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Challenges Experienced by Older People During the Initial Months of the COVID-19 Pandemic

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Abstract

Background and Objectives: The coronavirus disease 2019 (COVID-19) pandemic has created unique stressors for older people to manage. Informed by the Stress Process Model and the Transactional Model of Stress and Coping, we examined the extent to which older people are adhering to physical distancing mandates and the pandemic-related experiences that older people find most challenging.

Research Design and Methods: From May 4 to May 17, 2020, a web-based questionnaire focused on the COVID-19 pandemic was completed by 1,272 people (aged 64 and older) who were part of an ongoing research panel in New Jersey recruited in 2006. Frequencies for endorsement of physical distancing behaviors were tabulated, and open-ended responses to the biggest challenge of the pandemic were systematically coded and classified using content analysis.

Results: More than 70% of participants reported adhering to physical distancing behaviors. Experiences appraised as most difficult by participants fell into 8 domains: *Social Relationships, Activity Restrictions, Psychological, Health, Financial, Global Environment, Death, and Home Care*. The most frequently appraised challenges were constraints on social interactions (42.4%) and restrictions on activity (30.9%).

Discussion and Implications: In the initial weeks of the pandemic, the majority of older adults reported adhering to COVID-19 physical distancing mandates and identified a range of challenging experiences. Results highlight the factors having the greatest impact on older adults, informing quantitative modeling for testing the impact of the pandemic on health and well-being outcomes, and identifying how intervention efforts may be targeted to maximize the quality of life of older adults.

Keywords: Analysis—Mixed methods, Stress appraisal, Stress process

The coronavirus disease 2019 (COVID-19) pandemic has created new stressors that people of all ages throughout the world must manage. The novel coronavirus strand Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2) is particularly troublesome given its rapid spread, prolonged incubation period, and potential for transmission by asymptomatic individuals ([Center for Disease Control and Prevention \[CDC\], 2020](#)). With no cure and

no vaccine, physical distancing (i.e., social distancing; keeping 6 feet from people you do not cohabitate with) is the most effective strategy for slowing the spread of disease ([Flaxman et al., 2020](#); [Hsiang et al., 2020](#); [Lewnard & Lo, 2020](#)). In the United States, by April of 2020, hoping to slow the spread of COVID-19 and not overwhelm the health care system, the governors of 42 states had urged Americans to stay home and practice physical distancing

(Mervosh et al., 2020). These restrictions went into place even earlier (March 22, 2020) in New Jersey. People were advised to practice physical distancing—including limiting face-to-face contact with other people, not gathering in large groups, staying out of crowded places, keeping at least 6 feet from others, and restricting travel. All nonessential businesses, schools, places of worship, hospitals, and physicians' offices were closed for in-person functioning except for critical-need visits. At the beginning of May 2020, people were advised to wear personal protective equipment, such as a mask, indoors, and for in-person encounters when maintaining a 6-foot distance from others was not possible.

People 65 and older and those with serious underlying medical conditions are particularly vulnerable to the disease (CDC, 2020; Garnier-Crussard et al., 2020; Zainab et al., 2020). As such, it is especially important that older people maintain physical distance. Editorials in both professional journals and the popular media have suggested that older people will face physical health consequences, financial challenges, isolation, and psychological distress as a result of the pandemic (Armitage & Nellums, 2020; Brooke & Jackson, 2020; Graham, 2020; Ory & Smith, 2020; Sewell, 2020; Sheffler et al., 2020). Yet, scientific evidence reporting the experiences of older adults to date is limited. In order to understand the impact of the pandemic on older people and develop effective interventions, it is critical to understand how older people are responding to physical distancing mandates and to identify difficulties and frustrations experienced by older people. While older adults may also be experiencing positive effects of the pandemic, the purposes of this manuscript, informed by the Stress Process Model (Pearlin et al., 1990) and the Transactional Model of Stress and Coping (Lazarus, 1993), are to (a) describe the extent to which older people are following guidelines regarding physical distancing and (b) identify the pandemic stressors that older people find most challenging.

