answer every question; that they were free to end the interview anytime they felt like.

They were also handed the transcribed interview for them to read and confirm before they were further used.

Any information exposing the identity of the respondent was removed from the transcripts. The participants are therefore referred to as SW1, SW2, Elder1 and Elder2. Another aspect where the authors proved their ethical professionalism was by holding themselves from infecting the interview with their personal views thereby maintaining their critical observer role (Kvale & Brinkmann, 2009).

9. Limitations
Carrying out this study during a pandemic was a big limitation as the restrictions impaired physical contacts between the authors as well as between the interviewees. Communication can be non-verbal (Egan, 2010, as cited in (Riggall et al., 2017), p.148) thus requiring one to pay attention to even what is not being said that is, body language and gestures. These details were left out in some interviews as the participants chose not to appear on camera.

Another limitation was that of language. Fifty percent of the interviews were conducted in Swedish which was neither of the authors ’first language. For the other fifty percent of the interview done in English language the respondents faced certain difficulties expressing themselves since it was not their first language either. Also, the interviewed was translated into English by us, so it would therefore not be an understatement to say part of the elements of the interview were lost in translation.

A major challenge was also the scarcity of scientific materials on COVID-19 since it was a new topic. Most material were on the medical effect of the pandemic. This affected this study since it was difficult to gather knowledge from previous studies and it was too early to determine if there was any link between COVID-19 and the mental health of the older adult.

Another setback is the very small number of respondents in this study. This is because the targeted group for this study were almost unreachable because of the restrictions imposed on them. Our findings therefore represent only a miniscule portion of the older adults and social workers.

It is important to note that it is not possible to draw any general conclusions likewise the data collected from the interview are not facts but viewpoints of those interviewed. This could have been influenced by their mood during the interview, social media, news, or previous experiences.

**Chapter Five**

**Analysis and Results**

This study made use of thematic analysis approach whereby the collected data were analyzed in relation to the; study questions, the theoretical framework, and previous studies to bring out similar, different, or unique threads which together, make sense out of the collected data (D’Cruz & Jones, 2017). In this light, this section will reveal the
findings of this study in relation to the study questions, the age stratification perspective – the applied theoretical framework of the study and last but not the least, the previous readings. The following themes were derived from the data:

1. Generalisation

To control the effects of this new and dangerous pandemic called COVID-19, the Swedish government made use of the Communicable Diseases Act which according to Nordberg & Mattsson (2020), provided the government with the legal backings to make special policies in the dawn of a health pandemic. The government in accordance with the law passed several restrictive measures which according to them in application with the other recommendations will, protect “our” weakened older adult as well as see a decrease in COVID-19 infection cases Skoog (2020). Despite the good nature of the government’s intention, one of the respondents was not happy with the restriction. This respondent (labelled as Elder1 for ethical reasons) said:

“The government is discriminating against us. They say it is for our safety, do they think we cannot take care of ourselves? Why are they not stopping the others from going to work, school and even to the shops? It feels like we have been kept in prison.”

The perspective shared by this respondent – confirms the claim of the age stratification perspective which saw ageing as a factor that influences the biopsychosocial experiences in one’s life course (Stuart-Hamilton, 2012). This implies that decisions based on the age factor exclude the individual perspective and will involuntarily have a negative impact on those members who only share the age characteristic of the group. Looking from the perspective of this respondent, it is obvious that there exists a dilemma between protecting the population and allowing everyone to be responsible for their own safety. Skoog (2020) also highlighted the issue of ageism because of the restrictions. He claims that there have been cases where the older adults were being considered as fugitives by the younger population just because they decided to visit the local shop or take a walk outside. This claim by Skoog (ibid.) corroborates the assertions by Stuart-Hamilton (ibid.) that grouping people by their age might lead to ageism.
Elder1 and Elder2 shared similar experiences.

2. **Mental Health of the Older Adult**

This study was first intended to look into the effects of the restrictions on the mental health of the older adult. This was due to reports on news platforms and social media over conditions of the older adult following the restriction measures. Skoog (2020) reported on the implications the government-imposed restrictions had on the mental health of the older adult. He stated that restrictions will lead to isolation which according to him is a risk factor for depression. Though not quite sure about the current effect on the mental health of the older adult at the time of writing, Skoog was positive that the long-term effects would be alarming, leading him to question whether the risk of COVID-19 infection outweighs the deterioration of the mental health of the older adult. Lively (2021) confirmed the assertions of Skoog (*ibid.*) that restrictions led to isolation and loneliness which in turn pushed the older adult into depression.

