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Social Isolation During the Covid-19 Pandemic and its Impact on Maine's Nursing Homes

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SOCIAL ISOLATION DURING THE COVID-19 PANDEMIC AND ITS IMPACT ON MAINE'S NURSING HOMES

by

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ABSTRACT

The COVID-19 pandemic has created several challenges within the healthcare industry and has highlighted the impact of social isolation on older adults in Maine's nursing homes. The older adult population, defined as individuals 65 years and older, has been identified with increased risk in contracting the SARS-CoV-2 virus during the COVID-19 pandemic. Therefore, older adults were placed on strict isolation precautions and confined within their nursing home setting, many residing only in their rooms. With Maine having the oldest population in the United States, this created a need for further investigation into how the COVID-19 pandemic has impacted the lived experiences of older adults in Maine's nursing homes. The purpose of this qualitative phenomenology study, using Interpretative Phenomenological Analysis, was conducted to explore the lived experiences of older adults in the nursing home setting during the COVID-19 pandemic. The sample included five residents who participated in a pre-screening questionnaire, Mini Mental State Examination (MMSE), and in-person semi-structured interviews. Interpretative Phenomenological Analysis was utilized using Lincoln & Guba's data analysis. Results indicated that nursing home residents felt compelled to adjust to pandemic nursing home living quickly, may feel disconnected from staff members, felt like a burden to their loved ones, and used music has a healing mechanism. These results encourage that nursing home healthcare professionals should continue to find creative solutions for older adults to maintain a sense of connectedness during times of social isolation.

Keywords: older adults, social isolation, pandemic, Maine

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INTRODUCTION

Background

The COVID-19 pandemic has proven to be an ever-changing obstacle that healthcare workers and citizens alike have had to face since March of 2020. One particularly vulnerable population to the COVID-19 virus and its variants are older adults over age 65. The Centers for Disease Control and Prevention (CDC) (2022) discusses the risk factors for increased hospitalization and death rates due to COVID-19 and found that older adults are 97 times more likely to die because of COVID-19 when compared to people ages 18-29 years old. Older adults are labeled as vulnerable to contracting the virus as many of them often have underlying medical conditions that may become complicated with a COVID-19 diagnosis. Risk factors that predispose older adults to COVID-19 infection include increased age, having chronic health conditions (such as cancer, chronic kidney disease, chronic obstructive pulmonary disease, etc.), living in a congregate setting (such as a nursing home), and being overweight or obese (CDC, 2022). Congregate settings, such as nursing homes, create a particularly vulnerable environment and increase disease transmission due to the close proximity of living. Nursing homes around the country reported an increase in COVID-19 cases which in December of 2020, led to an average of 6,200 nursing home deaths per week (Associated Press, 2022). With approximately 1.3 million people living in nursing homes in the United States and about 85% of them being older adults, this population of individuals quickly becomes susceptible to contracting COVID-19 (CDC 2022). Due to the nature of high transmission of COVID-19, this has led nursing homes to shut down and enforce

social isolation precautions to prevent their residents from contracting this deadly virus. The second anniversary of the World Health Organization declaring the COVID-19 virus as a global pandemic is in March of 2022 and it leads many to analyze the impact of social isolation on older adult populations over the first two years of the pandemic.

Literature Review

Older Adults and Maine

As of 2019, there are approximately 54 million older adults living in the United States (United States Census Bureau, 2019). This number is projected to grow to nearly 95 million older adults by the year 2060 which equates to 1 in 5 people being older adults (Suddenly Senior, 2020). This rapid growth is a result of the aging Baby Boomer population, defined as individuals born between 1946 and 1964. The drastic population change may result in an increased need for nursing home placements as older adults may choose to transition to nursing home living as they age. A change in the aging population demographic will cause a need to rethink nursing homes and promote in-home care as well as creative housing solutions to account for the population shift. As people age, the risk factors for them developing comorbidities, such as cardiovascular diseases, diabetes, chronic pulmonary diseases, renal diseases, and neurodegenerative diseases, will increase and make them more susceptible to complications and result in an elevated need for assistance with their health care needs (Jaul, Barron, Rosenzweig, & Menczel, 2018). As of 2022, nearly 1.3 million individuals reside in United States nursing homes (CDC, 2022). Of these 1.3 million nursing homes residents, nearly 84.5% of those are aged 65 years and older (Nursing Home Abuse Center, 2020). With a growing population of older adults and possible comorbidities, this creates a heightened demand for healthcare workers to adapt to older adults' healthcare needs. Maine remains the oldest state in the nation with 21.2% of its population over the age of 65 and creates a demand for nursing home placements in this community (United States Census Bureau, 2020).

History and Timeline of the COVID-19 Pandemic

It is essential to establish the timeline of the COVID-19 pandemic. SARS-CoV-2, otherwise known as COVID-19, is a strain of coronaviruses that closely resembles SARS-CoV-1 which was responsible for the severe acute respiratory syndrome (SARS) outbreak in 2002. SARS-CoV-1 was the first coronavirus pandemic to occur in modern times and spread to two dozen countries and resulted in approximately 8,000 cases and 800 deaths before it was ultimately contained (Lango, 2020). Another outbreak to occur due to a coronavirus was the Middle Eastern Respiratory Syndrome (MERS), and this resulted in over 1,000 infections and 400 deaths from 2012 to 2015. While the SARS and MERS coronaviruses had a moderate global impact, the infection rate was ultimately limited due to the reduced person-to-person spread and it was found that healthcare settings were the sites of most common disease transmission (Lango, 2020).

However, the current COVID-19 strain of coronaviruses brings a different issue of transmission and disease progression. While SARS-CoV-2 resembles closely the original SARS-CoV-1 strain, it has shown a remarkable person-to-person spread, most likely by means of asymptomatic carriers, which has resulted in a greater spread of disease and a greater overall morbidity, and mortality, despite its less virulence (Lango, 2020). SARS-CoV-2 has been a complex virus to study due to the prolonged incubation period of 4-12 days and the high viral load that is detected at the onset of symptoms (Fung & Liu, 2021). This viral load rapidly declines in the following week while the SARS-CoV-1 viral load peaks 1-2 weeks after incubation (Fung & Liu, 2021). This creates a difficult situation with contact tracing due to the wide range of symptoms that may or may not manifest in infected individuals and the viral shedding is known to be

longer in SARS-CoV-2 than SARS-CoV-1 (Fung & Liu, 2021). Symptoms of SARS-CoV-2 include fever, fatigue, and dry cough with less common symptoms including headache, joint pain, chills, nausea, vomiting, and diarrhea (Nanda, Vura, & Gravenstein, 2020). However, older adults will often present with differing symptoms including sore throat, delirium, unexplained hypoxia, tachycardia, and tachypnea (Nanda et al., 2020).

The COVID-19 pandemic began in early December of 2019 when a physician in Wuhan, China reported a series of patients who displayed symptoms of a severe acute respiratory syndrome or a SARS-like illness. The display of symptoms was reported to the World Health Organization (WHO) on December 31, 2019. The discovery of symptoms led scientists to publish the genome of the virus and a diagnostic test to identify active infection was developed soon after. On January 20, 2020, the outbreak of COVID-19 was declared by WHO as a Public Health Emergency of International Concern (PHEIC). In the United States, the first case of the disease due to local person-to-person spread was confirmed in mid-February 2020, and on March 11, 2020, the WHO declared COVID-19 as a pandemic (WHO, 2022).