COVID-19 Pandemic Context

The spread of COVID-19 has resulted in mandates to maintain physical distance. Physical distancing is believed to be the most effective approach for containing the virus (Flaxman et al., 2020; Hsiang et al., 2020; Lewnard & Lo, 2020). However, questions have been raised about the short- and long-term consequences that physical distancing might have on mental health and well-being, especially for older people (Galea et al., 2020). Even before the pandemic began social isolation (having minimal social contact) was found to have effects on morbidity and mortality comparable to or greater than those of smoking, obesity, and physical inactivity (Holt-Lunstad et al., 2017). For some older adults, adherence to physical and social distancing mandates may result in an increase in social isolation and such negative outcomes (Cudjoe & Kotwal, 2020). For

others, who are able to remain physically distant but find creative ways to stay socially connected, they may be able to sustain their health and well-being, as being socially connected is associated with better health and a greater likelihood of survival (Holt-Lunstad et al., 2010; Uchino, 2009a, 2009b; Uchino et al., 2011).

Physical distancing mandates have the potential to fundamentally change the way older adults interact with other people and may have long-term impacts on their health and well-being. However, in order to understand these effects, it is important to have systematic empirical evidence regarding the behaviors of older adults. If physical distancing mandates have not changed the behaviors of older adults (i.e., increasing physical distancing behaviors), they may be more likely to contract COVID-19 and experience serious physical health outcomes. On the other hand, if older adults adhere to advice regarding physical distancing behaviors, they may experience threats to their well-being. As such, it is important to examine not only whether older people are engaging in physical distancing behaviors, but also to examine the ripple effects that physical distancing has on their lives to understand the full impact of the pandemic on short- and long-term outcomes.

Theoretical Foundation

The Stress Process Model (Pearlin et al., 1990), although most commonly applied in the caregiving context (Aneshensel et al., 1995), can be applied here in tandem with the Transactional Model of Stress and Coping (Lazarus, 1993; Lazarus & Folkman, 1984) to understand the life course impact of a stressor, such as the COVID-19 pandemic, on older adults' well-being (Pearlin, 2010). These theories jointly propose that a primary objective stressor affects the person through its influence on the secondary stressors a given individual experiences and appraises as challenging.

In the context of the global stressor of the COVID-19 pandemic, physical distancing mandates that require people to remain at home are defined here as an objective stressor. Thus, in order to understand the impact of the pandemic on older adults' physical and psychological well-being, it is important to first learn the extent to which older people are adhering to physical distancing mandates. Second, to maximize understanding of the mechanisms through which the pandemic affects older adults, it is important to identify the secondary stressors older adults experience as challenging. For example, consider two individuals—Person A and Person B. Person A typically works from home and is content with limited social contact. This person may not experience changes in lifestyle due to physical distancing mandates and therefore may not experience negative psychological effects. However, Person B typically interacts with friends daily and grandchildren weekly and regularly engages in volunteer and other

leisure activities throughout the week. For Person B, the loss of physical contact with others and activity may be experienced as stressful and upsetting. This response may then carry implications for his psychological well-being. In the context of the COVID-19 pandemic, it is critical, therefore, to identify the specific difficulties individuals experience as consequences of the pandemic. While it is likely that many older people will identify a variety of challenges, it is also likely that some older people will not experience challenges. As hypothesized by [Matthieu and Ivanoff \(2006\)](#) in response to September 11 events, it is through knowing the factors that elicit negative responses that we can then predict impacts on health outcomes in response to a global stressor or disaster. Furthermore, by knowing the specific mechanisms of impact, we can target coping-based interventions that will address the current needs of older adults.

Mixed-Methods Approach

Quantitative analyses can be used to estimate the proportion of a sample experiencing a particular phenomenon (i.e., the proportion engaging in physical distancing behaviors), while qualitative analyses can provide a greater depth of understanding of the individual experience (i.e., what the individual views as stressful). The combination of quantitative and qualitative approaches can provide a rich descriptive understanding of a phenomenon. Specifically, quantitative questions can provide systematic descriptive statistics to reference, while the analysis of open-ended data can help to build a ground-up perspective of the individual's lived experiences, by reducing researcher bias. Such methodologies have been applied to more fully understand the impact of stressors on older adults when providing caregiving ([Gaugler et al., 2018](#)), managing chronic illnesses ([Heid et al., 2020](#); [Jason & Reed, 2015](#); [Liddy et al., 2014](#)), or in response to a disaster ([Heid et al., 2017](#); [Henderson et al., 2010](#); [King et al., 2015](#); [Langan & Palmer, 2012](#); [Miller & Brockie, 2015](#)).

