

The impact of COVID-19 on the psychosocial well-being of older adults: A literature review

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Abstract

Introduction: The novel coronavirus SARS-CoV2 (COVID-19) was declared a global pandemic in 2020 with the greatest risk to older adults. Prolonged restrictions and isolation threaten the social and emotional welfare of vulnerable groups with concerns focused on the long-term impact of this pandemic on the health and well-being of aging populations.

Purpose: Using the Socioemotional Selectivity Theory (STT) as a conceptual framework, the purpose of this literature review was to explore the impact of COVID-19 on the psychological and social well-being of older adults.

Methods: Numerous academic and healthcare-related databases were searched to yield 24 relevant primary research articles, published during the pandemic (2020–2022), for analysis.

Results/Conclusions: Overall results indicated the pandemic had a significant negative affect on the psychological and social well-being of older adults to include those with cognitive impairments and dementia despite perceptions of reduced awareness. There were significant differences between age groups with older adults reporting greater emotional stability and coping skills than younger cohorts. Although supportive services and the use of technology-enhanced well-being these resources were reduced during the pandemic due to lack of trained staff, funding, and other socio-economic or political barriers. The SST proposes that feelings of satisfaction, a sense of belonging, and purpose are important for emotional well-being but the pandemic challenged these goals and, for many, resulted in stress, anxiety, and depression.

Clinical Relevance: Healthcare providers and policymakers need to be aware of the negative consequences triggered by the prolonged pandemic and take measures to provide services that support the psychosocial well-being of older adults.

KEYWORDS

anxiety, depression, gerontology, health policy, mental health, social support

INTRODUCTION

In March 2020, the World Health Organization (WHO) pronounced the novel coronavirus SARS-CoV2 (COVID-19) a global pandemic

unlike anything we have seen in over 100 years (Cucinotta & Vanelli, 2020; WHO, 2020). The alarming contagious nature of this virus along with evolving variants and rising death rates prompted governments around the world to mandate a series of restrictions.

Measures were designed to lower exposure through strict hand-washing, frequent sanitizer use, wearing masks in public, social distancing, and quarantine orders. At the core was the need to protect vulnerable groups, such as older adults, since they were considered more susceptible to severe disease symptomatology and increased mortality related to aging and pre-existing conditions. But prolonged restrictions and social isolation can have unintended consequences that threaten the social and emotional welfare of older adults (Ejiri et al., 2021; Fingerma et al., 2021). Even with the introduction of vaccines to reduce the spread and severity of COVID-19, the long-term impact of this pandemic on the health and well-being of our aging population is a growing concern.

Well-being is a multifaceted, ambiguous concept but in general refers to having a positive view of life and circumstances. Diener (2000) contends that well-being equates to being happy and satisfied with life. What determines a positive or negative view is subjective and influenced by temperament, personality, values, goals, cultural, and societal factors. López et al. (2020) assert that well-being is more than the absence of stressors but must include affirmative physical, sociological, and psychological situations that promote fulfillment and purpose in life.

Many scholars recognize an event such as a global pandemic can cause fear, stress, anxiety, depression, and social isolation which can lead to psychological or emotional issues that threaten one's overall sense of well-being (Abu-Kamel & Alnazly, 2021; Carriedo et al., 2020; Chen et al., 2021). In fact, Abu-Kamel and Alnazly (2021) asserted that fear of this life-threatening virus, loss of loved ones, and prolonged confinement, could lead to post-traumatic stress disorder (PTSD). This is especially true for older adults who are constantly reminded they are "vulnerable" and at more risk than other age groups. Because psychological and social well-being are important aspects of healthy aging, the long-term ramifications, and how older adults respond to the restrictions and stressors imposed by the COVID-19 pandemic is a topic of interest for all healthcare providers.

THEORETICAL FRAMEWORK

The Socioemotional Selectivity Theory (SST) provides a framework for examining the association between age and socioemotional well-being. The SST model was proposed by Carstensen (1987) and has been refined, researched, and validated in numerous studies (Abu-Kamel & Alnazly, 2021; Bardach et al., 2021; Carstensen, 1992; Carstensen et al., 2020; Jiang, 2020; Patrick et al., 2021). The underlying premise of the theory postulates that social and emotional goals change based on the perception of time left to live (Carstensen, 2021; Carstensen & Hershfield, 2021). For example, when a person perceives their life-span as long or unlimited, acquiring knowledge, building friendships, and taking risks are typically the priority. But as one grows older or life is perceived as limited (i.e. terminal illness) goals are more focused on emotional states of satisfaction, purpose, and belonging. This is not to say older

adults stop acquiring knowledge or seeking challenges but priorities shift based on life experiences and choices.

In a landmark study, Carstensen (1992) found there was a steady decline in interactions with casual friends starting in early adulthood but significant relationships increased over time. A distinction was made between contact and closeness in the context of friends and family, whereas contact may be infrequent, emotional closeness remains stable despite distance or number of interactions. Therefore, interaction frequency is not the main factor in determining emotional closeness in a relationship. Emotional stability in older adults is attributed to maintaining a balance through experience, coping strategies, and emotional control. SST research also supports that older adults maintain a greater sense of social and emotional well-being even during times of crisis such as a pandemic (Bardach et al., 2021; Carstensen et al., 2020; Jiang, 2020).

PURPOSE STATEMENT

The COVID-19 pandemic continues to threaten the well-being of older adults who are at heightened risk for physical, social, and psychological ramifications. Using the SST theory as a conceptual framework, the purpose of this paper was to explore the impact of COVID-19 on the psychosocial well-being of older adults.

SEARCH STRATEGY

A literature search was conducted using a university library one-search application (powered by Ebsco Host) with a focused examination of a variety of academic and healthcare-related databases to include Medline, Science Direct, Social Gerontology, and Cumulative Index to Nursing and Allied Health and Literature Plus (CINAHL). Search parameters applied were peer-reviewed journals, English language, and publication dates between 2020 and 2022 (during the pandemic). Initial keywords included "COVID-19 and psychosocial well-being" which yielded 256 articles. After eliminating duplicates, systematic reviews, meta-analysis, commentaries, and opinion articles, over 100 research abstracts were reviewed. Research articles that only focused on younger adults or had no relevance to the topic were eliminated ($n = 76$). A second search of three overarching themes was conducted where psychosocial was replaced with "psychological well-being" ($n = 7$), "social well-being" ($n = 21$) and finally "physical well-being" ($n = 7$) then evaluated and compared with previous findings. Duplicates were eliminated and a total of 24 primary research articles were selected with various design approaches to include descriptive survey ($n = 12$), descriptive cross-sectional ($n = 3$), longitudinal ($n = 4$), retrospective ($n = 1$), quasi-experimental pre-post-test ($n = 1$), mix-methods ($n = 2$) and qualitative ($n = 1$) studies.