Following this announcement, cases began to rise across the globe and by September of 2020, the COVID-19 death toll surpassed 200,000 people (CDC, 2022). The increase in COVID-19 cases created a dire need for a solution and on December 3, 2020, the Food and Drug Administration (FDA) issued an Emergency Use Authorization (EUA) of the first COVID-19 vaccine, the Pfizer-BioNTech vaccine, which was closely followed by Moderna vaccine and the Johnson & Johnson's Janssen (J&J/Janssen) one-shot vaccine (CDC, 2022). The CDC has set guidelines for receiving certain COVID-19 vaccines and recommendations will be different depending on the person's age, health

status, and when the initial dose was received. The Pfizer-BioNTech vaccine is recommended for ages 5 and up and the primary series is given in 2 doses 3-8 weeks apart (CDC, 2022). A person is considered fully vaccinated 2 weeks after the final dose in the primary series and it is recommended for people ages 18 and up to receive a booster dose at least 5 months after the last dose in the primary series (CDC, 2022). Similar to the Pfizer-BioNTech vaccine, the Moderna vaccine is recommended for ages 18 and up and is a 2-dose primary series given 4-8 weeks apart (CDC, 2022). A person is considered fully vaccinated 2 weeks after the final dose in the primary series and a booster dose is recommended for people ages 12 and up at least 5 months after the last dose in their primary series and can be either the Moderna or Pfizer-BioNTech vaccine. The J&J/Janssen vaccine is recommended for ages 18 and up and is a single dose for the primary series (CDC, 2022). A person is considered fully vaccinated two weeks after the first dose and a booster dose is recommended for people ages 18 and up and they can receive either the Pfizer-BioNTech or Moderna vaccine at least 2 months after the first dose although, you may get the J&J/Janssen in some situations (CDC, 2022).

The Pfizer-BioNTech vaccine was first available under the emergency use authorization (EUA) in December of 2020 and has since been approved by the Food and Drug Administration (FDA) in August of 2021 (FDA, 2021). The initial eligibility for vaccination included those 65 years and older, those who live in long-term care settings, have underlying medical conditions, and those who live or work in high-risk settings as these individuals were at higher risk of COVID-19 hospitalization and death (CDC, 2021). The eligibility has expanded to include all individuals ages 5 years and older. In the first six months of vaccine availability and by May 22, 2021, 80% of individuals ages

65 and older in the United States had received at least one dose of the COVID-19 vaccine (CDC, 2021). The older adult population accounted for the highest majority of individuals who received a dose of the vaccine during the first six months of vaccine availability (CDC, 2021). As of March 17, 2022, over 364,385 people ages 60 and older in the state of Maine have received the final dose of the COVID-19 vaccine out of a census population of 1,280,675 people in the state (Maine CDC, 2022).

The mortality rates among the older adult population in the United States pre- and post-vaccination is another important aspect to discuss. As of March 17, 2022, people ages 60 and older account for a combined total of 17.25% of COVID-19 cases in the state of Maine, which is less than every other age group on their own (Maine CDC, 2022). Although, the death rate of COVID-19 by age trends reveals that people aged 60 years and older account for 86.75% of the total death count in Maine (Maine CDC, 2022). This statistic is significant as older adults may make up a smaller percentage of COVID-19 cases, yet they make up the majority of the death count related to COVID-19 complications.

Another issue that arises from the pandemic is the resurgence of variants of the original COVID-19 strain. By the summer of 2021, the Delta variant became the dominant variant in the United States and reignited the third wave of COVID-19 infections. In October of 2021, the Centers for Disease Control (CDC) supports the Advisory Committee of Immunization Practices (ACIP)'s recommendation for a COVID-19 booster shot for older adults, people 18 years old and older who live in long-term care settings, those who have underlying medical conditions, and those who live or work in high-risk settings (CDC, 2022). The Omicron variant was classified by WHO in

November of 2021 and was then followed by the CDC recommendation for booster shots that those over the age of 18 who received their first dose series 6 months earlier to be considered fully vaccinated (CDC, 2022). The CDC also authorized the COVID-19 vaccine for everyone ages 5 years and older to protect themselves from COVID-19 and COVID-19 related complications (CDC, 2022).

As of March 20, 2022, the global COVID-19 cases are 470,210,483 cases, 6,098,956 deaths, and 400,769,821 recovered cases (Worldometer, 2022). The United States ranks as number one in the world with 81,404,135 total cases and 997,845 deaths (Worldometer, 2022). U.S. COVID-19 cases continue to climb with the resurgence of variants and the severity of symptoms shown by those who are unvaccinated. The rise in COVID-19 cases creates a severe limit on the number of hospital beds available to those who need it regardless of COVID-19 infection status. Nationally, 93 percent of COVID-19 deaths have occurred among those ages 55 or older which equates to nearly 373,428 older adults who have died due to COVID-19 in the United States (Heritage Foundation, 2021).

As of March 20, 2022, Maine has reported a cumulative of 40,317 cases of COVID-19 among individuals aged 60 and older, making up approximately 17.25% share of total cases in the state (Maine CDC, 2022). Older adults have been a focus of COVID-19 efforts due to the high risk of potential complications as mentioned previously. The Maine CDC has focused its efforts on following up with COVID-19 cases that involve people under the age of 19, over the age of 74, those identified as a minority, having a disability, and other criteria including being hospitalized, being a frontline healthcare worker, and those who live in congregate settings (Maine CDC,

2022). Older adults make up 86.74% of the death rates among COVID-19 cases and are thus at risk of dying from COVID-19 complications (Maine CDC, 2022). This increased risk led nursing homes and long-term care facilities alike to restrict visitors to decrease the risk of disease transmission and has, in turn, exposed the residents to the effects of social isolation.

Social Isolation and Health Outcomes

Researchers have identified a strong correlation between social isolation and poor health outcomes during times of physical separation (Goveas & Shear 2020). One specific condition that researchers found amongst individuals during periods of social isolation is prolonged grief disorder (Goveas & Shear, 2020). Goveas & Shear (2020) suggest that older adults are at risk for experiencing prolonged grief disorder, especially for those who lose a loved one during the pandemic as the challenges introduced by physical distancing restrictions have changed the experience of dying. (Goveas & Shear, 2020). This disruption of the grieving process could be related to COVID-19 and the strain that it has caused on families and communities worldwide. Social isolation increases the risk of developing high blood pressure, heart disease, obesity, diminished immune system functioning, depression, anxiety, poorer cognitive functioning, increased risk of Alzheimer's disease, and mortality (Wu, 2020). Social isolation has been associated with an approximately 50% increased risk of developing dementia, a 29% risk of incident coronary heart disease, and a 32% increased risk of stroke (Wu, 2020). Ultimately, these poor health outcomes can also be extended to the caregivers of those who are suffering from these conditions and thus, put themselves at risk for developing health disparities (Wu, 2020). Older adults had a significantly higher risk of death from

SARS-CoV-2; therefore, rates of separation and isolation were greatest among this population impact. Social isolation has a profound impact on physical and mental health (Cocuzzo, Wrench, & O'Malley, 2020). Cocuzzo et al. (2020) found that loneliness was the most common pathology found among the older adult population. Their research explored the importance of balancing protecting older adults from COVID-19 and the need for the human touch in the nursing home setting. The study also found that older adults tend to respond to or benefit from skin-to-skin contact when discussing important subjects such as how they are feeling. Cocuzzo et al. (2020) suggest the benefits of implementing training on human touch, especially during a pandemic, as this will balance isolation with social connectedness while preventing death, disability, and depression.

