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NURSING HOME USERS AND THE CORONAVIRUS PANDEMIC: RESEARCH INTO EVERYDAY PRACTICES AND PERCEPTIONS OF THE NEW NORMALITY

ABSTRACT: Our paper deals with the research into everyday life of the institutionally accommodated elderly and their attitudes towards the coronavirus pandemic. After the pandemic was declared in March 2020, the elderly were recognized as a particularly vulnerable population. In their case, the risk of infection and fatal outcome was considered exceptional in comparison to other age groups. Both in our country and in many others, such discourse in relation to the elderly gave rise to the seemingly paternalistic, and actually repressive practices. Namely, their freedom of movement was restricted, while the ones in institutional care were deprived of direct contact with their family members and friends, all for the purpose of health protection. According to our research hypothesis, this context determined their daily routines and formed their opinions about the danger from the coronavirus. The aim of our research was to examine how the institutionally accommodated elderly lived their everyday lives within the context of the new normal and in what manner they perceived the newly-arising situation. To find an answer to this question, we interviewed eight users of a

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Belgrade-based elderly home. The findings of the analysis show that their everyday practices have remained more or less unchanged in the conditions of the new normal, while the absence of any contact with the close ones and with the outside world was seen as painful. Our respondents faced fears, the most pronounced of which was the fear for the lives of the loved ones.

KEYWORDS: the elderly, institutional accommodation, pandemic, everyday life.

INTRODUCTION

The majority of modern societies, particularly those that are ranked as the most developed in economic terms, face the population recession – fertility decrease and longer life expectancy. The world population is ageing rapidly, and it is predicted that by 2050 there will be 22% people older than 60 (Bloom et al., 2015).

Population ageing is a pronounced demographic trend in our country as well: one fifth of the population is older than 65 (*Report on the work of institutions for accommodating adults and the elderly for the year of 2020, 2021*). This percentage is expected to rise and to reach more than one quarter by 2050.

Although the above-listed data constitute indisputable proof of social progress (Bobić, 2013; Dragišić Labaš, 2016; Knežić & Vidanović, 2011), just a glance at the social position of the elderly reveals that there is no room for excessive optimism³. As far as population ageing is concerned, all modern societies encounter numerous challenges regardless of the degree of their economic development. Therefore, although social care for the elderly is one of the pillars of social law in the EU (Ljubičić, 2020), the social system infrastructure cannot meet the increasing needs of the elderly⁴ (<https://hir.harvard.edu/elder-care-infrastructure/>). What is particularly worrying is the decreasing trend of social and other allocations of funds intended for persons in the third age of life,⁵ but also the poverty faced by this population. The latter is perfectly illustrated by the 2019 OECD Report: in most member-states, the elderly are the poorest part of the population, while their material deprivation increases along with their age (Pensions at a Glance 2019: OECD and G20 indicators, 2019).

Furthermore, it is especially worrying that the elderly are exposed to discrimination and ageism. Despite the expectations of a different state of affairs, even in the European Union member states that can boast of the developed legislation directed towards protecting minorities from discrimination, little has been done regarding old age as grounds

³ For example, at the G20 summing in 2019, an opinion was expressed that population ageing is a global risk (<https://www.france24.com/en/20190609-historic-first-g20-weighs-ageing-global-risk>).

⁴ There are no sufficient caregivers or institutions to take care of the elderly.

⁵ In fact, judging by the report *Global Elderly Care in Crisis* (The Lancet, 2014), after the decision to reduce allocations, about 800,000 elderly people in needy circumstances were left without the support of publicly and privately financed help organizations.

for violating the right to equality (Mikołajczyk, 2018). The bias about the elderly being a social burden and bias-based practices are present with no exception in all modern societies, while ageism was fully and openly expressed during the coronavirus pandemic itself. The manner of treating the elderly and the implications of such manner of treatment will be further discussed in the research below.