Current Study

The analyses that follow used a mixed-methods approach to examine the extent to which older adults reported adhering to physical distancing mandates in the initial weeks of the pandemic (March–May 2020) and identify the secondary aspects of the COVID-19 pandemic that older people identify as most challenging. This information is an important first step toward understanding whether the COVID-19 pandemic affects the physical and psychological well-being of older adults, the pathways by which the pandemic affects outcomes, and how we can intervene effectively to support older adults.

Method

Sample and Procedures

On May 4, 2020, just weeks after the onset of the COVID-19 pandemic, we launched the seventh wave of the ORANJ BOWL (Ongoing Research on Aging in New Jersey: Bettering Opportunities for Wellness in Life) panel. We sent e-mails with a unique Qualtrics weblink to 2,811 ORANJ BOWL participants for whom we had deliverable e-mail addresses. Details regarding recruitment of the ORANJ BOWL panel are presented in the work of [Pruchno et al. \(2010\)](#).

The analyses below are based on data from 1,272 people who completed the questionnaire between May 4 and May 17, 2020. Compared with people who did not respond, people responding during the first 2 weeks of data collection were more likely to be women ($\chi^2 = 8.53, p < .01$), White ($\chi^2 = 68.15, p < .001$), married ($\chi^2 = 38.94, p < .001$), younger ($F_{1,3057} = 72.6, p < .001$), have higher income ($F_{1,3057} = 155.68, p < .001$) and education ($F_{1,3054} = 112.86, p < .001$), and they were healthier ($F_{1,3044} = 29.83, p < .001$) at last wave of data collection.

Measures

Demographic characteristics

When the sample was recruited (2006–2008), respondents reported their age, gender (0 = *man*, 1 = *woman*), educational attainment (from 1 = *less than high school* to 9 = *doctoral degree*), income (from 1 = *less than \$15,000* to 6 = *more than \$150,000*), and race (*Caucasian, African American, or Other*). We also assessed marital status (*married, living with someone in a committed relationship, separated, divorced, widowed, or single, never married*) and the number of chronic medical conditions diagnosed by a health care provider (*arthritis, hypertension, heart conditions, cancer, diabetes, osteoporosis, stroke, and breathing problems*; range 0–8) using standardized questions. At Wave 7, 83.3% ($N = 1,059$) of participants were living in New Jersey.

Physical distancing

We operationalized physical distancing specific to COVID-19 based on CDC recommendations that people stay at least 6 feet from other people, not gather in groups, and avoid crowded places and mass gatherings. We measured physical distancing by asking respondents how much (*not at all, some, or a lot*) they had done each of the following since mid-March: went to public places (e.g., library, sports events, work, health club, and Senior Center) less often; canceled physician appointments; spent less face-to-face time with friends or relatives; canceled out-of-town trips; changed plans to attend a holiday, birthday, wedding, or other celebration; did not go to funerals they ordinarily would have gone to; limited the number of trips they made to the grocery or

drug store; and canceled a surgery or medical treatment. Responses were dichotomized as 0 (*did not do*) or 1 (*did to any extent*).

Most challenging experience

To assess what older people endorsed as most challenging about the pandemic, participants were asked to “Take a moment to reflect on your overall experiences with COVID-19 since mid-March of 2020. Of all the changes taking place, what has been most difficult for you?”

Analyses

We ran descriptive statistics for sample demographic characteristics and tabulated frequencies of adherence to physical distancing behaviors. Following conventional Content Analysis strategies (Hsieh & Shannon, 2005), responses to the open-ended question noted above were reviewed using an open-coding process to produce a base-coding tree that reflected the manifest content of the responses (Graneheim & Lundman, 2004). Comments were classified using an iterative inductive process of theme development, whereby broader codes were identified and then refined as more specific examples were provided by participants (Glaser, 1965; Marks, 2015). Codes were developed that captured each unique idea (Graneheim & Lundman, 2004). A codebook was used to assure consistency in the application of codes across participant responses. Coding notes and descriptions were maintained to clearly distinguish the application of each code. Data saturation in identified themes was attained, whereby no new codes were presenting upon review of new comments. Given the large sample size, percentages of respondents indicating each specific challenge were also tabulated.

Results

The majority of participants were White (92.1%, $N = 1,172$) women (60.8%, $N = 773$), who reported 2–4 years of college education ($M = 4.96$, $SD = 2.05$), yearly income of about \$80,000 ($M = 4.59$, $SD = 1.10$), and were an average age of 70.3 ($SD = 6.65$). More than half of participants were married (59.7%, $N = 760$) and participants had on average 1.59 ($SD = 1.34$) chronic illnesses.

