

SOCIAL DISTANCING IN THE COVID-19 PANDEMIC: FEELINGS EXPERIENCED BY OLDER PEOPLE

DISTANCIAMENTO SOCIAL NA PANDEMIA DA COVID-19: SENTIMENTOS VIVENCIADOS POR PESSOAS IDOSAS

DISTANCIAMIENTO SOCIAL EN LA PANDEMIA DE COVID-19: SENTIMIENTOS EXPERIMENTADOS POR PESRONAS MAYORES

Caique Amaral Bardelim¹
Thaiane Alves de Melo Benevenuto²
Daniel Rodrigues Machado³
Renata Evangelista Tavares Machado⁴
Pricila Ferrari Moreira Nascimento⁵
Sandra Maria Jannotti Quintão⁶
José Vitor da Silva⁷

How to cite this article: Bardelim CA, Benevenuto TAM, Machado DR, Machado RET, Nascimento PFM, Quintão SMJ, et al. Social distancing in the Covid-19 pandemic: feelings experienced by older people. *Rev baiana enferm.* 2023;37:e52976.

Objective: to know the feelings experienced by elderly people in the face of social distancing in the Covid-19 pandemic. **Method:** qualitative study that adopted as reference the Theory of Social Representations by the method of Collective Subject Discourse. 29 elderly people participated in the study and the selection was intentional or theoretical, using the snowball technique. Data were collected between October and December 2020, through a questionnaire of sociodemographic, family and health characterization and an open question guiding the study. The statements were recorded, transcribed and analyzed. **Results:** the elderly reported experiencing feelings of worry, fear, naturalness, comfort, with a greater predominance of feelings of discomfort, sadness, loneliness and security. **Final considerations:** positive and negative feelings were experienced by the elderly during the period of social distancing due to the Covid-19 pandemic.

Descriptors: Aged. COVID-19. Geriatric Nursing. Sentiment Analysis. Qualitative Research.

Corresponding author: Daniel Rodrigues Machado, dani-machado@hotmail.com

¹ Fundação Presidente Antônio Carlos de Ubá, Ubá, MG, Brazil. <https://orcid.org/0000-0003-0828-5453>.

² Fundação Presidente Antônio Carlos de Ubá, Ubá, MG, Brazil. <https://orcid.org/0000-0002-5813-7507>.

³ Fundação Presidente Antônio Carlos de Ubá, Ubá, MG, Brazil. <https://orcid.org/0000-0003-1255-7693>.

⁴ Secretaria Municipal de Saúde de Piraúba, Piraúba, MG, Brazil. <https://orcid.org/0000-0001-9004-3941>.

⁵ Fundação Presidente Antônio Carlos de Ubá, Ubá, MG, Brazil. <https://orcid.org/0000-0001-9817-3070>.

⁶ Fundação Presidente Antônio Carlos de Ubá, Ubá, MG, Brazil. <https://orcid.org/0000-0003-1626-1304>.

⁷ Universidade Federal de Alfenas, Alfenas, MG, Brazil. <https://orcid.org/0000-0002-2779-7641>.

Objetivo: conhecer os sentimentos vivenciados por pessoas idosas diante do distanciamento social na pandemia da Covid-19. Método: estudo qualitativo que adotou como referencial a Teoria das Representações Sociais pelo método do Discurso do Sujeito Coletivo. Participaram do estudo 29 pessoas idosas e a seleção foi do tipo intencional ou teórico, utilizando a técnica de snowball (bola de neve). Os dados foram coletados entre outubro e dezembro de 2020, por meio de um questionário de caracterização sociodemográfica, familiar e de saúde e uma questão aberta norteadora do estudo. Os depoimentos foram gravados, transcritos e analisados. Resultados: as pessoas idosas relataram vivenciar os sentimentos de preocupação, medo, naturalidade, conforto, com maior predomínio dos sentimentos de desconforto, tristeza, solidão e segurança. Considerações finais: sentimentos positivos e negativos foram vivenciados pelas pessoas idosas durante o período de distanciamento social pela pandemia da Covid-19.

Descritores: Idoso. COVID-19. Enfermagem Geriátrica. Análise de Sentimentos. Pesquisa Qualitativa.