The Yale School of Medicine Geriatric Student Interest Group implemented a Telephone Outreach in the COVID-19 Outbreak (TOCO) Program that would allow student volunteers to connect via phone and communicate with nursing home residents who were quarantined during the pandemic (van Dyck, Wilkins, Ouellet, Ouellet, & Conroy, 2020). Student volunteers were recruited through the Geriatric Student Interest Group and then paired with interested nursing home residents. Volunteers were given the first names and landline phone numbers of the nursing home residents and the weekly phone calls lasted approximately thirty minutes on average (van Dyck et al., 2020). Thirty older adult residents from three nursing homes participated in the program and initial reports were positive and the residents began to look forward to their weekly phone calls and expressed an appreciation for these connections. Conclusions from this study revealed that the TOCO program found initial success and promotes the social wellbeing of nursing home residents, and the program hopes to continue beyond the pandemic to

address the ever-present need for social connectedness with this population (van Dyck et al., 2020). The TOCO program concluded with thirty nursing home residents and volunteers reporting overall positive experiences through the interactive nature of the phone calls. Volunteers found common challenges experienced by many of these older adults such as anxiety related to isolation and fear of COVID-19 entering the facility (van Dyck et al., 2020). Due to the initial success of the program, the Geriatric Student Interest Group volunteers hope to continue the TOCO program along with a debriefing webinar to help provide feedback regarding the program's professional and personal development with participants (van Dyck et al., 2020).

Ethical Considerations

It is imperative to mark the distinction of social isolation versus the feeling of loneliness in individuals during times of separation. Wu (2020) defines social isolation as the objective state of having infrequent social contact with others while loneliness is a subjective feeling of being isolated. For the purposes of this research study, Wu's definition of loneliness and social isolation will be used. Some individuals during periods of social isolation have reported feeling lonely while being separated from their loved ones while others do not share the same mentality. Twenty-eight percent of older adults in the United States live alone but do not report feeling lonely (National Institute on Aging, 2019). Wu (2020) also states that approximately one-quarter of community-dwelling older adults are considered to be socially isolated with 43% of them reporting feeling lonely.

An ethical situation to consider regarding COVID-19 social isolation is whether it is ethical to isolate families from one another while they are dying alone. Isolation restrictions have been a theme in healthcare since the start of the pandemic as many hospitals and other healthcare facilities had to restrict families and other visitors from seeing their loved ones. This occurred in all settings and situations, even if the patient was actively dying (Anderson-Shaw & Zar, 2020). Families were restricted from visiting family members in healthcare facilities to prevent the spread of COVID-19 (Anderson-Shaw & Zar, 2020). Isolation restrictions have been a focus of interest among the healthcare field as it brings the question of whether it is ethical to restrict patients from seeing their families during their last moments and die alone with strangers instead. Anderson-Shaw & Zar (2020) discuss the moral conflict health care providers are experiencing when watching their patients die alone which can lead to ongoing and unresolved grief. Social isolation can prolong and distort the grieving process as mentioned previously which can lead to extended consequences. Moral conflict has weighed heavy on many communities and facilities as many of them have changed their policies to allow visitors within certain circumstances, such as with end-of-life care. Anderson-Shaw & Zar (2020) conclude that moral conflicts can seriously have an impact on healthcare providers and cause distress during situations such as pandemics when medical and human resources are brought to a point of exhaustion.

Khimm (2020) shares the store of Tammy Roberg's father, Chester Peske, who was known at his nursing home as a lively and chatty resident with visitors and staff members. Roberg became concerned at the beginning of the pandemic when her father tested positive for COVID-19, yet his case appeared to be asymptomatic and relieved her

worries. As time went on, Roberg received calls from staff members at the facility who shared that her father's health was declining with a lack of appetite and he became quiet and disengaged (Khimm, 2020). Roberg rushed to her father's side while covered in personal protective equipment, but her father passed away before she could make it. Peske's death certificate listed the cause of death as the progression of Alzheimer's disease and "social isolation/failure to thrive related to COVID-19 restrictions" (Khimm, 2020). The circumstances surrounding Peske's death were not an isolated incident as social isolation was listed as a contributing cause of death for at least nine other long-term care residents in Minnesotans from June to September of 2020 (Khimm, 2020). Overall, Khimm found that confinement, social isolation, and lack of external stimulation contributed to an accelerated cognitive decline and depression which can lead to an increased risk of high blood pressure, heart disease, and stroke (2020). Visitation guidelines vary widely from state to state but many nursing homes remain on complete lockdown, at the time of study, due to lingering cases of COVID-19 within the facilities.

Another aspect to consider is whether it is ethical to ask nursing home residents to stay in their rooms to prevent infectious disease transmission. A study by Seegert (2020) found that among 365 nursing home residents in 36 states, many of them shared that the pandemic restrictions set in place in 2020 have affected nearly every part of their lives, particularly with their mental health. The online survey asked about the nursing home residents' experiences with COVID-19 and found a correlation between the social isolation restrictions and declining mental and physical health. Some shared that their ability to be independent, have outside visitors, or socialize with fellow residents has significantly decreased since March 2020 and has impacted their psychological well-

being (Seegert, 2020). Seegert (2020) found that approximately three-quarters (76%) of responding participants said they felt lonelier under the restriction and that nearly two-thirds (64%) said they don't leave their rooms to interact with other residents. Other findings by Seegert (2020) suggest that social isolation poses a risk to older adults that is similar to smoking, obesity, and physical inactivity along with a 50 percent increased risk of dementia. This is just a portion of the reality that many face with social isolation in nursing homes around the United States during the pandemic.

When providing any aspect of healthcare, it is essential to respect the cultural practices of every patient to provide the most quality and patient-centered care possible. This is especially prevalent in the end-of-life aspect of healthcare as many beliefs around the world have traditions that are important to practice when a loved one is actively dying or has passed away. For example, Christianity's post-death rituals include having a pastor/priest perform the appropriate rites and sacraments with a funeral (Moale & Norvell, 2019). In Judaism, post-death rituals include having a ritual washing and prompt burial. In the Islamic faith, as death nears, it is common for the family to remain at the patient's bedside and recite the Qur'an with a post-death ritual washing, draping, and burial soon after (Moale & Norvell, 2019). These are just a few examples of post-death rituals that different religions may practice during end-of-life care and this pandemic has brought this ethical consideration to light. Sarah Vittone and Claudia Sotomayor (2021) mention that the factors affecting moral distress in patients include the effects of isolation on spiritual and religious traditions as well as the separation of patients from their loved ones.

Another issue to consider about the impacts of social isolation is to consider the specific communities that are at an increased risk of experiencing the negative effects. CDC (2021) states that loneliness and social isolation are linked to serious health conditions. The CDC article mentions that the Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, and Asexual (LBGTQIA+) communities may be disproportionately affected by pandemic social isolation. While the literature is limited in its findings, the report highlights that loneliness among vulnerable older adults, including immigrants; lesbians, gay, bisexual, and transgender (LGBT) populations; minorities; and victims of elder abuse are a concern of the pandemic (CDC, 2021). First-generation and Latino immigrants also are experiencing stressors that can increase isolation, such as language barriers, differences in the community, and family dynamics (CDC, 2021). It is imperative that these communities are taken into account when considering the long-term implications of social isolation and loneliness. Continued action and research need to be taken to address the concerns of communities that may be disproportionately affected by the pandemic's social isolation restrictions.