THE CORONAVIRUS PANDEMIC AND THE ELDERLY

In March 2020, the world faced the coronavirus pandemic, and the World Health Organization and the governments of national states undertook a number of measures in order to prevent the spread of the infection. Although very little was known about the disease caused by the coronavirus at the time of its outbreak, the elderly⁶ became the centre of social care because they were thought to be at the greatest risk. To protect their health and save the capacities of healthcare institutions, the elderly were subject to a number of protection measures, particularly at the global level. Therefore, although the measures varied from one country to another, the elderly were treated in a similarly restrictive manner in almost all corners of the globe (Fischer et al., 2020). They were asked to observe the prohibitions that essentially meant self-isolation and restraint from all social contacts.⁷

A special protection regime was introduced in nursing homes⁸ because these places were recognized as a particular risk to the health condition of the largest number of residents (Vukušić, 2021). The World Health Organization offered a number of guidelines as to how to care for the users of these institutions during the pandemic, how to keep hygiene and how to act in the cases of coronavirus infection. Finally, to prevent the spread of the infection, contacts were prohibited between the outside world and physical distance was imposed to nursing home users.

Although healthcare and other policies and practices intended for the elderly during the pandemic were aimed at protecting their lives, a number of authors notice that such treatment actually strengthened pandemic biases⁹ (Momtaz, 2020) and exposed the elderly to open discrimination and violation of constitutional and civil rights (Zvijer,

⁶ In the text we use the term “the elderly” instead of the term that had the politically correct status until recently (“older people”), taking into account the opinion of the advocates of the rights of the elderly to promote (benevolent) ageism through the use of the latter term (Ljubičić, 2021).

⁷ Ayalon (2020) asserts that the latent meaning of this message is that the intergenerational contact is problematic and should be abolished.

⁸ They remained under such special protection regime even after the abolition of the state of emergency in the Republic of Serbia in May 2020, unlike their peers living at home.

⁹ Ageism is a phenomenon persisting throughout centuries. The beliefs it is founded on are that the elderly are less valuable or at least dependent members of the society, that they are a burden to younger generations (Whitton, 1997). These beliefs are accompanied by the expectations that the elderly should not spend resources, that they must give their own autonomy (because of being less rational, retrograde etc.) and that, at best, they should allow younger generations to care for them (Swift, Steeden, 2020).

2021). An important role in the process was played by the media¹⁰, in which the elderly were presented as a homogeneous group, and COVID-10 as their disease (Ayalon, 2020). It resulted in a strong public resentment and hatred speech, particularly towards *the disobedient elderly* – those who did not observe the measures¹¹ (D’cruz & Banerjee, 2020). Namely, young generations directed their anger towards the elderly, being encouraged by the media-promoted thesis that economies would fail due to special vulnerability of the people in the third age and the measures imposed in order to protect them (Ayalon, 2020).

Furthermore, something almost unimaginable occurred in practice – healthcare systems in some countries made age-based discrimination of patients official (see: Ljubičić, 2022). The logic behind rationalization of the healthcare treatment: younger and middle-aged generations have the priority in the treatment over the elderly in intensive care units, i.e., it is necessary to save first those who yet have to live a quality life (D’cruz & Banerjee, 2020). Some authors, not without irony, translate the essence of such medical utilitarianism as follows: the elderly cannot be a priority because they are not expected to be productive or socially useful, and it is perfectly alright to let them die (Aronson, 2020: 4).

The mortality of the elderly at the beginning of the pandemic was extremely high. For example, in Italy, the National Health Institute stated the fact that on 17th March 1.625 persons died, as well as that 169 of them were 60-69 years old; 578 were 70-79 years old, while the largest number of deceased – as many as 850 were in the ninth decade of their lives (Fischer et al., 2020). Moreover, the high mortality rate was recorded among the institutionally accommodated elderly. Although the data about what actually took place in nursing homes throughout Europe and the world are only partially available, according to Gábor Kemenesi et al. (2020), a large number of nursing home residents died from COVID-19. The report of the London School of Economics states that at least half of all death cases caused by the coronavirus (between 42% and 57%) occurred in the nursing homes in Italy, Belgium, Spain, Ireland and France. Alarming data also came from the USA¹². The Center for Medicare and Medicaid Services reported that on 1st June 2020 as many as 26,000 people died in social protection institutions, which was one quarter of all death cases caused by COVID-19 in the USA at that moment (Monahan et al., 2020).

In our country, despite the introduction of restrictive measures, the coronavirus entered nursing homes as well. For example, according to the data of the Ministry of Labour, Employment, Veteran and Social Policy, the virus was confirmed in 59 nursing

¹⁰ Rahman and Jahan remind us of how powerful the influence of the media is and how, owing to the fear initiated by the media at the beginning of the pandemic, we were panic-stricken into buying groceries and stocking up toilet paper.

