






ORIGINAL ARTICLE

OLDER ADULTS' PERCEPTIONS ABOUT HOW TO FACE COVID-19

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ABSTRACT

Objective: to understand older adults' perceptions about how to face COVID-19. Method: a qualitative research study of the participant-action type, with its theoretical basis grounded on Paulo Freire, adapted to the reality of the pandemic. The Research Itinerary stages were followed with an analogy to wine: Thematic Research for color; Coding-Decoding for sweetness and acidity; and Critical Unveiling for alcohol. A virtual Culture Circle was held in August 2020, including 23 older adults from a Cohabitation Center in southern Brazil. Results: Generating Themes: 1) Bitter repercussions of COVID-19, especially fears, insecurity, anxiety, lack of interaction with people, and missing how daily life was before isolation; 2) Sweet repercussions of COVID-19, unveiling hope, faith, reinvention of life, lessons learned, feeling loved, cared for and supported, even if at a distance. Conclusion: maintenance of the older adults' physical and mental capacity in the face of social tragedies must be guided by guidelines on comprehensive care protocols to prevent diseases and promote health.

DESCRIPTORS: Older Adults' Health; Infections by Coronavirus; Social Isolation; Adaptation; Psychological Resilience.

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INTRODUCTION

COVID-19 is a disease caused by a coronavirus that provokes Severe Acute Respiratory Syndrome 2 (SARS-CoV-2), and which spreads rapidly among people⁽¹⁾. In March 2020, due to worldwide dissemination of this virus, the World Health Organization (WHO) decreed the pandemic state⁽²⁾.

Among the strategies adopted to prevent contagion are social isolation and distancing⁽³⁾. However, fear of the infection and towards the strategies themselves tends to trigger mental distress⁽⁴⁾. These repercussions occur in all generations and in different forms, but, particularly in older adults, they are related to high risk of contagion, complications and consequences in family relationships⁽⁵⁾.

Aging has specific pathophysiological characteristics, associated with chronic diseases and their impacts on the body, which corroborates the planning of specific health care measures for older adults, with prevention, treatment and rehabilitation actions⁽⁶⁾. Given the above, the following question emerges: What perception do older adults have about how to face COVID-19 and about the repercussions for their health?

In this scenario, the older adults' autonomy to circulate was sanctioned and the impacts are reflected in different ways in the life context, beliefs and values of each aged individual. It is up to Nursing to take care of the aged population by observing their coping ability. Thus, the objective of this study was to understand the older adults' perception about how to face COVID-19.

METHOD

This is a qualitative research study of the participant-action type, with its theoretical basis grounded on Paulo Freire, adapted to the reality of the pandemic, in which the Research Itinerary stages were followed by making an analogy to wine: 1) Thematic Research: it refers to the initial dialog that identifies the generating themes in the individuals' reality; 2) Coding and Decoding: when there is reflection and critical analysis on the generating themes, in order to overcome the limit situations; and 3) Critical Unveiling: when the participants observe the facts and possibilities, searching for transformation of their reality⁽⁷⁾.

The stages took place in a space called Culture Circle, in which a group of people discusses about life situations and collectively elaborates a reflexive and critical perception about reality⁽⁸⁾. However, given the need for social distancing, it was decided to hold the Culture Circle virtually, resorting to an app in electronic devices (computers or cell phones). This enabled the older adults' active and simultaneous participation, even if physically distant.

To organize the Virtual Culture Circle (VCC), the researchers made a telephone contact with an aged woman who attended the activities of the Cohabitation Center for Older Adults (*Centro de Convivência do Idoso*, CCI) in a municipality from the Santa Catarina coastline, Brazil, inviting her to participate in the study. This aged woman accepted and invited other older adults to join the VCC, which is close to the Snowball sampling method⁽⁹⁾. Consequently, 23 older adults accepted to take part in the study.

The inclusion criteria considered were as follows; individuals aged over 60 years old and with their cognitive capacity preserved. The VCC was held on August 21st, 2020, lasted approximately three hours, and was mediated by a PhD nurse with experience in leading Culture Circles. The moment was recorded in audio and in a field diary. The participants already used the app and the electronic device in virtual meetings with family members

and friends, which assisted in conducting the VCC.