The vast majority of respondents reported adhering to recommended physical distancing behaviors from mid-March to May 2020. More than 70% spent less face-to-face time with friends or relatives ($N = 1,208$, 95.0%), limited the number of trips to the grocery store ($N = 1,194$, 93.9%), changed plans to attend a celebration ($N = 1,124$, 88.4%), canceled out-of-town trips ($N = 1,116$, 87.7%), did not go to a funeral they ordinarily would have gone to ($N = 917$, 72.1%), and went to public places less often ($N = 915$, 71.9%). In addition, more than half of participants canceled physician appointments ($N = 875$,

68.8%) and almost half canceled a surgery or medical treatment ($N = 593$, 46.6%)

Table 1 presents content analysis findings and summarizes participants appraisals of their biggest challenge faced. Nine percent of participants ($N = 120$) did not identify a challenge, either by not reporting one or by providing a text response such as “I do not have [a] serious problem to describe.” The other 1,152 (90.6%) of participants endorsed at least one challenge. Text examples of each theme are provided. Responses were classified under eight overarching stressor domains: *Social Relationships*, *Activity Restrictions*, *Psychological*, *Health*, *Financial*, *Global Environment*, *Death*, and *Home Care*.

The most frequently discussed challenges involved *Social Relationships*. Participants described the challenge of missing social interactions with family, friends, coworkers, and others ($N = 539$, 42.4%). Respondents specifically highlighted relationships with friends and with children and grandchildren. The descriptions reflected a feeling of loss associated with not being able to “hug and kiss and [seek] physical comfort” (66-year-old woman), as well as simply not being “together in person” (72-year-old woman). Other challenges to social relationships included being isolated ($N = 60$, 4.7%), providing caregiving support ($N = 20$, 1.6%), navigating relationships with a partner or spouse ($N = 17$, 1.3%), missing social events ($N = 10$, 0.8%), and having someone move into one’s home during the pandemic ($N = 2$, 0.2%).

The second type of most frequently described challenges was around changes in *Activity Restrictions*. A third of the sample reported loss of activity ($N = 393$, 30.9%) as challenging. More specifically, participants described their biggest challenge being restrictions in leisure activities, going out to eat, traveling, going to the gym, volunteering, engaging in self-care, or other daily activities. In addition, under the class of activity stressors, a generalized “loss of freedom of movement” (84-year-old man) was reported ($N = 164$, 12.9%). Furthermore, participants described being challenged by having to wear a mask when engaging in activities ($N = 28$, 2.2%), adjusting to the newness of schedules and activities available ($N = 18$, 1.4%), adapting to technology ($N = 5$, 0.4%), and adjusting plans to move ($N = 3$, 0.2%).

To a lesser extent, but equally challenging for those who reported them, participants identified *Psychological*, *Health*, *Financial*, *Global Environment*, *Death*, and *Home Care* stressors as challenging. Regarding *Psychological* challenges, worry about others ($N = 58$, 4.6%), worry about the future ($N = 38$, 3.0%), worry about one’s own health ($N = 36$, 2.8%), worry about society ($N = 27$, 2.1%), worry about access to supplies ($N = 36$, 2.0%), generalized worry ($N = 22$, 1.7%), and feelings of helplessness ($N = 21$, 1.7%), boredom ($N = 10$, 0.8%), dependence ($N = 10$, 0.8%), and loneliness ($N = 8$, 0.6%) were endorsed as challenges. In particular, participants described worrying about their children, grandchildren,

Table 1. Biggest Challenge of Older Adults of the COVID-19 Pandemic, mid-March to May 2020 (*N* = 1,152)