¹¹ They were accused of selfishness in the situation in which they were expected to observe the measures (Ayalon, 2020).

¹² We have also found out that in some countries (Spain and Italy), a number of the bed-confined elderly patients died not of the coronavirus but because they were left by their caregivers who were afraid of the disease (Ayalon, 2020).

homes at the beginning of November 2020 (<https://rs.n1info.com/vesti/a669400-raste-broj-zarazenih-korisnika-domova-za-stare-vise-od-200/>), while according to the latest press release of this Ministry (of 8th August 2022), the presence of the virus was confirmed among 179 users in 51 institutions (<https://www.minrzs.gov.rs/srb-lat/aktuelnosti/vesti/ustanovama-socijalne-zastite-i-domovima-za-smestaj-odraslih-i-starih-zarazeno-179-korisnika-i-76-zaposlenih->).

We will also remind of the fact that in April 2020, there was a real disaster in the Gerontology Centre in Niš. Out of 256 residents of the Centre, 140 were infected. Criminal charges were pressed against the manager of the Centre because of his failure to inform the relevant bodies that some of the residents had been infected, or to prohibit visits or joint meals of the residents (<https://www.blic.rs/vesti/hronika/negira-da-je-kriv-zbog-140-zarazenih-direktoru-gerontoloskog-centra-u-nisu-odreden/3p-0mv7x>). Almost two years later (in February 2022), there were 102 infected residents in this institution and it has been stated, out of 200 residents who were treated in the University Clinical Centre in Niš (it is not known whether it was solely due to the coronavirus infection), 50 died (<https://www.danas.rs/vesti/drustvo/u-niskom-gerontoloskom-centru-koronom-zarazeno-104-korisnika-i-radnika/>). As suggested by a number of the authors (Jovanović, 2020, according to Mojić, 2021), the above-mentioned data should be accepted with reserve because of the reasonable doubt that the number of those infected with the virus and deceased due to the infection is far larger.

It is also important to emphasize that the mortality of the institutionally accommodated elderly, at least in our country, is high regardless of the pandemic; one third of the residents die during their first year in the nursing home, while about 97% residents of private institutions are functionally dependent on somebody else's help (Babović et al., 2018), and that is why these data are not surprising at all. The mortality of the residentially accommodated elderly further increased during the pandemic owing to numerous organizational and technical deficiencies of these institutions. Namely, at the very beginning of the health crisis it became clear that there was no sufficient protection equipment (e.g., masks) or technical-medical aids, that the care quality was (also) rather low because of the (long-term) lack of staff (Mojić, 2021), while those facts were made public due to the pandemic itself.

In addition, although we do not doubt that restrictive measures had two goals: 1. To protect the most vulnerable among us – the elderly – from the unknown disease, and 2. To prevent healthcare systems from collapsing completely, we must observe that they also had a series of undesired consequences. First of all, the imposed social isolation was taken as rather hard for the largest number of the elderly (Ljubičić, 2021). The prohibition of direct physical contact with others, especially their family members, where hugging their grandchildren was presented as disastrous for the elderly in the public discourse (Ayalon, 2020), had a negative effect on the overall health conditions of persons in the third age of life. Namely, earlier studies showed that loneliness and lack of contact increase the risk of dementia, anxiety, depression, heart diseases and

emergence of health-risky behaviours – excessive use of alcohol and consumption of cigarettes (Fischer et al., 2020; Monahan et al., 2020). The point is that isolated persons tend to react more to so-called social threats, of which rejection by others is the most unbearable one to every human being (Milivojević et al., 2017: 39). A man deprived of contacts will consider himself less valuable and exposed to the risk of *becoming ill*¹³ with loneliness. It further leads to anxiety; various fears and negative self-perception arise, including confusion and even paranoia. In addition, a series of symptoms emerge at the somatic level: the feeling of constant fatigue or pains, which eventually results in self-neglect as well (Milivojević et al., 2017).

Finally, we must also recall that the elderly, although they were in the focus of the creators of social and health policies, and even scientific research during the first months of the pandemic (see: Ljubičić, 2021), ceased to be the subject of such *special attention* as early as mid-2020.

