The perceptions of social workers of loneliness among elderly people in residential care facilities during COVID-19.

by

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ABSTRACT

The study explored the perceptions of social workers on loneliness among elderly people in residential care facilities in Gävle and Stockholm, Sweden, during the COVID-19 Pandemic.

An exploratory qualitative study method was used. Four social workers working with elderly people in residential care facilities during the COVID-19 pandemic participated in the study. Data were gathered for the study using an interview guide, and thematic analysis was used to analyze them. The study’s results were captured in two main themes which reflect the study’s research questions: social workers' perception of loneliness, and elderly people’s experiences of loneliness. According to social workers, the study concluded that loneliness is a multifaceted, subjective feeling that can trigger many coping methods and severely impact older people's health. In order to combat loneliness among older persons as a public health issue, social workers believe that a stronger involvement of the entire society is required.

Keywords: loneliness; social workers; elderly people; COVID-19 pandemic; qualitative study.
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CHAPTER ONE

1. INTRODUCTION/BACKGROUND

Loneliness is a problem that affects people of all age brackets and is thus also a problem for many elderly people. Furthermore, loneliness is an issue since it raises the health risk like mental and physical disorders in elderly persons which puts strain on family members and loved ones (Schirmer & Michailakis, 2016). According to Schirmer and Michailakis (2016), many Western countries have reported high rates of loneliness among the elderly. The population of elderly people is expanding in Sweden, as it does in many other European nations, with the oldest age groups accounting for the majority of the rise during the next decade (Taube et al., 2013). Physical difficulties such as frailty and impaired functioning, as well as mental problems such as lower cognitive capacity and increased loneliness, are common among the elderly (Taube et al., 2013). The issue of loneliness among the elderly throws into question the soundness of a society's value system and sense of solidarity on a societal level putting strain on the health-care system and social services (Schirmer & Michailakis, 2016).

According to Dykstra as stated by Taupe et al. (2013), 20-30% of older persons aged 65-79 years suffer from moderate or severe loneliness while 40-50 percent of those aged 80 and up say they are frequently lonely. Loneliness is subjective and it depends on the unique experience for each person. It can be defined as an uncomfortable and terrible experience that can diminish or persist throughout an individual’s life which is determined by their personality, circumstances, and condition (Taube et al., 2013). According to prior studies as stated by Taupe et al., (2013) the elderly people are particularly vulnerable due to the negative impacts of aging, life changes after retirement and the higher prevalence of loneliness. It is associated with mental state brought on by the impression of a lack of interpersonal ties, social network, and loss of loved ones. Additionally, loneliness among elderly is linked to longer stay in hospital admission and higher readmission rate due to health risk factors and sometimes associated with death.

Sweden restricted visits to residential care homes in April 2020 and some states had already implemented their own prohibitions (The Local, 2020). The prohibition is supposed to have saved lives, but health officials are concerned that it is contributing to higher isolation and loneliness among the elderly and vulnerable who have been unable to receive usual visits from

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friends and family (The Local, 2020). The Covid-19 outbreak, notably the visiting ban, has heightened these worries for nursing home residents. However, the increase was not spectacular, indicating that the pandemic has brought to light issues that were already present in the industry (The Local, 2020).

Even though loneliness has a significant impact on elderly persons, recognising and addressing the condition remains a challenge for practitioners (Sundström et al., 2019). Various research has attempted to determine the importance of loneliness in nursing homes, understand healthcare professionals' perspectives on older adults' isolation, and evaluate interventions to alleviate loneliness in older adults (Sundström et al., 2019). There is research on nurses' perception of loneliness among elderly people, however, more research is needed to understand other healthcare professionals' perceptions (including social workers) of the phenomena of loneliness in elderly persons (Sundström et al., 2019). Understanding how healthcare professionals portray and perceive loneliness in elderly adults in nursing homes during the COVID-19 will make it easier to approach the problem from a different perspective, making it possible to develop interventions and prevention strategies that are acceptable to the healthcare professionals who will implement them (Sundström et al., 2019). This may also help elderly people feel more understood by healthcare providers.

1.1 Aim of the Study

The aim of this study is to explore the perceptions of social workers on loneliness among elderly people in residential care facilities in Gävle and Stockholm, Sweden, during COVID-19 Pandemic.

1.2 Research Questions

1. How do social workers employed at residential care facilities perceive loneliness among elderly care during the COVID-19 pandemic?

2. How do elderly people describe their experiences of loneliness to the social workers at residential care facilities?
CHAPTER TWO

2. METHODOLOGY

2.1 Philosophy of science: Standpoint

The philosophy of hermeneutic phenomenology approach was adopted to study the perceptions of social workers on loneliness among elderly people in residential care facilities in Gävle and Stockholm, Sweden, during COVID-19 Pandemic. This approach was adopted by the research team because it enables researchers to go beyond surface descriptions of the target group's surroundings/environment (e.g., social restriction within residential care facilities during the pandemic) and investigate their real experiences of loneliness (Dowling, 2007). The position of hermeneutic phenomenology is that individuals exist by reflecting on one’s individual lived experiences in the world hence, the significant reality of elderly people in residential care facilities can be exposed in this way. The essence of using hermeneutic phenomenology approach in this study is to deduce the significance and meaning of the lived experiences of elderly people’s experience of loneliness in residential care facilities from the perceptions of social workers working with them.

The study is based on an abductive approach which adopts a pragmatic perspective, this was adopted because the abductive approach allows the research team to uncover new concepts and explanations to gain logical explanations. According to Thornberg as cited in Kenneth (2018), Abduction is the process of learning new concepts, ideas, and explanations through stumbling across unexpected phenomena, data, or experiences that defy prior knowledge. Thus, by using this approach, the research team is able to define these behaviours and meanings, then generate categories and concepts from them (in form of themes) that can be used to comprehend the situation at hand which is the perceptions of social workers on loneliness among elderly people in residential care facilities in Gävle and Stockholm, Sweden, during COVID-19 Pandemic.

2.2 Research Design

A qualitative exploratory research approach was used. An exploratory approach was adopted because little is known about the study when researching this topic from the perspective of social workers. According to Rubin and Babbie (2011), using a qualitative method provides the
researcher(s) the ability to gain an in-depth understanding, which is why this research method was chosen to explore the perceptions of social workers on loneliness among elderly people in residential care facilities during COVID-19 in Stockholm and Gävle. Furthermore, these techniques are useful for studies that rely on face-to-face interviews with open-ended questions for data collecting. The strength of this method is that it provides a thorough description, presentation, explanation, and knowledge of the subject matter without confining or limiting the responses of the participants. The data for this study was gathered through qualitative interviews using open ended questions. The current study aims to explore the perceptions of social workers on loneliness among elderly people in residential care facilities during COVID-19 in Stockholm and Gävle. Both researchers involved in this study have a background in social work, which helps to reduce the likelihood of misunderstandings.

2.3 Sampling

Purposeful sampling was used because the target group was known to be able to answer the research questions as well as the interview questions. Purposeful sampling is a sampling approach used by qualitative researchers to identify individuals who can provide in-depth and thorough information about the topic under inquiry (Patton, 2015). Furthermore, the sampling included social workers working in elderly care residential facilities in Gävle and Stockholm who worked during the COVID-19 pandemic and have had at least one year of experience prior to the pandemic. Also, only social workers who work in long-term care institutions, where people are more likely to be in a status quo state because they have a longer history of institutionalized care were included.