Code	Biggest challenge code descriptions	<i>N</i> ^a	%	Example quotes
<i>Social Relationship stressors</i>				
Social	Reference to the challenge of missing social interactions with friends, family (generally, or specifically children, grandchildren, parents), coworkers, or others	539	42.4	Not being able to spend time with my children and grandchildren. (62-year-old woman) Not being able to visit elderly parents and loved ones in retirement communities and nursing homes. (69-year-old man)
Isolation	Generalized statement regarding isolation—feeling isolated or being isolated away from anyone else; challenge of being home alone all the time	60	4.7	Social isolation—not being able to meet people face-to-face. (76-year-old man)
Caregiving	Description of caregiving for a spouse or other individual; providing childcare for someone else	20	1.6	Taking care of my 90 y/o father who lives with me. (63-year-old woman)
Social_partner	Reference to inability to be with or interact with a romantic partner; challenges related to being home with a partner all the time; challenges related to being a widow	17	1.3	Dealing with my wife who tends to be super sensitive and worried. (85-year-old man)
Social_events	Reference to canceled social events (i.e., weddings, birthday parties)	10	0.8	Not having a wedding for my daughter. (68-year-old woman)
MoveIn	Reference to a family member moving in to live with participant and challenges associated with that	2	0.2	My adult son had to come live with us with his daughter because he lost his job due to COVID. This has put a great deal of stress in my environment. He was fortunate enough to secure another position at a fulfillment center working at night. I have taken on more responsibility in the care of my granddaughter. She has just returned to daycare this week. (May 18). Having two additional people under my roof has been difficult ... (68-year-old woman)
<i>Activity Restriction stressors</i>				
Activities	Reference to restrictions of leisure activities (i.e., going to the beach, hiking, dancing, golf, watching or attending sporting events, Broadway shows, movies, clubs, library), shopping (i.e., being able to shop, or shopping in a specific way), restaurants (i.e., going to restaurants, dining out), travel (i.e., canceled trips, canceled vacations), church (i.e., going to church, church-based activities), gym (i.e., going to gym or exercise classes), volunteer, self-care (i.e., haircut, nails), or other activities	393	30.9	Not being able to go to and watch sporting events. (67-year-old man) Not being able to go to stores and feel merchandise; like fabrics of clothing, etc. Not being able to enjoy a cup of coffee out at café ... (64-year-old woman) Not being able to go to church and do work with my parish. (74-year-old woman)
Freedom	Reference to loss of freedoms to move freely; having to stay home; having to just go with the flow	164	12.9	Having to stay home and not being able to go about my business as usual. (79-year-old man)
Mask	Reference to biggest challenge is wearing a mask while doing activities; how the mask makes him/her feel	28	2.2	Having to wear masks. (63-year-old man)
Newness	Reference to the challenge being an adaptation to the newness of this way of living, or initiating new activities because of COVID-19, or new routines because of COVID-19	18	1.4	Change in lifestyle. (64-year-old woman)

Table 1. Continued

Code	Biggest challenge code descriptions	N ^a	%	Example quotes
Technology	Reference to the challenge of learning how to use technology or accessing things through technology	5	0.4	I'm a university professor. Since mid-March all of my classes have been presented on-line, using either WebEx or Zoom. Adapting to this technology, which I had never used before for teaching, was a bit of a problem, for me as well as for my students ... (65-year-old man)
Moving	Reference to plans to move being put on hold or changed	3	0.2	I was planning to move out of state at the end of May. I had to alter my plans. Now I'm thinking about the end of July. (66-year-old woman)
<i>Psychological stressors</i>				
Worry_people	Reference to worry about family (generally or specifically about children, grandchildren, parents, partner, sibling, aunt, other relative) or friends such as concern for well-being, health, contracting illness, etc.	58	4.6	My daughter is an essential worker. I am worried about her contracting COVID-19 all the time ... (73-year-old woman) My husband's medical issues stressing him more, fearful he will end up in the hospital and me not able to be there for him. (64-year-old woman)
Worry_future	Reference to worry about the future or uncertainty of the future and what will come or when things will return to "normal"	38	3.0	Worrying about a vaccine and the idea that this virus could be back again in the fall. (63-year-old woman)
Worry_health	Reference to worry about own health and getting COVID-19; worry of death	36	2.8	Fear of getting COVID-19. (73-year-old man)
Worry_society	Reference to worry about society more generally; or how society/larger groups of people are managing COVID-19; worry about those caring for people with COVID-19 (frontline workers)	27	2.1	Worrying about the effect the pandemic will have on people I know and for the country. (73-year-old woman)
Worry_supplies	Reference to worry about getting supplies such as groceries, medications, etc.; accessing supplies	26	2.0	Grocery stores don't have everything I need in stock. (69-year-old woman)
Worry_other	Generalized statement of worry; i.e., worry when leaving house but not specific to health	22	1.7	Worry. (65-year-old woman)
Helplessness	Reference to a feeling of helplessness of not being able to do anything about the situation or help those in need; reference to feeling vulnerable; reference to feeling lost and lack of motivation or purpose or inability to stay focused; feeling disgusted by it all	21	1.7	Keeping a sense of purpose. (64-year-old woman)
Boredom	Reference to boredom being the most challenging aspect	10	0.8	Things have become boring without the normal personal interactions. (83-year-old man)
Dependence	Reference to the challenge of being dependent on others for things like groceries, shopping, etc.	10	0.8	Becoming dependent on my adult children to do my grocery shopping. (84-year-old woman)
Loneliness	Reference to a generalized statement regarding loneliness	8	0.6	The loneliness of self-isolation has been a struggle at times. (63-year-old man)
<i>Health stressors</i>				
Health_self	Reference to specific health challenges not COVID related of self, such as managing a cancer diagnosis, managing disability	22	1.7	Having an increase in cancer markers after 23 years of breast cancer treatment—I still go every 3 weeks for treatment, have been in Stage 4 for 20 years but NEVER had cancer markers elevated ... (73-year-old woman)

