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ORIGINAL ARTICLE

Daily Life, Fear of COVID-19 and Social Support in the Older Adults in Home Isolation: A Cross-Sectional Study

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Abstract

The COVID-19 (infection caused by the SARS-CoV-2 virus) pandemic caused several changes in the everyday life of the older adults, altering the perception of psychosocial variables.

Objective: To evaluate the daily life, fear of COVID-19, and family support of the older adults at home during the COVID-19 pandemic.

Methodology: Cross-sectional and exploratory study conducted with older adults people in home social isolation in the municipality of Vitória da Conquista/BA. Data were collected by sociodemographic questionnaire, Fear of COVID-19 scale and Satisfaction with Social Support scale. The STROBE checklist was used to evaluate the study.

Results: Of the 101 participants, 68.3% were female and 56.5% in the age group of 60 to 69 years; in relation to daily life before the pandemic 89.1% reported having an active life and 77.2% started to reside with the family during the pandemic. In social support, an overall above average score of 56.04 (9.23) was obtained. Regarding fear, 10.9% reported feeling dizzy or fainting because of the news and 18.8% reported being paralyzed or without reactions when thinking or being exposed to information about the virus.

Conclusions: Changes in the daily lives of the older adults were related to feeling less active and being confined to family members. Symptoms due to fear of COVID-19 and satisfaction with social support were observed to a lesser extent than expected.

Introduction

The changes due to the COVID-19 (infection caused by the SARS-CoV-2 virus) pandemic have implied reorientations of health care processes, as well as of work and life experiences in the communities. The older adults population, besides being the main risk group for illness and death, also encountered other difficulties with emotional changes motivated by anxiety and fear of contamination that led to severe mental illness [1].

This is because, the older adults population are the most vulnerable

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to COVID-19 infection. Advanced age and underlying diseases such as hypertension, diabetes, and chronic obstructive pulmonary disease were noted as the main diseases that increase the risk of mortality, these pathological processes are common found in this population since the aging process can alter the physiology, pathology, and lung function during lung infections, affecting responsiveness and tolerance [2].

COVID-19's main prevention actions such as social isolation strategies have driven the emergence of a burden of psychological illness, as well as reduced physical activity capacity corroborating with faster decline in human functionality in the long run. The impoverished home environment of sensory-motor stimulation, social and cognitive stimulations can lead to serious conditions and even premature death of older adults people [3].

Another aggravating factor in the health of older adults people is the fear of dying, this feeling encompasses from aspects of exposure to the virus through other individuals, as well as concern about the death of other people usually acquaintances, family members, other older adults people and health care professionals [4].

The change in the daily life of the older adults person goes beyond what social isolation has imposed on the older adults, in some cases exacerbating frailty especially in people who feel more alone or have lost their role as father, mother, grandfather among others. Studies have shown that much of the individual perceptions could be related to feeling "alone", as beneficial strategies the social support and use of communication technologies have been shown to be important in everyday life [5].

The purpose of this study is to evaluate the daily life, fear of COVID-19, and family support of the older adults at home during the COVID-19 pandemic.

Materials and Methods

This is a cross-sectional and exploratory study, in which older adults people living in the municipality of Vitória da Conquista/BA and who are in a situation of social distancing were invited to participate in the research between August and September of 2020. The Strengthening the Reporting of Observational studies in Epidemiology (STROBE) guidelines were conducted in this study.

For the sample selection we considered the older adults who met the following inclusion and exclusion criteria: age over 60 years, in a situation of social detachment. And as exclusion criteria: older adults people with cognitive deficit and/or communication difficulties in understanding the instruments.

Data were collected by means of a sociodemographic questionnaire, COVID-19 Fear Scale and Social Support Satisfaction Scale- ESSS [6]. The sociodemographic data were: gender, age group, education, marital status, income, physical health status, history of chronic illness, health service utilization in the past 14 days including consultation with a physician at the clinic, hospital admission, testing for COVID-19, prevention measures for COVID-19, and compliance with social distancing measures.