The researcher first contacted the management of the different residential care facilities through phone call and were redirected to social workers working in the facilities. After which, emails briefly describing the aim, purpose of the study and the reason for the interviews were sent out to the different social workers. Altogether, the researchers reached out to 9 social workers working in residential care facilities, of which 3 people from the facilities replied that they could not participate because they were on leave and were not conversant in English, 2 people did not answer, and 4 people offered to help with the study by volunteering. On receiving the confirmation to participate, a letter of consent was sent out alongside the interview guide to the
participants who read and sent in their consent. Thereafter, the researchers called the participants to schedule a date and time for the interview with the participants based on the convenience of the participants.

2.4 Data collection

The data was collected using semi-structured interviews with open-ended questions and an interview guide over a WhatsApp call. Semi-structured interview was chosen based on the understanding of semi-structured interview stated by Kvale and Brinkmann (2015). According to Kvale and Brinkmann (2015), semi-structured interviews aim to obtain descriptions of the interviewees' experiences that allows the interpretation and the meaning of the described phenomenon; it includes a set of questions formulated based on themes to be covered. Using this technique gives the opportunity to be flexible and allows for the modification of the structure of the interviews and study, The interview guide had 7 questions which is attached as Appendix 2. This gave the participants room to freely express themselves. The answers given by the participants sparked up other questions (follow-up questions) that made it easier to gain a deeper understanding on the perception of loneliness as experienced by elderly people in residential care facilities. The data was collected between April and May 2022 using an interview guide and each of the interviews took about 20 – 30 minutes. The interview was conducted in English since both participants and the research team was conversant in English so there was no need for any translation. After the participants answered the questions, a summary of each of the answers was repeated by one of the research team members back to the participants to ensure that the concepts were well understood by all parties.

The interview was recorded using a tape recorder. According to Rubin and Babbie (2011), tape recording is an important tool to use in a qualitative interview, not only to ensure exact recording but also to ensure that distraction is limited, and the research team remains focused on the research participants. The recorded data collected was transcribed verbatim manually by repeatedly listening to the recorded tape and writing it out word for word. The text obtained from the transcription was read carefully and the recording was listened to carefully again to ensure that everything was captured and there were no transcription errors.
2.5 Data analysis

Thematic analysis was used to analyse the data collected after being transcribed verbatim. According to Braun and Clarke (2006), thematic analysis is a method for identifying, analysing, organizing, describing, and reporting themes found within a data set. This strategy allows researchers to examine the data in detail to identify recurring characteristics, subjects, and patterns. This approach of analysis would be the most appropriate since the research team had a semi-structured interview with multiple topics (themes) already split inside the questions to the participants. Another reason for choosing to use this analysis method was that thematic analysis in qualitative data is seen as an appropriate approach to research when the goal is to learn about other people's perspectives, opinions, experiences, and so on which is exactly what the study is about, exploring the perceptions of social workers on loneliness among elderly people in residential care facilities during COVID-19 in Gavle and Stockholm.

The research team engaged deeply in the topic and familiarised with the findings by reading the transcripts numerous times to gain a deeper understanding of what the participants said. The research team began analysing the text with the research aim and theories in mind, finding themes from the data that corresponded to the themes in the interview guide. Thereafter, at each iteration, notes of explicit keywords and between-the-lines communications (open coding) were noted. Stemler's rule of thumb was applied to all keywords and phrases. According to Stemler (2000), word count frequency often provides a decent first-degree approximation of relevance. The transcripts were then analysed methodologically in an iterative fashion, with the researchers breaking down large chunks of text into smaller units (codes), which were then merged into different themes based on their recurrence and similarities, which together helped answer the core research question. At this point, the research team ensured that the emerging themes were a reflection of the social workers’ narratives and a representation of the whole findings. The researchers chose the most illustrative statements and summarized the explanation of each theme/subtheme when presenting the results. The final report result was then fine-tuned by the researcher team, who filtered out all but the most necessary parts and linked them to the research question and literature review. The emerging themes were discussed in relation to previous research, theories and methodology.
2.6 Study Strengths

**Credibility:** The level of trust that can be placed in the research findings' accuracy (Frankfort-Nachmias et al., 2015). The research findings' credibility is determined by whether they represent believable information derived from the participants' original data and whether they are a correct interpretation of the participants' original opinions. The data gathering process was documented in detail, and researcher triangulation was used to support its interpretation where each of the research team had to transcribe and analyse the data and later compared with one another to determine each person's respective understanding and interpretation of the findings. The research team ensured that the research method was followed strictly and soundly, and the results of the finding were the narrative of the participants and cross checked with previous studies, methods, theories etc. Additionally, comparing the findings of the study to those of relevant previous research studies also increases credibility.

**Transferability:** The extent to which qualitative research findings can be applied to various contexts or settings with different respondents (Frankfort-Nachmias et al., 2015). The research team ensured a detailed description of the context of the data collected such that it will be meaningful to the reader.

**Dependability:** The consistency of results throughout time (Frankfort-Nachmias et al., 2015). Dependability refers to participants' assessments of the study's findings, interpretations, and recommendations, all of which must be backed by the data collected from study participants (Frankfort-Nachmias et al., 2015). The research team ensured that all the processes of the research are well documented and described in detail to ensure that evaluators or future researchers can easily repeat the study. Sections giving a detailed description on research design, and data collection and analysis were included by the research team. These describe what was intended and how it was carried out to assist the reader in gaining a better grasp of the research method. Additionally, the rigor of the study is increased by the precise and unambiguous presentation of the data, as well as the step-by-step description of the thematic analysis used which contributed to the transparency of the study, hence demonstrating dependability.

**Confirmability:** The extent to which the research study's conclusions could be confirmed by other researchers (Frankfort-Nachmias et al., 2015). Confirmability is concerned with
demonstrating that the data and interpretations of the findings are clearly drawn from the data and are not the result of the inquirer's imagination. The research team ensured that the results/findings are strictly based on the collected data and not based on imagination.

**Reflexivity:** The process of critical self-reflection on one's own biases, preferences, and prejudices as a researcher, as well as the research relationship (relationship with the research participants and how the relationship affects participant's answers to questions) (Frankfort-Nachmias et al., 2015). The research team maintained a formal relationship with the research participants and ensured that the research process will be carried out without any form of biases.

### 2.7 Limitations

Language and time were the limitations encountered during the research due to the method chosen. Finding participants who were willing to participate in the research was a problem considering that most of the people who wanted to participate only wanted to communicate in Swedish in which none of the research team members were proficient. This led to a delay in finding participants hence elongating time. Furthermore, a larger number of participants would have allowed for a more in-depth study, however due to time constraints and a lack of interest in participating among social workers working with elderly people because of the use of English as the language of communication during the interview, only four were interviewed. The research team members acknowledge that the study may be reproduced with more individuals to get a more complete picture of the research topic.

### 2.8 Ethical considerations

As a group, the research team ensured that the study was approved by the supervisors and relevant bodies before proceeding with the study. The research team adhered to all ethical considerations of research work and the social work profession. The team created a letter of consent and sent it out to each participant to gain the consent of participants who were interested in participating in the study. According to Grinnell and Unrau (2005), informed consent is a critical concept of ethical consideration. Additionally, research participants were informed about the purposes, aim, methods, and risks associated with the research study, and they voluntarily
gave consent to participate in the study. Also, participants were reminded of their ability to withdraw at any time from the study should they want to. Furthermore, the research team ensured that the data gathered were only used for this study and discarded after the study. Participants were informed of maintaining anonymity by ensuring that the traceable information and personal information about the participants were not available or used in the research; rather in presenting the finding, the participants were identified as SW1, SW2, SW3 and SW4 respectively to conceal the identity of the participants.

