Elder Care in Serbia During the COVID-19 Pandemic: What Happens When Closeness Becomes an Impediment to Care?

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This study aims to investigate the profound impacts of the pandemic on elder care in Serbia. Specifically, it seeks to understand the adjustments made in care practices when physical proximity impedes care. The research employs a qualitative, ethnographic approach to analyzing data from 40 interviews conducted with elder care providers and recipients between April and September 2022 as well as ethnographic observations and unstructured interviews. The study investigates how elder care was managed in diverse settings, including rural and urban areas, homes, and care facilities. It reveals varied responses and strategies care providers and recipients adopt amidst reduced physical interaction constraints. Key findings underscore the significant impact of the pandemic on elder care, highlighting intra-generational solidarity and the increased reliance on female household members for care provision. However, it also exposes the challenges faced by those in public elder-care homes or receiving home assistance, including limited care and a lack of closeness. Our study emphasizes the urgent need for policy and support systems tailored to address the specific challenges encountered in elder care, particularly during times of crisis, such as a pandemic.

Key words: pandemic, elder care, Serbia, qualitative analysis, closeness, care.

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INTRODUCTION

The COVID-19 pandemic has highlighted the vulnerabilities and limitations of care systems, particularly in providing close physical proximity and support for elderly individuals (Dohotariu, Gil & Volanská, 2024). Physical proximity is essential for delivering care and fostering a caring relationship (Noddings, 2013), while strong social support - both practical and emotional - expressed through closeness is recognized as a key contributor to life satisfaction in old age (Vaillant, 2012). Caring entails understanding another's reality, including their way of life, needs, and desires (Noddings, 2013), and actively listening to the voices of those cared for. Although care is fundamental to human existence and intimately tied to moral values central to self-understanding and societal ideals (Toronto, 1998), it "does not have a clear meaning or set of references", as Daly (2021) observes.

Furthermore, much of the existing literature on care work and long-term care focuses on Western Europe and North America. There are comparatively few studies examining care in Eastern Europe and the post-socialist context, most of which address the migration of care workers from Eastern Europe to the West (Bajt et al., 2018; Carlson & Idvall, 2015; Hrženjak, 2018, 2019; Szelewa & Polakowski, 2008; Višić, 2022). Research on the pandemic's impact on local care provision, particularly on long-term and elder care in Eastern Europe, is similarly limited (Aidukaite et al., 2021; Safta-Zecheria, 2020; Smolić et al., 2022; Dohotariu, Gil & Volanská, 2024). Most studies on the pandemic in Serbia have addressed its effects on the economy and education (Adžić & Al-Mansour, 2021; Beraha & Đuričin, 2020; Cvetković et al., 2020; Ivanović & Antonijević, 2020; S. M. Krstić & Radulović, 2021; Kuleto et al., 2021; Popic & Moise, 2022), while the academic research specifically examining elder care in Serbia during the pandemic is scarce (Džamonja Ignjatović et al., 2020; N. Krstić et al., 2022; Milošević Radulović & Cekić, 2022; Sjeničić et al., 2024; Pantović et al., 2024).

This paper, focusing on the Serbian context, seeks to contribute to understanding elder care during the pandemic. Our research aims to shed light on the difficulties faced by elder care providers and recipients during the pandemic and the strategies employed to adapt to these unprecedented circumstances. The central question guiding the research is: **How did care provision for elderly individuals evolve in both urban and rural settings, in private homes and care facilities, when physical proximity became a challenge to caregiving?** By comprehending the nuanced intricacies and complexities of elder care in Serbia, our findings contribute to broader discussions on the implications of sociopolitical changes on welfare systems and caregiving practices in Eastern European region.

The paper consists of four sections. First, the context of elder care provisioning in Serbia depicted the changing role of the state services and women as informal caregivers. It also focuses on the measures the Serbian government implemented to combat the spread of COVID-19 which further exacerbated the already fragile system of elder care. In the methodology section, the design of the study and the structure of the sample are introduced. The findings of the research are organized in two different sections: the first one explores the dynamics of informal care during the lockdown in urban and rural settings, and the second one illustrates the effects of the lockdown and the pandemic on public care homes. Finally, the discussion brought into focus the theoretical considerations around the ethics of care, emphasizing the value of

collective responsibility for the well-being of the elderly.

THE CONTEXT OF ELDER CARE PROVISIONING IN SERBIA AND THE CRISIS

During the socialist era, Serbia's elder care system was state-centric, with the government ensuring universal access to healthcare and social welfare services (Stambolieva, 2016). While comprehensive support for older citizens was provided, elder care remained deeply rooted in traditional cultural norms. Informal caregiving, predominantly undertaken by women, reflected entrenched gender roles that persisted despite socialist ideals of gender equality (Hrženjak, 2019).