Initially, the older adults stated that they were at the best age of their lives and, in analogy to wine, mentioned that they considered themselves to be like this drink: the older, the better. Therefore, to foster dialog and lead the VCC in a playful manner and using something that is naturalized by the participants, the mediator made an analogy of the Freirean Itinerary stages to the characteristics of wine, as illustrated in Figure 1.

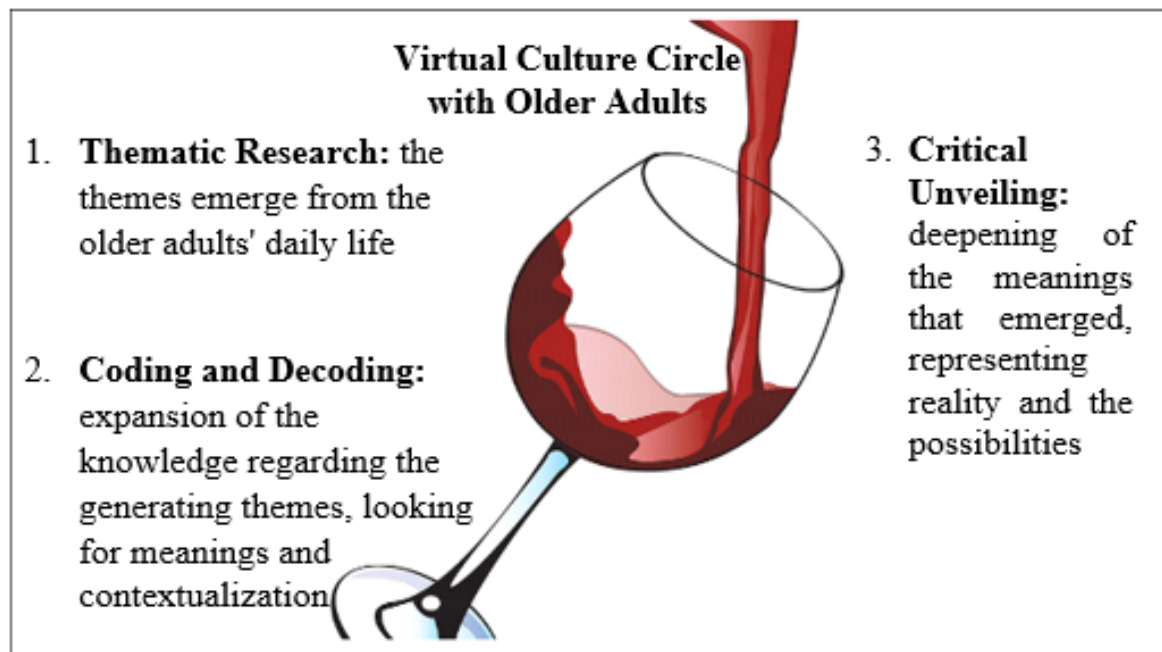


Figure 1 - Paulo Freire's Research Itinerary: Analogy to the characteristics of wine. Chapecó, SC, Brazil, 2020
Source: The authors (2020).

In the Thematic Research, considering the analogy to wine "the older the better", the mediator problematized that the older adults' experiences are significant. The following question was asked: Which repercussions has COVID-19 brought to your life and health? The participants recorded their perceptions on a sheet of paper to share them with the group, while the mediator was singing "*Emoções*" ("Emotions"), authored by Roberto Carlos. During the exposition of perceptions, the mediator recorded the testimonies and synthesized the key ideas, validating them with the older adults. In this way, two generating themes emerged for discussion: Bitter repercussions of COVID-19 and Sweet repercussions of COVID-19.

While coding and decoding the themes, production of signs was attained dialogically, signs that indicated meanings intertwined with the themes. Depth of the reflections reached the status of theorizations, when the mediator and the older adults explained the empirical knowledge from the reality experienced, expressed in the key ideas that gave rise to the generating themes. This entire empirical knowledge that was fractioned into codes was merged again into theoretical explanations, shown in decoding.