The strengthening of prejudice towards the elderly in the pandemic circumstances has already been spoken about, and directly in relation to their marginalization, there is the fact that all those restrictions were imposed without anyone hearing their opinion about it (Ljubičić, 2021). In this place, we find it important to stress a simple and easily verifiable fact in practice that those who are socially less important are deprived of the possibility to speak about their own experience. Since we believe that researchers' social responsibility also includes the opening of the space for the stories of the marginalized ones, we initiated the interview with the nursing home residents about their everyday life while the restrictive measures were in force.

METHODOLOGICAL FRAMEWORK OF THE STUDY

The research task was to describe how the residents of one nursing home lived their everyday lives after the imposition of prohibited movement and visits, and how they perceived the virus and the accompanying narrative. We set two goals before us: 1. to describe daily routines of the elderly in the institution within the context of restrictive measures – lockdown; and 2. to understand the meaning of the new disease to them and of the measures supposed to protect them from becoming infected.

In our research, we were guided by the following research questions: 1. What activities were included in the daily routine of the nursing home? 2. How did they see the coronavirus and measures supposed to protect them? and 3. How did they feel during the lockdown period?

The research was conducted by the method of the focus group interview combined with the participant observation. The interview was preceded by several steps: the

¹³ That loneliness is a type of disease is claimed by Milivojević et al. (2017) and we also agree with them in that respect.

research problems and goals of the study were defined, and then the guide to discussion was prepared, containing three key topics (research questions). We posed open-ended and suggestive questions, as well as those about feelings, by the order that is common for the focus group interview¹⁴ (see: Đurić, 2007: 86).

The interview was transcribed and analyzed by the qualitative content analysis. The content analysis was preceded by the procedure of indexing and defining the analysis units. We defined the categories using the deductive approach – we formed them on the basis of research questions.

CONTEXTUAL FRAMEWORK AND SAMPLE

The research covers the period in which the measures were imposed by the Minister of Health, regulating contacts between nursing home users, employees and the outside world in the institutions for accommodating the elderly in the territory of our country. According to the *Order about prohibited visits and restricted movement in the facilities of the institutions for accommodating the elderly* of 14th March 2020, which was amended on 7th May 2020, visits were prohibited to all institutions where the elderly were accommodated; the residents were forbidden to leave the institutions, while the reception of the new ones was allowed only if they were not infected by the virus, with the obligatory 14-day isolation period after the arrival at the nursing home. In addition, the isolation measures for those who were in contact with the infected were conducted within the institution, including the orders remaining in force until the end of the danger of the spread of the infectious COVID-19 disease in the Republic of Serbia (<https://www.pravno-informacioni-sistem.rs/SlGlasnikPortal/eli/rep/sgrs/ministarstva/naredba/2020/28/1/reg.>).

The sample covered eight respondents – residents of a private nursing home¹⁵ on the outskirts of the capital city of Serbia. In the selection of our respondents, we applied several criteria: 1. Whether they had preserved cognitive abilities; 2. That they had stayed in the institution for minimum one year; and 3. That they wanted to speak about the proposed topics. The respondents who fulfilled the first two criteria were asked by the representatives of the nursing home management whether they wanted to participate in the interview and all of them, except for one woman, accepted the invitation. The interview was conducted on the nursing home terrace and it was recorded, with their permission. After the formal completion of the interview, we continued our conversation. Although half of our respondents left the terrace setting immediately after being informed that the interview was over, four of them decided to stay. From those subsequent stories we learnt additional details about their lives in the nursing home, which were of crucial importance for understating their everyday lives.

¹⁴ Since the coronavirus pandemic is not over yet, we have organized only one group interview, not wanting to expose our respondents to the risk of being infected.

¹⁵ The institution has about 40 residents, the majority of whom are functionally highly dependent on other people's assistance.

**ABOUT OUR RESPONDENTS, THEIR DAILY
ROUTINES DURING LOCKDOWN AND THEIR
PERCEPTION OF THE CORONAVIRUS**

Our respondents are between 71 and 86 years of age (Table 1). Curiously, eight of them are among rare residents of the nursing home who can walk and take care of their needs without or with minimum assistance of the staff. It should also be mentioned that they were mostly directed towards one another – they did not have much choice when it came to people to whom to speak. It does not mean that all of them get along very well: during the interview, their mutual disagreements surfaced, and we also noticed that one of the persons was ignored by the others, most probably because he tended to openly criticize the nursing home and fellow residents.

