

The health and health needs of Polish seniors during the COVID-19 pandemic

Stan zdrowia i potrzeby zdrowotne polskich seniorów podczas pandemii COVID-19

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Abstract

The COVID-19 pandemic has caused a health crisis affecting many areas of socio-economic life. It has had a significant negative impact on the health of the entire world population, including people aged 65+. Recent reports on the SARS-CoV-2 virus show that a significant percentage of people who contracted COVID-19 suffer from serious health consequences. This study is an overview of selected reports on the health state and health needs of Polish seniors during the COVID-19 pandemic. The results of the analysis show that seniors, despite the support of their relatives, experience loneliness and the negative impact of the COVID-19 pandemic on their mental and physical condition. They also emphasize problems with access to medical care, interrupt their current treatment and rehabilitation, declare the need to consult a specialist and the need for support and reliable information on the COVID-19 pandemic. The COVID-19 pandemic has verified the senior policy. Health needs of people aged 65+ and their caregivers are increasing, so are the barriers to meet these needs, which is a huge challenge for the geriatric healthcare system and the socioeconomic support system. (*Gerontol Pol* 2022; 30; 157-162) doi: 10.53139/GP.20223020

Keywords: health, health needs, Polish seniors, COVID-19 pandemic

Streszczenie

Pandemia COVID-19 wywołała kryzys zdrowotny wpływający na wiele obszarów życia społeczno-gospodarczego. W sposób znaczący negatywnie wpływa na zdrowie całej światowej populacji, także osób w wieku 65+. Ostatnie doniesienia na temat wirusa SARS-CoV-2 wskazują na występowanie poważnych skutków zdrowotnych u znacznego odsetka osób, które przechorowały COVID-19. Niniejsze opracowanie stanowi przegląd wybranych raportów na temat stanu zdrowia i potrzeb zdrowotnych polskich seniorów w trakcie pandemii COVID-19. Wyniki analizy wskazują, że seniorzy, mimo wsparcia osób bliskich, doświadczają samotności i negatywnego wpływu pandemii COVID-19 na kondycję psychiczną i fizyczną. Ponadto podkreślają problemy z dostępem do opieki medycznej, przerywają dotychczasowe leczenie, deklarują potrzebę konsultacji z lekarzem specjalistą oraz zapotrzebowanie na wsparcie i rzetelną wiedzę na temat pandemii COVID-19. Pandemia COVID-19 weryfikuje politykę senioralną. Przybywa potrzeb zdrowotnych wśród osób w wieku 65+, a także barier w ich realizacji, co stanowi olbrzymie wyzwanie dla systemu geriatrycznej opieki zdrowotnej oraz systemu wsparcia społeczno-ekonomicznego. (*Gerontol Pol* 2022; 30; 157-162) doi: 10.53139/GP.20223020

Słowa kluczowe: zdrowie, potrzeby zdrowotne, polscy seniorzy, pandemia COVID-19

Introduction

The COVID-19 pandemic has caused a health crisis affecting many areas of socio-economic life. It has had a significant negative impact on the health of the entire world population, including people aged 65+ [1-3].

In the vast majority of cases, infection with SARS-CoV-2 is asymptomatic or mildly symptomatic. In

other cases, patients require hospitalization. Recent reports indicate that elderly people are at increased risk of infection with SARS-CoV-2 and serious complications of COVID-19 [4]. People aged 65+, especially those with multiple diseases, often experience long-term symptoms of infection, described as *long-COVID-19* and *post-COVID-19* syndromes, after being infected with SARS-CoV-2 [5]. Moreover, due to the necessary

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social isolation associated with the COVID-19 pandemic, the elderly are a group particularly vulnerable to psychological problems. This is because they experience a range of negative emotions that lead to suffering, a decline in quality of life, as well as physical and mental health disorders. The source of fear in a pandemic is both the disease itself and its potential consequences [6].

Findings from the National Institute of Seniors survey

The National Institute of Seniors conducted four editions of a survey on the health, well-being, and health needs of Polish seniors during the COVID-19 pandemic [7-10].