The time and means of communication were chosen by the participants. Because these interviews were performed over the phone using WhatsApp call, the research team made sure that only three (3) persons (the authors and participants) were on the line for all four interviews that were conducted. Extra efforts were made to ensure that no one else was in the rooms with the research team to view or hear the collected data, ensuring the participant's safety. Only the research team had access to the data, which was collected and stored in a secure location. No monetary funds were collected from any institution to conduct this study, and no participant got any monetary compensation for participating in the interviews.
CHAPTER THREE

3. EARLIER RESEARCH

The study by Rambaree and Nässén (2020) provides a great starting point for this research. Their study was focused on the impact of the Swedish response to COVID-19 on the elderly, on immigrants from marginalised areas, and on prisoners, as well as the implications of the strategy on social development. In contrast to most countries, Sweden chose a different approach to combating the COVID-19 pandemic, according to their research. Sweden has not once imposed a national lockdown, or enforced a general quarantine rule, or even mandated the use of masks since Covid-19 was first declared a pandemic in March 2020. Rambaree and Nässén (2020) noted that the Government in Sweden chose to simply advise citizens to apply common sense and follow the health authority’s simple recommendations rather than implementing strict rules and lockdowns. The study noted that because of the vulnerability of elderly people to the pandemic, the Public Health Agency (PHA) mandated the elderly community to avoid seeing family and friends, avoid meeting other elderly people indoors, exercise daily, and eat healthy diets. In addition, the regulation prohibits all visits to nursing homes for the elderly and advised people not to interact with people above 70 years unless it was necessary. The study noted that in Sweden, no other group has had their right to freedom of movement so severely affected as the elderly. The study submitted that the elderly felt completely ostracised and alienated as a result. According to the study, the resulting social isolation and loneliness triggers other types of loneliness, including existential loneliness, loneliness associated with anxiety, and feelings of worthlessness. Similarly, Seth (2016) in research conducted at the University of Lund which was aimed at increasing the understanding of loneliness among elderly people living in care homes indicated that if elderly people felt that there was a negative view of them in the society, it led to a greater dependency, as well as stronger feelings of loneliness among them. Furthermore, Lampraki et al. (2022) found that socially lonely people were more likely to develop emotional loneliness over time because of stronger social distancing and personal hygiene measures that reduced social interactions and resulted in the loss of people who were considered contacts and confidants.
There had been complaints of social isolation, low quality of life, and near-endemic loneliness among people living in nursing facilities even before COVID-19 pandemic which had put the daily fulfilment and sense of dignity of these people at jeopardy (Lood et al., 2021). COVID-19 has affected almost everything individuals do. It spreads quickly and has the potential to cause serious and fatal infections, particularly among those in nursing homes, where physical weakness and impaired physiological barriers are common (Stone, 2017). Restrictive measures were put in place to safeguard persons staying in nursing homes from infection, but it had severe influences on their well-being, leading to medical disorders like cardiovascular disease and mental health issues like loneliness, depression, and cognitive loss (Lood et al., 2021; Neves et al., 2019). Similarly, Wu (2020) examined social isolation and loneliness among older adults in the context of COVID-19, from a global perspective. The study revealed that globally, nursing home residents are affected the most. They have a much higher rate of death and are more likely to be infected. He found that the outbreak of COVID-19 will have a long-term and profound impact on older adults’ health and well-being globally. He maintained that social isolation and loneliness are likely to become major risk factors that affect older adults’ health outcomes in pandemic situations like the COVID-19.

A World Health Organization study on social isolation and loneliness among older people discovered that social isolation and loneliness among elderly people are growing public health and public policy concerns that have been made more prominent by the pandemic (World Health Organisation (WHO), 2021). The study discovered that social isolation and loneliness are common among the elderly. It was discovered that 20 to 34 percent of older people in China, Europe, Latin America, and the United States are lonely (WHO, 2021). Loneliness and social isolation are both harmful. They cut older people's lives short and harm their mental and physical health, as well as their quality of life. The study contends however that they can be reduced through face-to-face or digital interventions such as cognitive behaviour therapy, social skills training, and befriending, as well as by improving infrastructure (such as transportation, digital inclusion, and the built environment) and promoting age-friendly communities, and finally, by laws and policies addressing ageism, inequality, and the digital divide (WHO, 2021).

In a study of loneliness and social isolation during the COVID-19 pandemic, Hwang et al. (2020) reported that the pandemic resulted in the implementation of unprecedented social distancing
strategies critical to limiting the virus's spread, in addition to quarantine and isolation procedures imposed on the general population to reduce COVID-19 transmission. According to the study, older adults are more highly susceptible to social isolation and loneliness because they are functionally reliant on family members or community services for support. It noted that while strict social restrictions are vital to counter the spread of the pandemic, it is critical to remember that social distancing should never be confused with social isolation.

According to the National Institute on Aging [NIA] (2019), humans are social creatures who need to be connected to survive and thrive. However, as people age, their chances of being alone increase, leaving them vulnerable to social isolation and loneliness, as well as some related health issues like cognitive decline, depression, as well as heart diseases. According to the NIA, increased social isolation and loneliness during the COVID-19 pandemic puts older people at risk for a variety of physical and mental illnesses. Mistry et al. (2021) discovered that older adults in Bangladesh experienced overwhelming fear as a result of the COVID-19. Similarly, according to Yadav et al. (2021), fear of COVID-19 was associated with increasing age, ethnicity, distance from the health facility, and being concerned or overwhelmed by COVID-19.

Similarly, Huupponen (2021) investigated care workers' experiences in the Swedish elderly care system during the COVID-19 outbreak. Although the sector's underfunding and stressful working conditions are not unique to Sweden, the findings revealed that pandemic preparedness was low in the Swedish elder care sector. Years of successive cuts and political deprioritization have resulted in insufficient staffing, unworkable workplace standards, precarious, often zero-hour contracts, a workforce lacking in formal training, and a fragmented health-care system. It went on to say that Sweden was unprepared for a pandemic of this magnitude. Sections of the welfare system lacked the personnel and resources needed to deal with a pandemic. He speculated that a system with more resources and personnel might have produced a very different result.
CHAPTER FOUR

4. THEORETICAL FRAMEWORK

The Ecological Systems Theory (EST), developed by Urie Bronfenbrenner in 1977, asserts that a person's development is influenced by everything in their environment. Simply put, it is the concept that one thing has an impact on another (Bronfenbrenner, 1979). The basic premise of the EST is that one event influences another, and that existence does not occur in a vacuum, but rather in the context of changing circumstances within the system. Everything from our genes to our surroundings has an impact on our individual and collective behaviour (Bronfenbrenner, 1979). It is impossible to fully comprehend a person’s development without considering all these factors (Bronfenbrenner, 1979). This holistic approach is especially beneficial in social work because it aids in the development of effective interventions.

The EST was chosen because it provides a framework to assess how COVID-19 affected elderly people in residential care facilities with particular emphasis on the issue of loneliness. The EST states that everything in a person's environment influences their development, and that the environment is divided into five interconnected structures and systems (Microsystems, mesosystems, exosystems, macrosystems, and chronosystems are the different types of systems) (Bronfenbrenner, 1979). Similarly, the client's ecosystem is made up of several overlapping systems, such as the family, workplace, and community, as well as other essential subsystems that are specific to each client (Pardeck, 1988). This theoretical premise is reinforced by the fact that these systems play a critical and influential role in development.