The mental health of the older adult was a reoccurring theme. Though the older adult respondents shared different opinions about whether the effects were because of the restrictions or not, they were both in unison that, being isolated can affect mental health:

“Like I said before, it (COVID-19) has not really affected me a lot. However, I know being alone without anyone to talk to can be very depressing especially when you have been used to having people around.” (Elder2)

“…psychologically, it is very devastating to be in isolation. I feel like I am losing my mind. (…) You are left alone to your thoughts and at my age we mostly think about death – that is scary.” (Elder1)

The responses from the social workers also pointed to the fact that the restrictions might have repercussions for the mental wellbeing of the older adult though it was too early to determine any causal relationship:
“It has affected some and it has not affected others that much and sometimes it is hard to confirm whether it is due to the pandemic or if it is their natural ageing – you know what I mean, so it is hard to draw a conclusion.” (SW1)

These assertions by the older adult and the SW1 provide an answer to the first part of the study questions about the effects of the restrictions on the older adult; that preventing the older adult from receiving their families and close ones might have had some consequences on the mental health of the older adult. Skoog (2020) also raised this issue by citing the increase in calls to call centers for people with suicidal feelings by the older adult. These calls according to Skoog (ibid.) are indicative of the impending dangers of a long-term restriction on the older adult. Even though our older adult respondents have not made these calls yet, could sense that it is just a matter of time before they do.

3. Responses of Social Workers

Crisis

Social workers were among the frontline workers putting in their utmost best to suppress the impact of COVID-19 on the people according to Guerrero et al (2020). This was equally the case in Gäve as were informed by the two professional social workers we interviewed. For SW1 who had barely started working as a manager before the outbreak of the pandemic, it was “overwhelming”. According to her, they were in a crisis, and it was necessary to re-strategize and prepare an adequate plan of action. SW2 with over ten years of experience working as manager within residential care noted that the present situation required new strategies as almost everyone was experiencing a pandemic of this proportion for the first time. The challenges of COVID-19 faced by our both respondents were varied. From having to ensure that their residents were fully staffed despite the high amount of absenteeism of the permanent staff and unwillingness of the reserve staff to work because of the fear of contracting the virus; to giving moral and emotional support to the working staff; ensuring that the staff was well equipped to prevent them from attracting or spreading the virus; as well as ensuring the well-being of their clients by seeing to it that the recommendations from the health agency was being followed.
Professional Social Work

Gathering from their responses to the question about their roles during this crisis we found that our respondents both had a similar understanding of what their roles were and even how important they were. According to both social workers, the decisions that they make during this period will determine the fates of their clients and even that of their staff. Our respondents stressed out the importance of an understanding of social work as professional in a situation like this that required the implementation of social work practice with the older adults during a crisis. According to SW1,

“It is important to take into consideration that older adults are not very comfortable with changes. For most of them, their lives have been stable, and they have become used to certain routines. Then suddenly, COVID-19 appears out of nowhere, and there is ‘chaos’ everywhere”.

SW1 went further to state that,

“Just as it is important to prevent the clients from the virus, it is equally very important to ensure that their mental wellbeing is intact”.

Adding to the points made by SW1, SW2 elaborated that it is at times like this that their knowledge of professional social work practice is put to a test. According to this respondent,

the average person will be more focused on the physical wellbeing of their older relative, praying that they do not catch the virus. As professional social workers, we must see beyond that - we must work on the complete wellbeing of our clients that is both physical and mental”.

The lesson gathered from these answers of the two social workers we interviewed is how important it is to ensure that social work practice is applied from a professional perspective.

Interventions

Both social workers we interviewed talked at length about the roles they played as social workers during the pandemic. Being the head of their departments gave them a wide range of responsibilities some even beyond the boundaries of social work. For
example, they had to ensure that the recommendations of the government were implemented.

As head of my department, I am responsible for the wellbeing of our clients – both their mental and physical health.” (SW1)

According to SW1, tasks such as recruiting staff to meet the needs of their clients became more tedious.

“…several of them became sick and it was not easy to find replacements.” (SW1)

“At the initial stage of the pandemic, there was a great need for nursing assistants as many of the ordinary staff fell sick. It was important to look for a stand-in sometimes at short notice.” (SW2)

Coupled to this, they had to provide the psychological and emotional support needed by their staff as they embarked on the new challenge brought about by COVID-19.