LITERATURE REVIEW

The COVID-19 pandemic is a global crisis; therefore available research provided a broad perspective on the well-being of older adults from 13 different countries using a variety of research designs, methods, and measurements. The majority of studies recruited participants from sources such as community centers, geriatric organizations, physician practices, national databases, and social media with only three studies examining long-term care residents (Coin et al., 2021; López et al., 2020; Matteucci, 2021). Two major themes from the literature review will be discussed which includes psychological well-being and social well-being along with various concepts associated with these themes. See Table 1 for Literature Review Summary.

Psychological well-being

Psychological well-being typically refers to a having a positive mental or emotional state and these terms are often used interchangeably. Concepts related to this theme were positive affect, negative affect, cognitive impairments, age comparisons, quality of life, and coping.

Positive affect

Psychological well-being was examined related to positive affect with emotions described as satisfaction, happiness, joy, gratitude, contentment, affection, growth, and optimism. Three studies reported a positive affect on psychological well-being in older adults during COVID-19 (López et al., 2020; Whitehead, 2021; Whitehead & Torossian, 2021). Lopez et al., in a cross-sectional study, compared community dwelling and resident home older adults ($n = 626$; 60–70 years) with old-old adults ($n = 252$; 71–80 years) in Spain and discovered a significant increase in positive affect with no difference in psychological well-being between the groups. In addition, positive attributes such as gratitude, acceptance, family functioning, and resilience were significantly related to personal growth and life purpose. Whitehead surveyed 714 older adults in 47 states in the United States (US) and found those who were less concerned about how the pandemic would impact their life experienced lower stress and negative effects. Whitehead and Torossian evaluated 825 adults in the US related to perceived stress and joys. Sources of joy were family and friends, social contact via technology, and hobbies. They also reported faith, exercise, self-care, and nature had a significant positive correlation with psychological well-being.

Negative affect

Negative affect was the most common concept evaluated and included variables such as anxiety, worry, depression, stress, fear, sadness, and panic bordering on PTSD. Loneliness was identified in three studies as a negative psychological emotion (Fingerman

et al., 2021; Hajek & König, 2021; Whitehead & Torossian, 2021) although other studies identified this in terms of social well-being. Five studies reported an increase in negative affect during the pandemic (Abu-Kamel & Alnazly, 2021; Chen et al., 2021; Kredel & Perry, 2021, Sirin et al., 2021; Whitehead & Torossian, 2021). Abu-Kamel & Alnazly conducted a cross-sectional survey of 315 older adults in Jordan at the beginning of the pandemic to evaluate mental distress and the potential for PTSD. They concluded older adults experienced high levels of anxiety, fear, social isolation, and depression with moderate symptoms of PTSD. Those with chronic illnesses had greater mental distress, depression, PTSD, and fear of COVID-19 than those without co-morbidities. In addition, males had significantly higher levels of depression than females. Sirin et al., using a mixed method study of 278 older adults in Turkey, reported females had significantly higher anxiety rates than males and determined a lack of exercise and contact with family had an impact on mental well-being. In a similar study design, Whitehead and Torossian found stress worry, and anxiety resulted from concern for others, virus risk, and fear of the unknown which was significantly correlated with decreased psychological well-being. Chen et al. took a different approach with a qualitative analysis of online discussions between 10 frail older adults in Seattle, Washington and found symptoms of stress, worry, and anxiety were enhanced during the pandemic. Kredel & Perry, in a quasi-experimental pre-post test study, evaluated depression, anxiety, and stress in 93 older adults in Bloomington, Indiana. They reported COVID-19 had an overall negative affect on mental health with an increase of depression and loneliness.

Three studies supported negative affect findings and provided insight related to the prolonged effects of the pandemic on psychological well-being (Giebel et al., 2021; Hansen et al., 2021; Macdonald & Hülür, 2021). Giebel et al. evaluated the mental wellbeing of older adults ($n = 377$) in the United Kingdom (U.K.) over a 12-week period and found that, although cases of anxiety decreased over time, depression significantly increased prompting a need to consider the expansion of mental health services. Hansen et al. studied a large sample of older adults ($n = 4304$) in Norway and found little impact on psychological well-being early on but a substantial decrease for both men and women 5 months into the pandemic. Macdonald and Hülür surveyed 99 older adults in Switzerland 3 weeks prior and 4 weeks after the pandemic lockdown and found a significant negative affect related to well-being and loneliness.

Cognitive impairments

Older adults with dementia and other forms are cognitive impairment are often characterized as having diminished awareness of events. Two studies investigated older adults with cognitive decline and their response to the pandemic (Coin et al., 2021; Murukesu et al., 2021). Coin et al., in a retrospective design of long-term care residents, evaluated the psychological well-being of 250 older adults with dementia in Italy and found depression was higher and coping