Objetivo: conocer los sentimientos vividos por personas ancianas ante el distanciamiento social en la pandemia de Covid-19. Método: estudio cualitativo que adoptó como referencial la Teoría de las Representaciones Sociales por el método del Discurso del Sujeto Colectivo. Participaron del estudio 29 personas mayores y la selección fue del tipo intencional o teórico, utilizando la técnica de snowball (bola de nieve). Los datos fueron recogidos entre octubre y diciembre de 2020, por medio de un cuestionario de caracterización sociodemográfica, familiar y de salud y una cuestión abierta orientadora del estudio. Las declaraciones fueron grabadas, transcritas y analizadas. Resultados: las personas mayores relataron vivenciar los sentimientos de preocupación, miedo, naturalidad, confort, con mayor predominio de los sentimientos de incomodidad, tristeza, soledad y seguridad. Consideraciones finales: sentimientos positivos y negativos fueron vividos por las personas mayores durante el período de distanciamiento social por la pandemia de Covid-19.

Descriptorios: Anciano. COVID-19. Enfermería Geriátrica. Análisis de Sentimientos. Investigación Cualitativa.

Introduction

The etiologic agent of the *new influenza* identified as SARS-CoV-2, Coronavirus 2, and the disease it causes was called Covid-19. This disease spread rapidly across all continents and, in early March 2020, the World Health Organization (WHO) declared a state of pandemic by Covid-19. Specifically in Brazil, on February 3, 2020, the Ministry of Health declared the National Public Health Emergency and then sanctioned Law n. 13,979, of 02/06/2020, which provides for measures to address the emergency of national and international importance due to Covid-19. The following month, Brazil declared the situation of community transmission throughout the national territory through Ordinance n. 454, of 03/20/2020 and, with it, the quarantine measures, isolation and social distancing were becoming more consistent and propagated throughout the national territory⁽¹⁾.

These measures are nothing new in the scientific world and concern non-pharmacological public health interventions, historically established for the control of epidemics, especially in the absence of immunobiological and antiviral

drugs. The isolation measure is the separation of sick people from uninfected people with the aim of reducing the risk of transmission of the disease; quarantine is the restriction of movement of people presumed to have been exposed to a contagious disease. On the other hand, social distancing involves measures that aim to reduce the interactions of individuals in a community, which may include infected people not yet identified and therefore not isolated⁽²⁾.

Despite these measures, the increase in the number of confirmed cases of Covid-19 infection was very rapid and sharp in Brazil. The orientation *stay at home* has been intensified and, according to a technical note from the Brazilian Society of Infectology, published on November 11, 2022, before the circulation of a new Covid-19 subvariant, there is an indication of the continuity of social distancing for the most vulnerable population, such as immunocompromised and elderly people⁽³⁾.

Statistical data regarding the Brazilian population showed that the elderly make up the age group that grew the most. Between 1950

and 2000, the proportion of elderly people accounted for less than 10% of the Brazilian population. From 2010, there was an increase in this proportion, approaching that found in developed countries. In 2021, the percentage corresponding to the population over 60 years old was 14.27%, with higher rates in the South and Southeast regions of the country⁽⁴⁾.

Although the increase in average life expectancy is recognized as an important achievement, as older ages are reached, there is an increase in the burden of morbidity and disability attributed to predominantly chronic diseases and injuries. Moreover, social distancing by Covid-19 impacted the mental health of the elderly and intensified the psychological symptoms of anxiety and depressive conditions, causing neurophysiological imbalances activated by stress, causing these people to feel bored and helpless, expressing emotions such as anguish, sadness, panic and anger⁽⁵⁾. Nevertheless, the Covid-19 pandemic also resulted in affective losses, mourning, economic difficulties, increases in the number of drugs used, worsening of lifestyles, increased health risk behaviors and dementia⁽⁶⁾.

Social distancing by Covid-19 is an unprecedented situation. The social impediment is something very challenging in the life of the elderly, because a large part of this population has always had freedom and possibility to establish and maintain their social coexistence, with the exception of those institutionalized or with disabling health problems. Therefore, the impacts on mental health resulting from social distancing can persist even after the control of the virus and compromise the quality of life of the elderly. Human beings are social beings, regardless of nationality or cultural origin. The economic burden of the pandemic, with millions of jobs lost, increased poverty and social inequality, which may accentuate negative feelings in the elderly, and health professionals need specific knowledge about this population⁽⁷⁻⁸⁾.