Table 1. Continued

Code	Biggest challenge code descriptions	N ^a	%	Example quotes
COVID19_others	Others in the network getting COVID-19 virus	22	1.7	Next year will be 50 years that my wife has been an emergency room nurse. She became sick in March but continued to work until her illness prevented it and she tested positive for COVID-19 ... (76-year-old man)
Health_others	Reference to specific health challenges not COVID related of others in life, such as managing a cancer diagnosis, hospitalization	19	1.5	My husband went into HUP for a bone marrow transplant during this pandemic. The experience was made enormously more stressful due to the visitor restrictions. My son was the donor and he and his wife are expecting their first child this week and we will not be able to visit the baby for God knows how long. My second son is immune compromised and receives IVIG infusions each month. So ... all of the above contributed to any increased anxiety ... (71-year-old woman)
MedicalCare	Reference to inability to get the medical care needed, i.e., canceled physician or dental appointments, canceled surgery	18	1.4	I had to postpone elective surgery. (73-year-old woman)
COVID19	Getting the COVID-19 virus oneself; reference to being quarantined due to COVID-19 exposure, symptoms, or testing; reference of "quarantined" in general	17	1.3	Being so ill for over 2 weeks. (69-year-old man)
HealthBehaviors	Reference to concern for health behaviors such as gaining weight due to overeating, eating too much, or not eating healthy (i.e., snacking too much); lack of sleep or trouble sleeping; or change in smoking habits	14	1.1	Eating in moderation. Too much snacking. (63-year-old man) Quit smoking in November '19. Resumed in April. Most difficult to accept my lack of will power. (72-year-old woman)
<i>Financial stressors</i>				
Work	Reference to work-related challenges of not being able to work, let go, or furloughed; closing business; goals not being met (or met on the expected timeline); retirement plans being altered; or other aspects of work being challenging	97	7.6	I'm a doctor—greatly increased stress in the hospital. (66-year-old woman) I have been furloughed from work. I work in an event-related marketing field which will not be coming back to normal for some time. On top of that I am just 2 years away from my target for retirement and I fear the company will not bring me back ... and I'm left to try and find a job at the age of 65. (65-year-old man)
Finances	Reference to concern about financial well-being; loss of finances or future finances or own business	47	3.7	Wondering how I will be paying my bills. (64-year-old woman)
<i>Global Environment stressors</i>				
Political	Reference to challenge related to political landscape/leadership (i.e., accepting government officials' decision making)	61	4.8	Accepting the lack of leadership and/or intelligence from [the President of the United States] [Donald] Trump and GOP/Senate. (77-year-old woman)
Public	Reference to challenge related to seeing or hearing how others seem to be responding or not to social distancing mandates; attitudes or actions of others; watching the news and hearing about how others are responding or being affected	39	3.1	I am surprised at the great number of people who ignore common sense guidelines and/or don't follow official rules which can help to deter the spread of this virus. (75-year-old woman)