The five structures of the EST provide the framework through which the researchers can effectively evaluate and understand how the COVID-19 led to the problem of loneliness among elderly people in residential care. These five interconnected structures and systems of the EST and how elderly people reacted in the heat of the COVID-19 pandemic are explained below:

*Microsystem (advance care planning)*. The microsystem is the set of activities and interactions with which an individual engages daily. Advance care planning with social workers is one of these interactions inside the primary care environment that older people are encouraged to use. Advance care planning is a process of articulating one's values and health care choices for future
use when they are no longer able to make their own decisions (Smith, 2020). The client's values, goals, and care determined here. During the pandemic, advance care planning was a major aspect of social workers' duty as primary care social workers with elderly people.

Mesosystem (Caregiver support): The microsystem interactions that an elderly person encounters on a regular basis are referred to as the mesosystem (Smith, 2020). Providing and encouraging open communication between primary care social workers and caregivers on a regular basis is an example of how bringing the mesosystem into practice aided elderly people's well-being during the Covid-19 pandemic. Working with family and caregiver systems, as well as being easily accessible, was an important aspect of case management service delivery during the Covid-19 pandemic for social workers. Additionally, having a centralized program in place expressly for some carers to access through phone was beneficial since it provided caregivers with an additional point of contact for assistance.

Exosystem (Coordination of services): The term "exosystem" refers to external systems that influence an individual's microsystems and over which they have no control (Smith, 2020). The state government ordered non-essential businesses and services to close during the Covid-19 outbreak. To limit the spread of Covid-19, several primary care clinics have adopted temporary closures or restricted visits, forcing many older persons with many clinical needs to stay put. Patients were delaying or avoiding vital operations, with some even fearful of entering an emergency department or doctor's office. This widespread occurrence increased the requirement for service coordination and referrals. To ensure that older people may continue to live safely in residential homes, social workers will need to continue to collaborate with an interdisciplinary team to quickly implement support services.

Macrosystem (Virtual care): The microsystem, mesosystem, and exosystem are all influenced by the macrosystem, which comprises of cultural and socioeconomic institutions (Smith, 2020). Many primary care clinics were forced to close or drastically limit face-to-face appointments because of the Covid-19 outbreak. As a result, healthcare providers are increasingly turning to virtual care platforms instead of traditional face-to-face visits to deliver treatments. According to standard 2.01 of the National Association of Social Workers Standards for Technology in Social Work Practice (NASW, 2017), social workers should follow the National Association of Social
Workers code of ethics in the same way as they would while giving services to clients in person. As the move to virtual platforms continues to develop, ensuring that elderly people have access to technology-based platforms will be a vital need in the structural and sociological landscape of social work service delivery and healthcare accessibility.

**Chronosystem** (Long term planning): The chronosystem depicts the individual's socio-historical setting as well as environmental events and transitions that occur within the context of the many systems (Smith, 2020). The average life expectancy at birth in Sweden is 82.96 years, which supports the idea that many people are living longer and will need more care than can be supplied in their own homes or natural dwellings.

The trajectory of services delivered by primary care social workers to elderly individuals has typically included long-term planning. Clients and families are routinely given psychoeducation about the long-term placement process by primary care social workers. The Covid-19 pandemic has resulted in visitor limitations, with many residential facilities temporarily suspending all visits, which has contributed to increased feelings or sentiments of ambivalence. Residential care placement has a long history of being a painful experience for the elderly and their families, resulting in mutual emotional anguish as well as psychological burdens of shame, remorse, and loss for the family (Funk et al., 2010). As a result, primary care social workers will need to increase their depth of expertise in best practices for long-term planning with elderly people, as doing so will be beneficial, particularly during a pandemic like the one that we have.

The Covid-19 pandemic has transformed social work service delivery, and it is vital that frameworks be used as a guiding paradigm when working with the elderly. Access to advance care planning, caregiver support, service coordination and referrals, virtual care, and long-term planning should be a defining feature of social work practice to ensure that aged persons can remain safe in residential facilities during a pandemic that puts them at the highest risk of impact and death. The five interconnected structures and systems of the EST shall provide the framework to assess how the COVID-19 pandemic resulted in extreme cases of loneliness for older people in residential care. The EST application is valuable in social work practice because it allows social workers to conceptualize and address client problems with appropriate solutions, as well as uncover knowledge gaps in practice.
CHAPTER FIVE

5. RESULTS AND ANALYSIS

The Covid-19 pandemic’s social distance restrictions meant that people were not going to be seeing each other frequently as was the case. The elderly in Swedish residential care facilities who had previously enjoyed visits from family members and loved ones were one the hardest hit, as the precious weekly visits from family and friends were no longer available. As a result, many of them found themselves alone and lonely. Several patterns and contradictions in opinions emerged from interviews with social workers who work with elderly people in residential care facilities. These patterns and contradictions were investigated using the Ecological Systems Theory (EST) as well as previous research.

This chapter presents the results and analysis of the interview conducted with participants. The result and analysis are divided into two main (2) themes namely: theme 1: social workers' perception of loneliness and theme 2: elderly people’s experiences of loneliness. Theme 1 is related to the first research question while theme 2 is related to the second research question. Each theme was further divided into sub themes to capture the perceptions of social workers on loneliness among elderly people in residential care facilities during covid-19. Due to the anonymity and confidentiality of this research, the participants are referred to as SW 1, SW 2, SW3 and SW 4 where all participants are staff of residential care facilities in Stockholm and Gävle.

5.1 Theme 1: Social Workers' Perception of Loneliness

The perception of social workers in dealing with elderly people in residential care facilities is crucial because it significantly influences their practice. The perceptions of social workers here have a strong relationship with the elderly people and the quality of services they render. Perception here necessitates a high level of sensitivity, as well as the ability of the social worker to synthesize information and truly comprehend the needs of the elderly in residential care homes. Social workers' perception of loneliness among elderly people in residential care facilities is reported under these themes: “loneliness and ageing”, Covid-19 and loneliness”, “loneliness as a health issue”, and “easing the experience of loneliness”
5.1.1 Loneliness and Ageing

Bronfenbrenner (1979) Ecological Systems Theory states that everything in a person's environment influences their development. In line with the EST, Pardeck (1988) added that the client's (in this case, the elderly) ecosystem is made up of several overlapping systems, such as the family, workplace, and community, as well as other essential subsystems that are specific to the client. These systems help to explain the correlation between loneliness and aging. Here, we examine how the social workers interprets the correlation between loneliness and aging among elderly people in residential care facilities.

Under this sub theme, there is a common agreement among the participants that loneliness among elderly people represents a negative emotional reaction to being alone. The set of activities and interactions with which the elderly person engages with daily at the micro level of the EST is inadequate. They agree that it is linked to a lack of intimacy and connection within the elderly person’s ecosystem. To support this, SW 1 particularly stated that:

“I can say, my own perception is that there is a lot of loneliness among people living in residential care facilities because some of these people have worked in their careers in life and old facilities are a kind of confinement in a way for them. Because they are coming from the comfort of their homes, and they are used to doing things by themselves. They have their own privacy, in these homes, they are no more (their privacy)”

The same position was maintained by SW 4 who supported this by saying that:

“Yes, loneliness and aging are more closely linked than most people realize, because a good number of elderly people face several health issues that affects them physically, psychologically, and even issues of social role change in their life can result to issues. All of these affects their sense of self and their ability to remain happy. Particularly, loneliness and depression in old age are primarily caused by isolation or a lack of close family ties, as well as reduced connections with their previous community and daily routine. Loneliness is more commonly associated with old age because majorly, these
people lose touch with their long-term social networks, they find it more difficult to make new friends, and are mostly unable to join new social networks”

These findings imply that loneliness is linked to aging, particularly among elderly people in residential care facilities. Because of their frailty, and needing assistance to do things, they opted for and some were placed in residential care. The restriction imposed made them be confined in a particular place to curb the spread of the virus as older people were more vulnerable when compared to people of other age brackets. This significantly affected the interactions they enjoyed within this ecosystem, which kept them happy and bubbly. Associating aging and loneliness, Lood et al., 2021, supported this position in their study by noting that there had been complaints of social isolation, low quality of life, and near-endemic loneliness among people living in nursing facilities even before COVID-19 pandemic which had put the daily fulfilment and sense of dignity of elderly people at jeopardy. The conclusion is that loneliness was more prevalent among older people, particularly those in residential care facilities and that the COVID-19 pandemic exacerbated the problem.