To stop the pandemic, it is paramount to control the source of infection, disrupt the transmission route and protect susceptible individuals. In this understanding, several health

professionals stood out for their work, which includes Nursing. Nursing plays a fundamental role in the care of the elderly in the context of the Covid-19 pandemic and its actions must be based on the pillars of gerontology, with maintenance of autonomy and independence, avoiding ageism and preventing the occurrence of geriatric syndrome of social isolation. Certainly, nursing professionals need to be prepared to deal with the emerging and re-emerging aspects of Covid-19. The fight against Covid-19 involves not only courage, but planning, rationality, patience and science⁽⁷⁾.

Given the magnitude of the pandemic, it is important to identify the emerging feelings of older people during social distancing, in order to subsidize strategies and programs of attention to this population, impacts of social deprivation on the mental health of these individuals. Therefore, the present study aimed to know the feelings experienced by elderly people in the face of social distancing in the Covid-19 pandemic.

Method

To know the feelings of elderly people under the framework of Social Representations (SR), the approach chosen was qualitative, descriptive-exploratory, by the method of Collective Subject Discourse (CSD). It is noteworthy that this research is the result of a Nursing⁽⁹⁾ Graduation Course Completion Work (CCW) and met the steps recommended by the Consolidated Criteria for Reporting Qualitative Research (COREQ)⁽¹⁰⁾.

The SR can be considered a form of knowledge socially elaborated and shared, having a practical vision and competing for the construction of a reality common to a social set. They can be understood as an activity of construction or representation of the real and that takes place through the information that people receive, through their perceptions and felt sensations. The CSD consists of the meeting in a single discourse-synthesis of several individual discourses issued as a response to the same research question by subject socially and institutionally equivalent or that are part of the

same organizational culture and a homogeneous social group, as individuals who are part of this group occupy the same or neighboring positions in a given social field. The CSD is, then, a way of expressing directly the social representation of a given subject⁽¹¹⁾.

The study participants were elderly people living in the cities of Astolfo Dutra and Piraúba, Minas Gerais (MG), 20 kilometers distant from each other. According to projections, the 2021 estimated population of the city of Astolfo Dutra was 14,328 inhabitants, of which 2,484 (17%) were elderly. In Piraúba, the 2021 estimated population of the city was 10,732 inhabitants, of which 2,155 (20%) were elderly. It is noteworthy that approximately 70% of the 853 cities of the state of MG have a population of less than 15 thousand inhabitants⁽⁴⁾.

The participants were 29 elderly people, of which 17 lived in Astolfo Dutra and 12 in Piraúba. Data collection ended when the necessary material of the speeches was reached, without obtaining new discourses⁽¹²⁾.

The selection of participants was intentional or theoretical, using the snowball technique, to obtain the testimonies. The following inclusion criteria were adopted: being 60 years or older, living in the cities of Astolfo Dutra or Piraúba and being socially distanced. This last criterion was verified through direct questioning to the possible participant of the research. The exclusion criterion included individuals in household isolation due to contamination by Covid-19. No one refused or gave up on the investigation.

For the interviews, all face-to-face, biosafety requirements were considered to protect interviewees and interviewers from Covid-19. The interviewers used a face mask, alcohol gel and respected the physical distance of at least one meter from the participant. Data collection took place at the elderly's home, in an environment with privacy, good air circulation and absence of noise and interruptions. All interviews were scheduled, according to the availability of the participants.

Data collection was performed between October and December 2020, by two trained students of the eighth period of the Nursing

graduate course and two researchers, PhD in nursing, university professors. An instrument for data collection was used, prepared by the authors, containing two parts. The first covered the sociodemographic, family and health characterization of the elderly, with predominantly closed questions about sex, age, schooling, marital status, religion, children, occupation, income and perception of the current state of health. The second part was composed by the guiding question: *How are you feeling having to stay at home due to the new coronavirus?* The interviews were recorded in digital audio and the average duration of each interview was 35 minutes.