To address Critical Unveiling, the mediator commented that, to taste wine, there is a need for criticality and wisdom to enjoy it at the proper amount and time, pointing to the existence of some aspects inherent to this beverage, such as alcohol, flavor and texture, which can bring about benefits or harms to human health. With this analogy, the older adults reacted by showing that they understood their reality, revealing limits and

potentialities regarding how to face the COVID-19 pandemic.

Finally, the older adults were encouraged to express their feelings with regard to their participation in the VCC by saying a word or phrase, and the meeting was closed with the group singing "*É preciso saber viver*" ("One needs to know how to live"), by Roberto Carlos. Transcription and analysis of the themes were conducted concomitantly with the development of the VCC, following the stages of the analytical process proposed in Paulo Freire's methodology, which allows the subjects to reflect on and interpret the themes, thus generating new perspectives on the research object. Data transcription and coding were performed by the mediator with the aid of another researcher, who was a member of the project that preceded this study and checked the consistency between the transcribed and collected data.

The research was approved by the Ethics Committee, under opinion number 4,068,387. The Free and Informed Consent Form was emailed to the participants, who signed it and returned it to the researchers. The participants' anonymity was preserved by naming them with wine brands, such as Don Affonso, Aurora, Gallo, Merlot, Pizzato, Beringer, Garibaldi, Miolo, Casa Valduga, Campestre, Don Bonifácio, Ponto Nero, Salton, Beringer, Yellow Tail, Château, Great Wall, Sutter Home, and Hardys; the results below present significant statements of this analogy.

RESULTS

The participants' age varied between 64 and 81 years old. There were seven (30.4%) couples, five (21.7%) widows, two (8.6%) widowers and (8.6%) single women, who lived in a municipality from the Santa Catarina coastline, totaling 23 participants. Of these, four (17.3%) women lived alone, while the others (82.6%) lived with their spouse and children.

The generating themes conceived during the coded and decoded dialogs are represented in Figure 2.

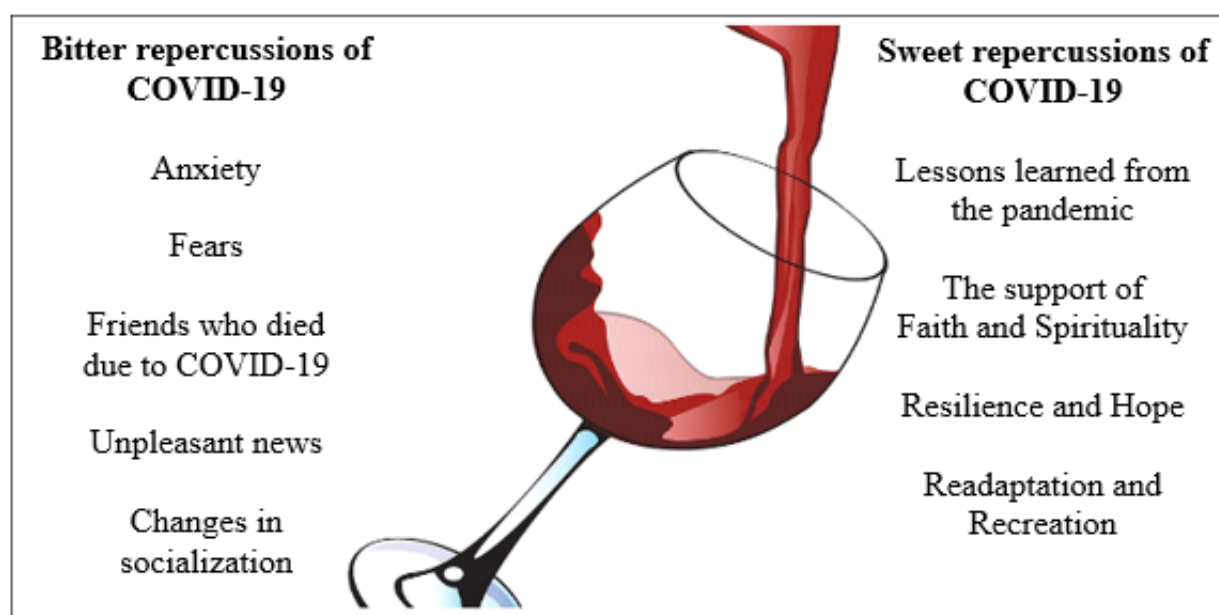


Figure 2 - Representation of the two generating themes, which were coded and decoded in the VCC with the older adults. Chapecó, SC, Brazil, 2020. Source: The authors (2020).