TABLE 1 Literature review summary

Author year	Study purpose/design	Sample/size setting	Variables/measures	Results/limitations
Abu-Kamel and Alnazly (2021)	To determine the impact of COVID-19 confinement on mental distress and Post-traumatic Stress Disorder (PTSD) among older adults (Cross-sectional correlational survey)	N = 315 older adults online survey between May 28 and June 12, 2020 JORDAN	Psychological well-being: isolation, anxiety, depression, fear for survival, trauma-related memories, panic Physical: general health past month, history of chronic diseases Other: age, gender, education level, marital status, employment, living arrangement, monthly income, dependency level Measures: ICS-R; FCV-19S; PHQ-9; General Health Survey	<ul style="list-style-type: none"> Older adults experienced high levels of anxiety, fear, social isolation, and depression with moderate symptoms of PTSD. Those with chronic illnesses had greater mental distress, PTSD, and fear of COVID-19 than those without co-morbidities Males had significantly higher levels of depression than females Limits: No baseline of mental health, selection bias (no non-users of social media), cultural bias, those in good health versus those with co-morbidities
Bardach et al. (2021)	To determine older adults' adaptations to social distancing and use of technology during the pandemic (Qualitative)	N = 30 older adults Auto-taped interviews Lexington, Kentucky, US	Technology: use, barriers, facilitators, support, telehealth, portal use, interest in training Social well-being: social connections, adaptation to social distancing Measures: Researcher created self-report questionnaire	<ul style="list-style-type: none"> Positive view of technology but disinterest in technology use among older adults as a replacement for human contact Emphasized "emotionally meaningful goals" as a way to increase technology adoption to include timely, easy to use applications Limits: Small sample, self-report measures, high education level of participants
Birditt et al. (2021)	To examine age differences in pandemic-related stress, social ties, and life changes related to psychological well-being (Descriptive survey)	N = 645 adults (43% women) aged 18–97 (M = 50.8) Phone survey from the May 2020 nationally representative Survey of Consumers Michigan, US	Psychological well-being: anxiety, fear, emotional regulation, stress, depression Social well-being: isolation, loneliness, relationship quality Measures: Data from Health and Retirement Study; Beck's Anxiety Inventory; UCLA Loneliness Scale	<ul style="list-style-type: none"> Older adults had less pandemic-related stress, higher positive affect, and greater overall sense of well-being than younger adults Isolation, loneliness, and diminished contact with family and friends during the pandemic had a significant negative impact on psychological and social well-being which precipitated higher levels of stress and anxiety Limits: Self-report measures, no baseline for stress, coping, early life experience, or physical health. Only 1 month early in pandemic
Carriedo et al. (2020)	To examine the psychological well-being and physical activity of older adults during home isolation due to COVID-19 (Descriptive cross-sectional survey)	N = 483; Ages 60–92 years (M = 65.49) recruited via a snowball sampling strategy for online questionnaire SPAIN	Psychological well-being: depressive symptoms past 12 months Resilience: locus of control, self-efficacy, optimism Other: physical activity, sedentary behaviors, age; sex; BMI Measures: PNAS; IPAQ; Connor-Davidson Resilience Scale	<ul style="list-style-type: none"> Vigorous and moderate activity promoted higher optimism, self-efficacy, resilience, positive affect, and less depressive symptoms among older adults Limits: Only one country, self-report survey; small effect size, psychological variables compared to high-level physical activity so those with poor mental/physical health less prompted to exercise

TABLE 1 (Continued)

Author year	Study purpose/design	Sample/size setting	Variables/measures	Results/limitations
Carstensen et al. (2020)	To address important theoretical questions about age differences in emotional experience in times of crisis, (Descriptive survey)	N = 945 ages of 18–76 years (M = 45.15) in April 2020 US	Emotional well-being: positive, negative affect, frequency/intensity Time horizons perception: extension, opportunity, constraints Measures: Perceived Risk; Subjective Health; Personality (using the BIG Five)	<ul style="list-style-type: none"> Older adults had greater emotional well-being during the pandemic than younger participants even in the face of prolonged stress Older adults had greater emotional stability than younger cohorts Utilize positive incentives and activities that are meaningful to promote well-being in older adults Limits: Self-report survey, one point in time, more educated than general population, may not represent those who were less inclined to complete an online survey or have access to technology
Chen et al. (2021)	To explore the impact of the pandemic on daily life; preparedness, perceptions, and behavior; technology use; and social connectedness of older adults (Qualitative)	N = 10 pre-frail and frail older adults age > 65 subject to state stay-at-home orders. With internet access; Retirement communities, public libraries, community centers Online discussion of 60 posts Seattle, WA, US	Social well-being: loneliness, influence on daily life, technology use, prevention behaviors, social connectedness, perceived stress, quality of life (QOL) Other: age, sex, race, education, income, comfort with computers, frailty class Measures: UCLA Loneliness Scale, PSS, RAND-36	<ul style="list-style-type: none"> Increased negative affect with symptoms of stress, worry, and anxiety enhanced during the pandemic Impact on QOL and emotional well-being reflected in altered daily routines, pandemic restrictions, and lack of social contact with family and friends which resulted in increased stress, anxiety, and worry Greater life satisfaction and well-being with internet use to connect with family Limits: Small sample size, predominately white race, high education level, one geographical area
Coin et al. (2021)	To evaluate the impact of the first wave of pandemic quarantine on psychological well-being among older adults with mild/major cognitive decline (Descriptive survey)	N = 250 patients (64% female; M = 79 years); Ten Centers for Cognitive Decline and Dementia Phone surveys ITALY	Psychological well-being: stress, depression, coping, caregiver burden, mental status Measures: DASS, PSS, COPE, CBI, MMSE	<ul style="list-style-type: none"> Depression and stress was higher and coping was limited for those with greater cognitive impairment during first wave of pandemic Limits: No pre-pandemic data; self-report surveys, limited to those with mild/moderate dementia and not generalizable to individuals with more severe cognitive impairment
Ebert et al. (2020)	To compare emotional well-being during the first 4 months of COVID-19 between older and younger adults (Descriptive, survey)	N = 325 adults (M = 39.7 years) Surveyed Amazon MTurk Prime users beginning of pandemic US	Emotional well-being: Positive affect: happy, contented, warm-hearted, energetic, interested. Negative affect: sad, annoyed, worried, irritated, depressed Other: Age Measures: Philadelphia Geriatric Center PNAS	<ul style="list-style-type: none"> Older adults had higher positive and lower negative affect over younger adults Pandemic-related stress did not immediately decrease well-being although a significant initial increase in negative effect with a slow decline over time was shown in both age groups Limits: Short time frame, limited to those who used Amazon MTurk Prime, self-report survey

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TABLE 1 (Continued)