5.1.2 Loneliness as a Health Issue

According to the participants, loneliness particularly among elderly people have a tendency to exacerbate health issues. At the microsystem of the EST framework, Bronfenbrenner (1977) and Smith (2020) argues for an advanced care planning process that can effectively articulate the values and the core health needs of clients. However, because COVID-19 was a global health emergency and there was a significant knowledge gap about how to effectively manage the pandemic, many elderly people in residential care suffered greatly. Participants noted that the elderly people were driven to even more isolation and loneliness by constant reminders in the news that they were more vulnerable to COVID-19, and the fear of the unknown, combined with delays in receiving regular health treatments, all aggravated their health conditions. This worsened the health status of elderly people in care facilities. Along this line SW 4 stated that:

“Loneliness is a common problem among elderly people in nursing homes, and it increases the risk of other illnesses. Also, they tend to lose interest in activities and neglect even their medications. They are usually withdrawn”. 
“Those that were very active became notably indifferent and unmotivated, losing interest in eating, sleeping for the majority of the day, and becoming indifferent to the idea of living entirely due to being confined in their rooms for a long time, tension increases for most of them especially when they learn about the death of other residents leading to them withdrawing from activities with the mindset that they are going to die soon.”

SW 3 Corroborated this by stating that:

“Elderly people in residential care expressed a lot of fear, they were afraid of visitors, they didn’t want to go outside the house, and afraid of people coming visiting them. They expressed feelings like sorrow, emptiness, and talking about how they missed their loved ones, they show signs of depression.”

This positive correlation between loneliness and poor health was equally established by the National Institute on Ageing (2019). They found that a weakened immune system, issues of high blood pressure, heart related diseases, problems like obesity, depression, anxiety, Alzheimer's disease, cognitive decline, or even death have all been linked to social isolation and loneliness, according the 2019 research of the National Institute on Ageing. The conclusion drawn here is that the associated loneliness caused the pandemic increased the risk of several health conditions as identifies.

5.1.3 Easing the Experiences of Loneliness

The Covid-19 pandemic has brought the issue of loneliness among the elderly, particularly those in care homes, to the forefront. Loneliness has negative health consequences for elderly people in residential care facilities, necessitating appropriate interventions. The chronosystem of Bronfenbrenner (1979) Ecological Systems theory makes provision for planning interventions to cater to client’s needs. Within the system, the provision of primary care by social workers to elderly individuals in residential care typically emphasizes appropriate planning for situations of loneliness as occasioned by the Covid-19 pandemic. The position of participants on the kind of intervention differs. SW 4 stated that, “as social workers, there is really little that we can do because we are not the decision makers, we can only talk and hope that things will change for the better”. SW 4 further stated that:
“We encourage them to learn more about technologies and try to build their interest in them like using social media platforms, playing games on computers, doing things that will distract them from dwelling so much on their thoughts, and keeping in touch with their friends, relatives and loved ones through phone calls, video calls”.

SW 2 differed in the mode of intervention and makes case for a better government involvement. SW 2 stated that:

“I start with the relevant bodies, you know, under the Ministry of Social Order. These people because they have done part in the nation building all their careers in building this nation or this country. I think the government or the relevant department, which deals with them should be more realistic. I think they need to be put extra resources and to make it easier for the social workers. I also think lack of facilities needs to be addressed. Also, budget and budget control need to be addressed. You know, the politicians, they are the ones who control. And majority of them normally come for visits to those places. You know, even those visits, they are just for them to be seen or to be heard that they visited”.

One intervention that would ease the experience of loneliness for elderly people in residential care from the foregoing is the adoption of technology. Jaarsveld (2020) in her study captures this well when she suggested that while the short-term goals for addressing the digital divide should be focused on minimizing the adverse effects of the pandemic, the long-term goals should however be targeted at taking steps to address the digital divide that exists between the younger and the older generation. Along this line, she noted that governments should take necessary steps to help increase access to technology and provide avenues for elderly people to learn how to use the technology. In addition, she also agreed that residential care facilities, as well as community centres, should use the opportunity to adopt digital literacy programs for elderly people.

In addition to Jaarsveld’s (2020) study, the chronosystem of Bronfenbrenner (1979) Ecological Systems theory makes an implied suggestion that encourages social workers in residential care to expand their knowledge of best practices for long-term planning with elderly people, as this will be beneficial, especially during a pandemic Covid-19.
The conclusion drawn from the above is that the adoption of technology, more government intervention, and improved care from social workers are interventions that would help ease loneliness for elderly people in residential care facilities.

5.1.4 COVID-19 and Loneliness

The COVID-19 and its associated restrictions resulted in isolation and loneliness for many elderly people in residential care facilities. The participants established this fact. SW1 capture this well with this statement:

“COVID-19 did a lot because of the controlled visits and those who normally have visits from their relatives maybe their children or grandchildren, so you see there was a limitation of the visits and so you can imagine at the age that they are(elderly) and given the society in this country, some they are not all that social, the social fabric is not that knitted, but with the covid, things became worse because of the visit limitations.”

SW 2 also agreed to this by stating this:

“I think loneliness during the pandemic increased because relatives stopped visiting and their social life changed. And some of them are still in that dilemma. Yes, people still observe the restriction because they are scared, and they don't want to visit them often for them not to get this infection. So, they still don't come and visit them. They sometimes have telephone conversations. And what I can see is that most of the people work from home, and after the COVID 19, they got used to it. And when they are home, they don't plan on going out anymore. Formerly, when people were working in the place of work, they could decide to go visit. But now they are working from home. So, they are home all day. They don't think of going outside. I mean, this in our own place, the restrictions have really affected them because formally we are having these community gatherings when we would do activities and gather them together. But during the COVID-19 and even now we are trying not to do like before. We are doing it, but not like the way we have things before. Like we do activities with them, but our routines have really changed during the COVID, not like the usual routine”. 
The Macrosystem within the Ecological Systems Theory captures how factors such as the institutional regulations that were put in place in the management of the COVID-19 pandemic resulted in loneliness. Smith (2020) noted that the microsystem, mesosystem, and exosystem of the theory are all influenced by the macrosystem, which comprises of the cultural, socioeconomic, and institutional factors. The Macrosystem captures how these components in adhering to the COVID-19 regulations resulted in loneliness particularly for the elderly people in residential care facilities. Rambaree and Nässén (2020) captured this well in their study.

Rambaree and Nässén (2020) in their study identified several restrictions- the study noted that because of the vulnerability of elderly people to the pandemic, the Public Health Agency (PHA) mandated the elderly community to avoid seeing family and friends, avoid meeting other elderly people indoors, exercise daily, and eat healthy diets. In addition, the regulation prohibits all visits to nursing homes for the elderly and advised people not to interact with people above 70 years unless it was necessary. The study submitted that the elderly felt completely ostracized and alienated, resulting in loneliness. The conclusion drawn here is that the restrictions in the form of isolation/shielding resulted in loneliness among elderly people in residential care facilities. This established direct link between the COVID-19 pandemic and loneliness among elderly people in residential care facilities.