Vaccination mandates against COVID-19 have been a topic of discussion since the development of the vaccine. The vaccination status of the United States as of March 14, 2022, states that at least 77% of the population has received at least one dose of the COVID-19 vaccine while 65% of the population has been fully vaccinated (USA Facts, 2022). As of March 14, 2022, Maine's vaccination status is 89% of the total population has received at least one dose and 79% of the population has been fully vaccinated (USA Facts, 2022). As of March 22, 2022, Maine's vaccination status for the people 60 years and older is 93.29% for those who are considered fully vaccinated (Maine CDC, 2022).

For the October 2021 reporting period, healthcare worker vaccination status in Maine's nursing homes is 96.8% (Maine CDC, 2021). Yet, while these numbers of fully vaccinated individuals remain relatively high, many healthcare workers are hesitant to get vaccinated against COVID-19 due to personal or ethical concerns.

Another concern is whether it is ethical for employees to not get vaccinated while working in the nursing home setting due to the risk of transmission to residents. Across the nation, most older adults and those identified as vulnerable have received their vaccinations but many of the staff that care for them have opted out of receiving the shots. Liz Whyte (2021) found that low vaccination rates among staff in nursing homes mean that workers will continue to pose an increased risk of contracting COVID-19 themselves or passing the virus to their patients and this includes residents who can't be vaccinated for medical reasons. In addition to the increased risk of virus transmission, this further complicates the nursing homes' attempts to reopen the facility to visitors and has resulted in exacerbating the understaffed conditions of many facilities. Understaffing conditions can lead to residents being more susceptible to developing bed sores or infections due to the lack of medical attention with an increased patient-to-staff ratio (Whyte, 2021). Whyte (2021) also mentions that despite all these efforts, many workers are cautious to get vaccinated because they don't trust information about the vaccines' safety, or they want to wait so they are not the first ones to receive the vaccines.

Assumptions and Biases about the Pandemic

The pandemic has highlighted the reality that COVID-19 does not discriminate in who the virus infects. Yet, it has also created a political divide that has become a point of

contention between political parties. Christensen et al. (2020) discuss the political views that have surfaced since the beginning of the pandemic in March 2020. Christensen et al. (2020) completed a cross-sectional survey of 1,030 U.S. adults and investigated their attitudes toward media, government, and community responses to COVID-19 by political ideology and sociodemographic factors. The study found that conservatives were more likely to state that COVID-19 was receiving too much media coverage and reported that people were overreacting whereas liberals were more likely to report that the government had not done enough in response to the pandemic (Christensen et al., 2020). Results also showed that social distancing measures were more likely to be followed by liberals and was correlated with an increase in depressive symptoms (Christensen et al., 2020). The study suggested that health experts should consider the political climate in creating media that appeals to the values of all people, despite political affiliation (Christensen et al., 2020).

METHODS

Purpose

The purpose of this study was to explore the lived experiences of the older adult population residing in a nursing home setting during times of social isolation during the COVID-19 pandemic. The overall goal of the study was: (1) to provide the residents an opportunity to share their lived experiences in an open, casual setting that promoted honesty, and (2) to explore how nursing healthcare practices can be developed to improve how social isolation is handled in this setting. The research question was: how do nursing home residents aged 55 years and older in rural Maine with COVID-19 social isolation precautions in place perceive social isolation during a 12-month period?

Hermeneutic Phenomenology Inquiry

In qualitative research, Hermeneutic Phenomenology, founded by Heidegger, is an approach that explores the experiences of individuals, does not offer empirical generalizations, and focuses mainly on their unique, individualized, human experience as it is lived in this world (Gumberg Library, 2022). Hermeneutic phenomenology explores details and aspects within the human experience with the goal of finding meaning and achieving a sense of understanding (Shahbazian, 2015). Hermeneutic phenomenology guided this research as this approach interprets their human experience over a period of time, specifically the lived experiences of the older adults living in a nursing home during the COVID-19 pandemic.

Eligibility Criteria

The study population included individuals aged 55 years and older who resided in a Maine nursing home for at least 12 months, since September of 2020 at the start of the study, to analyze how the social isolation quarantine process affected them through all the changes. Purposive sample was used in this study as this type of sampling has been proven to be effective with a limited number of participants that serve as primary data sources due to the nature of research design and goals of the study. Eligibility criteria also included residents who read and understand spoken English and have received at least one dose of a COVID-19 vaccination, (See Table 1). The chosen participants would include all genders, races, and ethnicities as this would allow the research to cover the experiences of older adults within this population.

Table 1. Eligibility Criteria

Eligible	**Ineligible**
Aged 55 years or older	Aged younger than 55 years old
Resident of the facility for at least 12 months, since September 2020	Resident of the facility for less than 12 months
Able to read and understand spoken English	Cannot read and understand spoken English
At least one dose of a COVID-19 vaccination	Did not receive any COVID-19 vaccination dose

Approval was obtained from the University of Maine Institutional Review Board (IRB) prior to data collection and all participants completed an informed consent. The nursing home facility was selected out of convenience and recruitment at nursing homes was a challenge due to the restrictions set forth by the COVID-19 pandemic. The staff of the facility agreed to allow the principal investigator to enter the facility to complete the

research and provided a letter of support. The staff of the facility also agreed to distribute information about the study to residents who are interested in participating and fit the eligibility criteria. The principal investigator was solely responsible for scheduling and conducting the interviews with the participants.

Eligible participants then completed an informed consent form, pre-screener questions, and the Mini-Mental State Examination (MMSE). The participants were provided with a mental health resource guide during the pre-screening process as well as during the interview. The informed consent form, pre-screening questions, and the MMSE were all distributed by the principal investigator and were returned to the principal investigator once completed. The pre-screening questionnaire included questions pertaining to the study (i.e., age, COVID-19 vaccination status) and took about 5-10 minutes to complete and was done prior to interviewing the participants, (See Table 2).

Table 2. Pre-Screening Questionnaire

1. Are you 55 years old or older?
    a. If so, what is your age?
2. Which gender do you identify with?
    a. Male
    b. Female
    c. Transgender female/trans woman (or Male-to-Female (MTF) transgender, transsexual, or on the trans female spectrum)
    d. Transgender male/trans male (or Female-to-Male (FTM) transgender, transsexual or on the trans male spectrum)
    e. Non-binary, genderqueer, or genderfluid
    f. Gender identity not listed
    g. Prefer not to reply
3. What pronouns would you like the study staff to use when referring to you?
    a. He/him/his
    b. She/her/hers
    c. They/them/theirs
    d. Other (please specify): _____
4. What is your race? Select all that apply.
    a. White
    b. Black or African American
    c. American Indian or Alaska Native
    d. Asian
    e. Native Hawaiian or Other Pacific Islander
5. What is your ethnicity?
    a. Hispanic or Latino
    b. Not Hispanic or Latino
6. How long have you lived at the facility?
    a. Less than 12 months (after September 2020)
    b. More than 12 months (before September 2020)
7. Have you been fully vaccinated against COVID-19 (received primary series and booster)
    a. Yes
    b. No
8. Are you able to read and understand spoken English?
    a. Yes
    b. No

The MMSE is a tool used to test cognition and tests areas of cognitive functioning including orientation, registration, attention, calculation, recall, and language. The MMSE takes between 5-10 minutes to complete and has shown validity and accuracy among the older adult populations (Tombaugh & McIntyre, 1992). The participants must

have full autonomy and cognitive awareness otherwise it may skew their experiences with COVID-19 social isolation. Tombaugh & McIntyre's Interpretation of the MMSE was used for this study and listed the single cutoff score for the MMSE was <24 as this is considered an abnormal finding (1992). Findings for participants who score between a 24-30 are interpreted as no cognitive impairment. The chosen participants must score at least a 24 to participate in the study as this will ensure no cognitive impairment. Anyone who scored below a 24 was excluded from the study.