There was a pilot study before data collection, to which three potential study participants, residents of Piraúba, were invited. This stage was important, since it recorded appropriate understanding of the questions by the interviewees and allowed verifying that the question presented would meet, in fact, the objective that guided it. As there was no need to change the instrument developed, the three elderly people in the pilot study were maintained among the 29 participants in the investigation⁽¹³⁾.

The individual interviews were recorded with a professional digital audio recorder, transcribed and analyzed by the researchers, according to the guidelines of the Collective Subject Discourse, in which three methodological figures were adopted: 1) Key Expressions (KE), which are parts or all of the content of literal transcriptions of the speech of each subject; 2) Central Ideas (CI), names or linguistic expressions that reveal and describe in the most synthetic, precise and faithful way possible the sense of each of the discourses analyzed and of each homogeneous set of KE, which will subsequently give rise to the CSD. It is important to note that every statement has one or more CI; and 3) Collective Subject Discourse, which is the meeting of the KE present in the statements, which have CI of similar or complementary meaning⁽¹¹⁾.

For the identification of the participants, the letter "P" was adopted for the elderly who lived in Piraúba and "AD" for the deponents of Astolfo

Dutra, followed by an Arabic number from 1 to 29, in the order in which the interviews took place (P1, P2, P3...).

This study was approved by the Research Ethics Committee of the Itajubá Medical School (MG) under Opinion n. 4,364,440/20.

Results

The average age of the interviewees was 71 years; 19 were female; 17 were retired; 25 could read and write; 12 reported not having completed

elementary school; 25 lived with at least one person in the residence; 18 were married; the average of children was 2.8 descendants; the predominant religion was Catholic, with 23 adherents; the average monthly income was 1.2 minimum wage and 16 participants perceived their health as *very good*.

The feelings were represented by 11 central ideas, which later gave rise to eight clusters with equal, similar and complementary central ideas (Chart 1).

Chart 1 – Central ideas, grouping of central ideas, participants and frequency related to the theme Feelings experienced by elderly people during social distancing in the Covid-19 pandemic. Astolfo Dutra and Piraúba, Minas Gerais, Brazil – 2020. (N = 29)

Central Ideas	Grouping	Participants	Frequency
Sadness	A: Sadness	P1, P2, P4, P12, AD5, AD16	6
Security	B: Security	P1, P8, P11, P13, AD2, AD10, AD17	7
Discomfort I do not feel well Annoyance Boredom	C: Discomfort	P2, P9, P10, P12, AD5, AD8, AD9, AD12, AD14	9
Comfort	D: Comfort	P3, P13	2
Concern	E: Concern	P2, P7, AD5	3
Fear	F: Fear	P5, P7, AD3, AD6	4
Loneliness	G: Loneliness	P1, AD2, AD4, AD11, AD13, AD15	6
Nothing has changed	H: Naturalness	P6, AD1, AD7	3

Source: Created by the authors.

Next, the CSDs referring to each of the four meanings most frequently emerging from the studied collectivity were highlighted. It is the moment of the *collective self*, constituted by the elderly, to represent the emerging feelings of social distancing.

CSD of the central idea – Discomfort

I'm not used to it, I don't feel well, I'm out of place, uncomfortable. When social distancing began I felt very uncomfortable, in fact I still feel, because we can't receive family, friends [...] we feel trapped at home. I can't even get to the door, I'm prevented from sitting on the street, talking to people, I used to do that. In the hot season, we used to talk a lot on the street, I miss it a lot [...] it's very bad this way, I used to go out a lot before. Even after being very old, I always liked to go out, see people, talk, distract [...] the distancing brings a very bad, different feeling, which makes us uncomfortable, changed my whole routine and my way of life [...] it's very boring. I

like to buy bread at the bakery every morning, go to the newsstand, talk to the barber, play checkers in the square, go to the bank, travel [...] I can't do any of that. I have a store and I'm not going to work [...] very complicated, I'm bothered by the social distancing, very bothered. I can't do anything else. I can't leave [...]. (P2, P9, P10, P12, AD5, AD8, AD9, AD12, AD14).