The transition to a market-oriented economy introduced significant changes to the elder care system. Neoliberal policies and economic restructuring reduced state-provided services, shifting the burden of care onto families. This change gave rise to a "care diamond" model - here responsibilities are distributed among the state, market, family, and voluntary sector - but in Serbia, the voluntary sector plays a minimal role, creating what is effectively a "care triangle" (Perišić & Pantelić, 2021).

The diminished role of the state and the under-regulated expansion of market-based services have increased reliance on informal caregiving, again disproportionately affecting women. Women spend twice as much time on unpaid care work as men, irrespective of employment status (SORS, 2020). Women in their sixties often juggle caregiving for adult children, grandchildren, spouses, and elderly relatives, spending even more time on care than younger women (Babović et al., 2018). This dynamic, rooted in socialist-era norms, intensified with the post-transition resurgence of patriarchal values (Perišić & Pantelić, 2021). While paid caregiver leave exists, it is limited to 5–7 working days, which is inadequate for families requiring extended care. Caregivers often reduce working hours to meet their obligations, further straining household resources.

The Law on Social Protection became the cornerstone of elder care legislation, offering services for individuals over 65 whose well-being or safety is compromised. Care services are delivered through public institutions, private agencies, and informal networks. However, Social Work Centres provide only limited free services, while private care remains accessible primarily to wealthier individuals, such as foreign pensioners. Since 2006, professional caregivers or *geronto domaćice* (geronto housewives) have played a key role in home care services, offered through public institutions, private agencies, or the grey economy. Public services impose restrictive eligibility criteria, while private services cater to those who can afford them. Informal caregivers in the grey economy, often lacking formal training, fill gaps in the system, but this work is largely unregulated and precarious. Care homes provide round-the-clock support for older adults unable to manage independently. Public care homes operate at capacity, with long waiting lists, while private facilities, though expanding, remain unaffordable for most. Monthly costs in state care homes range from 32,939–60,391 dinars (EUR 200–500), far exceeding the average pension, while in private care homes, the prices can be doubled or even tripled. Consequently, many families rely on informal networks or personal connections to secure placements.

The transition from socialism to a market-oriented system has reshaped Serbia's elder care framework. While the state retains some roles, families and the private sector now shoulder much of the burden. This shift has reinforced gender disparities, exacerbated caregiving challenges

and highlighted the need for a more equitable and sustainable approach to elder care. The ongoing transformation in elder care provision in Serbia reflects broader regional trends in post-socialist countries, where economic pressures and shifting social policies have reshaped the landscape of social welfare and care (Dohotariu, Gil & Volanská, 2024). Understanding these shifts provides a crucial context for assessing the ongoing challenges in elder care, particularly in light of recent global crises, such as the COVID-19 pandemic.

The Serbian government implemented various measures to combat the spread of COVID-19 through the months and years of the pandemic. However, the implementation of these measures changed rapidly and inconsistently and has particularly impacted the category of older adults. To suppress and prevent the spread of the infectious disease COVID-19 and protect the population, on March 15, 2020 the Serbian Government declared a state of emergency which lasted for 53 days. A strict curfew was imposed on all citizens during nighttime and during the day on weekends (only persons with official permission, among them medical workers with a valid license to practice, were allowed to be outside during the curfew).

The older adults were most affected by these measures, as citizens older than 65 found themselves in a total lockdown. In the first weeks of the crisis, the entire category of people was prevented from leaving their homes. During this period, even those elderly people who could take care of themselves were dependent on somebody else's support, as they needed someone to do groceries or buy medicines for them. Gradually, they were allowed to go to select grocery stores once per week on an appointed day.

Numerous services, including emergency accommodation in care homes and home care services, were suspended, or significantly restricted during the state of emergency in Serbia (Pantović et al., 2024). In some municipalities, home help services only returned to normal in May or June of 2021. Despite the vaccination of most care home residents, restrictions remained in place for almost two years after the state of emergency ended. This was a cause for concern as it limited the residents' access to necessary services and support.

METHODOLOGY

This study employs a qualitative research design, positioned within an ethnographic tradition, to comprehensively examine the experiences of elder care providers and recipients during the COVID-19 pandemic. Following Bryman's (2016) classifications, this research can be further characterized as a descriptive and exploratory qualitative study, aiming to document and interpret lived experiences and social practices in context. Ethnography, as both methodology and theoretical orientation, guided the inquiry, allowing for an in-depth understanding of how care was organized and experienced during different phases of the pandemic. Direct contact with participants in their everyday living environment is one of the key characteristics of the ethnographic method that enables gaining meaningful and deeper research insights. The emphasis is on the role of reflexivity and the interpretation of meanings that people assign to their own experiences.