Once eligibility had been established, the principal investigator scheduled meeting times with the participants through face-to-face semi-structured interviews in a private conference room at the facility. A semi-structured interview was selected for this research study as this is a data collection method that relies on asking structured and unstructured questions in no order (George, 2022). Semi-structured interviews allow for flexibility with open-ended style questions for participants to openly share their experiences. An interview guide provided a data collection framework, see Table 3, and took approximately 20 minutes to complete. The interviews were audio-recorded, transcribed, and analyzed per the rules of Hermeneutic phenomenology. All participant information remained confidential and were de-identified and audio recordings were destroyed after the completion of the study. Relevant demographic data were collected at the completion of each interview. Field notes were written immediately following each interview to capture the context of the interaction. Data were collected from October 2021 to November 2021. All interviews were transcribed, de-identified, and verified as accurate compared to the original audio-recorded interview by the principal investigator. The

principal investigator analyzed the data for major themes through each of the participants' interviews to see where there were connections and discrepancies.

Table 3. Interview Questionnaire

Directions: The principal investigator (PI) will ask if each participant has any questions before beginning the interview. Then, the PI will ask each participant three main questions with four prompts. Each main question is a specific point in time (before, during the initial lockdown, and presently) in the COVID-19 pandemic.

1. *Opening Question*: Tell me about your lived experience living at the facility prior to the COVID-19 pandemic.
    a. Prompt: What did your day-to-day activities look like?
    b. Prompt: How often did you interact with other residents in the facility?
    c. Prompt: How often did you interact with nurses, CNAs, and staff?
    d. Prompt: How often did you have visitors such as family, friends, and loved ones?
2. *Second Main Question*: Tell me about your lived experience living at the facility as the pandemic occurred.
    a. Prompt: How did receiving the COVID-19 vaccine change your social engagement during the pandemic?
    b. Prompt: What changed in your day-to-day routine with the COVID-19 quarantine?
    c. Prompt: How often did you have visitors such as family, friends, and loved ones?
    d. Prompt: Tell me about how COVID-19 guidelines have changed your experience living in a nursing home.
3. *Third Main Question*: Tell me about your lived experience presently.
    a. Prompt: What did your day-to-day activities look like?
    b. Prompt: How often did you interact with other residents in the facility?
    c. Prompt: How often did you interact with nurses, CNAs, and staff?
    d. Prompt: How often did you have visitors such as family, friends, and loved ones?

Interpretative Phenomenological Analysis

Interpretative Phenomenological Analysis (IPA) was used for the analysis of this research study as it offered insight into how the participants made sense of the phenomenon of social isolation in the context of a nursing home during the COVID-19 pandemic. IPA is highly individualized, uses purposive sampling, and uses a small

sample size, five residents in this case. The research study targets nursing home residents isolated during the COVID-19 pandemic and therefore fit the criteria. IPA also includes samples that share a common context, follows the use of a semi-structured environment, and a code was generated from the data.

Consistent with hermeneutic methodology (Peat, Rodriguez, & Smith, 2018), the data were independently and jointly interpreted by the principal investigator and two nursing professors with expertise in qualitative methodology. To account for unconscious and subconscious bias, the principal investigator has personal connections to older adults living in nursing homes during the COVID-19 pandemic and the principal investigator took this personal connection into account during the data analysis period to maintain trustworthiness of the study. Trustworthiness is parallel to reliability and validity strategies used in quantitative research.

Lincoln & Guba (2008) introduce the four categories that are essential to establish research trustworthiness. The categories include credibility, transferability, dependability, and (Lincoln & Guba, 2008). Credibility is defined as the confidence in the 'truth' of the findings and some techniques to establish credibility include using the triangulation method. Triangulation is a qualitative research strategy used to test validity through the convergence of information from several sources (Carter, Bryant-Lukosius, DiCenso, Blythe, & Neville, 2014). The triangulation method of qualitative research was used in this study to develop a comprehensive understanding of the phenomenon studied by discussing the data with the principal investigator and two additional nursing professors with experience in qualitative research.

Lincoln & Guba (2008) describe transferability as the ability to show that the findings have applicability in other contexts. Transferability was established through thick description which refers to the detailed account of field experiences and the principal investigator explores patterns of social relationships and puts them into context (Lincoln & Guba 2008). The research study uses thick description with the semi-structured interviews of socially isolated older adults in nursing homes during the COVID-19 pandemic. The results of this study about social isolation can be applicable to all populations and settings as social isolation can occur to anyone in any setting at any time. The effects of social isolation were exacerbated by the COVID-19 pandemic, but the results can be applicable to any situation where social isolation is a concern.

Lincoln & Guba (2008) describe dependability as the ability to show that the findings of the study are consistent and could be repeated. Dependability is linked to both credibility and confirmability (Lincoln & Guba, 1985). Standard inquiry audit is the process of having a researcher not involved in the research process examine the process and product of the research study as outlined by Lincoln & Guba. Although this research study did not use standard inquiry audit for external validity, this study used both credibility and confirmability which are linked to dependability.

Lincoln & Guba (2008) describe confirmability as a degree of neutrality to the extent to which the findings are shaped by the participants without researcher bias, motivation, or interest. The research study used triangulation, audit trail, and reflexivity to reach confirmability. The audit trail included a journal, raw data, and process notes to display the research steps from the start of the project to the reporting of the findings. Reflexivity is the process of examining one's own judgment and belief systems during

data collection with the goal of identifying any personal beliefs that may have affected the research findings. Reflexivity allows for validity of the research findings and controls the researcher's bias. In this research study, the principal investigator and participants were living through the COVID-19 pandemic at the same time. Therefore, the experiences of the researcher versus the participant may vary and reflexivity is vital to establish confirmability. The principal investigator kept a journal in this research study to practice functional reflexivity by including a written record of the research process with procedural notes on the rationales of each step. After each interview was conducted, the principal investigator wrote notes about any findings or changes that may have impacted the data collection.

Field notes and memo-writing were performed throughout the collection and analysis of the data pertinent to the study. The principal investigator identified and discussed themes with this professor until a consensus occurred and then example quotations were taken from the narrative text to support the emerging themes. Any discrepancies occurring between the researchers were resolved by returning to the interview text for additional interpretation. Data collection stopped when no new information was yielded from the transcripts.

RESULTS

Sample

Ten residents of the facility were screened for eligibility and a total of five residents were eligible and agreed to participate in the study. All participants were fully vaccinated against COVID-19, identified as white and non-Hispanic or Latino, and have all lived at the facility for more than 12 months. One male and four females participated in the study. Two participants lived in the skilled rehabilitation unit, two participants lived in the assisted living unit, and one participant lived in the dementia unit of the nursing home facility. Demographic information of the participants is listed in Table 4.

Table 4. Participant Demographics of the Sample of Five Residents

Sample Characteristics	N (%)
Sex	
Male	1 (20.0)
Female	4 (80.0)
Race & Ethnicity	
Non-Hispanic white	5 (100.0)
Age Group	
55-65	1 (20.0)
65-75	2 (40.0)
75-85	1 (20.0)
85 and older	1 (20.0)
Unit of Residence	
Skilled Rehabilitation	2 (40.0)
Assisted Living	2 (40.0)
Dementia Unit	1 (20.0)

Thematic Analysis of Interviews

For the findings of this research study, one core category and four themes emerged from the interpretation of the qualitative interviews. The core category revealed the overwhelming response by nursing home residents to embrace their resiliency in unprecedented times. These themes, shared by resident statements, include adjusting to pandemic living in nursing homes, having a decreased feeling of connectedness with staff, feeling like a burden to loved ones, and healing with music.