The first edition of this survey entitled *The health of Polish seniors during the pandemic* was conducted in the third quarter of 2020 in a group of 1.118 people aged 60+. Its results revealed that about 36% of Polish seniors did not have reliable information on SARS-CoV-2, the COVID-19 pandemic, and the current epidemic situation in Poland at that time. About 27% of the respondents indicated an increase in the feeling of loneliness, and about 17% complained about deterioration in their overall health. As many as 66.4% reported a problem with access to medical care during the COVID-19 pandemic. The respondents who required both standard and specialist medical care found themselves in a difficult situation. Lack of access to a specialist was a problem for over 60% of the respondents, and consultation with a primary care physician was a problem for over 28% of the surveyed. More than 88% of the respondents were comfortable with receiving e-prescriptions, and 79% were not concerned about buying medicines in stationary pharmacies or pharmacy outlets. However, 31% of the respondents discontinued their current treatment due to the risk of SARS-CoV-2 infection, and 32% started self-treatment. Moreover, approximately 47% of the surveyed seniors indicated that restrictions related to the COVID-19 pandemic made them feel lonely, 14% declared the need for psychological support, and 14% had no one to talk to about their problems. Restrictions due to the COVID-19 pandemic and living in uncertainty had a negative impact on the health and psychological well-being of the surveyed seniors who reported a need for access to reliable information on the SARS-CoV-2 virus, return to normality, and meetings with other people [7].

The second edition of the National Institute of Seniors survey entitled *The health and well-being of seniors in the pandemic* was conducted in the fourth quarter of 2020 in a group of 24 people aged 60+. The surveyed

seniors indicated a real fear for their health and life, despite the knowledge of general precautions against the spread of SARS-CoV-2, and rules of conduct related to the COVID-19 disease. They highlighted the difficulty of accessing specialist doctors, failure to get preventive check-ups, and discontinuation of chronic therapy for severe diabetes as well as serious oncological, ophthalmological, and gynecological diseases. In addition, the respondents pointed to the lack of reliable information on free medicines that people aged 75+ are entitled to. This situation hindered the treatment of chronic diseases and led to a decline in seniors' general physical and mental health. In addition, the prolonged pandemic, reduced social contacts, the need to return to social activity, and fear for their own health and the health of their loved ones resulted in a sense of permanent anxiety, and for some people, also in waning hope and lack of faith in a return to normality and the end of the COVID-19 pandemic. The respondents complained about the information chaos in the media, which provided misleading information on COVID in general and the current epidemic situation in Poland. They expressed the need for digital education in order to get things done at clinics, offices, and banks [8].

The third edition of the National Institute of Seniors survey entitled *The needs and health of seniors during the COVID-19 pandemic* was conducted in the first quarter of 2021 in a group of 1.147 people aged 60+. The results of the survey demonstrated a significant deterioration in the well-being and health of the elderly due to the COVID-19 pandemic. All respondents (100%) noted the difficulty in accessing inpatient medical care, especially to specialist doctors, regardless of their specialty. Over 31% of the respondents indicated a problem with making a traditional appointment with a primary care physician. The respondents emphasized that they had greater confidence in direct contact with a doctor during a face-to-face visit that could not be replaced by tele- and e-visits due to the possibility of overlooking significant symptoms in the course of various diseases and health problems. Probably for this reason, for the last six months preceding this edition of the survey, about 36% of the seniors did not have any diagnostic tests that were previously easily available due to short wait times and low cost of service, and about 27%, although they felt the need, did not have any diagnostic tests that were previously hard to reach due to long wait times and high cost of service. This edition of the survey showed that the elderly had little problem with e-prescriptions. Only fewer than 3% of the respondents did not know how to fill them, and 11% did not feel the need for training on how to use them. However, al-

though most of the respondents aged 75+ were aware of the availability of free medicines they were entitled to, not all of them knew the rules of using the government project *Leki 75+* (*Medicines 75+*). Moreover, according to the surveyed seniors, the COVID-19 pandemic had a bad impact on their mental health. The problem with access to inpatient medical care, especially to specialists, and lack of access to entities carrying out activities for seniors increased the feeling of loneliness, thus causing apathy and depressive mood. Among the proposed forms of support (other than relatives), the respondents most often indicated access to specialist medical care (over 70%), access to forms of leisure time organization (over 45%), access to information on helplines, assistance and support institutions, and old-age entitlements and benefits (over 43%), assistance in using the Internet and portable multimedia devices (over 36%), and psychological assistance (over 14%). The respondents most often expressed their willingness to use the offer of the University of the Third Age (37%), Senior Citizens' Club (21%), and the Daily Senior Center (14%), and indicated them as a reliable source of information and development opportunities. Despite the availability of digital media and the opportunities they give, 53% of the elderly still preferred traditional methods of communication and forms of distribution of educational and information materials. Over 36% of the respondents indicated the need to acquire digital competencies (especially computer and instant messaging skills) and to learn navigate the Internet [9].