Author year	Study purpose/design	Sample/size setting	Variables/measures	Results/limitations
Ejiri et al. (2021)	To examine the impact of exercise on psychological well-being during COVID-19 among community-dwelling older adults (Descriptive, survey)	N = 720 older adults (M = 73.9 years) survey October 2019; N = 618 older adults (M = 73.7 year) June 2020 JAPAN	Psychological well-being Coping behaviors: hobbies, social interactions, diet, walking, exercise, and strength training Other: sex, age, family structure, financial status Measures: WHO-5 well-being index	<ul style="list-style-type: none"> Older adults identified walking, hobbies, and exercise were key coping strategies Over time psychological well-being declined for the walking group but increased for the exercise group Limits: Lack validity of measures, level of exercise not considered, or other coping factors
Fingerman et al. (2021)	To explore the association between living alone, social contact, and emotional well-being among older adults during COVID-19 (Descriptive, survey)	N = 226 older adults (M = 77.28 years) May/June 2020. Compared to data from in the Daily Experiences and Well-being Study (DEWS) in 2016 Austin, TX, US	Daily experiences: daily experience reconstruction Social engagement: in person, by phone, or electronically. Emotions: positive vs negative emotions, gratitude, contentment, loneliness, sadness, stress (three times/day) Other: age, gender, education, ethnicity, race, marital status, living situation, physical health Measures: Research created	<ul style="list-style-type: none"> Isolation, loneliness, and diminished contact with family/friends had a significant negative impact on social well-being which precipitated higher levels of stress and anxiety Physical presence over other communication was associated with higher levels of well-being, especially for those who lived alone Use of various technologies-enhanced social engagement and social well-being Limits: No baseline data, limited timeframe, and geographical location; self-report measures
Fuller and Huseth-Zosel (2021)	To explore coping strategies of older adults during the initial weeks of the pandemic (Descriptive, interview)	N = 76 older adults (70-97 years) Phone interviews March 28-April 20, 2020 Minnesota and North Dakota, US	Coping: with social distancing QOL: daily experiences, perceptions of current QOL, how life changed Social support: interpersonal connections, future expectations Other: age, gender, education, marital status, living situation, state Measures: Researcher created	<ul style="list-style-type: none"> Exceptional psychological adaptability and coping during the pandemic High ratings related to coping skills indicative of enhanced emotional control and resilience Participants reported a positive attitude, staying busy, and seeking support when needed Limits: Small sample, lack of diversity (mostly female), limited time frame, self-report measures
Giebel et al. (2021)	To explore social service support and mental well-being among older adults with dementia during the first 3 months of the pandemic (Longitudinal exploratory survey)	N = 377 older adults with dementia (M = 72 years); Online or telephone survey April-May 2020; 6 and 12 weeks after baseline UNITED KINGDOM	Mental well-being: depression, anxiety, QOL Social Service Usage Other: age, gender, ethnicity, postcode, living situation, type of dementia and employment Measures: PHQ-9; Generalized Anxiety Disorder; Short Warwick-Edinburgh Mental Well-Being Scale ¹³ for QOL	<ul style="list-style-type: none"> Anxiety significantly decreased over time while depression and well-being increased prompting a need to expand mental health services Social support needs included meal delivery, transportation, social activities, mental health services, medical equipment, and support groups in order to increase well-being Limits: Only older adults with internet access, short timeframe, single location, self-report surveys, did not assess the level of services

TABLE 1 (Continued)

Author year	Study purpose/design	Sample/size setting	Variables/measures	Results/limitations
Hajek and König (2021)	To determine the frequency of contact with friends and family via internet and psychosocial factors among middle-aged and older adults (Cross-sectional descriptive, survey)	N = 3134 (46–98 years; M = 67) Data from German Aging Survey (June/July 2020) GERMANY	Psychological well-being: loneliness, satisfaction, depression Social: frequency of contact Other: age, sex, education, region, employed, living situation, children, migration Measures: De Jong Gierveld scale; Satisfaction with Life Scale; 10-item Center for Epidemiological Studies	<ul style="list-style-type: none"> Older adults who used the internet to stay in contact with loved ones had greater life satisfaction and well-being Less frequent internet users reported decreased life satisfaction, more depression, and increased loneliness Limits: Limited geographic location, one point in time, cultural bias, and only internet users with no distinction between types of communication used
Hansen et al. (2021)	To examine psychosocial impacts and predictors thereof among older Norwegians in early and later stages of the pandemic (Longitudinal survey)	N = 4304 (65–92 years) The Norwegian Counties Public Health Survey (NCPHS) before pandemic and June, Nov-Dec 2020 NORWAY	Psychological well-being: worried, anxious, depressed, engaged, happy, satisfied Social well-being: loneliness, quality of support Other: gender, age, education, partner status, employment, area, health, perceived household vulnerability to COVID-19 due to pre-existing health conditions; risk Measures: UCLA3 Loneliness Scale	<ul style="list-style-type: none"> Older adults managed early stage of pandemic with minor psychosocial impact Significant decrease in psychological well-being and increase in loneliness for both men and women 5 months into the pandemic Diminished contact with family and friends during the pandemic had a significant negative impact on social well-being over time Limits: Limited location and time frame, drop-outs had higher loneliness scores, highly educated not representative of population as a whole
Jiang (2020)	To examine differences in daily affective experiences and perceived stress during the pandemic (Correlation, survey)	N = 231 (18–85 years; M = 45) Only 15% over 61 years. 14-day daily diary study CHINA	Psychological: daily affect; stress Other: age, overall health, socioeconomic status, daily stress, marital status, education, religion, Measures: PSS; Affect Valuation Index	<ul style="list-style-type: none"> Older adults had a lower perceived stress level and higher positive affect than younger adults Older adults were more motivated to regulate emotion than younger adults Limits: geographical location, high education level, low number of older adults
Kredel and Perry (2021)	To examine impact of COVID-19 on social and mental well-being among older adults (Quasi-experimental, pre-post)	N = 93 older adults (64 white Female) Phone interviews June-Oct 2019 then April–May 21, 2020, Bloomington, Indiana, US	Mental well-being: depression, anxiety, stress Social well-being: social networks, loneliness, social engagement Other: age, race, gender, education, general health Measures: MMSE; PHQ-9; PhenX Toolkit Social Networks Battery; UCLA Loneliness Scale	<ul style="list-style-type: none"> Mental health was negatively affected by an increase in depression and loneliness Diminished contact with family and friends had a significant negative impact on social well-being which precipitated high levels of stress and anxiety Older adults with close social networks had greater loneliness even with the use of social media Limits: Homogeneous sample, well educated, self-report measures, location

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TABLE 1 (Continued)