CSD of the central idea – Security

It's being safe because I feel more protected from the coronavirus. I don't know what can happen if I keep leaving my home, meeting people out there. I believe that respecting distancing and medical guidance makes me certainly more protected. I can meet someone with Covid out there, and now? In the bank, in the square, in the store too. I only go out to do the essential things, wearing a mask and I go very quickly [...]. Indoors I feel more secure, I feel more protected not to catch the coronavirus [...]. (P1, P8, P11, P13, AD2, AD10, AD17).

CSD of the central idea – Sadness

I like my house[...] but being closed here brings me disgust, it makes me feel sad. I miss people. [...] today I can say that I'm sad about all this that is happening. Sad for not having people around, not being able to go out, live together. I believe that there is no elderly person who is not sad, the bug skin to skin is very different right, it is comforting. I look at the window, look at the door, sometimes I just want to cry. The pandemic has interfered a lot in what I'm feeling, now I cry a lot, I get sad, depressed. We see young people without a mask, walking here and there, that is, they are not respecting [social distancing] and this takes away my joy, gives me a very great bitterness, I stay at home sad and seeing all this. (P1, P2, P4, P12, AD5, AD16).

CSD of the central idea – Loneliness

I feel very lonely, people got distant, each one in their home, in their corner[...] who visited me is not coming anymore. The press keeps talking about the coronavirus all the time and I miss my children, my grandchildren with me. I'm all alone all day, just me and God, the time seems to stand still [...]. I don't talking by phone or computer, I miss the face-to-face contact [...] I'm alone, the fear of catching Covid is driving people away. (P1, AD2, AD4, AD11, AD13, AD15).

Discussion

After analyzing the data, four feelings were predominant among the elderly, three of them refer to negative sensations (discomfort, sadness and loneliness) and only one denotes a positive feeling (security) in the face of social distancing.

A study conducted in Brasilia, Federal District, through a telephone survey, with 67 elderly people, on the emerging feelings of social distancing in the Covid-19 pandemic, also revealed positive and negative feelings. The negative feelings appeared more prevalently, including: prison, loneliness, sadness, anxiety, anguish, worry, fear, fright, insecurity, dread, frustration, among others. The positive ones were: faith, hope, moment of exception, naturalness, peace, well-being, preservation, longing. Therefore, this study reaffirms that the elderly experienced negative and positive feelings in the pandemic period⁽¹⁴⁾.

The feeling of loneliness can be characterized by intense emptiness and cause serious damage to health and social integration, predisposing to

depressive symptoms, cognitive decline, anxiety disorders, increased mortality, poor activities of daily living and can influence suicidal ideation. These effects are less visible than the high rates of lethality and mortality from Covid-19, but they represent immediate and future serious consequences for the elderly and their families⁽¹⁵⁾.

Study conducted by the Oswaldo Cruz Foundation, in partnership with the Federal University of Minas Gerais and the State University of Campinas, with a sample of 9,173 elderly individuals in the period of social distancing, identified that more than half of them reported feeling of loneliness⁽¹⁶⁾.

On the other hand, it is worth noting that social distancing does not always result in loneliness, because there are those who can feel alone even without social distancing. The feeling of loneliness has always been common among the elderly, even before the pandemic, however, silenced by society⁽¹⁷⁾.

An integrative literature review study showed that the use of social media can minimize the perception of loneliness of the elderly during social distancing. With a simplified approach and prior training for the use of information and communication technologies, it is possible to favor the interaction of elderly people with individuals outside their home, improving the quality of life, access to information and social participation of those involved. The use of these resources is extremely beneficial and important for the elderly, including in the post-pandemic period⁽¹⁸⁾. Nevertheless, it is recognized that a portion of the Brazilian elderly population has limitations regarding the use of communication and technological resources, due to low schooling and lack of internet access⁽¹⁹⁾.

In addition to the feeling of loneliness, the feeling of sadness was detected in this study. Most participants lived with at least one person. The feeling of sadness was also identified in a study conducted in MG, with 119 elderly people who adhered to social distancing and lived alone⁽²⁰⁾. Thus, regardless of the number of individuals residing in the household, there

may be a feeling of sadness in elderly people during social distancing.

Research carried out with 93 elderly people from Spain with mild cognitive decline who practiced social distancing found that participants also reported feeling of sadness during the Covid-19 pandemic⁽²¹⁾.