The Fear of COVID-19 Scale developed by Ahorsu DK, et al. [7] was used. It is a simple, short and valid survey instrument to complement clinical efforts in preventing the spread and treating cases of COVID-19, thus a timely and highly relevant instrument. The Fear of COVID-19 Scale, contains seven items with robust psychometric properties. It is reliable and valid in assessing fear of COVID-19 in the general population. This English data collection instrument was translated into Russian and backtranslated into English by three English-speaking professors from universities in Russia and Belarus to ensure uniform content and vocabulary [7].

To assess social and family support, the satisfaction with social support scale [6] was used. This is a questionnaire that allows operationalizing the variable satisfaction with social support with its four dimensions or factors through 15 items of 5-point semantic differential: "totally agree", "mostly agree", "neither agree nor disagree", "mostly disagree", and "totally disagree". The total score of the scale results from the sum of all items, and can range between 15 and 75, with the highest score corresponding to a perception of greater social support, while the score for each dimension results from the sum of the items belonging to each dimension or subscale.

Initially, a contact was made via Whats App or phone calls with the older adults people and then a home visit was scheduled for data collection. The home visits were scheduled according to the day and time established by the study participants. Importantly, the interviewers followed the recommendations of the Ministry of Health and the World Health Organization (WHO) for the prevention of COVID-19, such as the

use of protective mask, alcohol gel, keeping a distance of 1.5 meters between the interviewer and the study participant. All participants signed an informed consent form. The project was submitted and approved by the Research Ethics Committee/CEP of the Faculdade Independente do Nordeste - FAINOR, under protocol number 4.187.880.

The data were organized in an electronic database by means of typing on a Microsoft Excel spreadsheet, which, after correction and verification of errors, were exported and analyzed using the statistical package for social science (SPSS) version 21.0. Data analysis was performed using descriptive statistics: frequencies (absolute and relative), measures of central tendency (mean and median) and measures of dispersion (minimum value, maximum value and standard deviation).

Results

A total of 101 older adults people participated in this study, with a greater distribution of females (68.3%), aged 60 to 69 years (56.5%), literate (85.1%), with a partner (57.4%) and income of one (1) minimum wage (65.3%), according to data from table 1.

The health profiles of the older adults people are 84.2% have health problems, with hypertension (66.3%), diabetes mellitus (20.8%) and arthrosis (11.9%) being the most frequent diseases. 60.4% take controlled medication (60.4%) and 45.5% sought health services in the last 15 days. Medical consultation in private clinics (70.0%) being the most used service, other variables can be found in table 2.

It was found that in relation to daily life before the pandemic, 89.1% reported that they had an active life and performed activities such as attending socialization groups and going to the center to solve personal problems, according to data from table 3. We also observed in this table a greater distribution of older adults people living with their families during the pandemic (77.2%) and that in the last month they had visited family members (54.5%), received calls from relatives or family members (97.0%) and had been out of the house 1 to 3 times a week (57.4%). 63.4% have access to the internet and 58.4% use WhatsApp to talk to relatives.

Regarding the mean values of satisfaction with social support, considering the dimensions Global, Satisfaction with Friendship (SA), Intimacy (IN), Satisfaction with Family (SF) and Social Activities

Table 1: Distribuição das pessoas idosas segundo dados sociodemográficos. Vitória da Conquista/BA, 2021.

	n	%
Sex		
Female	69	68.3
Male	32	31.7
Age group		
60 to 69 years old	57	56.5
70 to 79 years old	27	26.7
80 to 89 years old	12	11.9
90 or more years	5	5.0
Education		
Non-literate	15	14.9
Literate	86	85.1
Marital status		
With partner	58	57.4
Without partner	43	42.6
Income		
Up to 1 minimum wage	66	65.3
1 to 2 minimum wages	23	22.8
2 to 3 minimum wages	8	7.9
3 to 4 minimum wages	4	4.0
Total	101	100.0

(SA), present in the scale of satisfaction with social support, the mean values were calculated considering the possibilities of response in each dimension and correspond to 15 for the dimension social activities, 12 for the dimension Intimacy (IN) and nine for the dimensions SF and SA and 45 for the Global dimension. In this study, the mean values found in each dimension were: 56.04; 19.64; 14.31; 11.9 and 10.13, considering the Global, SA, IN, SF and AS dimensions, respectively, that is, above the average, indicating satisfaction with social support (Table 4).