“When the lone case of an infected care-receiver was reported, I had to assure my staff that it was not their fault and that it will get better.” (SW2)

The responses we received from both our social workers respondents revealed to us that though not as visible in the media as health workers, social workers played very important roles in the lives of the older adults during the COVID-19 pandemic.

Challenges

Social work just like many other professions can be very challenging. Our both social workers expressed similar challenging experiences. Their challenges range from pressure of worried relatives of their clients who were worried about how the changes brought about by the pandemic was going to affect their loved ones; to implementing the restrictions that were put in place by the health authority as well as keeping their employees and themselves free from the virus.

“We received complaints from our caretakers and their relatives about the older adults having to encounter different caregivers constantly. Something which they believed made their loved ones more confused and anxious.” (SW2)

To ensure the smooth running of their various departments, both social workers we interviewed revealed that they made a lot of sacrifices physically, mentally, and emotionally:
“I caught the virus twice myself. I had to continue working from home. Sometimes I will breakdown. Luckily, I have exceptionally good supervisors who supported me a lot.” (SW1)

“I had to work awfully long hours. Often, I continued working at home. I would go for days sometimes without spending time with my children. Thank God my husband is supportive. When a member of the staff fell sick in COVID-19, I had to isolate myself from my family. It was not easy for me mentally.” (SW2)

Other challenging experiences faced by our interviewed social workers include the emotional dilemma of having to inform family members that they will not be able to visit their loved ones because of the restrictions. From the data we collected from the social workers, we found out that the restrictions were not only challenging exclusively to the older adults we interviewed, but it was also challenging to the social workers too.

Reward

A reoccurring trait we gathered during our research was the feeling of lack of recognition by social workers. The two social workers we interviewed expressed how they felt that they were not being given the recognition they deserved.

According to SW1,

“We do not receive the recognition that we deserve. It seems like people do not realize that we also play a role in reducing the impact of the pandemic on the older adults”.

SW1 also called on the media for the negative reputation of social workers during the pandemic.

“The media does not make things better as they readily spread information about the ‘failures’ of nursing homes, how residents are being infected by our staff, how we keep changing assistants such that the older adults are not able to recognize who they are dealing with.” (SW1)

SW2 compared their situation with that of health workers and thinks that while health workers are being seen as heroes, while social workers mostly get blames for the high death toll of those living in care homes.
“Every day, you hear praises being chanted on doctors and nurses in hospitals working COVID-19 patients.” (SW2)

Notwithstanding their disappointments following the absence of recognition for their services, both social workers had the same answer about what their drive is. They both explained they have a passion in putting a smile on the faces of those in need.

“Sometimes I feel like throwing in the towel but then I remember why I chose to be a social worker – the joy of putting a smile on someone’s face. The reward for this is priceless.” (Sw1).

“I think the mere fact that I am helping someone gives me the energy to keep going. God instructed us to do to others what we want them to do unto us. I believe I would love to get some help if ever I find myself in similar situation.” (SW2)

4. Coping

An important finding in this study is that of coping. Coping is how we overcome hardships without allowing it to subdue us (Payne, 2014). It therefore does not require any rocket science to say that there was a great need for a coping strategy during the pandemic especially for the older adults following the restrictions on them.

Going through the data collected from all our four respondents, we found out that not only was the impact of the restriction measures felt by both the older adults and the social workers we interviewed, each one of them had their own approach of surviving the subsidiary effects of COVID-19.

“When the pressure was getting too intensive, I will try to stay sane by just taking a break and listen to music. At times, I will take long walks in nature listening to relaxing music.” (SW1)

“When it gets tough, I will just take my bible and start reading from the scriptures. The word of God is very refreshing. It always reminds me of my purpose in life and that I must be strong to help others.
As for the older adults, we found out that the earlier studies focused mainly on how the pandemic and the restrictive measures negatively affected the older adults. This study opened our eyes to the coping strategies developed by this group during the restrictions. Elder1 expressed how fond memories of their past helped her survive isolation. Elder2 also mentioned how keeping in contact with their son was a therapy to stay well-balanced during this difficult period.

“When the isolation was getting unbearable, I will distract myself by thinking about my accomplishments.” (Elder1)

“Whenever I felt bored, I called my son and have a chat with him.” (Elder2)

These eye-opening responses from the older adults not only emphasized on the importance of having a social life as pointed out by Lively (2021), but also uncover the resilience of the elderly and the need for interventions that will favour the coping strategies of the older adult.