Sadness can be linked to negative emotional conditions, resulting from the separation of family members, uncertainties about the epidemiological situation of the pandemic, lack of interest in activities, in addition to restriction and changes in daily activities. Some media reports, including Fake News, are also potentially capable of triggering depressive symptoms. Therefore, the elderly should be the target of reliable information, and the role of society, including health professionals, is to assist in the process of building knowledge about Covid-19. After all, knowledge can be considered the first vaccine for coping with any pandemic⁽²²⁻²³⁾.

Discomfort was another feeling reported by the elderly. The opposite, that is, comfort, is one of the components of care, which is one of the nurse's skills. Therefore, the nurse pay should attention to the factors that contributed to the emergence of reported discomfort, in order to program the measures to relieve it, considering all dimensions and particularity of the human being. The measures to be considered to reduce discomfort need to be endowed with attitudes that meet each other. Among the strategies are: embrace, listen, clarify/inform, establish relationships of empathy, integrate the elderly or family as a partner in care, as well as perform telecare and networking with intersectoral articulation, aimed at producing comprehensive care for the elderly, adequate to their needs in times of pandemic⁽²⁴⁾.

The feeling of security was also identified in this study and can be analyzed as positive and related to protection. Feeling safe and protected at home can be due to the adherence of older people to the guidelines received on the prevention of Covid-19, which emphasized the importance of social distancing at home. From the sociological point of view, the elderly person's home is a space where this population

feels protected from external pressures, in addition to being a place to mediate their favorite activities and gather objects that recall social and affective ties⁽²⁵⁾.

With the social distancing carried out by the elderly, the importance of Primary Health Care (PHC) is intensified, under the model of the Family Health Strategy (FHS), whose multidisciplinary teams have, among their attributions, home visits and home care. In this sense, community health agents, members of this team, perform the identification and monitoring of elderly people with support and care needs by the multidisciplinary team⁽¹⁶⁾. Home care is reported by the elderly population as an action in which the concern, zeal and promotion of nursing care are perceived⁽²⁶⁾.

A limitation of this study concerns the participation of elderly people from two small cities, providing information that cannot be generalized. It is also guided by the aspect of the feelings experienced by elderly people during social distancing in the Covid-19 pandemic, so that other methodological approaches and perspectives on the subject can still be explored.

This study contributes to knowing the feelings experienced by this population during social distancing and can support professional practice to promote the physical and mental well-being of the elderly.

Final Considerations

The elderly who performed social distancing reported experiencing feelings of worry, fear, naturalness, comfort, with a greater predominance of feelings of discomfort, sadness, loneliness and security.

Reported negative feelings may contribute to the development of mental health-related complications that, in turn, can trigger worse overall health outcomes, including mortality and geriatric syndromes. The occurrence of these syndromes deserves redoubled attention from the health team, as they are usually progressive and cumulative. Recognizing the risk factors

in advance allows the development of more effective preventive and treatment actions.

Finally, the impacts of social distancing in the elderly can be observed in the short, medium and long term.

In this context, soft technologies are shown as essential tools, especially for the PHC nurse in the care of this public, translated into clinical practice by actions of embracement, active listening, bonding, empowerment of users, relationships, fostering the integration of the elderly with the family, as well as stimulating the consumption of information from reliable sources.

Collaborations:

1 – conception and planning of the project: Daniel Rodrigues Machado, Renata Evangelista Tavares Machado and José Vitor da Silva;

2 – analysis and interpretation of data: Caique Amaral Bardelim, Thaianne Alves de Melo Benevenuto, Daniel Rodrigues Machado, Renata Evangelista Tavares Machado and José Vitor da Silva;

3 – writing and/or critical review: Caique Amaral Bardelim, Thaianne Alves de Melo Benevenuto, Daniel Rodrigues Machado, Renata Evangelista Tavares Machado, Pricila Ferrari Moreira Nascimento, Sandra Maria Jannotti Quintão and José Vitor da Silva;

4 – approval of the final version: Caique Amaral Bardelim, Thaianne Alves de Melo Benevenuto, Daniel Rodrigues Machado, Renata Evangelista Tavares Machado, Pricila Ferrari Moreira Nascimento, Sandra Maria Jannotti Quintão and José Vitor da Silva.

Competing interests

There are no competing interests.