The fourth edition of the National Institute of Seniors survey entitled *The needs and health of seniors during the COVID-19 pandemic* was conducted in the fourth quarter of 2021 in a group of 1.009 people aged 60+. According to the survey, over 70% of the respondents reported that the COVID-19 pandemic negatively affected their physical condition. Nearly 75% of the Polish seniors had problems with access to medical care. Almost 32% of the respondents discontinued their current therapy. Among the most urgent medical needs, more than 56% of the respondents indicated access to a specialist, more than 22% - consultation with a primary care physician, almost 3% - caregiver's allowance, immunizations and tests, more than 2% - access to medicines, and more than 8% - the possibility of carrying out the planned procedure / operation. The elderly had the most difficulty making a face-to-face appointment with a family doctor (nearly 32%). The vast majority of the respondents aged 75+ (over 81%) were aware of the free medicines they were entitled to as part of the government's *Medicines 75+* project. According to the surveyed, the most reliable source of information on the COVID-19 pan-

demic was a doctor (over 46%), the Internet (over 23%), other media (over 18%), as well as family, friends and neighbors (over 12%). Furthermore, more than 45% of the respondents reported that the COVID-19 pandemic contributed to their feeling of loneliness, loss of social ties, and a lower level of social activity. Over 68% believed that the COVID-19 pandemic had a negative impact on their psychological well-being, and over 23% declared the need for psychological support. The vast majority of the respondents (over 70%) had someone to talk to about their problems. The greatest support for the respondents during the COVID-19 pandemic were children (over 46%) and extended family (over 4%). However, almost 30% of the respondents received no help during the pandemic and were on their own. In this edition of the survey, over 65% of elderly people declared that they were more familiar with electronic forms of distribution of educational and information materials. As particularly needed, more than 36% of the respondents indicated training in the field of health education of the elderly, over 24% - training in physical activity, over 17% - computer training, and almost 10% - training in the field of personal development [10].

Findings from Senior.Hub - The Institute of Senior Policy

The report of the survey entitled *The quality of life of the elderly in Poland in the first year of the COVID-19 pandemic* conducted by The Institute of Senior Policy Senior.Hub in the first quarter of 2021 in a group of 500 people shows that almost 60% of the respondents declared that their mental condition during the pandemic was worse than before (it worsened during the pandemic). Over 60% of the respondents claimed that their physical activity decreased during the pandemic, more than 50% felt fatigue due to the onerous restrictions associated with the pandemic, 46% reduced their social contacts during the pandemic, over 34% experienced increasing irritability and anxiety during the pandemic compared to the pre-pandemic period. Over 60% of the respondents reported limited access to treatment or rehabilitation services, while 65% and over 63%, respectively, declared that it was more difficult for them to use the services of an internist and specialist doctors. More than 70% were characterized by a low degree of digitization, and the use of the Internet slightly influenced the "subjectively perceived psychophysical health and quality of life of the respondents" [11].

The report of Senior.Hub - The Institute of Senior Policy from the survey entitled *The situation of family caregivers of the elderly during the COVID-19 pandemic*

carried out in the first quarter of 2021 shows that 61% of the respondents fully agreed with the statement that as caregivers of the elderly during the pandemic they could only count on themselves, while 58% of those surveyed believed that the pandemic made them feel more lonely and isolated from others. For this reason, 40% of the respondents were worried about their mental state. Moreover, 25% of the respondents completely disagreed with the statement that their work as caregivers was appreciated by others, while only 16% of the respondents felt appreciated in this respect. According to 65% of the surveyed caregivers, the state did not take enough care of the needs of caregivers of the elderly during the pandemic. Only 6% of the respondents held the opposite view. Moreover, 37% of the respondents described access to care services provided as part of social assistance during the pandemic as very difficult. In the case of rehabilitation, accessibility was so rated by about 36% of the respondents. At the same time, access to respite care, day-support centers, and public health care was perceived in a similar way by over 43%, over 42%, and over 35% of the respondents, respectively. According to the report, selected forms of support - such as information support, individual psychological support, specific support in daily activities, support groups, respite care, institutional social assistance and health care, training in the use of new technology services, financial support - are, in the opinion of most respondents, very useful, but they did not receive such support [12].

The aforementioned report indicates that: “a large number of caregivers feel they are outside the area of interest of the state and its institutions. The social support system within public policy institutions was (...) outside the zone of accessibility for caregivers”, “poor access to healthcare is one of the most difficult (...) experiences of being a caregiver of an older person during a pandemic. The inability to consult a doctor directly, very limited access to nursing services, the lack of places in hospitals, and a long wait time for an ambulance were a source of enormous stress and psychological burden for caregivers”, “the situation of caring for an elderly person during a pandemic is a psychologically stressful experience, often leading to deterioration in the mental health of informal caregivers” [12].