Core Category: Embracing Resiliency in Unprecedented Times

The COVID-19 pandemic has brought dynamic changes within the healthcare industry across all settings. It is important to account for every population who may be affected by these changes, including those who are particularly vulnerable to any drastic outcomes. Resiliency is emphasized in each other four themes. Adjusting to a new environment requires older adults to possess the ability to be adaptive and resilient in their coping skills. Older adults must also show resiliency when feeling disconnected from nursing home staff members and combat the feeling of being a burden to loved ones. Resiliency can be refined by using music as a healing and coping mechanism in this new environment.

In Figure 1, the representation of how the four themes connect with each other and to the core category is highlighted and displays the relationship of how support from different sources can help facilitate this resolution. Resident interviews revealed that staff support has helped ease the transition to nursing home living while also increasing the quality of interactions among staff and residents. Residents also shared that support from family and friends has helped with this transition and has impacted their experiences of feeling like a burden. The residents shared the importance of how growing their self-esteem has helped them feel less like a burden to loved ones and that music has helped foster their self-image. Finally, residents shared their enjoyment of seeing volunteers from the community, such as those who come to play live music, interact with them has helped them feel connected to facility staff while also using music to heal.

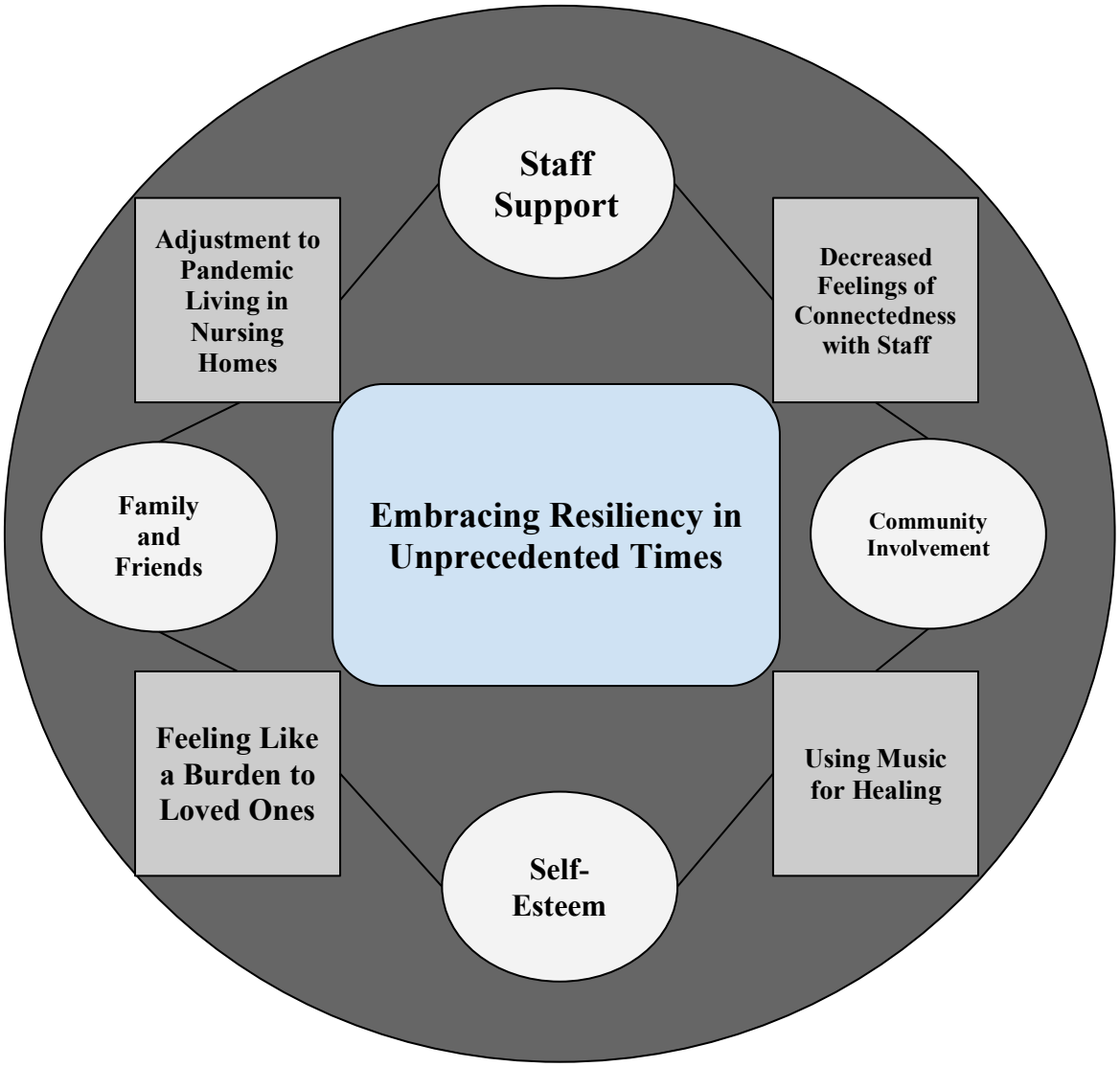

Figure 1. Thematic Connections

Theme 1: Adjusting to Pandemic Living in Nursing Homes

Adjusting to living in a nursing home during a pandemic has been a challenge for the residents and staff. While some have found the transition easy to manage, others have had a difficult time coping with the new realities of social isolation. One resident shared their experience with living in a nursing home prior to the pandemic versus how the nursing home experience is during the pandemic.

> *"I don't really care if I stay here anymore or not because everything is going from bad to worse including [the] food…We always remember what it was like before and we always complain. I guess we shouldn't." (Participant 1)*

While some residents transitioned into the nursing home from the hospital setting, others made the transition from living independently at home. Therefore, the experience of adjusting to living in a nursing home is individualized and should be acknowledged as such. Another resident shared that the transition to nursing home living was not a significant change as they were able to maintain most of their independence within the facility.

> *"I can't complain because when I lived at home, I was independent, and I had my own place, and everything was going well. You never know when you go somewhere else, but I'm happy and everything has gone well here and all the people taking care of us here are doing very good with us." (Participant 2)*

Making the change to nursing home living can be difficult when many must give up the activities that they once enjoyed at home. Nursing home living comes with some lifestyle changes that can be troublesome to adjust to when someone must change their entire daily routine. Some residents have found it difficult to change their routines from at home to the facility as their activities of daily living must adapt to the new environment. One resident shared this sentiment and recollects the recreational activities that they enjoyed participating in prior to living in a nursing home.

> *"I'd like to get to my place and back into society. I just miss being out in the world… One thing I miss is…I like smoking dope." (Participant 5)*

Although sometimes difficult, residents have handled the adjustment with resiliency and found creative ways to incorporate their previous home activities with their current lifestyles. The residents shared their possible solutions such as decorating their nursing home rooms as they did with living at their previous homes and giving staff suggestions as to food they could make to replicate their homecooked meals.

Theme 2: Decreased Feeling of Connectedness with Staff

Social isolation in the pandemic has not only restricted outside visitors but has also changed the way that staff members interact with the residents. For the residents' safety, staff members interacted with residents only when necessary, in order to lower the risk of COVID-19 exposures to this susceptible community. The change in visitation policy due to the pandemic has led to decreased feelings of connectedness between the staff and the residents but has not compromised the safety of the residents.