Acknowledgements

We would like to thank the elderly who participated in this study and, especially, Professor José Dionísio de Paula Júnior, PhD.

References

- Morais TNB, Costa KTS, Capistrano GN, Andrade FB. Epidemiological behavior of the COVID-19 contamination curve in Brazil: Time-series analysis. *PLoS One*. 2022; 17(9):e0268169. DOI: 10.1371/journal.pone.0268169
- Wilder-Smith A, Freedman DO. Isolation, quarantine, social distancing and community containment: pivotal role for old-style public health measures in the novel coronavirus (2019-nCoV) outbreak. *J Travel Med*. 2020;27(2):taaa20. DOI: 10.1093/jtm/taaa020
- Sociedade Brasileira de Infectologia. Nota Técnica – Alerta para aumento do número de casos covid-19 e medidas necessárias para o enfrentamento atual [Internet]. São Paulo (SP); 2022 [cited 2022 Dec 24]. Available from: <https://ameci.org.br/alerta-para-aumento-do-numero-de-casos-covid-19-e-medidas-necessarias-para-o-enfrentamento-atual/>
- Instituto Brasileiro de Geografia e Estatística. Cidades e Estados [Internet]. Rio de Janeiro (RJ); 2022 [cited 2022 Nov 29]. Available from: <https://www.ibge.gov.br/cidades-e-estados>
- Delgado CE, Silva EA, Castro EAB, Carbogim FC, Püschel VAA, Cavalcante RB. COVID-19 infodemic and adult and elderly mental health: a scoping review. *Rev esc enferm USP*. 2021;55:e20210170. DOI: 10.1590/1980-220X-REEUSP-2021-0170
- Webb LM, Chen CY. The COVID-19 pandemic's impact on older adults' mental health: Contributing factors, coping strategies, and opportunities for improvement. *Int J Geriatr Psychiatry*. 2022;37(1):10.1002/gps.56471. DOI: 10.1002/gps.5647
- Hammerschmidt KSA, Santana RF. Health of the older adults in times of the covid-19 pandemic. *Cogitare Enferm* [Internet]. 2020 [cited 2022 Jun 15];25:e72849. Available from: <https://revistas.ufpr.br/cogitare/article/view/72849/pdf>
- Nabuco G, Oliveira MHPP, Afonso MPD. O impacto da pandemia pela COVID-19 na saúde mental: qual é o papel da Atenção Primária à Saúde? *Rev Bras Med Fam Comunidade*. 2020;15(42):2532. DOI: 10.5712/rbmf15(42)2532
- Bardelim CA, Benevenuto TAM. Distanciamento social na pandemia da COVID-19: sentimentos vivenciados por pessoas idosas [trabalho de conclusão de curso]. Ubá (MG): Faculdade Presidente Antônio Carlos; 2022 [cited 2023 Oct 24].