The research was conducted over six months (April–September 2022), capturing a dynamic range of experiences as the pandemic's impact evolved. Data were gathered through purposive sampling (Bernard, 1981), ensuring a diverse representation of participants across multiple care settings. Participants included

care providers from public and private care homes and home-based care services, as well as older adults receiving care in Belgrade (the capital city), the village of Elemir in Banat, and a public care home in Zrenjanin. The intention was to examine different environments (rural/urban) under the assumption of contextual differences such as infrastructure and resources, tendencies to rely on formal or informal sources of care, and different daily structures. The network of contacts in Banat and Zrenjanin was already established through previous research in this region. Care receivers in this research were adults above 65 years of age, and the age range of our interviewees was between 65 and 86 years of age.

Table 1
List of Interviewees

Participant Group	Category	Description	Number of Participants
Care Providers	Formal Caregivers	Staff from public care homes, private care facilities, and geronto housekeepers	12
	Informal Caregivers	Family members providing care (e.g., daughters, sons, or other relatives)	8
Care Recipients	Public Care Home Residents	Elderly individuals residing in public care homes	10
	Private Care Home Residents	Residents of private facilities highlighting access disparities	5
	Home-Based Care Recipients	Elderly individuals receiving in-home assistance	5

In three cases, interviews were conducted with both the care provider and care recipient (children-parents). Additionally, one participant represented a unique case, acting as both a care provider and a care recipient, highlighting the fluidity of caregiving roles during the pandemic. These overlapping roles bring the total number of participants to 20 care providers and 20 care recipients.

The interview guide included open-ended questions aimed at eliciting detailed descriptions of participants' daily lives before the pandemic, during the state of emergency, in the first year following the pandemic, and at the time of data collection. This longitudinal perspective facilitated an analysis of how caregiving practices and experiences evolved over time. Interviews were conducted in Serbian, audio-recorded, and transcribed verbatim.

Ethical approval was obtained from the Ethics Committee, adhering to international research standards. Participants received detailed information about the study and provided informed consent. They were assured of their right to withdraw at any point and were guaranteed anonymity. Identifying information was removed from transcripts and any publications resulting from the research.

Ethnographic observations (Bernard, 1981) were conducted to complement the interviews in care settings. These included public and private care homes and participants' homes. Observations were accompanied by unstructured conversations, with detailed field notes capturing contextual nuances that enriched the dataset.

The data were analyzed using MAXQDA software, employing thematic analysis as outlined by Braun and Clarke (2006). This method involved an iterative, multiphase coding process. The analytical process was inductive and deductive: induc-

tive coding was used to build categories directly from the data, while deductive coding identified pre-determined topics aligned with the study's objectives.

Drawing on Saldaña's (2013) *Coding Manual for Qualitative Researchers*, the coding process consisted of multiple cycles:

1. Initial (Open) Coding: Data segments were assigned preliminary codes to capture central ideas (e.g., "Informal Caregiving," "Vulnerabilities," "Adaptation Strategies"). Codes were also organized according to temporal (pre-pandemic, lockdown, post-lockdown) and spatial (urban vs. rural) contexts.
2. Pattern Coding: Initial codes were subsequently grouped into conceptual clusters, revealing broader patterns such as "Gendered Burden of Care" and "Impact of Policy Failures."
3. Thematic Coding: These clusters were then synthesized into overarching themes, including "Prohibition of Closeness" and "Resilience in Informal Networks." Such thematic categories were developed to thoroughly address the research objectives.
4. Constant Comparison: Thematic overlaps were examined to ensure analytical clarity and coherence. When intersections between themes were identified (e.g., between "Informal Caregiving" and "Vulnerabilities"), they were refined to articulate distinct yet interrelated phenomena. A final codebook (master list below), including all codes and their definitions, was developed to ensure transparency and consistency in analysis.

Table 2
Final Codebook

Category	Code System	Memo
Initial (Open) Codes	COVID-19 Pandemic Measures	Impacts of the COVID-19 pandemic on elder care.
	Lockdown Policies	Policies were implemented during lockdown periods.
	Restrictions on Movement	Restrictions on movement and their effects on care practices.
	Public Health Recommendations	Recommendations and guidelines issued for public health.
	Caregiving Dynamics	Dynamics within caregiving relationships and practices.
	Informal Caregiving	Unpaid caregiving practices by family members.
	Family Caregivers	Care provided by relatives, especially immediate family members.
	Gender Roles in Care	Roles of men and women in caregiving within families.
	Intergenerational Support	Support offered across generations in caregiving scenarios.
	Formal Caregiving	Professional caregiving services.
	Public Care Homes	Care provided in public elder care homes.
	Private Care Facilities	Care services offered in private facilities.
	Geronto Housekeepers	Role of geronto housekeepers in elder care.
Pattern Codes	Caregiving Challenges	Challenges faced by caregivers in delivering care.
	Physical Proximity and Restrictions	Issues with maintaining physical proximity due to restrictions.