> *"They might come down or they might not but that's another problem I don't care for. They used to come all the time and see and look in and everything else." (Resident 3)*

Prior to the pandemic restrictions, staff and residents would gather to celebrate holidays and special occasions through parties and activities. Due to the pandemic, these social gatherings were restricted to prevent the spread of COVID-19. Another resident recollects these events and how the staff remained involved in these social gatherings.

> *"Once in a while if we had special things, like Thanksgiving or something, I'd help make a pie or something like that; we use the stove and everything. We used to play games and always was able to go out when we felt like it. They kept an eye on us, of course, but otherwise than that it was like home going in and out and doing what you want to do." (Resident 1)*

Connecting Residents and Staff

To reconnect with residents, staff members in all units would reach out to residents and encourage them to participate in the daily activities. Staff members at this facility would schedule a variety of activities for residents to participate in which included physical exercises, arts and crafts, musical activities, and trivia questionnaires. These daily activities supported the residents and provided them with an opportunity to get out of their rooms and interact with each other during times of social isolation.

Theme 3: Feeling Like a Burden to Loved Ones

Many residents described their experiences being away from family and friends during the pandemic and shared their difficulties with coping with the change. Some of them shared how they feel like a burden to their loved ones sometimes due to the difficult nature of traveling and the visitor restrictions of the facilities. Some residents don't want to "bother" their families with their busy schedules or traveling distance and decide not to reach out to their family members.

> *"If they come [to] get me and we have a day, that's good but they're all busy and they got their own lives, you know? I don't have to bother them." (Resident 2)*

Some residents shared that they find it difficult to keep in contact with their family and friends outside of the facility. The disconnection between loved ones could be due to factors such as physical distance, poor means of contact (ex. no phones or computers), or due to a lack of interest in visiting the residents. Social isolation can be a difficult time for anyone, even those who identify as

introverts. One resident, who identified themselves as an introvert, shared their experience with being isolated from estranged family members.

> *"Well sometimes…the waterworks get going. I try to keep busy and as long as I'm busy, I'm not thinking. And when I'm not busy, I start to think, that gets me in emotional trouble." (Resident 4)*

Staying connected during times of social isolation poses a barrier for many individuals, especially if there is a lack of communication between parties. A resident proposed a creative solution to this issue and shared their gratitude to their family members and friends who would occasionally send postcards in the mail. The simple transaction of a postcard is one way that loved ones have found is an effective way to connect with residents in the facility, all while maintaining the social distancing requirements set forth by the COVID-19 pandemic.

Theme 4: Using Music for Healing

A positive impact that the pandemic restrictions brought was using music to heal during times of social isolation. When entering this facility, it was not uncommon to hear music from several genres playing while walking around the facility and the residents' room. Many residents mentioned how music has been a way for them to express themselves and has connected them with other residents during times of social isolation. Therefore, staff members have integrated daily music activities into their schedules so that way all residents can enjoy music throughout the day.

> *"It seems like after that (COVID-19) went by, we could get out and go socialize a little bit…we could go for meals together and then everything*

changed. We could go up for music for whatever was going on." (Resident 3)

Music was identified as universal activity that can be appreciated by most of the nursing home residents as many of them have a musical background. A couple of the residents can be found listening to old rock n' roll videos to reminisce on their past experiences at concerts in their younger years. Two of the residents, who began their nursing home living as strangers, shared how music has given them an activity to bond over.

"She wants me to sing all the time and I said, 'You don't need me singing. You just play the piano, it's beautiful' She plays her piano beautifully." (Resident 1)

Music, among other activities, has provided an activity that can be enjoyed by many of the residents in the facility. Even the residents who may be hard of hearing have found comfort in tapping along to the rhythm and dancing with the other residents. Due to this resounding enjoyment of music among residents, staff members have incorporated musical activities into the daily routines of residents and often have community volunteers visit the facility to play live music.

DISCUSSION

The purpose of this study was to explore the lived experiences of Maine's older adults living in the nursing home setting during a pandemic. The research question that guided this study was how do nursing home residents aged 55 years and older in rural Maine with COVID-19 social isolation precautions in place perceive social isolation during the last 12 months? Through an interpretive approach of listening to older adults and their social isolation experience, the current study explored the research question and highlighted the overarching outcome nursing homes should continue to find creative solutions to stay connected during times of separation. Five older adult residents from Maine nursing homes participated in this study through qualitative interviews asking about their lived experiences through the COVID-19 pandemic in a nursing home. The four themes highlighted that these nursing home residents had to adjust to pandemic nursing home living quickly, experienced a decreased feeling of connectedness with nursing home staff, felt like a burden to their loved ones, and used music as a healing mechanism.

Older adults in nursing homes have been identified as susceptible to the effects of social isolation and therefore should be a point of focus when finding reasonable solutions to combating this phenomenon. These solutions to decreasing the impact of social isolation must be creative and adaptive to any living situation and resident ability. Solutions can be as intricate as setting up a phone call connection program within the community, such as the Telephone Outreach in the COVID-19 Outbreak program mentioned in the literature review, to as simple as playing several genres of music during mealtimes as they help promote a feeling of belonging and purpose during times of

uncertainty. Finding creative solutions to decreasing the effects of social isolation with older adult residents is essential when caring for this population during a pandemic.

Nursing homes provide an alternative home for residents where they can receive care and assistance offered by the staff and this can be a difficult transition to make. A systematic review of factors that influence the sense of home with older adults in nursing homes was researched and found that this is influenced by many factors relating to the psychology of the residents and the social and built environment (Rijnaard, van Hoof, Janssen, Verbeek, Pocornie, Eijkelenboom, Beerens, Molony, & Wouters, 2016). They found that residents felt more comfortable in the nursing home when they have a sense of identity and freedom (Rijnaard et al., 2016). The COVID-19 pandemic brought an entirely additional challenge when residents had to isolate themselves in their rooms and lost this sense of identity and freedom. The effects of the COVID-19 pandemic highlight the importance of finding creative ways to keep residents engaged and independent, such as interactive phone calls and game nights, despite social isolation conditions.

Staff and resident interactions are imperative to maintain as during the pandemic, these were the only social interactions that many of the residents received due to the visitor restrictions. Paudel, Resnick, and Galik (2019) found that positive and effective staff and resident interactions are necessary to meet the needs of the residents in nursing home, particularly those with dementia. Paudel et al. (2019) emphasized the necessity for continued education and training among staff to increase positive interactions, even during non-care routines as this may improve the quality of life for residents with dementia in a nursing home. These findings are universal to the healthcare setting as

continued education and training are always necessary to provide the most effective and quality patient-centered care.

Nursing homes can become a place of residence for those with terminal or chronic illnesses. Therefore, it is important to acknowledge the emotions and experiences of residents who may be receiving end-of-life (EOL) care. Johnson, Sulmasy, and Nolan (2007) conducted a three-person case report study with EOL patients in the terminal stages of cancer to explore patients' fear of being a burden on family. Johnson et al. (2007) found four major themes: managing the transition to EOL care, spirituality, supportive relationships, and planning for the future. Participants revealed that receiving emotional and social support from family, accepting the reality of moving to a nursing home, and maintaining satisfactory relationships with healthcare providers were among the most importance when experiencing EOL care. These findings can be implicated across all healthcare settings, especially during a pandemic when individuals may be dying alone due to social isolation restrictions.