Table 1. Respondents' characteristics

| Name ¹⁶ | Age | Degree of education | Marital status | Has his/her own children | Decision to come to the nursing home |
|--------------------|-----|---------------------|----------------|--------------------------|--------------------------------------|
| Nina | 85 | Secondary school | divorced | yes | not her own |
| Dragan | 80 | Higher education | widower | yes | not his own |
| Dušan | 86 | Higher education | widower | yes | his own |
| Dušanka | 79 | Higher education | widow | yes | her own |
| Radmila | 82 | Higher education | widow | yes | not her own |
| Jelena | 86 | Higher education | widow | yes | not her own |
| Steva | 82 | Higher education | widower | yes | his own |
| Vukašin | 71 | Secondary school | divorced | yes | not his own |

All our respondents were married, while currently they had no partners due to the death of their spouses, or divorce. They all have children and income of their own and they all came to the nursing home because they *had to*, except for one woman and two men. They had no other options because there was no one to take care of them when they got ill. For example, Dragan was urgently operated and then he was infected by the coronavirus in hospital. The disease had numerous consequences so that he could not get up. According to him, he was positive to the virus (i.e., its presence in the body) for six weeks. Since his sons are unable to look after him because of their own family obligations, the only option was for Dragan to go to a nursing home. Radmila and Jelena had mental problems after the death of their husbands – both of them had died due to the coronavirus infection and, since there was no one to look after these women, the only option was a nursing home. It was also the only option for Vukašin, who arrived at the institution directly from the hospital after the leg amputation operation.

¹⁶ Our respondents' names were changed for the sake of protecting their anonymity.

Nina, Steva, Dušan and Dušanka arrived at the nursing home for different reasons. Nina's accommodation was initiated against her will by her daughter-in-law when they needed a vacant room for Nina's grandson who was getting married. Although she had never considered the option of leaving her home (which she had not visited since being accommodated in the nursing home), she was forced to decide whether she would "stay in the street or rent a place of her own". Unlike her, Steva made his own decision because he felt lonely after his wife's death. He says: "I couldn't bear being alone. One of the neighbours or my daughter would come for an hour or so, but it wasn't enough. I was completely alone. First, there was fear, then illness, sadness and bad mood. In the end you become depressed. You become more sensitive to everything in life, unsure. My children asked me what to do, whether I would move to their place or go to a nursing home. They are always at work, and that is why I decided to go to a nursing home". Dušanka decided to come to the institution because she had broken her ribs and could not function on her own, just like Dušan. He asked his family members to take him to a nursing home because he could no longer look after himself. "I can't even heat a meal", he says.

The arrival at the nursing home was traumatic for all of them. For example, Nina, who entered the home before the pandemic, spend the first days "only crying", being unable to come to terms with what had happened to her. In her acceptance of the fact that she was in the nursing home she was helped by the "kind staff and other patients", as well as by the realization that she was still doing well because she could do things by herself. The others had undergone obligatory two-week isolation. Dragan was alone in a room for fourteen days. "I didn't go out", he says. He felt bad: "I was disappointed by everything because of such an experience. I was in diapers and couldn't walk". Vukašin had an almost identical experience. He says that he felt helpless. "It was very difficult for me. Not because of the nursing home, but because I can no longer walk – I don't have a leg. I was just lying and thinking those first days" (he bursts into tears.). Jelena and Radmila cried – both were in a difficult mental state after the death of their husbands. They do not remember anything apart from her sadness and the support of the staff ("I overcame depression thanks to them", Radmila says). Dušanka also "barely survived" the first days, but not due to being isolated. In fact, she does not mind being alone: "I used to work as a doctor for 37 years and I am sick and tired of everything. I like peace and quiet". She finds some of the living conditions difficult to bear. She says: "Here you can smell the sewerage" and, with great relief, she adds: "I'm going home on Sunday and I can't wait". Steva describes in detail what preceded his coming to the nursing home and speaks further about what he found in the nursing home, but he does not say a single word about the isolation immediately after his arrival at the institution. He talks about his (unfulfilled) expectations that he will no longer be alone and about the unacceptable reality. "Here most people are just waiting to die". He especially minds "the noise, because everything can be heard", and he is upset by "seriously mentally disturbed patients who shout and hit walls day and night. I can't sleep because of them. It is unbearable". Finally, he says: "It isn't easy to live at home and then come here, but there is no option for us".