5.2 Theme 2: Elderly People’s Experiences of Loneliness

Experiences of loneliness varied depending on the residents. Some residents experienced loneliness while others did not. The various experiences were dependent on their individual interpretation of loneliness. When asked about how elderly people express loneliness to them, one of the participants noted that elderly people express or describe their experiences of loneliness through talking about it. “They expressed themselves by talking.” Another participant noted that they had to ask the residents and be prepared to listen before they open to them.

“Sometimes you have to ask them about how they are feeling and be prepared to talk about it especially if they are very free with you.”

Elderly people's experiences of loneliness could be due to internal causes such as the individual's health, external causes such as the individual's environment, or a combination of the two. This
theme comprises subthemes: “Individual experience of loneliness”, “social loneliness”, “emotional loneliness”, “fear and anxiety.”

5.2.1 Individual experience of loneliness

According to the participants, elderly people in residential care facilities had different ways in which they described and expressed their experiences of loneliness, some of the elderly people used expressions while others used actions and some developed new habits.

According to SW 2:

"Sometimes they express loneliness through their actions by sitting alone and looking through the window and some of them say that they do not have interest in food, they do not want to eat, they say they do not have interest in anything as there is nothing in life to motivate them”.

SW 3 also buttressed this but in the case of SW 3 some of the residents resulted in developing new habits. SW 3 stated that:

“Some of them talk about it by saying things like: they feel alone, they miss their loved ones, and they had no quality of life that is no motivation for life others developed habits that they were not doing before like watching more of TV’s, reading newspapers”

The individual experience of loneliness is capture by the microsystem of Bronfenbrenner (1977) Ecological Systems Theory. It captures how the family, the neighbourhood, and the peers of residential care homes responded to the pandemic, and how this response resulted to loneliness by the elderly. Seth’s (2016) study captured this situation. He noted that the increasing loneliness among elderly people living in care homes indicated that elderly people felt that there was a negative view of them in the society, leading greater dependency, as well as stronger feelings of loneliness among them.

Individual experiences of loneliness in elderly facilities signifies that their experiences of being lonely can make an impact on their well-being, such as when their daily routine changes, some of these engagements provide them with positive energy. Due to the restrictions on movement, these engagements were no longer possible which resulted in an increase in their experience of
loneliness making them react negatively or reluctant about things they usually do with ease before the pandemic. The conclusion drawn here is that individual experiences of loneliness have several attitudinal/behavioural changes such as hostility and withdrawal from activities and people around them. As a result, they lose interest in many things such as activities that were once of interest to them, and this leads to loneliness

5.2.2 Social loneliness

According to the participant, social loneliness was the prevalent type of loneliness for the residents during the COVID-19 pandemic, the restrictions made it difficult to continue with social activities that residents usually engage in like gathering together to do things. According to Van Tilburg (2021), the absence of a larger number of contacts or an active social network causes social loneliness. Also, the restriction on social distancing prevented family members, relatives and loved ones from visiting. The participants maintained that social loneliness was predominant in residential care homes during the pandemic. Particularly, SW 2 stated that:

“From my point of view, I normally notice loneliness in old people through their reaction, especially when they are far away from family, or if their family visits them; the moment they leave, you notice the same reaction. Like they are very worried, they are restless and now during this the pandemic that their family members could not visit them again, the restlessness became worse, they were unable to sleep”.

“I mean, this in our own place, the restrictions have really affected them because formally we are having these community gatherings when we would do activities and gather them together. But during the COVID 19 and even now we are trying not to do like before. We are doing it, but not like the way we have things before. Like we do activity with them, but our routines have really changed during the COVID, not like the usual routine”

When asked which loneliness was prevalent, SW 4 said:

“The one they feel because they don't have social networks or people around them, not having anybody to talk to is also common.”
Elderly people in residential care facilities particularly during the Covid-19 pandemic experienced feelings of loneliness because of the fact that they miss regular visits of families and loved ones equally emphasizing microsystem of Bronfenbrenner (1977) Ecological Systems Theory- the absence of social networks such as family, neighbourhoods, religious institutions, and even peers. Here, because of the social distancing regulation, it was impossible for them to enjoy closeness with family members, and because they could not live the kinds of lives they wanted as they wanted to express it through the way they react to things or people around them. Holt-Lunstad (2022) in his study corroborated this position by referring to it as a social recession.

Although participants noted that COVID-19 increased the level of loneliness experienced by elderly people in residential care facilities, this increase was more noticeable for those that had social networks (had people coming to visit them) but those that were not having visitors before the pandemic did not experience social loneliness. The conclusion here is that social loneliness was predominant among elderly people in residential care homes.

5.2.3 Emotional loneliness

Participants acknowledged that residents also experienced emotional loneliness. Van Tilburg (2021) defines emotional loneliness as the absence of an intimate figure or a close emotional attachment. Being denied rights that they used to have and the absence of a significant figure who was a source of encouragement to them made it difficult for them and heightened their experience of loneliness. SW 4 stated this when asked about another type of common type of loneliness experienced by elderly people at the residential facility.

“The common loneliness among elderly is the one where the individuals just feel that they are alone, abandoned and empty even when surrounded by people.”

These elderly people experienced emotional pains in the form of fear and anger at the same time. SW captured this well by stating that:

“They were scared because they knew other older people that had died and were perpetually in fear of being victims themselves. At the same time some were irritable and angry because they felt like sitting ducks whose fate had already been determined.”
Emotional loneliness is equally stressed at the microsystem level of Bronfenbrenner (1977) Ecological Systems Theory where family and even their immediate community which was the care homes failed to meet their emotional needs. The thought of not being able to see their significant ones coupled with the vulnerability of elderly people during the COVID-19 raised so many concerns for them such that nothing in life seems meaningful to the residents. It was also stated that residents indicated feelings of abandonment and emptiness. Lood et al. (2021) and Neves et al. (2019) reports of depression in their study among the elderly in residential care facilities support the fact that emotional loneliness was another form of loneliness that affected older people during the COVID-19 pandemic. The conclusion here is that, in addition to social loneliness, emotional loneliness equally affected elderly people in residential care facilities during the COVID-19 pandemic.

5.2.4 Fear and anxiety

The participants indicated that due to the high mortality rate that was recorded and announced, the multiple announcements on television about the vulnerability of elderly people raised panic, fear, and anxiety among residents.

SW 2 noted that:

“Some of them, due to the panic, isolated themselves and were scared to mingle with other people.”

SW 3 asserted that:

“The pandemic created fears among them particularly when they heard of the death of one of them in the elderly facility, as a result of these, the death trauma increased the level of loneliness and social isolation amongst them.”

Here, the Chronosystem within Bronfenbrenner (1977) Ecological Systems Theory is applicable. It recognizes the pattern of environmental events and transitions over the Covid-19 period, capturing changing circumstances of deaths and more deaths and the resultant panic and fear for elderly people because of the pandemic. In support, Mistry et al. (2021) discovered that older adults in Bangladesh experienced overwhelming fear because of the COVID-19. Similarly,
according to Yadav et al. (2021), fear of COVID-19 was associated with increasing age, ethnicity, distance from the health facility, and being concerned or overwhelmed by COVID-19.