Author year	Study purpose/design	Sample/size setting	Variables/measures	Results/limitations
López et al. (2020)	To assess the psychological well-being among the young-old and old-old adults (Cross-sectional, survey)	N = 878 older adults n = 626 (60–70years) n = 252 (71–80years) Online survey 3 weeks following restrictions. Nursing home and community SPAIN	Psychological well-being: family functioning, resilience, gratitude, experiential avoidance, inflexibility, personal growth, purpose Measures: The Family APGAR; Brief Resilient Coping Scale; Gratitude Subscale (Values in Action Inventory of Strengths); Acceptance and Action Questionnaire-II; Ryff's Psychological Well-Being Scales	<ul style="list-style-type: none"> Significant increase in positive affect with no difference in psychological well-being between groups Positive attributes such as gratitude, acceptance, family functioning, and resilience were significantly related to personal growth and life purpose Limits: Self-report measures, limited location, during one time period, and did not include those with cognitive impairments
Macdonald and Hütler (2021)	To examine how the pandemic affected older adults' emotional well-being, loneliness, and social relationships (Microlongitudinal, survey)	N = 99 (65–94 years; M = 71) Pre-data from study conducted in 2019 Post-data Online survey 4 weeks after pandemic SWITZERLAND	Emotional Well-being: positive and negative affect Social Well-Being: social interactions (how, type, frequency); perceptions of social interactions; social networks; social support, living alone Other: age, gender, health status Measures: Same as prior study	<ul style="list-style-type: none"> Significant negative affect related to well-being and loneliness Older adults who had frequent telephone contact with social groups were less lonely Social distancing presented a substantial stressor which greatly affected well-being Limits: Small sample, limited to those who used computers, period effects, memory-experience gap, single location, and lockdown not as strict
Matteucci (2021)	To explore social well-being, physical activity, and technology use among older adults during COVID-19 (Descriptive correlation, survey)	N = 117 (65+ years) December 2020 Long-term residence home and community NORTHERN ITALY	Social well-being: social networks, social support Physical activity: sports, leisure, domestic activities Technology: use, type, motivation Other: age (in groups), gender Measures: LSNS-R; SSLI; PASE	<ul style="list-style-type: none"> Residents who utilized a variety of technologies for networking were at less risk for isolation As age progressed participants were less inclined to learn or use technology for communication, possibly due to illness or lack of computer skills Significant relationship between physical activity and social networks Limits: Small sample, pilot study, single location.
Murukesu et al. (2021)	To compare physical activity patterns, psychological well-being, and coping strategies of older persons with cognitive frailty (Cross-sectional from WeRise Randomized Control Trial)	N = 42 community-dwelling older adults (60+ years) with cognitive frailty, intervention (n = 21) control (n = 21) Klang Valley, MALAYSIA	IV: exercise program, cognitive stimulation, diet counseling, psychosocial support versus routine care Physical activity: level of independence, ADLs, mobility, activities, hobbies, shopping Psychological well-being: social relationships, competence, optimism, self-respect, self-acceptance, stress, contributing to others' wellbeing, purposefulness, engagement. Sleep disturbance, inability to cope, happy or depressed, coping strategies Other: age, gender, ethnicity, education, marital status, employment, income, smoking, medical, or depression history Measures: IPAQ, FAQ, FS, GDS-14, GHQ-12, COPE	<ul style="list-style-type: none"> The intervention group had higher psychological well-being and greater purpose in life despite cognitive impairments than the control group Providing supportive services, counseling, and daily exercise were effective measures for promoting psychological well-being among older adults Both groups had positive coping strategies Those who relied predominately on religious beliefs as a coping strategy reported higher psychological well-being than others in the group Limits: Small sample, self-report measures (socially desirable responses), single location

TABLE 1 (Continued)

Author year	Study purpose/design	Sample/size setting	Variables/measures	Results/limitations
Siette et al. (2021)	To investigate the impact of COVID-19 on the quality of life and social networks among older adults receiving community care services (Longitudinal, survey)	N = 21 older adults (79–90 years) community and homecare services Survey, three time points 2018, 2019, 2020 New South Wales, AUSTRALIA	Psycho-social well-being: QOL, anxiety/depression, social networks QOL: mobility, self-care, activities, pain/discomfort Technology: use, type, frequency Other: age, gender, income, birth country, education, marital status, employment Measures: LSNS-R, Quality of Life	<ul style="list-style-type: none"> Older adults experienced stress, anxiety, worry, disruption in daily routines and a significant decrease in quality of life during the pandemic Over 90.5% used technology to engage with family/friends and telephone contact most frequent method to decrease loneliness Limits: Small sample size, low response rate, may not represent the geographic, cultural, and socio-economic background of population as a whole
Sirin et al. (2021)	To determine the level of anxiety and impact of isolation on older adults during the pandemic (Quantitative, qualitative mixed-method)	N = 278 older adults (65+; M = 72.6 years) completed online survey Interviews (n = 20) TURKEY	Psychosocial impact: economic loss, financial aid, effect on communications, time following pandemic news, isolation Knowledge of COVID: symptoms, transmission, risk, cases, Other: gender, age, employment education, living situation, hobbies, exercise, smoking, chronic disease Measures: The Geriatric Anxiety Inventory (GAI)	<ul style="list-style-type: none"> Overall increase in generalized anxiety disorder during the pandemic. Females had significantly higher anxiety rates than males and determined a lack of exercise and contact with family increased anxiety, Social isolation had a significant impact on mental well-being Limits: Single geographic location, higher education than general population,
Whitehead (2021)	To explore perceived stress, negative affect and expectations during the pandemic among older adults (Descriptive, survey)	N = 714 older adults (60+ years) Completed online survey in March 2020 47 States UNITED STATES	Psychological well-being: stress, positive-negative affect Pandemic expectations income, duration, long-term impact Other: age, sex, marital status, income, perceived health Measures: PSS, PNAS	<ul style="list-style-type: none"> Those who were less concerned about how the pandemic would impact their life experienced lower stress, less negative effects, and positive affect on psychological well-being Limits: Self-report measures, single geographic location, cultural and socioeconomic bias, short timeframe early in pandemic

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TABLE 1 (Continued)

Author year	Study purpose/design	Sample/size setting	Variables/measures	Results/limitations
Whitehead and Torossian (2021)	To explore older adults' perceptions of joys and stressors during the pandemic (Quantitative, mixed-method)	N = 825 older adults (60+ years) 47 States, US	<p>Psychological well-being: Perceived stress, restrictions, confinement, concern for others, isolation, loneliness, unknown future. Joys, family, friends, digital interaction, hobbies, entertainment, peace of mind</p> <p>Positive/Negative affect</p> <p>Other: Age, gender, marital status, income, not retired, poor health</p> <p>Measures: PSS; PNAS; questions related to stressors and joys</p>	<ul style="list-style-type: none"> Stress, worry, and anxiety resulted from concern for others, virus risk, and fear of the unknown which was significantly correlated with decreased psychological well-being The most common stressors were isolation, confinement, concern for others, and loneliness Sources of joy were family and friends, social contact via technology, and hobbies Significant positive psychological well-being is associated with faith, exercise, and nature Limits: Self-report measures, homogenous sample, cultural and socioeconomic bias, single geographic location, and short timeframe early in pandemic

Abbreviations: CBI, Caregivers' burden inventory; COPE, Coping Orientation to Problems Experienced; DASS, Depression Anxiety Stress Scale; FAQ, Functional Activities Questionnaire; FCVY-19S, The Fear of COVID-19 Scale; FS, Flourishing Scale (social well-being); GDS-14, Geriatric Depression Scale-14; GHQ-12, General Health Questionnaire-12; ICS-R, Impact of Events Scale-Revised measures PTSD symptoms; IPAQ, The International Physical Activity Questionnaire; LSNS-R, Lubben Social Network Scale-Revised; MMSE, Mini Mental State Examination; PASE, Physical Activity Scale for the Elderly; PHQ-9, Patient Health Questionnaire-9 for depression; PNAS, The Positive and Negative Affect Schedule; PSS, Perceived Stress Scale; RAND-36, measure of health-related QOL; SSLI, Social Support List.

was limited for those with greater cognitive impairment. Despite concerns about the level of awareness in dementia patients, researchers concluded the study group did experience distress during the pandemic. Murukesu et al. conducted a cross-sectional study of 42 older adults in Malaysia with cognitive disabilities, which were divided into an intervention and control group. The intervention group received cognitive and social support, nutrition counseling, and daily exercise. The intervention group had higher psychological well-being and greater purpose in life despite cognitive impairments than the control group that received routine care.