Regarding fear of COVID-19, 10.9% of the study participants reported that they have felt dizziness, fainting when reading or listening to news about the coronavirus. 18.8% reported becoming paralyzed or unresponsive when they think or are exposed to information about the coronavirus. 11.0% said that they have ever lost interest in eating when thinking about or being exposed to information about coronavirus and 5.0% have ever felt nausea or stomach problems when thinking about or being exposed to information about coronavirus, as shown in table 5.

Discussion

The present study is composed of a female public,

Table 2: Distribution of the older adults according to health conditions. Vitória da Conquista/BA. 2021.

	n	%
Presence of health problems		
Yes	85	84.2
No	16	15.8
Use of controlled medication		
Yes	61	60.4
No	40	39.6
Use of health services in the last 15 days		
Yes	46	45.5
No	55	54.5
Total	101	100.0

Table 3: Distribution of the older adults according to daily life during the pandemic. Vitória da Conquista/BA. 2021.

	n	%
Active life before the pandemic		
Yes	90	89.1
No	11	10.9
With whom you stayed during the Social Distancing		
Alone	23	22.8
Family	78	77.2
Visited family member in the last month		
Yes	55	54.5
No	46	45.5
Received calls from relative or family member in the last month		
Yes	98	97.0
No	3	3.0
How many times a week have you been out of the house?		
None	24	23.8
1 to 3 times	58	57.4
4 to 6 times	13	12.9
7 times or more	6	5.9
Access to the internet		
Yes	64	63.4
No	37	36.6
Use. WhatsApp. to chat with family members		
Yes	59	58.4
No	42	41.6
Total	101	100.0

in a prevalent age range of up to 79 years old, with pictures of hypertension or diabetes. This is the profile of the main studies related to the health of the older adults, mainly because there are factors that influence these characteristics such as the feminization of aging and the increase in the number of people with Chronic Noncommunicable Diseases [8,9].

It is known that, as people age, the loss of physical and mental abilities is evident to everyone, this natural process of human development occurs differently among individuals. However, as physiological manifestations are particular to each person, given that they reflect intrinsic factors, such as genetic

Table 4: Mean scores indicated in each of the dimensions of the Social Support Scale. Vitória da Conquista/BA. 2021.

	N	Média	DP
Global	101	56.04	9.23
AS	101	19.04	4.03
IN	101	14.31	3.73
SF	101	11.90	3.50
AS	101	10.13	3.12

Table 5: Distribution of the older adults in relation to the COVID-19 Fear Scale. Vitória da Conquista/BA. 2021.

	n	%
Felt dizzy, fainted when reading or listening to news about the coronavirus		
Not at all	90	89.1
Rarely. less than 1 to 2 days	8	7.9
Several times	3	3.0
You become paralyzed or unresponsive when you think or are exposed to information about coronavirus		
Not at all	82	81.2
Rarely. less than 1 to 2 days	17	16.8
Several times	2	2.0
Lost interest in eating when thinking about or being exposed to information about coronavirus		
Not at all	90	89.1
Rarely. less than 1 to 2 days	6	6.0
Several times	4	4.0
Almost every day for the past two weeks	1	1.0
Have nausea or stomach problems when thinking about or being exposed to information about the coronavirus		
Not at all	95	95.0
Rarely. less than 1 to 2 days	2	2.0
Several times	2	2.0
Almost every day in the past two weeks	1	1.0
Total	101	100.0

characteristics, and extrinsic ones, for example two habits of life and environmental context, which does not exist, it begins to account for factors such as a good food, hygiene, exercise, which contribute to enabling longevity and healthy development [9,10].

A striking feature of the study in question is that almost 90% of the older adults were active before the pandemic, i.e., the fact that in this period of confinement they perceived themselves as inactive coincides with the COVID-19 blocking measures, studies corroborate this finding by concluding that at the beginning of the pandemic found a proportion of

people in various age groups were physically inactive and with sedentary behaviors [10].

Staying at home may be compounded by loneliness, however, more than 70% of the sample was not alone during this period of seclusion, these were with family members. This process of care and family support is essential to mitigate the illness of older adults individuals, considering the impact on their emotional state and well-being, minimizing the feeling of social isolation [11].