Dušan is the only one who does not mention at all how he experienced his arrival at the nursing home. He solely emphasizes the positive aspects of life in the institution, saying that he asked his family members to “bring them here immediately”. He is satisfied with everything. With a big smile, he says: “This is better than better”.

From these segments of their narrative, we may see how the change of the environment and the first weeks in the nursing home affected them. On the other hand, we wondered what their daily routines were like during the period of imposed prohibitions. Judging by Nina, who has stayed in the nursing home longer than the others (for three years), everyday life in the restrictive regime does not essentially differ from ordinary days. “It’s the same to us, but it’s different to those who have just arrived”, she says.

Those who have stayed in the nursing home for a shorter period of time also agree that every day is the same. During the state of emergency, these people organized their time around the main contents of the day: drinking coffee – “they serve two cups of coffee every day” – and meals – “breakfast at nine, lunch at half past twelve or one, and then dinner”. They all, except for Steva, praise the food served in the nursing home. They spent time between their meals mostly watching television (Radmila, Jelena, Dragan, Dušan), reading books (Vukašin, Dušanka), reading newspapers (Nina), doing physical exercise: workout, watering the flowers, taking a walk in the yard (Steva) and socializing - but only with those who are cognitively able and relatively mobile. “The gathering place” – or the meeting place is the large terrace, while the topics of their conversations are: “Everything. The family, life, where they used to work, what they did for a living” (Nina). These stories seem to be told, but they are constantly repeated and supplemented with some new personal details (e.g., what they like or dislike, whether their sons and daughters have called them). They share news about the nursing home, the staff and other residents, for example, who died, whether someone new has arrived, what that person is like, who has been visited, who has received a package, what the caregivers are like etc. Some of our respondents try to be of use to others. Therefore, ever since his arrival until now, Vukašin has offered “moral support to the patients” and helped the staff, and that is why the doctor calls him a psychotherapist. He also adds that “he tells jokes and makes fun of himself and others, and that he does it because things are hard”. When asked what things the residents find hard, he answers that those are “being separated from their families and the failure of their family members to contact them” (he bursts into tears). The lack of contact is the reality for a number of the home residents, including Vukašin.

Our respondents spoke very little about the disease caused by the coronavirus. Some of them, Dragan, Radmila, Jelena and Vukašin, were infected by the virus. All four of them say that their clinical picture was rather serious. Dragan “couldn’t walk and lost his eyesight”. Radmila and Jelena lost their husbands to the coronavirus and the two of them barely survived. It is especially painful for them that they could not attend their husbands’ funerals. Dušanka “took care not to get infected”, but she did not listen to some instructions regarding the elderly population. For example, she was not vaccinated although she is a haematologist herself. “Corona is an unknown disease, an unknown

virus. People rushed to be vaccinated, but against what?”, she asks. She also says that she was rather worried when her son and grandson were infected. “It was terrible”. Jelena did not get the vaccine either. “I am against it, but in this environment, you must keep quiet about it”, she says and adds that she doubts “the measures regarding pensioners were justified”. Although he was not in a position to violate any prohibition due to his health conditions, Dušan has a very clear opinion in that respect: “The most difficult thing for a man is when he is forbidden to do something”.

On the other hand, some of our respondents fully support the measures. Namely, Dragan thinks that all the prohibitions regarding “pensioners”, as he calls them, are reliable and adds: “The relevant bodies should make decisions and we should listen to them”. Vukašin „trusts medical workers” and, although it was hard for him to be closed, he “observed all the measures”. Steva behaved in the same way: “Caution measures must be observed”.

Our respondents spoke very little about the way they felt during the lockdown, trying to show the life in the nursing home at the present moment and in a positive light (“I am satisfied with everything”, “Everyone has accepted me”, “The staff are kind and helpful”, “This is my second home”). The only emotion we managed to identify clearly was their fear regarding the coronavirus infection. It transpired that the concern for their own lives and the lives of their nearest and dearest was present among all our respondents. We also noticed that the women more commonly feared for the lives of their children and grandchildren, while the men talked about their experience with the disease (Dragan), or about the fear from being infected (Steva, Vukašin).