Category	Code System	Memo
Pattern Codes	Emotional Impact of Isolation	The emotional toll on caregivers and recipients due to isolation.
	Role Reversal in Caregiving	Role reversals where recipients become caregivers and vice versa.
	Vulnerabilities and Challenges	Broader challenges and vulnerabilities in caregiving.
	Elder Vulnerability	Risks and difficulties faced by elderly individuals.
	Dependence on Support	Dependency of elderly individuals on external support.
	Lack of Closeness	Impact of isolation on emotional and physical well-being.
	Psychological Effects of Isolation	Psychological challenges due to lack of interaction and care.
	Caregiver Vulnerability	Risks and burdens for caregivers.
	Extended Work Hours	Increased workload and extended hours for caregivers.
	Emotional Strain	Emotional pressures and burnout among caregivers.
	Lack of Clear Guidelines	Lack of clear guidance for caregivers in crisis situations.
Thematic Codes	Adaptation and Resilience	Adaptive responses to caregiving challenges.
	Adaptation Strategies	Strategies were developed to adapt to caregiving constraints.
	Role Transformation	Shifts in caregiving roles and responsibilities.
	Remote Caregiving	Use of technology and remote methods for caregiving.
	Community Support Systems	Community-driven initiatives to support caregivers.
	Resilience Factors	Factors contributing to caregiving resilience.
	Emotional Bonds Strengthened	Strengthening of emotional connections in caregiving relationships.
	Family Tradition Disruption	Disruptions to traditional caregiving practices.
	Sustaining Informal Networks	Sustained informal caregiving networks despite challenges.
	Policy Failures	Failures in policy implementation during the pandemic.
	Inconsistent Guidelines	Inconsistencies in policy guidelines and their effects.
	Gaps in Public Support	Lack of support structures for caregivers and recipients.
	Civil Society Role	Roles of civil society organizations in caregiving advocacy.
	Advocacy and Support	Efforts to promote elder care through civil society initiatives.
	Volunteer Initiatives	Volunteer-based support systems were introduced during the pandemic.

The data presented herein are not exhaustive and have been partially utilized in other publications. While this study concentrates on the concepts of closeness and care, gender and political aspects have been addressed elsewhere. Additionally, the data are presented in ethnographic narrative form and representative quotations that illustrate common patterns.

FINDINGS

The findings are organized around key thematic distinctions that emerged from the qualitative analysis such as role transformation, adaptation, resilience, policy failures, and emotional connections. First, a major division was observed between experiences in informal caregiving settings (home-based and family caregiving) and formal care institutions (public elder care homes, professional caregivers at home whose services are financed by the local municipalities). Additionally, significant contextual differences between rural and urban environments shaped how elder care was experienced and structured during the pandemic. The findings point out the existence of practices showcasing caregivers' adaptability in pandemic circumstances. The disruption of family traditions and the unexpected bonding experiences emphasized the resilience within family caregiving. Recommendations prioritizing survival overlooked other aspects of well-being, leading to challenges in care quality and communication with families.

Shifting roles: The importance of informal caregivers in urban and rural areas

The COVID-19 pandemic has brought to light the critical role played by informal caregivers. In this section, we aim to explore the dynamics of informal care during the lockdown through two distinct examples, one from an urban setting and another from a rural one. The examples depicted in this section were chosen as particularly illuminating *per se,* considering our focus on the nuanced intricacies and complexities of the elder care system in Serbia. The selected examples are representative of the overall picture of care recipients and providers in both rural and urban areas. Both examples indicate a drastic shift in previous informal care practices and potentially permanent changes in the existing dynamics of informal caregiving and care receiving in rural and urban settings.

One of our interviewees, a 70-year-old man residing in Belgrade, serves as the primary informal caregiver for his 90-year-old aunt, despite the prevailing statistical trend of women assuming such roles. He perceives himself as a caregiver rather than someone in need of care, reflecting his commitment to helping and supporting his older relative. Being retired and residing in an urban environment has afforded him both the time and opportunities for "active aging" pursuits, such as engaging in free activities offered by the municipality, including visits to the local pool. In conjunction with these leisure activities, he has devoted himself to caring for his older aunt, a responsibility he refers to as "recreational care":

> Since I'm retired, it's usually more like a vacation. In the morning, I tinker in the house or garden, then I visit my aunt. I usually buy her some breakfast. I will also go visit her again in the evening. So, that is what I have come to call recreational care for my aunt.

The declaration of a state of emergency brought about a novel situation for informal caregivers, including the interviewee. Previously, they had been viewed as providers of care rather than recipients, but they suddenly found themselves confined to their apartments and reliant on others for assistance. Simultaneously, those who relied on their care were at risk of being left without anyone to attend to their needs.

In response to these circumstances, the interviewee decided to move in with his aunt, transforming his prior role of "recreational care" into a constant caregiving responsibility. In light of lockdown restrictions, his adult children stepped in to help care for both him and his aunt. Although

our interviewee's children are independent and live separately, they often visited their parents and maintained the tradition of Sunday lunch before the pandemic. These traditions, like many other family gatherings, were not possible during the state of emergency, and often the younger generation had to provide care remotely or, in some cases, take care of others for the first time in their lives.