Using music therapy with older adults has been shown to have beneficial for their overall health. Schmid, Rosland, von Hofacker, Hunskår, & Bruvik (2018) explore the perspectives of palliative care patients and healthcare providers on music therapy. Schmid et al. (2018) conducted a systematic literature search that included both qualitative and quantitative studies to discuss these perspectives and find common themes. Results showed that patients reported positive effects of music therapy and associated the therapy with challenging emotions and increasing well-being. Schmid et al. (2018) found an overarching theme of psycho-physiological change through music

therapy with palliative care patients. These findings can be considered with nursing home residents as this setting could be where they receive end-of-life care.

Maintaining a daily routine of diverse activities is a staple of nursing home living. This research study revealed that residents found enjoyment in the staff-planned activities of the facility, particularly the daily music activity. Tak, Kedia, Tongumpun, and Hong (2014) conducted a qualitative study that explored the experiences of nursing home residents with dementia and their engagement in daily activities. Findings reveals that participants primarily relied on participating in activities organized by the nursing home staff and that some had physical limitations due to their health status (Tak et al., 2014). These findings can be applicable to most nursing home settings and therefore, it is important to invite and encourage all residents, despite any limitations, to participate in activity planning. Staff members should also provide assistance and accommodations when necessary to keep the residents content and engaged. These activities can be as simple as passing a ball, coloring, painting, or listening to live music as demonstrated in this research study.

There are several ethical considerations to keep in mind when combating social isolation in nursing homes. Healthcare professionals and facilities should consider the ethics of restricting the residents from seeing loved ones, especially during any end-of-life care and they should integrate culturally competent care to each resident. Healthcare professionals should carefully consider the risk versus benefit analysis of restricting visitors in the facility as this can lead to residents feeling isolated but exposure to COVID-19 could lead to virus transmission and possibly deadly complications.

Limitations

During analysis, the primary investigator coded the data and periodically reviewed the codes with the members of the research team. The primary investigator also kept a journal to reflect on moments they felt were judging a participant's response to the interviews. The original survey did not match the original sample size population and thus had to be broadened to account for the demographics of this population. Due to the decreased capacity of the facility chosen for this research study, there were limitations in the number of eligible participants for this study and this would account for the lack of diversity with gender, race, ethnicity, and vaccination status. Eligible participants resided in different areas of the facility (ex. skilled rehabilitation, assisted living, and the dementia unit) and thus the results of this study reflect the lived experiences of different aspects of the facility. Training for conducting the qualitative interviews was unavailable and therefore the committee members provided guidance with this process.

Further Research

The COVID-19 pandemic has changed the way the scientific community handles unprecedented challenges and continues to do so. This research study will add to the body of knowledge of the lived experiences of older adults living in nursing homes during times of social isolation, which can happen regardless of a pandemic. For future research, a study that examines the lived experiences of various demographic groups, such as other age groups, genders, races, and ethnicities would be valuable in assessing how each demographic group was impacted by social isolation during the COVID-19 pandemic. Further research on this topic can bring forward solutions to staying connected during times of social isolation, despite pandemic conditions.

Implications

This research study reveals the importance of the healthcare professionals' role in decreasing the effects of social isolation with vulnerable populations. Since older adults in nursing homes are at an increased risk of feeling socially isolated, it's imperative that nurses and other healthcare professionals take the time to listen to their residents and identify those who may be at an increased risk of feeling socially isolated. Healthcare professionals can also be advocates for their residents and strive to find appropriate solutions to keep the residents connected. Transitioning to nursing home living can be a difficult adjustment, regardless of pandemic conditions. Healthcare professionals should be mindful of this change and listen to resident suggestions to help smooth the transition to nursing home living. These research study findings also highlight the importance of allowing older adults to enjoy their previous daily activities to the best of their abilities as this will keep the residents content in a new environment. Maintaining social connectedness and safety have never been of higher importance than during the pandemic as nurses and patients have continued to cultivate a relationship that is dependent on communication and compassion. While the pandemic has shown some negative effects, it's important to find solutions that retain the positive changes from the pandemic, including appreciating the good times with loved ones. Many people have the notion of associating nursing home living with dying, yet it should be encouraged that life still resides in these settings.

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APPENDIX

IRB Approval Letter

APPLICATION COVER PAGE

- ***KEEP THIS PAGE AS ONE PAGE – DO NOT CHANGE MARGINS/FONTS!!!!!!!!!***
- ***PLEASE SUBMIT THIS PAGE AS WORD DOCUMENT***

APPLICATION FOR APPROVAL OF RESEARCH WITH HUMAN SUBJECTS
Protection of Human Subjects Review Board, 400 Corbett Hall

(Type inside gray areas)

PRINCIPAL INVESTIGATOR:	**Tanya Roy**	**EMAIL: tanya.roy@maine.edu**
CO-INVESTIGATOR:		**EMAIL:**
CO-INVESTIGATOR:		**EMAIL:**
CO-INVESTIGATOR:		**EMAIL:**
FACULTY SPONSOR: (Required if PI is a student):	**Dr. Kelley Strout**	**EMAIL: kelley.strout@maine.edu**
TITLE OF PROJECT:	**COVID-19 Social Isolation and Its Impact on Maine's Older Adult Population**	
START DATE:	**September 21st, 2021**	**PI DEPARTMENT: School of Nursing**

STATUS OF PI: FACULTY/STAFF/GRADUATE/UNDERGRADUATE U (F,S,G,U)

If PI is a student, is this research to be performed:

☒	**for an honors thesis/senior thesis/capstone?**	☐	**for a master's thesis?**
☐	**for a doctoral dissertation?**	☐	**for a course project?**
☐	**other (specify)**		

Submitting the application indicates the principal investigator's agreement to abide by the responsibilities outlined in Section I.E. of the Policies and Procedures for the Protection of Human Subjects.

Faculty Sponsors are responsible for oversight of research conducted by their students. The Faculty Sponsor ensures that he/she has read the application and that the conduct of such research will be in accordance with the University of Maine's Policies and Procedures for the Protection of Human Subjects of Research. REMINDER: if the principal investigator is an undergraduate student, the Faculty Sponsor MUST submit the application to the IRB.

Email this cover page and complete application to UMRIC@maine.edu

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FOR IRB USE ONLY Application # 2021-07-08 Review (F/E): E Expedited Category: I.I.3.g
ACTION TAKEN:

☐	**Judged Exempt; category Modifications required? Accepted (date)**
☐	**Approved as submitted. Date of next review: by Degree of Risk:**
☒	**Approved pending modifications. Date of next review: byn/a Degree of Risk: Minimal**
	Modifications accepted (date): 9/21/2021
☐	**Not approved (see attached statement)**
☐	**Judged not research with human subjects**

FINAL APPROVAL TO BEGIN **9/21/2021**
Date

10/2018

AUTHOR'S BIOGRAPHY

Tanya Roy grew up in Vernon, Connecticut and graduated from Rockville High School in 2018. She is majoring in nursing and is a member of the Honors College at the University of Maine with plans to graduate in May of 2022. In addition, she is a board member of the Orono Student Nurses Association at the University of Maine, a member of the Chi Alpha Christian Ministry, and was involved in Residence Life as a Resident Assistant. Her research has been presented at the UMS Nursing Research Symposium in Portland, Maine in the fall of 2021.

Upon graduation, she plans to begin her career as a nurse on an in-patient hospital floor with the goal of obtaining valuable knowledge and experience and ultimately work in the emergency department setting.