Table 1. Continued

Code	Biggest challenge code descriptions	N ^a	%	Example quotes
<i>Death stressors</i>				
Death	Reference to death of spouse/partner, family members (i.e., sibling, parent), or friends and challenge of loss but also inability to attend services or pay respects (death caused due to COVID-19 or not)	36	2.8	My wife was in a dementia center where she died from COVID-19. (74-year-old man) Most difficult the deaths of a number of elderly friends and not being able to attend or pay my final respects. (71-year-old woman)
Death_other	Reference to death of people more generally than in specific social network	7	0.6	Finding out how many people have contracted and died from the virus ... (77-year-old woman)
<i>Home Care stressors</i>				
Cleaning	Reference to the challenge of cleaning; i.e., disinfecting groceries, cleaning after someone comes home from work	11	0.9	The perceived need to sanitize everything coming into the house—groceries, mail, packages, etc. along with repeated cleaning of surfaces, hands, etc. (71-year-old man)
HomeMaintenance	Reference to having to manage home maintenance or inability to do what was planned	8	0.6	Not being able to schedule people to do work around my house (masonry, sidewalk repair ... things like that). (73-year-old woman)
Cooking	Reference to the need to cook at home more and meal prep challenges	3	0.2	Having to plan and cook meals daily. (83-year-old woman)

^aN refers to the number of participants ($N = 1,272$) who responded to the open-ended question; participants reported between 0 and 9 challenges.

parents, partners, and other relatives and friends: “My daughter and her husband are doctors treating COVID-19 patients. I worry for them and the grandchildren” (85-year-old man). *Health stressors* included both one’s own current health (non-COVID-19 [$N = 22$, 1.7%] and COVID-19 related [$N = 17$, 1.3%]), health behaviors ($N = 14$, 1.1%) and access to medical care ($N = 18$, 1.4%), and the health of others (non-COVID-19 [$N = 19$, 1.5%] and COVID-19 related [$N = 22$, 1.7%]). Sometimes these two overlapped: “I am 70 years old and have a 38-year-old daughter who is immune-deficient because of renal failure. Since we are both in targeted groups, I fear for our safety together as well as apart” (70-year-old man). *Financial stressors* included work changes ($N = 97$, 7.6%), as well as stock market changes and loss of business ($N = 47$, 3.7%): “Not resuming my seasonal (April–Nov) job at an art museum” (64-year-old man) and “My husband is self-employed and his office has been closed for 8 weeks. He is considering selling his business and retiring. We have taken quite a financial hit from this and are worried about our future ...” (71-year-old woman). Under the domain of *Global Environment*, participants also expressed a challenge in understanding or accepting the current political environment and response to the pandemic ($N = 61$, 4.8%), as well as the broader public response to the pandemic ($N = 39$, 3.1%). As one participant expressed, her biggest challenge has been “Listening to the politicians who think they know more than the scientists [and] hearing the whiners [that] want things to go back to ‘normal’” (72-year-old woman). Further for some, their biggest challenge was accepting *Death*, that is accepting the loss of someone in their network ($N = 36$, 2.8%) or

loss of so many, more broadly ($N = 7$, 0.6%), to COVID-19 and other illnesses during the initial weeks of the pandemic. Death within the confines of physical distancing mandates often meant an inability to pay final respects in person: “My mother died from COVID-19 and was alone in an assisted living facility when she died” (66-year-old woman). *Home Care stressors* were also described and included the need for increased cleaning ($N = 11$, 0.9%), the inability to accomplish home maintenance ($N = 8$, 0.6%), and increased cooking ($N = 3$, 0.2%). As one participant stated, “It has been most difficult staying home and having to do all the cooking and cleaning” (75-year-old woman).

Discussion

These analyses provide an initial understanding of the extent to which older people have been responding to directives to maintain physical distance in order to contain the spread of the COVID-19 and the experiences that older people find most challenging. We found that the majority of older people are staying away from public places, canceling physician’s appointments and medical treatments, spending less time with friends and relatives, canceling out-of-town trips, and changing plans to attend family gatherings. We also found that most older adults (91%) reported that the COVID-19 pandemic has presented significant challenges. More specifically, we found that older people report difficulties across eight domains: *Social Relationships*, *Activity Restrictions*, *Psychological*, *Health*, *Financial*, *Global Environment*, *Death*, and *Home Care*. These findings carry important implications for future research and practice.

First, these findings provide rich contextual information about the lived experiences of older adults during the COVID-19 pandemic. They provide evidence of the specific attributes of the pandemic that are affecting the lives of older adults. The descriptive information found here can inform the development of more complex predictive models of pandemic exposure on developmental outcomes such as loneliness, functional ability, or health. Specifically, our results highlight that older adults are physically distancing themselves from others, and knowing the extent of physical distancing may help us to understand how COVID-19 is affecting older individuals. Future work should consider how pre-pandemic levels of social interaction have changed during the pandemic and use this report of change to predict physical and mental health outcomes.