Age comparison

Comparing the psychological well-being of older adults with the younger generation during the pandemic was another area for research (Birditt et al., 2021; Carstensen et al., 2020; Ebert et al., 2020; Jiang, 2020). Birditt et al. examined age differences related to stress and psychological well-being of older adults ($n = 645$; $M = 50.8$ years) living in Michigan. Overall, older adults had less pandemic-related stress and higher positive quality relationships than younger adults. In a similar study of 945 US adults ($M = 45.2$ years), Carstensen et al. reported older adults had greater emotional well-being during the pandemic than younger participants even in the face of prolonged stress. Ebert et al. concurred with a comparison of 325 US adults ($M = 39.7$ years) and found older adults had higher positive and lower negative affect compared to younger adults. Pandemic-related stress did not immediately decrease well-being although a significant initial increase in negative effect with a slow decline over time was shown in both age groups. Jiang (2020) also evaluated age differences of 231 Chinese adults ($M = 44.7$ years) and found older adults had a lower perceived stress level than younger adults.

Quality of life and coping

Quality of life (QOL) studies focused on the impact of COVID-19 on daily routines and perceptions of well-being (Chen et al., 2021; Giebel et al., 2021; Siette et al., 2021). According to Chen et al., QOL and emotional well-being were reflected in altered daily routines, pandemic restrictions, and lack of social contact which resulted in increased stress, anxiety, and worry. Similar findings were reported by Siette et al. who investigated 21 older adults in Australia pre-post COVID-19 and found a significant decrease in QOL. In contrast, Giebel et al. focused on mental well-being as a measure for QOL and reported a significant decrease in anxiety but an increase in well-being over time.

Coping strategies were also explored in conjunction with well-being and quality of life (Carriedo et al., 2020; Ejiri et al., 2021; Fuller & Huseth-Zosel, 2021; Murukesu et al., 2021). Fuller and Huseth-Zosel surveyed 76 older adults in the US and reported exceptional psychological adaptability and coping during the pandemic. High ratings related to coping skills were indicative of enhanced

emotional control and resilience among this group. These findings were attributed to participants having a positive attitude, keeping busy, and seeking support when needed. Ejiri et al. found walking, hobbies, and exercise were key coping strategies in a study of 618 older adults living in an urban community in Japan. Over time psychological well-being declined for the walking group but increased for the exercise group. Carriedo et al. indicated physical activity promoted higher optimism, self-efficacy, resilience, and positive affect with less depressive symptoms among older adults ($n = 483$) in Spain. Murukesu et al. also evaluated coping skills of older adults with cognitive disabilities and found those who relied predominately on religious beliefs as a coping strategy reported higher psychological well-being than others in the group.

Measures of psychological well-being

A number of valid and reliable instruments were employed across the studies to evaluate psychological well-being. These measures primarily focused on positive/negative affect, depression, anxiety, and stress. A common instrument used to measure psychological well-being was the Positive and Negative Effect Scale (PNAS) (Carriedo et al., 2020; Ebert et al., 2020; Whitehead, 2021; Whitehead & Torossian, 2021) followed by the Affect Validation Index (Jiang, 2020) and the Ryff's Psychological Well-being Scales (López et al., 2020). Depression was assessed using several different measures to include the Patient Health Questionnaire-9 (PHQ-9) (Abu-Kamel & Alnazly, 2021; Giebel et al., 2021; Kredel & Perry, 2021); the Depression Anxiety Stress Scale (DASS) (Coin et al., 2021); Mini Mental State Examination (MSE) (Coin et al., 2021; Kredel & Perry, 2021); 10-item Center for Epidemiological Studies for Depression (Hajek & König, 2021); and the Geriatric Depression Scale-14 (GDS-14) (Murukesu et al., 2021). Four different tools were used to evaluate anxiety: (1) Anxiety Stress Scale (Coin et al., 2021); (2) Beck's Anxiety Inventory (BAI) (Birditt et al., 2021); (3) Generalized Anxiety Disorder (Biebel et al., 2021; Giebel et al., 2021); and (4) the Geriatric Anxiety Inventory (GAI) (Sirin et al., 2021) whereas the Perceived Stress Scale (PSS) was applied across five different studies (Chen et al., 2021; Coin et al., 2021; Jiang, 2020; Whitehead, 2021; Whitehead & Torossian, 2021).

Other psychological measures included the Impact of Events Scale-Revised (ICS-R) for PTSD and Fear of COVID-19 Scale (Abu-Kamel & Alnazly, 2021); Gratitude subscale of Values in Action Inventory of Strengths-Short Form, and the Acceptance and Action Questionnaire-II (López et al., 2020). Despite the preponderance of standardized measures, several researchers utilized self-made measures for determining psychological well-being (Bardach et al., 2021; Carstensen et al., 2020; Fingerman et al., 2021; Fuller & Huseth-Zosel, 2021).

Quality of life, coping, and resilience were other areas where a variety of valid and reliable measures were employed. Four studies evaluated QOL applying measures such as the RAND-36 for

QOL (Chen et al., 2021); Warwick-Edinburgh Mental Well-Being Scale-13 (Giebel et al., 2021); Satisfaction with Life Scale (Hajek & König, 2021); and the EuroQOL (EQ-5D-5L; Siette et al., 2021). Two studies used the Coping Orientation of Problems Experienced (COPE) instrument (Coin et al., 2021; Murukesu et al., 2021) whereas resilience was measured using the Connor-Davidson Resilience Scale (Carriedo et al., 2020) or the Brief Resilient-Coping Scale (López et al., 2020).

Social well-being

Social well-being can be defined as "the ability to communicate, develop meaningful relationships with others and maintain a support network that helps you overcome loneliness" (Davis, 2019, para.8). This is consistent with concepts evaluated in various studies such as isolation, loneliness, engagement, connectedness, support, social networks, and technology use.