- Available from: <https://ri.unipac.br/repositorio/trabalhos-academicos/distanciamento-social-na-pandemia-da-covid-19-sentimentos-vivenciados-por-pessoas-idosas/>
10. Du KJ, Li GS, Zhang K, Lin Y, Yang F, Hannes K. Prof. Karin Hannes: COREQ (Consolidated Criteria for Reporting Qualitative Studies). *Ann Transl Med*. 2022;10(19):1073. DOI: 10.21037/atm-2022-23
 11. Lefevre F, Lefevre AMC. The Collective Subject that speaks. *Interface (Botucatu)*. 2006;10(20):517-24. DOI: 10.1590/S1414-32832006000200017
 12. Minayo MCS. Amostragem e saturação em pesquisa qualitativa: consensos e controvérsias. *Rev Pesq Qualitativa [Internet]*. 2017 [cited 2022 Jan 11];5(7):1-12. Available from: <https://editora.sepq.org.br/rpq/article/view/82>
 13. Nascimento MC, Silva JV, Terra FS, Rodrigues Júnior AL. Meanings assigned to dengue by primary health care nurses. *REME - Rev Min Enferm*. 2019;23:e-1215. DOI: 10.5935/1415-2762.20190063
 14. Gomes LO, Costa ALPF, Ferreira WASL, Costa ACC, Rodrigues GM, Pedra ECP, et al. Qualidade de vida de idosos antes e durante a pandemia da COVID-19 e expectativa na pós-pandemia. *Kairós-Gerontologia*. 2020;23:9-28. DOI: 10.23925/2176-901X.2020v23i0p09-28
 15. Mata LRF, Kuznier TP, Menezes AC, Azevedo C, Amaral FMA, Chianca TCM. Validity and reliability of the UCLA Loneliness Scale version 3 among aged Brazilians. *Esc Anna Nery*. 2022;26:e20210087. DOI: 10.1590/2177-9465-EAN-2021-0087
 16. Romero DE, Muzy J, Damascena GN, Souza NA, Almeida WS, Szwarcwald CL, et al. Older adults in the context of the COVID-19 pandemic in Brazil: effects on health, income and work. *Cad Saúde Pública*. 2021;37(3):e00216620. DOI: 10.1590/0102-311X00216620
 17. Azeredo ZAS, Afonso MAN. Loneliness from the perspective of the elderly. *Rev bras geriatr gerontol*. 2016;19(2):313-24. DOI:10.1590/1809-98232016019.150085
 18. Kusumota L, Diniz MAA, Ribeiro RM, Silva ILC, Figueira ALG, Rodrigues FR, et al. Impact of digital social media on the perception of loneliness and social isolation in older adults. *Rev Latino-Am Enfermagem*. 2022;30:e3573. DOI: 10.1590/1518-8345.5641.3526
 19. Krug RR, d'Orsi E, Xavier AJ. Association between use of internet and the cognitive function in older adults, populational longitudinal study EpiFloripa Idoso. *Rev Bras Epidemiol*. 2019;22:e190012. DOI: 10.1590/1980-549720190012
 20. Tavares DMS, Oliveira NGN, Guimarães MSF, Santana LPM, Marchiori GF. Social distancing due to covid-19: social support network, activities and feelings of aged individuals who live alone. *Cogitare Enferm*. 2022;27:e78473. DOI: 10.5380/ce.v27i0.78473
 21. Goodman-Casanova JM, Dura-Perez E, Guzman-Parra J, Cuesta-Vargas A, Mayoral-Cleries F. Telehealth Home Support During COVID-19 Confinement for Community-Dwelling Older Adults With Mild Cognitive Impairment or Mild Dementia: Survey Study. *J Med Internet Res*. 2020;22(5):e19434. DOI: 10.2196/19434
 22. Brooks SK, Webster RK, Smith LE, Woodland L, Wessely S, Greenberg N, et al. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *Lancet*. 2020;395(10227):912-20. DOI: 10.1016/S0140-6736(20)30460-8
 23. Pinheiro PNC, Mondragón-Sánchez EJ, Costa MIF, Rodrigues IP. Reflections on nursing and COVID-19 in light of health education. *Rev Bras Enferm*. 2022;75(Suppl 1):e20201305. DOI: 10.1590/0034-7167-2020-1305
 24. Faria L, Patiño RA. Dimensão psicossocial da pandemia do Sars-CoV-2 nas práticas de cuidado em saúde de idosos. *Interface (Botucatu)*. 2022;26:e210673. DOI: 10.1590/interface.210673
 25. Rosa MCS. O idoso, sua casa e suas coisas: contribuições para criação de um entorno mais acolhedor para os maiores de 60 anos. *Cuad Cent Estud Diseñ Comun Ensayos*. 2020;83:147-61. DOI: 10.18682/cdc.vi83.3736
 26. Menezes TMO, Andrade AMB, Freitas AVS, Moura HCGB, Freitas RA, Pires IB. Nursing reception and care in the family health strategy: perceptions of the elderly person. *REME - Rev Min Enferm*. 2020;24:e-1304. DOI: 10.5935/1415-2762.20200041

Received: February 14 2023

Approved: October 27, 2023

Published: November, 2023



The Revista Baiana de Enfermagem use the Creative Commons license – Attribution -NonComercial 4.0 International.

<https://creativecommons.org/licenses/by-nc/4.0/>

This article is an Open Access distributed under the terms of the Creative Commons (CC BY-NC). This license lets others remix, adapt and create upon your work to non-commercial use, and although new works must give its due credit and can not be for comercial purposes, the users do not have to license such derivative works under the same terms