In the conversation about the negative repercussions of having to face COVID-19, which were symbolically represented by the older adults as the bitterness of life, the following statements are found:

I'm afraid of catching this disease and end up in an ICU. (Don Affonso)

I sometimes even think that we'll never be able to go out without masks again. It gives me the creeps. (Aurora)

We're afraid of mankind's future with all of this happening. How is it going to be from now on? (Gallo)

There's a lot of fake news everywhere and that is also causing destabilization and fear in us and also in our government. I'm afraid of the political situation it generated in our country. (Merlot)

They wonder about the need for social isolation and its consequences:

We sometimes feel a little lonely because we can't go out of the house or receive visits anymore. (Don Affonso)

I feel as if I was trapped inside the house and that gets me down. I get demotivated, you know? It's but a shock to mental health. (Pizzato)

I know that we must keep social distancing, but it's not easy! Mainly for us, because our activities outside the house help us to keep our health balanced and now we can't go out. (Beringer)

Our granddaughter didn't have her graduation party. It was a shame. (Garibaldi)

Our grandson's wedding was canceled. (Pizzato)

We had a trip to do, with all bought and organized, but we couldn't go. (Miolo)

It is awful not being able to hug our grandchildren and great-grandchildren, not being able to talk with friends, to interact with people like before. (Casa Valduga)

I miss having a coffee at my children's and friends' homes and I really wanted to go to my church. (Gallo)

They expand their perceptions to other aspects of life:

We worry about the economic issues. A lot of people without money. Our retirement income is low and we rely on the rent of our other house to improve our earnings. Only that our tenant can't afford it anymore. And what are we going to do? It's a snowball, everybody has a financial problem that will bump into someone else's problem. (Campestre)

Unpleasant news on the TV isn't good for us. (Don Bonifácio)

COVID-19 seemed so far away, until we lost a friend and that made us really sad. It also showed us that the disease is really close because it might as well have been us who died. (Ponto Nero)

In the discussions of the second generating theme, the older adults mention positive situations of the pandemic time, which they called "sweet repercussions":

We're not hugging each other, but I also feel somehow hugged and care for in an online way, because a lot of people contact us every day. They're far away, but close to our hearts. (Salton)

Even the consultation with the doctor was through the cell phone. (Beringer)

They discuss countless other positive perceptions arising from the pandemic time:

I believe that, with the pandemic, people started to take better care of each other. Our neighbors do the shopping for us and we didn't ask for that; they offered themselves to help. I thought it was pretty nice of them. (Yellow Tail)

[...] it taught us to be more resilient, to have faith in God and in people. (Aurora)

Some people just complain. It is necessary to learn and thank because we're alive and healthy. (Château)

I hope for better days to come and think that the pandemic brought about many lessons. People should only stop to reflect and they'll find these lessons! (Merlot)

I say a prayer every day for the sick people and for our beloved Brazil, so that everything ends and we can go on with our lives. (Ponto Nero)

In order to face the COVID-19 repercussions, the older adults needed to search for adaptation mechanisms:

We needed to be creative and reinvent the way of doing things. Now, we both do some walking inside the house and so we didn't stop exercising. (Château)

Now we need to take more care with hygiene, wash our hands more often, wear a mask, and we didn't think about that before. (Great Wall)

We need to stay in, take care of ourselves. It's the way to take care of ourselves and of the others too. I believe that we're aware of the disease, we know it's dangerous and so we take care. (Sutter Home)

Our family is very united. Our children come here, mainly during the weekends. I always valued my family, but now I appreciate it much more because I miss those moments. We need to value every minute of life. (Don Bonifácio)

The older adults reflected about their participation in the VCC as a moment to share experiences:

I liked participating very much. It brought me joy, in an entertaining afternoon of mutual learning. (Aurora)