Five studies reported isolation, loneliness, and diminished contact with family and friends during the pandemic had a significant negative impact on social well-being which precipitated higher levels of stress and anxiety (Birditt et al., 2021; Chen et al., 2021; Fingerman et al., 2020; Hansen et al., 2021; Kredel & Perry, 2021). Hansen et al. also noted that during the early stages of the pandemic, older adults were not overly concerned despite less contact with others but as COVID-19 lingered social well-being was compromised.

Social engagement, social support, and technology use were important factors in maintaining social well-being. Social engagement was enhanced by technology such as the telephone or text messaging (Macdonald & Huler, 2021; Siette et al., 2021), social media (Kredel & Perry, 2021), and the internet (Chen et al., 2021; Fingerman et al., 2021; Hajek & König, 2021) but with mixed impact on social well-being. Fingerman et al. evaluated daily social contact among older adults ($n=226$) in Austin, Texas and reported physical presence over other forms of communication was associated with higher levels of well-being, especially for those who live alone. Kredel & Perry found older adults with close social networks experienced greater loneliness even though social media was used often. In contrast, Macdonald & Huler and Siette et al. indicated older adults who had frequent telephone contact with social groups were less lonely.

Matteucci (2021) surveyed community and long-term care older adults ($n = 117$) in Italy and found those who utilized a variety of technologies for networking were at less risk for isolation. They also reported as age progressed participants were less inclined to learn or use technology for communication, possibly due to illness or lack of computer skills. Bardach et al. (2021) discovered a similar disinterest in technology use among older adults ($n = 30$) in Kentucky as a replacement for human contact and proposed emphasizing "emotionally meaningful goals" as a way to increase adoption along with offering timely, easy to use applications. Hajek and König (2021) and Chen et al. (2021) indicated older adults who used the internet to stay in contact with loved ones had greater life satisfaction and

well-being. Only one study was found that explored actual social support needs for older adults during the pandemic and emphasized providing meal delivery, transportation, social activities, mental health services, medical equipment, and support groups in order to increase well-being (Giebel et al., 2021).

Measures of social well-being and general health

Social well-being was evaluated utilizing the Family Apgar (López et al., 2020); Lubben Social Network Scale-Revised (LSNS-R) (Matteucci, 2021; Siette et al., 2021); Social Support List (SSL1) (Matteucci, 2021); and the Flourishing Scale (FS) (Murukesu et al., 2021). Loneliness was commonly evaluated using the UCLA Loneliness Scale (Birditt et al., 2021; Chen et al., 2021; Hansen et al., 2021; Kredel & Perry, 2021) with one study using the DeJong Gierveld Scale (Hajek & König, 2021).

General health and physical well-being were predominately assessed through a variety of researcher developed survey's or activities although several studies incorporated the use of standardized instruments. General health was evaluated using the 12-Item Short-Form Health Survey (Abu-Kamel & Alnazly, 2021), the WHO-5 Well Being Index (Ejiri et al., 2021), and the General Health Questionnaire-12 (GHQ-12) (Murukesu et al., 2021). The International Physical Activity Questionnaire (IPAQ) (Carriedo et al., 2020; Murukesu et al., 2021), the Functional Activities Questionnaire (FAQ) (Murukesu et al., 2021), and the Physical Activity Scale for the Elderly (PASE) (Matteucci, 2021) was used to determine physical well-being. Overall, numerous standardized instruments were used to evaluate psychological, social, and physical well-being with some researchers creating their own measures. This had implications for comparing concepts and outcomes across studies.

DISCUSSION

Interest in the well-being of older adults during the COVID-19 pandemic is a global concern evidenced by the broad perspective of studies from a variety of countries to include Japan, Jordan, Spain, Italy, U.K., Germany, Norway, China, Switzerland, Australia, Turkey, Malaysia, and 47 states in the U.S. Despite the wide range of cultures, health practices, and living arrangements represented there were common themes related to psychological and social well-being throughout this review. Overall, most studies indicated the pandemic had a significant negative affect on the psychological well-being of older adults with only three studies reporting a positive affect (López et al., 2020; Whitehead, 2021; Whitehead & Torossian, 2021). This was attributed to older adults being at higher risk for severe disease, fear of the unknown, loss of friends and family, and restrictions to prevent the spread of the virus. Those with cognitive impairments and dementia also experienced symptoms of depression, stress, and had difficulty coping despite perceptions of reduced awareness

(Coin et al., 2021; Murukesu et al., 2021). Although, Murukesu et al. found that providing supportive services, counseling, and daily exercise were effective measures for promoting psychological well-being among older adults, the reality was many of these resources were reduced during the pandemic due to insufficient staffing and funding to include socioeconomic and political barriers. The SST would propose that feelings of satisfaction, a sense of belonging, and purpose are important for emotional well-being. When time is limited, such as in old age, then people selectively devote energy to what is most important. The pandemic and subsequent restrictions challenged these goals making it more difficult to meet emotional needs and, for many, resulted in stress, anxiety, and depression.

When comparing age groups, older adults had a greater overall sense of well-being than younger adults with lower perceived stress and higher positive affect (Birditt et al., 2021; Carstensen et al., 2020; Ebert et al., 2020; Jiang, 2020). These findings are consistent with SST in that older adults tend to have greater emotional stability than younger cohorts (Carstensen et al., 2020). Although this appears incongruent with the previous negative findings, it is important to note these studies did not have pre-pandemic baseline measures for comparison. Studies of older adults only that evaluated pre-post pandemic data reported a decline in psychological well-being and an increase in loneliness (Hansen et al., 2021; Kredel & Perry, 2021; Macdonald & Hülür, 2021). In this respect, both young and old may have manifested a decline in psychological well-being that was not captured with a single snapshot in time.

Studies on QOL had mixed results but all indicated the pandemic restrictions had an impact on daily routines and social contacts which resulted in stress (Chen et al., 2021; Giebel et al., 2021; Siette et al., 2021). Four researchers reported older adults were highly adaptable with effective coping skills (Carriedo et al., 2020; Ejiri et al., 2021; Fuller & Huseth-Zosel, 2021; Murukesu et al., 2021). Daily walking, hobbies, exercise, religious beliefs, a positive attitude, and seeking emotional support were strategies that enhanced psychological well-being. Fuller & Huseth-Zosel reported positive coping skills were related to greater emotional regulation among older adults. These findings are supported by the SST which contends that older adults are motivated to find meaning and satisfaction therefore will utilize experience, coping skills, and emotional control to maintain a balanced state even during times of crisis, such as a pandemic (Carstensen, 1992; Carstensen et al., 2020).