> We spoke to our interviewee's daughter to get her perspective on becoming a caregiver. She told us that:

> During the pandemic, my parents were unable to provide care for my dad's 90-year-old aunt. During that time, I assumed the responsibility of caring for her. It was a significant experience for me to provide direct care to an older person.

The interviewee's daughter, age 31, believes that closeness and care are interconnected concepts that involve both material and physical care, as well as emotional closeness and interest in others. During the pandemic, she unexpectedly grew closer to an older family member.

> Well, regarding my dad's aunt, I somehow developed a stronger bond with her during the pandemic.

This example vividly demonstrates the intricate nature of care provision and reception, emphasizing the significance of intergenerational support in Serbia. It underscores the necessity of adopting a nuanced and adaptable approach to informal caregiving while emphasizing the importance of comprehending caregivers' perspectives and experiences across diverse contexts. Furthermore, this example serves as a specific illustration of the limitations of categorizing someone as "elderly" solely based on age, highlighting the need for a more nuanced understanding of their individual circumstances and needs especially in times of crisis like the pandemic.

Similar observations as this example from an urban area are visible in the rural environment when it comes to families consisting of multiple generations. We talked to two families who have grown children. One family has children living in the city, while the other has children who live independently but in the same village. In both cases, they are married couples. The couple with children living in the city are both retired, above 65 years of age, and thus both were closed during the state of emergency. None of the couples felt that they needed someone else's care before the pandemic. More often it was they, and especially women, who still took care of their now adult children or grandchildren.

Like our urban interlocutors, the retired individuals from the countryside whom we interviewed also had more leisure time and enjoyed an active social life before the pandemic. Both were members of a hunting society, which provided opportunities for socializing and interaction. The women expressed fondness for their daily routines, such as having coffee with their neighbours and Sunday lunch with their children. These were the aspects of daily life that were most severely impacted and permanently altered due to the pandemic. The separation from their children and the inability to express tenderness was particularly challenging for the older women.

> When my children visit, we adhere strictly to social distancing guidelines. They do not enter the house, and we do not touch each other. I place the food and packages on the terrace, and there are no kisses, hugs, or physical contacts of any kind.

Our interlocutors noted that COVID-19 measures in the countryside were not always strictly adhered to, as some farmers who had cattle disregarded the lockdown and went out to graze them. Even our interviewees admitted to sometimes disre-

garding the rules. Our interlocutors shared that in the countryside, interesting ways were found to meet with neighbours, as often no fences separated the courtyards of houses. They agreed that the lockdown was easier for them to endure because they had houses and yards. The main sentiment expressed by both couples was a sense of longing for their children, as well as an overwhelming feeling of boredom and too much free time. They shared that their daily routines were disrupted, and they struggled to find ways to fill their time during the pandemic.

> For us, the lockdown was quite boring because we were confined to our homes, and no one could come to visit us. We were on guard to keep ourselves and our children safe from the virus, especially since our age category was considered high risk. We saw our children less frequently, and even our neighbours offered to help by running errands for us, like getting bread. Despite the challenges, we were grateful for the support of our community during these difficult times.

When the state of emergency finally ended and a year had passed since the start of the pandemic, our interlocutors noted a profound shift in the world around them. The post-lockdown reality felt unfamiliar and unsettling.

> Even today, I feel that not much has improved in terms of our relationships. It's as if we have been weaned off each other, and everything feels a bit strange and tense, like we are trying to relax but not quite succeeding. This seems especially true for people our age. We don't have coffee together anymore or sit at someone's house like we used to. Nowadays, we hang out more on the street or on the terrace during the day. But in the evenings, and during the winter, no one really comes over and we don't go out as much.

While in the villages there was more freedom of movement during the pandemic, the fear of not endangering their older parents meant that children did not visit as often and that routines and channels of social communication, such as coffee drinking and family dinners, were severed.

What both the rural and urban examples showed is that during the lockdown the previously defined roles between caregivers and care providers were blurred and altered. Individuals who, even though being older, did not see themselves as persons in need of care were suddenly forced into the roles of care receivers. On the other hand, older women who typically provided care for their children and other family members were unable to provide physical care but continued to worry. More research regarding the effects of the pandemic on the social lives of older women, especially those in rural areas, would be beneficial.

Isolating to protect?: Public care homes during the pandemic

The effects of the lockdown and the pandemic were arguably the most visible in the public care homes in Serbia. Policy measures designed to protect the residents, however, proved to be incomplete initially. These measures initially focused solely on residents of care homes, preventing them from leaving their rooms and later the premises. Visitor access was restricted, and a halt was placed on all group activities, including psychological support, physical therapy, and cultural workshops, to prevent gatherings. The admission of new residents was also prohibited. While central recommendations existed, additional suggestions occasionally lacked clarity and consistency, leading to confusion among care home staff about the most effective course of action. To comply with the recommendations, users were moved

out of their rooms and apartments and contact between users was prohibited. Initially, the recommendation was that everyone stay in their room, limiting the number of users in one place to two or three. However, as the pandemic progressed, the recommendations changed, first prohibiting users from leaving their rooms, then from leaving the building, and eventually restricting movement outside the gates of the home.