Participants asserted that death anxiety was a concern among the elderly during the Covid-19 epidemic. Also, it was indicated that many elderly people died without their loved ones, which caused a lot of sadness and distress. It made the elderly have no quality of life, they got sicker, and weaker because of the loss of muscles due to low/no activities.
CHAPTER SIX

6. DISCUSSION

6.1 Summary of the Result in Relation to the Aim

This section restates the research goal as well as the research questions, asserts how they were answered, and compliments the discussions with previous research. The aim of the research is to explore how social workers perceive loneliness as experienced by elderly people in residential care facilities in Gävle and Stockholm. Consequently, the study had these research questions guiding it:

1. How do you perceive loneliness among elderly people in residential care during the COVID-19?
2. How do elderly people describe their experiences of loneliness to you?

With respect to the first research question, the main theme: social workers' perception of loneliness. From the main theme, these sub themes emerged: “loneliness and aging”, “loneliness as a health issue”, and “Covid-19 and loneliness”

In the first sub theme loneliness and aging, findings suggest that loneliness is linked to aging, especially among elderly people in residential care facilities. Elderly people are placed in residential care because of their frailty and need for assistance- this accentuates the need for constant care and attention (something that was lacking during the Covid-19 pandemic which made them lonely). The restriction imposed required elderly people to be confined to a specific location to prevent the virus from spreading, as older people were more vulnerable than people in other age groups. As a result, aging has become strongly associated with loneliness. Lood et al. confirmed this conclusion (2021). They claimed that even before the COVID-19 pandemic, there had been complaints of social isolation, low quality of life, and near-endemic loneliness among elderly people living in residential care facilities, reiterating the fact that loneliness is more associated with old age. They also added that because of its restrictions, the COVID-19 pandemic exacerbated loneliness and aging.
The second sub theme “loneliness as a health issue”, led to the conclusion that loneliness, especially among the elderly, has been shown to aggravate health problems. Loneliness has been linked to an increased risk of a variety of health problems, including a weakened immune system, anxiety, and depression, among others. In support, Wu (2020) stated, that the COVID-19 regulations caused a long period of isolation among elderly people in residential care, which increased the risk of diseases like heart disease, diabetes, as well as mental health issues like anxiety, emotional distress, and addictions (depression). In fact, loneliness has been linked to an increased risk of suicide. Equally, Lood et al. (2021) and Neves et al. (2019) supported this position by stating that the restrictive measures led to mental health issues like loneliness, depression, and cognitive loss.

In the third sub theme “Covid-19 and loneliness” the study’s findings from the participants led to the conclusion that loneliness among elderly people in residential care facilities was significantly caused by COVID-19 restrictions in the form of isolation/shielding. This position is supported by a World Health Organisation. (2021) assessment of the impact of Covid-19 on older people in the African region which revealed that social isolation and loneliness among the elderly are increasing public health and policy concerns, which have been exacerbated by the pandemic. Similarly, Hwang et al. (2020) supported this finding that older adults are more highly susceptible to social isolation and loneliness because they are functionally reliant on family members or community services for support, however, these were visibly missing because of the Covid restrictions.

In the fourth sub-theme, “easing the experience of loneliness”, the findings revealed that a lot needs to be done to ease the experience of loneliness among elderly people in residential care facilities. Using Bronfenbrenner's (1979) Ecological Systems theory as a guide, provision for appropriate interventions to meet the needs of clients is emphasized. Within the system, social workers providing primary care to elderly people in residential care typically emphasize appropriate planning for situations of loneliness, such as those brought on by the Covid-19 pandemic. This is also in line with the conclusion drawn from participants on easing the experience of loneliness for the elderly in residential care in situations such as that occasioned by the COVID-19 pandemic. It equally follows that of studies such as Jaarsveld (2020). The conclusion here is that technology adoption, increased government intervention, and improved
social worker care are all interventions that could help elderly people in residential care facilities feel less lonely.

With respect to the second research question, the second main theme: elderly people’s experiences of loneliness emerged. From the second main theme, these sub themes emerged: “Individual experience of loneliness”, “social loneliness”, “emotional loneliness”, “fear and anxiety.”

In the first sub theme, “Individual experience of loneliness”, findings led to the conclusion that individual experiences of loneliness are associated with several attitudinal/behavioural changes, including hostility and withdrawal from activities and people. As a result, these elderly people in residential care facilities lose interest in a variety of activities that once stimulated their interest, becoming detached, and consequently, leading to loneliness on different levels. The Microsystem in Bronfenbrenner (1977) EST theory buttresses this individual experience of loneliness among elderly people in residential care when it emphasizes that the set of activities and interactions with which an individual (the elderly) engages daily is lost due to the Covid restriction. The interactions that older people are encouraged to use within the primary care environment are lost in this setting, heightening loneliness on a micro level.

In the second sub theme “social loneliness" the study showed that during the COVID-19 pandemic, the findings revealed that social loneliness was the most common type of loneliness among residents; the restrictions made it difficult to continue with social activities that residents normally engage in, such as getting together to do things. Van Tilburg (2021) agrees, stating that social loneliness is caused by a lack of many contacts or an active social network- Family members, relatives, and loved ones were unable to visit due to the social distancing restriction. The Mesosystem in Bronfenbrenner (1977) EST theory equally corroborates this position, that an absence of a sound social system can heighten cases of loneliness; and this was exactly the case with elderly people in residential care facilities who lost the social connection because of the COVID-19 restrictions.
In the third sub theme “emotional loneliness”, the existence of socially lonely people, according to the study, led to the development of emotional loneliness over time during the COVID-19 pandemic. Here, it was discovered that increased social distancing and hygiene practices accompanied by significantly reduced social interactions and the loss of individual contacts and confidants, all of which were important sources of emotional support for the elderly in residential care heightened emotional loneliness. Also, along this line, the study pointed out that the prospect of not being able to see their loved ones, combined with the vulnerability of elderly people during the COVID-19, has caused them so much anxiety that nothing in life seems to matter to them. In support of this position, Lampraki et al. (2022) pointed out that elderly people in residential care expressed sense of alienation and emptiness, emphasizing the emotional loneliness in residential care facilities because of the COVID-19 regulations.

In the fourth subtheme “fear and anxiety”, the study points to the fact that the high mortality rate that was recorded and announced, as well as the numerous public announcements about the vulnerability of the elderly, heightened panic, fear, and anxiety among residents of residential care facilities. This study identified that this is made worse by the fact that depression, anxiety, and stress are common among the elderly. This was also reported and supported by Rambaree and Nässén (2020).

6.2 Comparison of results with earlier research

In terms of earlier research, the study included studies that addressed various aspects of loneliness in relation to elderly people in residential care facilities in Sweden and other countries during the Covid-19 pandemic. These studies itemized the forms of restriction that were implemented and how these restrictions affected elderly people in residential care facilities as a relates to loneliness. Except for Rambaree and Nässén (2020), most of the studies noted that the pandemic prompted the implementation of unprecedented social distancing strategies critical to limiting the virus's spread, as well as quarantine and isolation procedures imposed on the general population to reduce COVID-19 transmission. These findings gave this study a better insight into understanding how the implementation of heavy restrictions, and mild restriction (as was imposed in Sweden) affected elderly people in residential care facilities in the heat of the
COVID-19 pandemic. A varied understanding of different degrees and types of loneliness as explored in previous literature enriched the empirical aspect of this study.