Social support through networking with friends and family is crucial for maintaining and enhancing psychosocial well-being. According to SST, older adults favor smaller more intimate relationships as they age and that closeness remains consistent regardless of the frequency of interactions. This premise was partially supported as loneliness was reported as a common problem that significantly impacted both psychological and social well-being (Birditt et al., 2021; Chen et al., 2021; Fingerman et al., 2020; Hansen et al., 2021; Kredel & Perry, 2021). For example, loneliness was seen as a direct result of limited contact with social networks and isolation imposed by the pandemic. On the other hand, others reported the use of various technologies-enhanced social engagement and

social well-being (Chen et al., 2021; Fingerman et al., 2021; Hajek & König, 2021; Macdonald & Hülür, 2021; Matteucci, 2021; Siette et al., 2021).

SST would propose learning to use technology to connect with loved ones would be an emotionally meaningful goal although those with debilitating diseases, cognitive impairments, or the extremely old adult may be resistant to change no matter the motivation.

Limitations

A review of the research revealed several limitations related to sample size, participant selection, and methodology, which can impact the generalizability of the results. Ten out of 24 studies had a small sample size of older adults (Abu-Kamel & Alnazly, 2021; Bardach et al., 2021; Chen et al., 2021; Fuller & Huseth-Zosel, 2021; Jiang, 2020; Kredel & Perry, 2021; Macdonald & Hülür, 2021; Matteucci, 2021; Murukesu et al., 2021; Siette et al., 2021). Jiang (2020) had an adequate sample of 251 but only 15% were over 60 years. This makes it difficult to determine if the findings were significant or represented the population as a whole. Selection bias was evident in six studies that indicated only participants with access to technology were included therefore excluding those who were less inclined or unable to complete an online survey (Abu-Kamel & Alnazly, 2021; Carstensen et al., 2020; Ebert et al., 2020; Giebel et al., 2021; Hajek & König, 2021; Macdonald & Hülür, 2021). The majority of studies utilized participants from the general population who either lived alone or with a family member with only three studies evaluating the impact of the pandemic on long-term care residents (Coin et al., 2021; Lopez, 2020; Matteucci, 2021). This gap in the literature could serve as a platform for further research.

Other factors that impacted the generalizability of the findings included reports of homogeneity reflected by higher education level and socioeconomic status along with lack of diversity among participants. Four studies also reported a lack of consideration for cultural differences (Abu-Kamel & Alnazly, 2021; Hajek & König, 2021; Siette et al., 2021; Whitehead & Torossian, 2021). Considering the review evaluated studies from many different countries with a variety of health practices, cultural norms, availability of services, and government mandates this could impact the overall experience of the older adults in response to the pandemic.

All the studies used self-report surveys, which are subject to response bias. Participants may over or under-report symptoms and during an unexpected event such as a pandemic, emotions may be misinterpreted, underestimated, or exaggerated. This is especially true as some researchers evaluated older adults with cognitive impairments (Chen et al., 2021; Coin et al., 2021; Giebel et al., 2021; Murukesu et al., 2021) while others surveyed only those who were relatively healthy. There were four studies that utilized baseline pre-pandemic data from various national surveys, which allowed for comparison of psychosocial variables collected during the pandemic (Hansen et al., 2021; Kredel & Perry, 2021; Macdonald & Hülür, 2021; Siette et al., 2021). But, due to the unexpected nature

of the pandemic, the majority of the studies were not able to collect baseline data or information on past experiences to determine if the reported responses were different from pre-pandemic levels. And finally, the majority of individual studies were limited to a single geographic location but overall 13 countries, to include 47 states in the US, were represented, which provides a global perspective on older adults psychosocial well-being during the pandemic.

IMPLICATIONS FOR PRACTICE

Older adults need emotional and social connections with loved ones especially if suffering from acute or chronic diseases and during crisis events such as a prolonged pandemic. Health care providers and policymakers can respond to this need through services and actions to support emotional and social well-being. Giebel et al. (2021) suggested more attention should be given to providing amenities to older adults in the form of meal delivery, transportation, social activities, mental health services, medical equipment, and support groups. Other support services should include day care centers, hospice care, paid care aids, technology training, and physical equipment such as handrails, shower seats, walkers, and other assistive devices. Those with special needs due to illness, physical limitations, or cognitive impairments may need additional resources to assist with activities of daily living (ADL's), medication management, housekeeping, and financial support.

Patients in long-term care facilities could benefit from small social groups, activities, and technology to connect with loved ones. Extended visiting hours and assistance to contact family should be routine, especially for patients with low vision, hearing loss, or other disabilities. Many facilities offer internet services with phone set-up and web-conferencing technologies to promote connections with the outside world. Training and support services should be available since many older adults may not have skills with computer use and maintenance. Visitation by family members should be encouraged and welcomed by staff along with promoting family-oriented gatherings to promote psychosocial well-being.

Older adults living alone are at risk for loneliness, isolation, and/or injury. Home health agencies, social services, and psychological counseling should be available to identify needs and provide preventive care. The use of telephones, text messaging, social media, and other forms of technology can assist those living alone to stay connected to family and friends. Carstensen et al. (2020) suggest utilizing positive messaging, monetary or charitable incentives, and activities that are meaningful to promote well-being in older adults. In the US many government agencies such as the Administration on Aging (AOA), Administration for Community Living (ACL), National Council on Aging (NCOA), and the National Institute on Aging (NIA) have responded to the call to provide resources for older populations during COVID-19. Increased support in the form of financial assistance, food services, transportation, access to physical activities, vaccines, and education are just a few changes implemented in various states (ACL, 2022; NCOA, 2020; NIA, 2021). Despite the

plethora of programs, work is still needed to address inequities in these services to meet the needs of marginalized older adults impacted by the pandemic.

CONCLUSIONS

The prolonged restrictions and social isolation imposed by the COVID-19 pandemic created unintended health consequences for older adults in the form of stress, anxiety, fear, depression, loneliness, and panic bordering on PTSD. These findings were observed among aging populations all over the world. Even those with cognitive impairments were impacted by this threat. Despite disruptions in daily routines, some studies reported older adults employed various coping strategies along with technology use to foster psychosocial well-being. The SST framework posits older adults are motivated by emotionally meaningful goals and use experience, coping skills, and emotional control to maintain a balance even during times of crisis (Carstensen et al., 2020). Healthcare providers and policymakers need to be aware of the negative consequences triggered by the pandemic and take measures to provide services that support the psychosocial well-being of older adults. In addition, more research is needed to explore the long-term psychological, social, and physical effects of the pandemic on our aging communities.

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CONFLICT OF INTEREST

There is no conflict of interest associated with this paper.

SIGMA CHAPTER

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