We learned a lot and I'm grateful for the opportunity. And life goes on, with the sweetness and bitterness that we need to face. (Yellow Tail)

I felt taken care of. Talking to you guys was like being cuddled because it renewed my strength [...] (Hardys)

It was a conversation in which everyone respected the others' feelings and made us thought about respect for life. It was worth it! (Ponto Nero)

It cheered us up, motivation when talking to you. (Garibaldi)

[...] it made us think of the real value of life, of things we sometimes don't think about. We have time, we're retired, but we always stop to reflect, as we did here today. (Miolo)

DISCUSSION

Based on the "Bitter repercussions of COVID-19" and "Sweet repercussions of

COVID-19" generating themes, Critical Unveiling was developed by deepening on the back-and-forth movement between Coding and Decoding. The symbolism that translates an older adult's infection with COVID-19 takes on a threatening tone – a veiled threat carrying determinants associated with a possible bad outcome of the disease, against which their bodies may not be able to satisfactorily fight, because their systemic responses are already impaired. Therefore, the older adults' fear of requiring admission to the Intensive Care Unit (ICU) when contaminated with COVID-19 is real.

Consequently, their vulnerability when exposed to infectious and contagious diseases is discussed, especially due to their immunological frailty. It is worth warning about unfavorable prognoses when age is added to the presence of chronic pathologies, imposing imminent risks of death to older adults⁽¹⁰⁻¹²⁾. Given this expectation, they develop anxiety justified by the fear of contracting the disease, with repercussions on quality of life, leaving them more sensitive and susceptible to complexification in their health status.

A study that analyzed sadness, depression, nervousness, anxiety and sleep problems in the Brazilian population during the pandemic reveals that young adults are more affected by the investigated symptoms than older adults, despite the emotional change verified in the senescence phase. These findings allowed the authors to discuss the possible explanations for such trend⁽¹³⁾. It is thus inferred that concern with the economic adjustments in the pandemic context compared to the older adults' financial stability due to their status of retirees, associated with the resilience capacity of this age group, places them in a privileged position⁽⁵⁾.

Therefore, when older adults report anxiety in the conversations during the Culture Circle stages, this anxiety has a specific direction. This element is of interest for the health professionals in the elaboration of strategies that rectify their fears of contracting the disease.

A reflection article⁽⁵⁾ analyzed the complexities interconnected to older adults' health in the face of the pandemic, highlighting the establishment of bonds, which underwent significant changes. These changes create a demand related to the structuring of support networks and to the remodeling of the logistic of older adults' care, ensuring easier access to the services. This different view with regard to older adults as a consequence of the pandemic tends to exalt professional performance in the gerontological area, creating expectations of relevant resignifications in this health care model.

The participants in the VCC associate the fears related to maintenance of their lives in this period of public health crisis with unpleasant news that a friend or a family member of the same age was infected with COVID-19 or even died. In addition to that, the fake news daily disclosed in the social and mass communication media reinforce fears and concerns and spread panic⁽¹⁴⁾. Fast circulation of such news is favored by the sharing of messages, transforming disinformation into a public problem⁽¹⁵⁾.

A study conducted by the Brazilian Association of Collective Health (*Associação Brasileira de Saúde Coletiva*, ABRASCO) investigated the predominance of death cases among people aged 70 years old or more in the country⁽¹⁶⁾. It was argued that chronic diseases common to this population segment and immunosenescence, among other conditions, contribute to this scenario and increase the likelihood of severe infection and death⁽⁵⁾. A series of reasons has been listed to justify the threatening feeling caused by COVID-19 in older adults, as the correlation with death and imminent worsening of the disease are statistically supported. Therefore, moments of dialog about these fears in the VCC provided support for the participants to deal with these perspectives, which affect their health.

The feeling of sadness due to the loss and death of friends and close people, due to social isolation and to distancing from the family, led to the perception that it is necessary to deal with social losses and with the reality imposed by the disease. These sensations require facing the daily challenges that affect the older adults' mental health. In this sense,

it is important to create strategies of positive reinforcement to resilience and readaptation of daily life, such as maintenance of a routine and of regular times for their activities, being prepared to access continuous-use medications in advance, doing simple exercises for stress relaxation and organizing contacts with family members and with the support network for shopping and other needs, all measures aiming to minimize the detrimental effects of the quarantine⁽¹⁷⁾.