The architecture of the home itself played a significant role in the impact of these recommendations on users' freedom of movement. Care homes with larger yards allowed users to move more "freely" compared to those without outdoor space. However, the possibility of movement during the pandemic became a "luxury" of certain homes, but only in those where employees "consciously neglected" strict implementation of recommendations. One elder care home employee noted:

> For a while, there was some instruction, or recommendation that it would be good for everyone to be in their rooms. March, the beginning of the Pandemic, nice weather was coming, now how are we going to tell them "you know, sit in your rooms now?!" Here, we somewhat consciously neglected the instructions, and we encouraged residents as time went on to be in the yard. Unlike some institutions, we had the luxury of having a yard.

One of the most difficult aspects of the pandemic for both users and staff was the ban on in-person visits. While many of the users were able to maintain contact with their families over the phone, the inability to physically hug and be close to loved ones was described as a form of captivity. The importance of communication via phone and other technologies cannot be overstated, but for many, it was a poor substitute for in-person interaction.

Lockdown measures have significantly affected not only care recipients but also the lives and work routines of employees, particularly nurses and caregivers. Their already demanding 12-hour shifts were extended dramatically during the initial months of the pandemic, sometimes lasting up to ten consecutive days. One nurse recounted an instance where she and a colleague were left to manage alone as more staff fell ill and the number of caregivers dwindled. By the time she returned for her second shift, only two caregivers remained on duty. Despite these challenging conditions, she demonstrated unwavering dedication, working continuously for ten days and nights. This intensified work regime also deeply impacted caregivers' personal lives, as many avoided contact with their families to prevent potential infection or endured prolonged separations due to their professional responsibilities.

According to a nurse we interviewed, the recommendations from the Ministry of Health were occasionally vague or inconsistent, leaving staff confused as to how best to proceed. The nurse added that they received one instruction from the Ministry, but the recommendations that followed were so vague that they had to call colleagues from other institutions to figure out how to proceed. This lack of clear guidance and ambivalent recommendations resulted in a halt to many professional and cultural activities for older people.

Despite the strict measures and lack of in-person contact with their dear ones, none of the users left the care home during the pandemic. According to the interviewed elder care home staff member, this can be attributed to the organized health care provided in the nursing home. As she pointed out, doctors and nurses were available to the users and they were probably hesitant to leave due to the chaotic situation outside, such as the overwhelming

demand for healthcare services. The residents we spoke to echoed this as well. For example, a 67-year-old woman we spoke to stated:

I felt much safer knowing that medical services were readily available in the nursing home. Whether it was a simple matter like taking my blood pressure or something more complicated, there was always a nurse on hand. And if I needed to consult a doctor, that was possible too. At home, it wouldn't be possible to have such immediate access to medical care.

However, the pandemic has also exposed flaws in the government's response to the crisis and its impact on the care of older people. Civil society has played an important role in advocating for the rights and well-being of older persons, acting as a watchdog organization. The Amity Association was established to address the inadequate network of social welfare institutions in the local community. In response to the COVID-19 pandemic, the Association shifted its services to a volunteer-based model, establishing SOS call lines for older adults. A representative of the Association was interviewed to gain insight into the impact of the pandemic on the institutions for the care of the elderly. We interviewed a representative of the Association to gain insight into the functions that the institutions for the care of the elderly lost during the pandemic.

The government aimed to protect nursing home residents from the COVID-19 virus, and I acknowledge their good intentions. However, the measures implemented had unforeseen negative consequences for those who required outside assistance but had nowhere to go. While I won't comment on the restriction of movement that many people experienced, I will say that family members were unable to visit or spend more than a few supervised minutes with their loved ones. They were also unable to bring anything other than food or essential items, which they had to leave with the porter. This had a detrimental effect on those suffering from dementia and other psychological changes in the initial stages, as they could no longer recognize their family members and their condition worsened drastically. While the intentions were good, the consequences were severe.

Our qualitative research revealed that older residents in public care homes struggled to differentiate between the various phases of the pandemic. This was largely due to the fact that, unlike the rest of the country, lockdown measures in these facilities lasted almost three years, with no clear end in sight. For these individuals, the pandemic was not a temporary disruption or a series of distinct phases, but rather a prolonged period of isolation and uncertainty. Many residents reported feeling lonely and disconnected from the outside world, as they were unable to see their families or engage in social activities. Our oldest interviewee, an 86-year-old resident told us:

In March, the gates closed, and we were required to stay on one side while others had to stay on the other side. We had to maintain a distance of 2 meters and wear masks. This was the scariest thing for me. Recently, my grandson said, "Grandma, I want to go to your place". I told him that his uncle, who is the porter, said he couldn't come in because he has a camera and records everything. However, my grandson still insisted on visiting and even climbed the fence to see me. Each visit is accompanied by tears and it's difficult for me to see them go. I always make sure to turn around and not watch them leave. These have been the hardest moments for me, as I have to tell them not to come and then wish they could.

