

A Cross-Sectional Study to Assess the Physical and Psychological Well-Being among Older Adults during COVID-19 Outbreak

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Abstract

Background: The pandemic caused by the COVID-19 virus is an international health crisis that has the potential to have major repercussions for public health, including both physical and mental health. There is a lack of epidemiological information about the COVID-19 outbreak, which makes elderly people more susceptible to the stress it causes. The goal of the study is to evaluate older persons' physical and mental health during the COVID-19 pandemic.

Methods: Mixed method, embedded design was adopted. Fifty older adults were selected through purposive sampling technique from the selected village. Qualitative approach was used to measure physical well-being by interview and quantitative approach was employed to assess psychological well-being by modified psychological general well-being index. Qualitative data analyzed by thematic analysis and quantitative data analyzed by descriptive and inferential statistics.

Results: The study findings revealed that, in physical well-being, maximum older adults reported, the daily schedule was totally changed, did not get enough time for doing pleasurable activities, changed their food pattern, sleep was fully disturbed, daily habits were changed by following COVID appropriate behavior, and many discomfort faced in maintaining health during COVID-19 outbreak. The finding of psychological well-being shows, maximum 34 (68%) having moderate level of psychological distress, the domain self-confidence 3.1 ± 30.68 was mostly disturbed. There was a significant association found between the age, education, occupation, performance of basic activity, and vaccination status with the selected demographic variables at $P \leq 0.05$ levels.

Conclusion: The older adults were considered as vulnerable people as they need more attention in maintaining health during COVID-19 outbreak.

Keywords: COVID-19, mixed method, older adults, physical well-being, psychological well-being

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INTRODUCTION

The pandemic caused by the COVID-19 virus is a worldwide health emergency having the capacity to have a significant adverse effect on public health, including both physical and mental wellness. There is not enough epidemiological information about the COVID-19 outbreak, which makes elderly people more susceptible to the stress it causes.^[1]

It is common knowledge that people as they get older are prone to become less active compared to younger and are

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more susceptible to negative health consequences. Due to the requirement of “physical distancing” and staying at home throughout the pandemic period, the normal activities of daily living of elderly adults have been abruptly suspended.^[2] It is quite possible that they will need to continue following these stringent preventative precautions and limits given the elder population’s susceptibility to COVID-19. As a result of being physically isolated, due to a loss in physical activity, older people may be forced to engage in sedentary behavior.^[3] Limitations have caused restraint, the inability to do daily chores outside, the termination of social interactions and participation in community gatherings, and the practice of organized activity, such as regular exercise routines, daily walks, and more. The mental health of senior citizens has also been seriously harmed by physical and social isolation.^[4]

The COVID-19 pandemic reduced peoples’ physical movement, promoted social distance rules, and restricted most public services while permitting those that were absolutely necessary. Considering the sudden interruption to their routines, the shelter-in-place measures equivalent to a lengthy quarantine probably created a stressful atmosphere for the populace. These disturbances could exacerbate psychological problems such as violent behaviors and post-traumatic stress disorder symptoms.^[5,6]

The outbreak of the COVID-19 virus has grown to be a more significant problem for many elderly adults nowadays. Most people have become familiar with COVID-19 with their effects that are on their lives physically as well as psychologically. Weight loss, eye strain, poor circulation, poor hygiene, insufficient sleep, and disregarding dietary patterns are some of the physical symptoms of the COVID-19 pandemic.^[7] COVID-19 outbreak’s consequences on loneliness possibly also affect mental health, domestic responsibilities, low self-esteem, impaired social interactions, depression, and breaking social norms, and regulations. COVID-19 outbreak can have various negative consequences such as failure to fulfill role.^[8]

The investigator chose to carry out a research study to assess the degree regarding older people’s physical and mental well-being throughout the COVID-19 pandemic in a particular neighborhood, Salem.

Statement of the problem

A cross-sectional study was to assess the level of physical and psychological well-being among older adults during the COVID-19 outbreak at selected community area, Salem.

Objectives

The objectives of the study are as follows:

1. To assess the level of physical and psychological well-being among older adults during the COVID-19 outbreak.
2. To associate the level of psychological well-being among older adults with the selected demographic variables.

METHODS

Mixed method, embedded design was adopted. Setting of this study was at Karipatti village, Salem. Fifty samples were selected through purposive sampling technique. Qualitative data were collected by personal group interview method to assess the level of physical well-being among the older adults. Interviews were carried out in a non-intrusive manner and non-judgmental manner. The duration of data collection for each sample was 5–10 min. Each interview conversation was recorded and transcribed to elicit a detailed account of the interview. This was then exposed to thematic analysis.