DISCUSSION

From the interview with our respondents, we have learnt that during the period of prohibitions, the nursing home everyday life did not differ from what it was like before the pandemic or at the moment, excluding the two-week isolation period undergone by all of them except for Nina. All of them except for Dušanka had a hard time in isolation because they were alone and never left the room. They spent this “thinking time” (Vukašin) going back to the more recent past (their reasons for coming to the nursing home), considering their failed expectations and warring about their health conditions. The future was excluded from such *self-negotiations* or it was processed in a pessimistic manner (“I won’t be able to walk”, “I will depend on others”, “I won’t be able to go back home”), except for Dušanka, who, even prior to her arrival here, decided to leave the institution after having fully recovered.

After the expiry of isolation, our respondents found additional activities that will be repeated on a daily basis. Their daily routine includes: meals, coffee drinking, watching television, going for a walk, chatting and reading. Steva regularly exercises and waters the flowers. Although at the beginning of our interview they all spoke about being pleased

with their everyday lives, from the subsequent stories after the end of the focus group we may guess that it is not exactly like that. Steva spoke about it most openly, exposing himself to the criticism of others – we suppose because he revealed the dull everyday life faced by the residents. He says: “If you heard us talk to one another, you would find out about all the difficulties here and back at home”. Dušanka tells Steva that he has taken up too much space and that others would also like to say something. She criticizes him and is joined by others in her criticism. Steva stays at the terrace and reveals some other negative sides of their everyday life in the nursing home (for example, boredom, lack of privacy).

Our respondents agree, particularly if they were infected by the coronavirus, that the disease is serious. However, they are clearly divided when it comes to the justification of the measures regarding the elderly. Three of them, Steva, Vukašin and Dragan, think that the measures were justified because they were introduced by medical authorities so they observed them although it was difficult. Jelena, Dušanka and Dušan tend to criticize the measures, while Nina does not express her opinion about it. What is interesting to mention is that at the end of our formal interview, Dušanka, a doctor by vocation, expressed her opinion that the coronavirus was not natural, but artificially produced in a laboratory. The others listened to her, but did not take part in talking about this topic.

In the end, speaking of the feelings, we can recognize only one – the fear that they or their loved ones might be infected. From their stories, we may guess that fear is not the only (negative) feeling present in our respondents’ lives. There are also the feeling of loneliness and being left alone. These emotions are somewhat alleviated by the presence of other residents and the fact that they also face similar difficulties.

INSTEAD OF A CONCLUSION

The coronavirus pandemic that struck planet Earth made numerous contradictions of modern societies visible. Sharp social polarization occurred, so some swore by medical authorities and measures advocated by them, while others questioned the ratio pursued by the creators of these policies and practices. Although it seemed that all of us had a say in it, the governing discourse was clear in terms of what the truth was. In other words, the coronavirus abolished a series of freedoms, such as the freedom of thought and expression, whereas the elderly were particularly affected in that respect. Namely, they were subject, on a much larger scale, to the prohibition of movement and contact with others, for the purpose of protecting them from infection and almost certain death, but they could not express their own opinions about this matter.

Exclusion of the elderly from social trends, which existed before the pandemic as well, became more than evident, particularly in nursing homes and geriatric clinics (D’cruz & Banerjee, 2020). Their autonomy, independence and agency were officially abolished, all for the purpose of preserving their lives and health, i.e., healthcare systems.

Although we do not doubt that the intention of the creators of these directives was justified in the pandemic circumstances, we are surprised by two facts: 1. That there is no critical public review of the policy creators of the measures, their efficiency and consequences; and 2. Rapidly forgetting the population on which we focused great attention and towards which we showed great care during the first months of 2020. As a matter of fact, after the abolition of restrictive measures, the elderly found themselves in the same place as before the pandemic – in the background. This refers particularly to the invisible elderly – those who live in institutions and cannot be seen by us (and vice versa).

Very little is known about how they lead their everyday lives and how they feel and, judging by the findings of our study, their days are identical, with little content, burdened by the feelings of fear, loneliness and sadness. On the other hand, it is important to emphasize that neither expert nor scientific literature recognizes the need to explore their perspective. We believe that this attitude should be changed not only because of the fact that the world population, including Serbian population, is becoming older and the fact that at some time we will also belong to that corpus, but also because struggling against marginalization and discrimination is integral part of human rights protection. Finally, we would like once again to stress that it is praiseworthy to stand up for the elderly, but that it should not be done against their will.

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