Furthermore, findings highlight the specific secondary aspects of the experience in response to the primary physical distancing mandates that older adults identify as stressful. Older individuals in this sample reported feeling most affected by lack of in-person contact with others and the need to change their activity routines. In predicting mental and physical health consequences of the pandemic on older individuals (i.e., loneliness, functional ability, or health), thus, it will be critical to examine the *extent of* and *feelings* associated with being separated from others (i.e., not just the engagement in specific physical distancing behaviors) and the *extent of* and *feelings* associated with having to change one's activity patterns. Beyond these two stressors, though, future quantitative models studying the impact of the pandemic must also account for other stressors including psychological stressors (i.e., worry), health stressors (i.e., contracting COVID-19), global environment stressors (i.e., political and public response), financial stressors (i.e., change in work patterns), exposure to death (i.e., in one's network or beyond), and stressors in the home (i.e., cleaning needs).

Our results can help inform intervention efforts. These descriptive findings suggest the need to better understand the pathways through which the primary stressor of the pandemic (physical distancing) may affect health and well-being outcomes. For example, findings indicate that physical distancing mandates are causing many to remove themselves from social encounters. Knowing that prior work has documented an association of social isolation (having minimal social contact) with morbidity and mortality (Holt-Lunstad et al., 2017), it is important to understand the extent of social removal. It will be critical to identify if there are positive social engagement strategies older adults are invoking that can moderate the impact of physical distancing on well-being. Intervention efforts that target loss of contact may prove especially meaningful for those who are not engaging in continued social contact with others. Furthermore, interventions that target coping strategies that directly respond to the specific stressors reported by older adults have the likelihood of minimizing negative pandemic outcomes (Matthieu & Ivanoff, 2006).

Clinical intervention efforts that focus on the specific stressors experienced by older adults may have the potential to maximize positive functioning and well-being.

While the findings of this study are critical for understanding how older adults are responding to the COVID-19 pandemic, this study is not without limitation. First, the analyses included data from people responding to an e-mail message within a 2-week period. Compared with people who did not respond, these early responders were more likely to be women, White, younger, married, have higher levels of education and income, and were healthier. By nature, the sample has the capacity and tendency to stay connected using e-mail, which may not be true for more vulnerable older adults. Until data from the full sample can be collected and analyzed, our understanding of the challenges older adults face during the pandemic is preliminary, at best. Second, our list of physical distancing behaviors may not be a complete index of behaviors individuals are engaging in due to the pandemic. Other behaviors not assessed here may be happening more frequently. Third, for some individuals, the response to physical distancing mandates may not represent a change in their status quo—they do not engage in these behaviors to begin with—and future research should explore this individual response to mandates by accounting for pre-pandemic behaviors. Fourth, the findings here apply to older adults who predominantly lived in New Jersey, a state that instituted sweeping regulations to close all non-essential businesses, schools, and medical offices except for emergency needs as of March 22, 2020. Additional challenges may have been present for those living in other regions. Furthermore, the findings focus on the first 6–8 weeks of the pandemic experience, additional challenges may be present or become more important for older adults as the pandemic continues. And finally, this manuscript focuses on the narrow lens of challenges perceived by older adults during this time of adjusting to new social mandates. However, older adults may also be engaging in new positive social exchange strategies that have positive rippling effects for well-being. New creative strategies for staying engaged (i.e., use of video conferencing technology) may be able to moderate the impact of physically distancing constraints on functioning. Future research should explore this diversity in experience.

Overall, despite limitations, findings reported here highlight the lived experiences of older adults during the initial weeks of the COVID-19 pandemic. These reported experiences set the stage for how older adults are and will continue to cope with the changing nature of the social environment as a result of COVID-19. These findings are important, given projections that intermittent physical distancing may be necessary until 2022 (Kissler et al., 2020) and evidence that physical distancing is an effective way to contain the COVID-19 virus (Flaxman et al., 2020; Hsaing et al., 2020). Knowing what physical distancing behaviors older adults are engaging in and the aspects of the experience they identify as most challenging informs

the testing of more complex associations of the impact of the pandemic on the health and well-being of older adults and intervention efforts to support older adults during this uncertain time.

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Conflicts of Interest

None declared.

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