Original research results

In their study measuring the incidence of anxiety, depressive symptoms, irritability, and loneliness among the elderly aged 65+ (as a group particularly at risk of being negatively impacted by the COVID-19 pandemic), Dziezic et al. observed anxiety and depressive symptoms in

20% of the subjects. They were experienced to a greater extent by women, unemployed people, those living alone, people in a worse financial situation, people with a lower self-reported health status, and people with selected chronic diseases. Over 66% of the respondents experienced moderate loneliness, and the majority of them were singles, people living alone, those unemployed, people perceiving their financial situation as well as physical and mental health as worse, and people with selected chronic diseases. Those who reported higher levels of loneliness were also characterized by higher levels of anxiety, depression, and irritability [13]. Interestingly, Bidzan-Bluma et al. reported that older adults rated their quality of life, life satisfaction, and well-being during the COVID-19 pandemic higher than younger age groups, and experienced less anxiety associated with the threat of SARS-CoV-2 infection than their younger counterparts. In addition, they tolerated the risk of infection better, had better sleep quality, and more optimism than middle-aged respondents [14]. At the same time, the study by Zawojcka et al. showed that public long-term care for the elderly in Poland did not meet the needs of this social group during the COVID-19 pandemic, while the private sector services were too expensive. Therefore, care was mostly provided at home by immediate family members, and the burden on families caring for the elderly increased compared with the pre-COVID-19 pandemic period [15].

Recommendations for changes in the senior citizen policy

Research results have clearly shown that the prolonged epidemic situation due to COVID-19 has a strong negative impact on Polish seniors, both in terms of physical and mental health. Obviously, the pandemic has not only health but also economic consequences.

The necessity to stop the spread of SARS-CoV-2 was the reason for introducing restrictions. This, in turn, increased the risk of a decline in physical and mental well-being, a decrease in quality of life, the loss or weakening of social ties, the growing number of health and socioeconomic needs, and problems with meeting them. The COVID-19 pandemic is a huge challenge for the geriatric healthcare and socioeconomic support systems. People aged 65+, who are at particular risk of negative consequences of SARS-CoV-2 infection or COVID-19-related diseases, require special care and protection on the basis of solidarity and social responsibility [16]. A proposal of recommendations for changes in the senior policy in relation to the COVID-19 pandemic is shown in Table I.

Table I. A proposal of recommendations for changes in the senior policy in relation to the COVID-19 pandemic

No.	Recommendations of Senior.Hub - The Institute of Senior Policy	
	Aim: Improving the quality of life of the elderly	Aim: Improving the situation of family caregivers of the elderly
1.	Better quality and broader range of public support for people who are partially or completely socially isolated	Interest of public policy decision-makers in the situation of caregivers of the elderly, taking into account their perspective in actions taken, both in the context of the pandemic and beyond
2.	Expanding the network of institutions activating the elderly and providing them with information and support. Preparing these institutions to perform the function of 'crisis intervention'	A comprehensive diagnosis of the situation of family caregivers of elderly people in Poland, their problems, needs and expectations
3.	Increasing healthcare funding and improving seniors' access to general practitioners and specialist doctors (especially geriatricians), as well as rehabilitation and treatment services under the fast-track procedure	Implementation of activities to provide information and training support to caregivers
4.	Including the issue of seniors' mental health in public policy	Development and implementation of solutions to provide psychological support to both caregivers and seniors in need of care
5.	Increasing the scope of digital education for older people so that they can pursue their selected needs remotely	Extending the availability of social welfare services, improving their quality and image
6.	Increasing funds for social activation of the elderly under central programs, especially the <i>Active+</i> program	Informal, including neighborly, support for caregivers of the elderly
7.	Increasing the priority of older people's issues in local policies	Assisting the non-government organization (NGO) sector in carrying out activities that support caregivers and families of older people
8.	Actions taken to provide caregivers of the elderly with dignified conditions for care delivery and future security	Increasing access to health, nursing and rehabilitation services
9.	Raising awareness of the challenges of aging and the needs of the elderly in younger generations	Taking actions to improve the economic situation of caregivers and increase their opportunities for gainful employment
10.	Economic changes in the spirit of the silver economy	—

Source: the author's own compilation based on [11-12]

Conclusions

The COVID-19 pandemic has verified the senior policy. Health needs of people aged 65+ and their caregivers are increasing, so are the barriers to meet these needs, which is a huge challenge for the public health sector.

This, in turn, requires joint and simultaneous multidisciplinary and multisectoral action in all areas of senior policy, based on scientific evidence.

Conflict of interest
none

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