Also, from the responses we got from both social workers concerning their approach when working with the older adults, a lot of references were made about recognizing and enforcing the clients’ coping abilities.

“Crisis like these usually come with a lot of changes that offset the long-lasting routines of clients. This usually causes anxiety among many of them. To reduce and if possible, hinder the damages caused by the crisis, I had to make use of my clients’ coping abilities.” (SW1)

For SW2, it was necessary to use the knowledge about their clients that they had gathered over the time they had lived with them to strengthen their resilience.

“Experience, they say, is a good teacher. Our clients have experienced a lot during their lifetime. Most of them must have their means of surviving hard times. We just had to tap into their wisdom and see how we could integrate them in the present situation and empower our older adults.” (SW2)

5. Person-Centred Social Work
A vital aspect of social work is that of intervention (Trevithick, 2012). This entails knowledge, skills as well as values in action (ibid.). This implies that in social work, interventions are factual based, and value applied. As far as the issuing of the restriction recommendations is concerned, Skoog (2020) is critical of the approach used by the Swedish government. According to him, the government failed to take in consideration the knowledge of those affected by the restrictions. He implied that the state was being patronizing to the older population whom they considered as, ‘weak ’and ‘frail. ’Comparing this with the age stratification perspective, we can draw a parallel connection between the Health Agency’s restriction recommendation and the negative attitude toward the restrictions by one of the older adults. After talking with our respondents, we made the following findings

The importance of Information

Gathering from the responses of the older adult, we found out that, the way the older adult perceived the restrictions would have been different had they been properly informed about the measures by the authorities.

“You know, those in charge did not even take out time to explain to us what was really going on.” Elder1

Elder2 confirms this by adding that:

“They (the government) should ensure that information spreads wider and faster than the virus.” (Elder2)

6. Participation

Analyzing the collected data, one could see that even though the aims of the government to curb the effects of COVID-19 on the older adult – the group with the highest mortality rate at that point in time, their inability to involve the older adult in the process led to their good intention being met with a lot of mixed feelings. This led (Skoog, 2020) to make claims of ageism in the government’s management of the COVID-19 measures towards the older adult. This claim can be seen through the lens of the age stratification perspective which holds that roles are accorded to people based on
their age. This explains the government’s age-based restrictions for those seventy and upwards. As noted by Džamonja-Ignjatović et al., (2020), the imposition of restrictive measures could be seen as a threat to their dignity by the older adult. This thought was equally expressed by Elder1 who thought the authority was:

“…treating us as children.”

Our findings after analyzing the data we gathered from the two older adults and two social workers we interviewed, we came up with very limited (owing to the very small scale of the study), the discovery that despite the good intentions of the government’s restriction on the older adults, it was considered by at least one of the members of the affected group as being discriminatory and not thoroughly examined before being passed. Another finding that we made is that both social workers we interviewed were very professional and were keen to use their knowledge to provide protection for their clients. They see social work as a demanding profession with soul-soothing rewards though a little appreciation from the society would make a great bonus.

**Chapter Six**

**Discussion and Conclusion**

How did some older adults feel about the COVID-19 restrictions issued on them by the Swedish Health Agency? And what role did social workers play during the COVID-19 pandemic? The quest for answers to these two questions laid the foundation for this study.

Reports by local and national media following the outrage of family members who, could not visit their loved ones living in care homes, fueled the first part of this study. Several older adults above seventy who lived at home expressed their concerns about the restrictions in various media platforms. These reactions about measures which from a distance appear to be for the best interest for those who are protesting, kindled curiosity in the minds of the authors who decided to take a closer look into how the restrictions might affect some of the older adults. Since most of the complaints by those who were against these restrictions touched the mental health of the older adult, this study at the initial stage was geared towards that direction – how the mental health of the older adult was affected.
However, during the application of acquired knowledge about social work study, it was decided that the credibility of the study will be flawed, since the implications on the mental health of the older adult came from relatives and experts and not directly from the older adult. The authors would therefore be leading the respondents by implying that their mental wellbeing has been affected. In this light, it was decided that the older adult must be the one to bring out the psychological effects of the restrictive measures. The aim of the study therefore centered on the experiences of the older adult and their implications in social work.

To gain a holistic perspective of the subject matter, previous articles on the subject were considered. The criteria used to select these articles included among other things, their connection to the topic, and international perspective.

