

Continuity and Changes in Attitudes, Healthcare, and Caregiving for Older Adults

During the COVID 19 Pandemic

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The COVID 19 pandemic period has ushered in rapidly changing conditions, attitudes, and emotions. As we are writing, “pandemic fatigue” has set in and people around the globe are increasing their travel, family gatherings, and contact with people outside their household, as hospitals and intensive care units have hit saturation in many locales. At the same time, the development of a vaccine has come to fruition, and expectations of an immunized population generate hope and a vision of a future free of the drastic consequences of disease. Throughout the past year, there has been a concomitant proliferation of research related to COVID-19, not only in the biomedical sciences, but also in the social and behavioral sciences.

Given the urgency of the crisis, attention has focused heavily on high mortality rates, surges in the virus spread, and stress on the hospital systems. Thus far in the pandemic, the burden has been disproportionately shared among older adults, who have much higher hospitalizations, intensive care unit usage, and mortality (Dowd et al., 2020). However, psychosocial changes and distress have affected the entire population. At an individual level, research shows that older adults overall may be coping better with the effects of the pandemic than are younger adults (Birditt et al., 2020). However, at the societal level the impact on older people is potentially profound. The ripple effects of the pandemic on families, caregiving institutions, and societal attitudes involving older adults have exacerbated existing problems in ways that may persist after the virus is under control.

This virtual collection addresses the social impact of the COVID-19 epidemic on aging populations, particularly with regard to ageism that has come to light in the portrayal of the pandemic. Ageism is also apparent in regard to treatment of the most frail and vulnerable older adults, both in health care settings and in long-term care facilities. All of the articles

point to issues that are based in pre-existing social conditions but are potentially increased by the pandemic.

A major challenge in addressing ageism in the face of COVID-19 stems from the fact that age, as noted, is an independent risk for serious illness and mortality. Whereas conveying this information to the public is certainly important, these messages also affect public views of older persons in ways that may affect public policies about future resources, as well as potential decisions to triage or withhold medical treatment. The authors in this virtual collection expand our understanding of the interplay between the pandemic and ageist stereotypes and prejudices.

Several of the articles focused on discourse about older adults in social media and news outlets. Another study used machine learning to examine 83,000 tweets pertaining to older adults. More than 1 in 10 of these tweets suggested that the lives of older adults were less valuable or downplayed the pandemic as pertaining only to an aging population (Xiang et al., 2020). Barrett (2021) analysed tweets on a single day following a statement by Texas Lt. Governor Dan Patrick that older adults should sacrifice themselves to allow the economy to remain open for younger adults. Interestingly, most of those tweets (90%) opposed this idea. As the authors acknowledge, however, Twitter and social media record attitudes among individuals who follow and post on social media, and who therefore are likely have the strongest opinions.

Other articles in this collection covered outlets intended to disseminate information, rather than social media intended to elicit responses to events. Lichenstein and colleagues (2021) analysed major news sources (newspapers, magazines, media websites). The coverage was disproportionately ageist, encouraging age segregation, indefinite isolation of older

adults, banning visits to nursing homes, and policies intended to end lockdowns for younger populations.

Furthermore, research on news coverage also suggests that the COVID 19 outbreak brought to light and exacerbated underlying societal ageism. E. Miller (2021) examined 2,300 news articles addressing nursing homes in the leading US national newspapers between September 2018 and June 2020. This analysis revealed that coverage of nursing homes during the first months of the COVID 19 outbreak became considerably more prominent and were negative in tone. However, the proportion of negative content remained nearly constant from prior coverage of nursing homes. In other words, the volume of articles about nursing homes increased dramatically, but the tone of those articles manifested continuity from prior negative attitudes.

Not only does the pandemic affect attitudes toward and communication about older people, but it also affects systems of care and the individuals who work in them. Although health and long-term care workers have been hailed as “heroes,” the toll on them has been enormous, as they not only risk their own health to care for patients but also may serve as their sole source of social contact. As several authors demonstrate in this special issue, staff must develop strategies to maintain personalized care in the face of the pandemic. A unifying theme is the need to identify and strengthen social aspects of care, such as peer support for both health care workers and the older individuals they serve.

V. Miller (2021) and colleagues describe the stress experienced by long-term care social workers, who are often tasked with supporting residents isolated by the pandemic. Most were unprepared for the challenges they encountered, suggesting that new methods of peer and other support for professionals caught up in the crisis are necessary. Li (2021) and colleagues found that care for infected older people in the hospital setting has faced similar

challenges. In this case, maintaining existing models of person-centered communication proved to be an effective strategy to assess and address the patients' needs. This approach is echoed by Nowakowski, who highlighted the need to extend successful models of patient education and peer support to help older COVID-19 victims recover successfully. An overarching theme in these articles is that we must build and expand existing evidence-based practices to optimize care during the pandemic.

Third, contributions to the special issue acknowledge the impact of the pandemic on family caregiving systems. Park (2021) shows that during the pandemic, family caregivers demonstrated poorer mental and physical health than non-caregivers and calls for further investigation of how COVID-19 exacerbates the already challenging task of providing care to frail relatives. Savla and colleagues' (2021) research supports this assertion, applying the transactional stress model to understand how caregivers appraise the impact and severity of the pandemic on their responsibilities. Role overload was a risk factor for distress, which was mitigated by the provision of formal services for some caregivers.

The advantage of this virtual collection is its dynamic quality; the articles respond to the challenges of the current moment. However, research conducted in the midst the pandemic provides only a snapshot of a particular period. With regard to social science, contemporary issues may also shed light on structures affecting older adults over the long term. It remains to be seen whether the dynamics detailed in this fascinating set of articles are a temporary phenomenon or represent enduring changes for the older population. When the pandemic subsides, researchers should continue their efforts to understand its long-term consequences for older people.

In sum, these articles present important information about societal attitudes and care provision for older adults during the COVID 19 outbreak. Important questions, however, remain: Which societal changes will persist? Will older people be seen as helpless victims,

increasing ageism over the long term? Or will they instead be seen as resilient survivors?

Will gaps in the long-term care system made evident by the pandemic be addressed, or will they continue to be tolerated? Are we indeed seeing a seismic shift that will be felt for decades, or will the impact on older people return to their pre-pandemic state? Future research can and should address these questions, and the articles in this special issue pave the way for such investigations.

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