Furthermore, the ongoing nature of the pandemic meant that there was no clear

sense of when things might return to "normal". While the lockdown for the majority of people, especially those older than 65 years of age, ended after 53 days, for the residents of public elder care homes the pandemic restrictions were in place for almost two years. While the state implemented these restrictive pandemic policies with the aim of protecting the care home residents, it had a profound and negative impact on how care was provided and perceived in what should be *care* homes. Inconsistent top-down recommendations from the government meant that sometimes both residents and elder care home employees had to "consciously neglect the rules" to provide care.

DISCUSSION

The dichotomy between the necessity for close physical proximity in caregiving and the health risks associated with a pandemic brings into focus the theoretical considerations around the ethics of care. As Tronto (1998) suggests, care must be understood as a societal value that transcends individual relationships, pointing towards a need for policies that support the entirety of care networks in crisis situations. This study contributes to the literature by contextualizing these theories within the specific socio-political landscape of post-socialist Serbia, where traditional and neoliberal influences intertwine to shape care practices. Moreover, this research adds to the limited body of knowledge on the impact of the pandemic on the local provision of elder care in Eastern Europe, a topic that requires further exploration. Qualitative studies enable a deep understanding of the lived experiences of caregivers and care recipients, shedding light on the intricacies of caregiving during a global health crisis. The findings of this study emphasize the significance of resilience and adaptability in elder care provision (Klasa et al., 2021) during times of crisis, highlighting the need for flexible and robust support systems for caregivers and care recipients. During the pandemic, as physical proximity became a risk factor, the importance of these informal care networks was accentuated. The findings illustrate that care had to be reconfigured; informal caregivers had to navigate the challenges of providing emotional and practical support without physical closeness.

The role of informal caregivers, as revealed by the pandemic, is pivotal in the context of elder care in both urban and rural settings. The findings from this study emphasize a shift in care dynamics where informal caregivers, traditionally seen as care providers, found themselves in roles that merged caregiving and care-receiving. This blurring of roles was significantly evident as individuals, like the 70-year-old man from Belgrade, adapted their lifestyles to accommodate the needs of their vulnerable relatives, transforming what was once "recreational care" into a full-time caregiving role. This adaptation underscores the importance of flexibility and resilience in informal care structures. The ability of the family unit to reorganize and redistribute care responsibilities, often across generations, points to a robust yet flexible network that can mobilize quickly in response to crises. It highlights the significant but often underappreciated role that informal caregivers play in maintaining the well-being and social fabric of their families. The experience of the interviewee's daughter, who stepped into a caregiving role during the pandemic, further illustrates the adaptability and emotional depth involved in these care relationships. Her account reflects a deeper emotional bond formed through caregiving, which, while borne out of necessity, led to strengthened familial ties.

Moreover, these findings challenge conventional perceptions of elderly individuals as mere recipients of care. The older persons in both settings, while vulnerable, were also active participants in their care networks, contributing to family dynamics and community interactions even under lockdown conditions. The reliance on informal care, exacerbated during the pandemic, also raises questions about the sustainability of such systems in times of crisis. There is a clear need for a more integrated approach that includes better support for informal caregivers, recognition of their work, and a reintegration of state responsibility in care provisioning. This approach would not only address the immediate gaps in care but also contribute to a more equitable distribution of care responsibilities, aligning with the ethical frameworks that advocate for justice and equality in care.

In addition to the challenges informal caregivers face, the study also sheds light on the profound impact of the COVID-19 pandemic on public care homes in Serbia. This segment of the elder care system, crucial for many older adults, was significantly disrupted by the pandemic, highlighting serious vulnerabilities and gaps in the existing care infrastructure.

The pandemic restrictions, as necessary as they were for health safety, inadvertently compromised several principles around the ethics of care. For example, the isolation measures, while aimed at protecting residents from the virus, also led to a significant decrease in essential social interactions and personal care, affecting the overall well-being of the residents. These measures also put a spotlight on the dichotomy between the socialist legacy of comprehensive state-run social care and the neoliberal shift towards reduced state involvement. The reliance on institutional care settings, which have not been adequately modernized or adapted to meet changing care needs amidst reduced state support, represents a critical oversight in policy planning. This gap was starkly evident during the pandemic when care homes struggled with insufficient staffing, a lack of clear guidelines, and inadequate resources to manage the crisis effectively.