Prolonged social isolation can generate several consequences and negative feelings, which may have subsequent impacts, as the pandemic imposed sudden changes with no end in sight. Stress may continue after the end of social isolation, when concern may be directed to the political and financial problems in Brazil and in the world. It is expected that people will live in a state of alert, feeling worried, confused and insecure, given the current uncertainties. The manifestations of a psychosocial order are related to the magnitude of the pandemic and to the individuals' degree of vulnerability, as is the case with the aged population⁽¹⁷⁾.

During isolation, communication with family members and friends using the available technologies became importance⁽¹⁸⁾, which allowed people to minimize the feeling of frustration resulting from limitations to in-person interaction. However, positive aspects can arise from challenging experiences, a situation mentioned by the participants as the "sweet repercussions of the pandemic". Among them, empathy, patience and change in the daily habits stand out. Awareness about the disease and the need to adapt to the routine generate changes and new meanings in the recreation of the way of living, with greater appreciation for the small things. This situation refers to a set of lessons learned that resulted in resilience, hope, faith and spirituality.

Spirituality and religiousness emerge as resources to understand the repercussions of the pandemic on life, facing the disease, providing support to patients, caregivers and family members, offering support in social isolation and in mourning⁽¹⁹⁾. Together, they favor the signification and resignification of the facts of life, in addition to fostering acceptance of the COVID-19 diagnosis, facing the disease, struggling for recovery, valuing interpersonal relationships, and perception of the vulnerability of each and every individual⁽²⁰⁾.

The moment experienced requires life to be redesigned, as a set of expressions that are permeated by the need of protection, care and a support network to meet the demands imposed by the disease and by the contagion risk, such as social isolation and need of support to meet the older adults' daily demands⁽⁵⁾.

The results evidenced negative aspects related by the older adults, but they also revealed positive elements brought about by the pandemic experience. The critically unveiled aspects reveal the participants' ability to face a situation that imposes changes, losses, fears and difficulties on them. The positive elements are related to the different lessons favored by the changes imposed by social isolation and the necessary adaptations in the way of being, living and co-living. Facing the situation and resignifying life indicate resilience capacity, which marks the shared experiences.

The study presented limitations due to the pandemic time, which did not allow conducting data collection in person, resulting in its adaptation to the remote modality. The use of technologies is not always easy to handle by the aged population; however, in this study, the participants had access to the Internet and already used it as a frequent tool to communicate with their family members.

FINAL CONSIDERATIONS

The VCC created a reflection space that allowed the older adults to share their

fears, concerns, expectations and hopes. In this way, they talked about their perceptions regarding COVID-19, which they classified as bitter and as sweet, as well as they were able to resignify their experiences. From the other's experiences, they could obtain elements to rethink and recreate their routine, in order to better understand the restrictions imposed by the pandemic and, at the same time, envisioning possibilities of gaining strength to face what the future holds. Among the perceptions expressed, it is worth emphasizing that coping with the pandemic was permeated by the pursue of patience, empathy and transformation of daily habits, in addition to awareness and need to adapt to the changes in the way of living.

Therefore, the VCC proved to be an important instrument to promote the older adults' health in pandemic times, although it was a sharing space that tends to include a reduced number of people, in order to allow for a better exchange of ideas. Even with this limitation, it can be replicated as a care strategy.

It is believed that the contributions of the study to society go in the direction of formulating guidelines for public health policies aimed at the aged population and their families, in order to face moments of crisis. In this sense, measures aiming to maintain the physical and mental capacity of these individuals should be part of protocols of comprehensive care actions in the face of social tragedies, and indicate how health professionals and services should deal with older adults in relation to their desires.

This study allowed elaborating perspectives to expand the health care model, resorting to currently available and increasingly used technological resources, which enable approaches that were unlikely before, establishing an exchange of knowledge and experiences that gratify, relieve and transform health contexts.

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