The result of the perception of social support was considered above average, that is, the participants understood that they were well assisted during the months of the pan-demic, which can be related mainly to remaining secluded with relatives. This social support can be considered a modifiable variable, as well as health and education in the community, which considerably improve quality of life [12]. Those left in the face of social isolation become more dependent on other people, raising the potential for abuse. The main abusers have a closer relationship with their loved ones, like family members who take advantage of situations of emotional, financial, physical violence and committing negligence.

As can be seen, social support is important in the processes to mitigate loneliness, social isolation and their problems, decreasing vulnerability, as can be seen in a study with 210 older adults people it was found that depression and stress can be reduced by social support, but this result differs between the sexes, requiring a greater focus on the male group and monitoring its results in promoting the psychological well-being of these people [12].

Information and communication technologies were also the main strategies used in the changes in the daily lives of the older adults, more than half had access to the Internet and WhatsApp and almost all used to communicate with other relatives and/or family members, research with this population found that the use of technology increased in the pandemic period, as well as the older adults used more video calls as the main resources used, and the use of social networks were great allies in maintaining relationships with friends, family and colleagues [13]. But, after familiarizing two older adults with communication technology, which is essential in times of pandemic due to COVID-19, ended up showing a study carried out by Italian researchers that aimed to understand how people have previously trained to use social networking sites Experience this

period of lockdown and social distancing. It is valid to highlight that this group of individuals between 81 and 85 years old, residents of Abbiategrosso (Milão), previously participated in a study that sought to assess the impact of these uses nets in *solidão* in *velhice*.

Psychosomatic symptoms can be felt in various situations, in the sample specifying the fear of COVID-19 was perceived with some symptoms, although it was perceived in a small rate of the older adults, among these, the main signs were dizziness, fainting or sense of being paralyzed, as it turns out these signs or symptoms were observed in the various age groups. A similar result was observed in a study with 45,161 Brazilians regarding emotional symptoms arising from the pandemic, they found that 40.4% often felt sad or depressed, and 52.6% often felt anxious or nervous [14].

In the older adults population changes in the aspect of mental health tend to be pre-sented with greater severity as the presence of suicides and other serious outcomes, ie, so-cial isolation negatively impacted mental health and brought with it other physical prob-blems also as the decrease in human functionality [15].

In qualitative research with older adults people it was noticed that COVID-19's fear of dying existed, however, the thought of losing someone like a close relative was more sig-nificant and generated greater concerns, as strategies to change this state they used spirit-uality as a refuge and comfort and were quite hopeful about the future [16].

Conclusion

From the research conducted, it is concluded that older people were directly affected by the COVID-19 pandemic, the main findings in daily life are related to changes in feeling less active, being confined with family members and making use of technologies for communication. In relation to fear and symptoms related to COVID-19, they occurred, however, it was observed to a lesser extent than expected, one can even associate it to the social support they received that was quite prevalent. Further studies are suggested, especially in the search for integral care for the older adults in this pandemic moment.

Author Contributions

Conceptualization, L.A.R., L.A.R. and T.S.R.; methodology, I.F.A., E.S.S., M.S.M., formal analysis,

J.F.C.S., E.N.A., R.A.B., writing-original draft preparation, L.A.R., L.A.R.; writing-review and editing, E.N.A., R.A.B., I.F.A., E.S.S., M.S.M., L.A.R., L.A.R., T.S.R., P.S.N., J.F.C.S.

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Institutional Review Board Statement

The study was conducted in accordance with the Declaration of Helsinki, and approved by the Institutional Review Board (or Ethics Committee) of Northeast Independent College (protocol code n° 4.187.880).

Informed Consent Statement

Informed consent was obtained from all subjects involved in the study.

Data Availability Statement

The datasets of the current study are available from the corresponding author on reasonable request, contactable via luciana.araujo@uesb.edu.br

Conflicts of Interest

The authors declare no conflict of interest.