The introduction of stringent isolation measures, categorization of care homes into zones (green, orange, and red), and the shift to extended shifts for care home staff, as necessitated by the pandemic, reveal the strain placed on both the care providers and the recipients. The extended shifts and increased workload on caregivers, often without adequate support or clear guidelines, compromised both the safety and the quality of care, highlighting a significant departure from the care ethics of competence and responsiveness.

The emotional and psychological impacts on residents were profound. The prohibition of visits and physical contact with loved ones transformed care homes from living spaces into zones of confinement, complicating the ethical issue of responsiveness in care. Residents felt isolated and disconnected, not just from the external community but also from their families and familiar routines, which are crucial for their mental and emotional well-being.

Incorporating a more robust and resilient framework for elder care in Serbia, acknowledging both the legacy of its socialist past and the challenges of its neoliberal present, would not only improve the daily lives of many older adults but also ensure that the care system is prepared for future crises. This approach would reflect a renewed commitment to the ethics of care, emphasizing a collective responsibility for the well-being of the elderly, both in informal settings and institutional care.

CONCLUSION

To conclude by going back to our central research question: **How did care provision unfold in both urban and rural areas, in homes and care homes, when physical proximity became a hindrance to caregiving?** The findings point out the existence of practices showcasing caregivers' adaptability in pandemic circumstances. The disruption of family traditions and the unexpected bonding experiences emphasized the resilience within family caregiving. Recommendations prioritizing survival overlooked other aspects of well-being, leading to challenges in care quality and communication with families. This exposed flaws in the government's approach underlined the need for comprehensive and holistic elder care strategies.

This study provides critical insights but also has certain limitations that should be acknowledged and addressed in future work. Firstly, the sample primarily focuses on Serbia, limiting the generalizability of findings to broader regional or global contexts. Future studies could adopt a comparative approach, analyzing elder care responses across different socio-political systems in Eastern Europe and beyond.

Secondly, the research heavily relies on qualitative methods, offering deep contextual understanding but limiting the breadth of perspectives. A mixed-methods approach integrating quantitative data could enhance the ability to generalize findings and explore statistical correlations between caregiving dynamics and external factors, such as policy changes.

Additionally, the focus of this study on informal caregiving and public care homes leaves gaps in understanding the role of private care facilities and community-based initiatives. Future research should explore these dimensions, particularly the under-examined contributions of civil society and volunteer networks during crises.

Finally, the long-term psychological and social effects of pandemic-induced isolation on both caregivers and care recipients remain unclear. Longitudinal studies could provide valuable insights into the lasting impacts of disrupted caregiving practices, informing policies aimed at building resilient and inclusive care systems.

By addressing these limitations, future research could contribute to a more nuanced understanding of caregiving in crises, helping to develop strategies that ensure both immediate and sustained support for caregivers and recipients alike.

Our findings underscore the intricate nature of elder care provision in Serbia during the pandemic. The challenges faced by caregivers, care recipients, and the systems supporting them call for nuanced and adaptable approaches. By contributing valuable insights, our study adds to the broader discourse on enhancing elder care and promoting the well-being of older adults in similar contexts. The implications of sociopolitical changes on welfare systems and caregiving practices in Eastern European countries like Serbia require careful consideration and targeted interventions.

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Sažetak

BRIGA O STARIJIM OSOBAMA U SRBIJI TIJEKOM PANDEMIJE COVID-19: ŠTO SE DOGAĐA KADA BLISKOST POSTANE PREPREKA ZA SKRB?

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Cilj je ovoga rada istražiti utjecaj pandemije na brigu o starijima u Srbiji. Konkretno, nastoji razumjeti prilagođavanja koja se vrše u praksi skrbi kada fizička blizina predstavlja prepreku za skrb. Istraživanje koristi kvalitativni, etnografski pristup analizirajući podatke iz 40 intervjua s pružateljima i primateljima skrbi u razdoblju od travnja do rujna 2022. godine, kao i etnografska zapažanja i nestrukturirane intervjue. U radu se istražuje kako se upravljalo skrbi o starijima u različitim okruženjima, uključujući ruralna i urbana područja, domove i ustanove za skrb. Otkriva različite odgovore i strategije koje pružatelji i primatelji skrbi rabe u slučajevima kada je neposredna interakcija ograničena. Ključni nalazi naglašavaju značajan utjecaj pandemije na brigu o starijima, ističući solidarnost unutar generacije i povećano oslanjanje na ženske članove *domaćinstva za pružanje skrbi. Međutim, studija također otkriva izazove s kojima se suočavaju osobe smještene u javnim domovima za starije ili koje primaju kućnu skrb, uključujući ograničenu skrb i nedostatak bliskosti. Istraživanje naglašava hitnu potrebu za mjerama i sustavima podrške koji su prilagođeni specifičnim izazovima u domeni brige o starijima, posebno u vremenima krize kao* što *je pandemija.*

Ključne riječi: pandemija, briga o starijima, Srbija, kvalitativna analiza, bliskost, skrb.