The age stratification theory was used in this study to elaborate on the notion of “grouping” in social work, since these restrictive measures were applied to a group – those from 70 and above.

Qualitative method was used in effecting this work to get information directly from the horse’s mouth, because according to an African adage, “only (s)he who wears the shoes knows exactly where they hurt”. Of course, theoretically, social work is built on the importance of listening to the affected. However, we faced setbacks when looking for our target group for this study. It was difficult finding respondents above seventy who could support a virtual interview. This limited our study to just two older adults therefore making it difficult for us to generalize our findings.

The second part of our study was influenced by our curiosity as social worker students to have a glimpse of social work practice in the real world.

The results of the study brought out very interesting thoughts regarding the whole processes of interventions and implementations. The answer to the question about the effects of the government – imposed restrictive measures on the older adult, revealed that relatives and experts were right in their claims about the psychological challenges of the older adult. Those older adults who took part in this study felt that their age should not have been a hindrance to them. They felt that the government should have allowed them to make decisions about their lives.

They also said it was difficult being away from their family especially their grandchildren. Being in prison as Elder1 respondent called it was daunting and mentally consuming. We found out that Elder2 who was still enjoying an active life with several outdoor activities such walking, going to the shop and spending time with their family,
were more affected by the restriction. Also, it was refreshing to see that some of the older adults had come up with coping strategies such as talking to their loved ones, recalling the good old days, etc. to adapt to their new lives. Also, technological gadgets such as smart telephones, played important roles in reducing some of the effects of the restriction.

For the social workers, we were aware of the important role they were playing in the pandemic. It was interesting to find out from them that they felt invisible. Seeing them going to work every day despite the lack of recognition from the society made us have more respect for this profession. However, the social workers meant that it was too early to draw conclusions since it is not certain if the effects were due to the restrictions or had other causes. The results also shows that it is not enough to with just ‘good intentions’, for an intervention to yield its intended goal, its implementations must be considered. The Swedish government in this case failed to consider the impact of restriction on the older adults. Also, it was interesting to hear from the social workers themselves that they felt they are not being appreciated enough. This ought to be heeded as part of a coping mechanism in crisis intervention in social work (Payne, 2014). This might spark debates on the subject and lead to a change in the way social workers are being seen. The findings from this study provided some examples of existing coping strategy. Assuring the staff that they were not to blame as was done by SW2 when an infected care-recover was reported, provides such an example. Moreover, SW1 got the virus twice and had to continue working from home but got support from supervisors. The social workers themselves mentioned that they were helped coping by, for example, music and religion. The help one of the social workers got from a supportive husband may be seen as one of the measures of coping at home. According to Ben-Ezra & Hamama Raz (2021). Emotion-focused coping strategies should target all living conditions, at home as well as at work. Coping strategies should also target the elder adults. They did not get information about what was going as to the pandemic. That should be part of crisis intervention.

What the authors found more intriguing was how well the selected theory explained the situation. Stratification has always been a common characteristic of the society – it is a norm. Despite the negative effects of this concept, it continues to be a basis for most political decisions. The authors are of the opinion that most forms of daily

26
discrimination tendencies such as racism, gender discrimination, etc. are rooted in stratification. This study clearly shows the effects of making generalization based interventions. Some cases of ageism were reported, and healthy older adult had to stop leading their daily lives because others who were not as healthy needed to be protected. Some of the findings of this study were not very surprising as they had already been exposed by previous studies.

The Way Forward

Working on this study has been very enriching to both authors. A lot has been learned from theoretical standpoints to personal values. The study has shown that social workers are very essential in the day to day running of the society. Though COVID-19 was a health disaster in the onset, it cannot be denied that social workers are among the front liners trying to contain its damage. Also, this study proved that only through knowledge and skills can an intervention achieve the target results. The action by the Swedish Health authority to apply the restrictive measures without seeking knowledge of social workers such as gerontologists to thoroughly investigate the consequences of such a measure on the aged shows how little social work is considered by the government. Suggestions concerning similar situations in the future include:

- Faster response.
- A participatory approach to policy making by providing for the representation of the affected group.
- Social workers should be proactive as they are the voices of the voiceless and strength of the powerless.

Key areas of further study include:

➢ Post COVID-19 effects on survivors of COVID-19
➢ The experiences of nursing assistance during the pandemic.

Chapter Seven

References