References

- Alves AN, Oliveira Magalhães IM. Implicações na saúde mental de idosos diante do contexto pandêmico da COVID-19. *Rev Enferm Atual Derme*. 2020.
- Dhama K, Patel SK, Kumar R, Rana J, Yattoo MI, Kumar A, Tiwari R, Dhama J, Natesan S, Singh R, Harapan H. Geriatric Population During the COVID-19 Pandemic: Problems, Considerations, Exigencies, and Beyond. *Front Public Health*. 2020 Sep 22;8:574198. doi: 10.3389/fpubh.2020.574198. PMID: 33072713; PMCID: PMC7536316.
- Plagg B, Engl A, Piccoliori G, Eisendle K. Prolonged social isolation of the elderly during COVID-19: Between benefit and damage. *Arch Gerontol Geriatr*. 2020 Jul-Aug;89:104086. doi: 10.1016/j.archger.2020.104086. Epub 2020 May 3. PMID: 32388336; PMCID: PMC7196375.
- Sloan MM, Haner M, Graham A, Cullen FT, Pickett JT, Jonson CL. Pandemic emotions: The extent, correlates, and mental health consequences of fear of COVID-19. 2021; doi: 10.1080/02732173.2021.1926380.
- Cipolletta S, Gris F. Older People's Lived Perspectives of Social Isolation during the First Wave of the COVID-19 Pandemic in Italy. *Int J Environ Res Public Health*. 2021 Nov 11;18(22):11832. doi: 10.3390/ijerph182211832. PMID: 34831586; PMCID: PMC8618043.
- Ribeiro JLP. Escala de Satisfação com o Suporte Social (ESSS). *Análise Psicológica [Internet]*. 1999;3(17):547–558.
- Ahorsu DK, Lin CY, Imani V, Saffari M, Griffiths MD, Pakpour AH. The Fear of COVID-19 Scale: Development and Initial Validation. *Int J Ment Health Addict*. 2022;20(3):1537-1545. doi: 10.1007/s11469-020-00270-8. Epub 2020 Mar 27. PMID: 32226353; PMCID: PMC7100496.
- Cepellos VM. Feminização do envelhecimento: Um fenômeno multifacetado muito além dos números. *Rev adm empres*. 2021; 61(2).
- Figueiredo AEB, Ceccon RF, Figueiredo JHC. Chronic non-communicable diseases and their implications in the life of dependente elderly people. *Cien Saude Colet*. 2021 Jan;26(1):77-88. Portuguese, English. doi: 10.1590/1413-81232020261.33882020. Epub 2020 Sep 15. PMID: 33533865.
- Rahman ME, Islam MS, Bishwas MS, Moonajilin MS, Gozal D. Physical inactivity and sedentary behaviors in the Bangladeshi population during the COVID-19 pandemic: An online cross-sectional survey. *Heliyon*. 2020 Oct 30;6(10):e05392. doi: 10.1016/j.heliyon.2020.e05392. PMID: 33163666; PMCID: PMC7598079.
- Petermann BX, Silvana P, Miolo B, Kocourek S. Pandemia de Covid-19, Saúde do Idoso e Rede de Apoio Familiar: Uma interface necessária. *Rev Kairós-Gerontologia*. 2020;23:449-460.
- Lima S, Teixeira L, Esteves R, Ribeiro F, Pereira F, Teixeira A, Magalhães C. Spirituality and quality of life in older adults: a path analysis model. *BMC Geriatr*. 2020 Jul 29;20(1):259. doi: 10.1186/s12877-020-01646-0. PMID: 32727391; PMCID: PMC7391807.
- Velho FD, Herédia VBM. Quarantined senior citizens and the impact of technology on their life. *Rev Rosa dos Vent - Tur e Hosp*. 2020;12(Especial):p.1-14.
- Barros MBA, Lima MG, Malta DC, Szwarcwald CL, Azevedo RCS, Romero D, Souza Júnior PRB, Azevedo LO, Machado IE, Damascena GN, Gomes CS, Werneck AO, Silva DRP, Pina MF, Gracie R. Relato de tristeza/depressão, nervosismo/ansiedade e problemas de sono na população adulta brasileira durante a pandemia de COVID-19. *Epidemiol e Serviços Saúde*. 2020;29(4).
- Nabuco G, Pereira MH, Oliveira P, Pellizzaro M, Afonso D. O impacto da pandemia pela COVID-19 na saúde mental. *Rev Bras Med Família e Comunidade*. 2020;15(42).
- Kozan OHİ, Kesici Ş. Death anxiety among older adults with chronic illnesses during Covid-19: A qualitative approach. *J Community Psychol*. 2021;51(6): 2465-2479.