6.3 Discussion of methodology

The use of an exploratory qualitative approach with thematic analysis made it possible to acquire a comprehensive overview of these perceptions from a personal, familial, social, and healthcare standpoint. Based on this understanding, the findings were organized around two main (2) themes namely: theme 1: social workers' perception of loneliness and theme 2: elderly people’s experiences of loneliness. These themes were further grouped into three sub themes each. Furthermore, the use of thematic analysis provided a structural foundation for the analysis process which made it possible for the research team to understand, explain and interpret the findings using the themes that emerged effectively and easily. Additionally, when moving back and forth between data and theory, the abductive approach assisted to organise and structure the findings.

This study contains a number of limitations. A purposeful sample of participants was recruited. Participants were recruited from two cities in Sweden and were all working with elderly people living in residential care facilities. Moreover, it would be necessary to analyse the perceptions of social workers on loneliness among elderly people living in their own homes or rental apartments during the COVID-19 pandemic. Thus, the results cannot be generalized to people from other parts of the country or those living in their own homes or rental apartments and are not representative of the elderly population, although they can enrich future studies.

6.4 Discussion of Theory

The study made use of the Ecological Systems Theory (EST). The basic premise of the EST is that one event influences another, and that existence does not occur in a vacuum, but rather in the context of changing circumstances within the system (as represented by the Covid-19 pandemic and its ensuing restrictions). The interconnected structures and systems of the EST significantly aided the assessment of how the COVID-19 pandemic resulted in cases of loneliness for older people in residential care facilities in Sweden. Findings from the study revealed that the Micro
and the Meso systems of the EST theory provided great insight into the issues of loneliness among elderly people in residential care facilities during the COVID-19 pandemic.

Participants concluded that at the micro level, elderly people in residential care facilities express great levels of loneliness during the COVID-19 pandemic. The COVID-19 pandemic restrictions even though it was mild in Sweden resulted in changes in the daily routine and the engagements of elderly people in residential care. Due to the restrictions on movement, participants stated that these engagements were no longer possible which resulted in an increase in their experience of loneliness. At their individual level, they experienced emotional and psychological detachments from their families and care givers. This accentuated feeling of loneliness. At the meso level of the EST, the participants concluded that reduced form of social activities from the family and the residential care facility during the COVID-19 pandemic led to increased cases of loneliness in residential care facilities. Particularly, social loneliness was the prevalent type of loneliness during the COVID-19 pandemic. According to the participants, the restrictions made it difficult to continue with social activities that the elderly people in these care facilities usually engaged in like gathering together to do things. Here, they noted that the absence of a larger number of contacts or an active social network resulted in heightened cases of social loneliness among the elderly people. Participants agreed that the restriction on social distancing prevented family members, relatives, and loved ones from visiting, and this accentuated loneliness levels at the meso level.

Equally, at the Chrono system of the EST, participants agreed on long term planning to address the issue of loneliness among elderly people in residential care facilities. They agreed that extra resources need to be made available by the Ministry to make it easier for social workers to make interventions where several facilities are lacking. One participant noted that primary care social workers will need to expand their knowledge of best practices for long-term planning with the elderly, as this will be beneficial, especially during a pandemic like the one we are currently experiencing.

Despite its wide applicability, using EST has its own limitations. The EST is not without flaws in its application. This includes the fact that evaluating all aspects of the EST empirically is difficult. Similarly, it is a challenging explanatory model to apply because it necessitates a large
amount of ecological detail to build up, implying that everything in an elderly person's environment must be considered.

6.5 Suggestions for future research

This research was based on the perceptions of social workers working with elderly people. It would be interesting to conduct research that captures the perceptions of elderly people on loneliness during Covid-19 pandemic. This is because the perception from the perspectives of social workers could differ from those of the elderly people themselves which could provide additional data as well as greater understanding of their individual experiences. Additionally, further studies are needed to better understand the perceptions of social workers on loneliness among elderly people living in their own homes or rental apartments during the COVID-19 pandemic as well as elderly people in other countries especially those in undeveloped and developing countries which will be beneficial to a wider range of people. Also, future research about the inputs of policy makers or politicians on loneliness in residential care facilities is needed to know the measures and policies put in place to combat this problem in residential care facilities.

6.6 Conclusions

Loneliness in older persons is multifaceted, according to social workers, it is caused by external social circumstances and internal personal circumstances faced by elderly people. Loneliness, according to social workers, is a subjective feeling that can trigger various coping methods and severely impact the health of elderly people. To combat the public health issue of loneliness among elderly people during COVID-19 pandemic, social workers believe that more social involvement like the use of face timing, voice calls, and engagement in activities that they like is required.
REFERENCES


https://www.healthaffairs.org/do/10.1377/forefront.20200609.53823

Bonn, Germany: Friedrich-EbertStiftung.


The Local. (2020, 24 September). Sweden’s care home residents report higher anxiety and loneliness than previous years [https://www.thelocal.se/20200924/swedens-care-home-residents-report-higher-anxiety-and-loneliness-than-previous-years/](https://www.thelocal.se/20200924/swedens-care-home-residents-report-higher-anxiety-and-loneliness-than-previous-years/)


https://doi.org/10.1371/journal.pone.0254825
APPENDIX 1: LETTER OF CONSENT

Research project title: The perceptions of social workers on loneliness among elderly people in residential care facilities during COVID-19.

Research participants

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Aim of the research: The aim of the research is to explore how social workers perceive loneliness as experienced by elderly people in residential care facilities in Gävle and Stockholm.

Purpose of the research: For thesis and research purpose in relevance to social work.

Method: A qualitative research that requires an in-depth understanding on how social workers perceive loneliness as experienced by elderly people in residential care facilities in Gävle and Stockholm.

Mode of Procedure: The interview will take about 30 minutes and will be conducted in English. You have the right to stop the interview or withdraw from the research at any time. You also have the right not to answer specific questions if you do not want to.

- The interview will be recorded and a transcription will be produced manually.
- The transcription of the interview will be analysed by only the participants of the research team.
- The information collected will only be used for the research purpose.
The information collected will only be accessed by the researchers and the supervisors.

Confidentiality: Concerning the information given during the interview, we will make use of indirect quotations and names when analysing it and presenting the results by:

- Assigning code names/numbers for participants that will be used on all research notes and documents
- Keeping notes, interview transcriptions, and any other identifying participant information in a locked file cabinet in the personal possession of the researcher.
- Information collected will be destroyed after we are done with the research.

Voluntary Participation: Your participation in the study (research) is voluntary. This means that it is entirely up to you whether or not to participate in this study. You will be asked to sign a consent form (the next page) if you opt to participate in this study. You have the right to withdraw your approval at any moment and without giving a reason after signing the consent form. Withdrawing from this study will have no impact on your relationship with the researcher, if you have one. Your data will be returned to you or destroyed if you withdraw from the study before the data collection is completed.
Consent

I have read and understood the information about the study and I know that I have the right to terminate my involvement at any time should I want to without any constraints. I approve that the students and supervisors have access to the information gained from the interview. I also give my consent/permission for this interview to be recorded.

Date

________________________________________

Signature (interviewee/participants)

________________________________________
APPENDIX 2: INTERVIEW GUIDE

1. How do you perceive loneliness amongst elderly people in residential care facilities?
2. How would you associate loneliness with aging?
3. How or in what ways has COVID-19 limited or increased the experiences of loneliness among elderly people in residential care facilities?
4. How has COVID-19 restrictions (isolation/shielding) resulted to loneliness among elderly people in residential care facilities?
5. How do elderly people in residential care facilities express loneliness during the COVID-19 pandemic?
6. What kind of loneliness is prevalent among elderly people during the COVID-19 pandemic?
7. What can be done by social works and other relevant bodies to help ease the experiences of loneliness among elderly people?