Quantitative approach was employed to assess the psychological well-being by modified psychological general well-being index. The data were collected and analyzed by descriptive and inferential statistical method.

RESULTS

The demographic profile of the older adults shows that, majority of older adults 19(38%) are aged between 71 and 75 years, 25 (50%) are male, 36 (72%) Hindus, 26 (52%) were had no formal education, 25 (50%) are retired/not working, 34 (68%) older adults family monthly income is below Rs10, 000, 26 (52%) older adult’s source of income is by self, 35 (70%) are married, 26 (52%) are having more than two children, 41 (82%) were not having any medical illness, 22 (44%) were did not practicing any health maintenance activities, 21 (42%) are watching movie/listening music, 31 (62%) are partially dependent, 31 (62%) are gathering health maintenance information from television and media, 49 (98%) older adults are not exposed to the COVID-19 infection, 21 (42%) are taken both dose of vaccine, and none of older adults are quarantined for suspected COVID-19 infection.

Physical well-being (qualitative)

Table 1 shows the excerpt and frequency distribution of physical well-being among older adults during COVID-19 outbreak. It reveals that, maximum 25 older adults are reported the daily schedule was totally changed, 22 older adults are said that they did not get enough time for doing the pleasurable activities, such as, visiting to temple, going to Son/Daughter’s house, and chatting with friends, 28 older adults are said, slight changes have been made in their food pattern, 29 older adults are said that their sleep is fully disturbed, 27 older adults are said that they changed maximum in their habits by following COVID appropriate behavior, and 23 older adults are said many discomfort that they faced in maintaining health.

Psychological well-being (quantitative)

The findings of psychological well-being reveal that, maximum 34 (68%) older adults are having moderate level of psychological distress, 10 (20%) older adults have mild psychological distress, 4 (8%) has severe psychological distress, and only 2 (4%) of positive psychological well-being.

Table 1: Excerpt and Frequency distribution of physical well-being among older adults during COVID-19 outbreak (n=50)

S. No.	Qualitative theme	Frequency	Excerpt
1	Describe the changes you made in your daily schedule during COVID-19 outbreak?	5	I did not make any changes.
		8	I made some slightly changes in my daily schedule. (Like daily walking)
		12	Many changes I made in my daily schedule.
		25	My daily schedule was totally changed. (I am not going anywhere, I am in home only)
2	Describe the status of time spent for enjoyable activities during COVID-19 outbreak?	13	I got enough time for enjoyable activities, since I spent more time with my family members.
		22	I didn't get time for doing my pleasurable activities, like, visiting to temple, going to my Son/Daughter house, and chatting with my friends.
		12	Completely restricted myself in my house due to the spread of COVID-19 infection.
3	Describe the changes you made in food pattern during COVID-19 outbreak?	19	No any changes.
		28	Slight changes have been made, since cannot eat as I like. (Taking fruits and vegetables whichever is available nearby).
		6	Many changes I made in food pattern to increase my immune power (taking more cereals and nuts).
4	How about your sleep pattern during COVID-19 outbreak?	7	No problem in Sleep.
		14	Did not get adequate sleep.
		29	Sleep is fully disturbed, as being only in home for full day.
5	Describe the comfort of maintaining your health by your usual habits during COVID-19 outbreak?	3	I felt comfort only.
		6	Not felt comfort, some changes has been made in my habits.
		13	I was little confused in what to follow and how to maintain. Since everyday getting new information via newspaper, media and others.
		27	I changed maximum of my habits by following COVID appropriate behavior.
6	What was the discomfort you faced in maintaining health related issues during COVID-19 outbreak?	9	No any discomfort.
		18	Faced little discomfort like not able to visit clinic for regular follow-up care and consulted only through phone/online.
		23	Many discomfort I faced. For general fever also, all treated like COVID-19 and referred to Government Hospital.

Table 2: Percentage distribution of older adults according to their mean, standard deviation and mean percentage of domains of psychological well-being (n=50)

S. No.	Domains	Mean	SD	Mean Percentage
1	Anxiety	2.752	43.33	54.56
2	Depression	2.84	34.55	57.06
3	Positive well-being	2.71	38.17	54
4	Self confidence	3.1	30.68	53.40
5	General health	2.76	33.57	55.40
6	Vitality	2.82	34.30	56.40

The above Table 2 shows the percentage distribution of older adults according to their mean, standard deviation and mean percentage of domains of Psychological wellbeing. The results shows that majority of older adults has disturbance in self-confidence 3.1 ± 30.68 , followed by disturbance in positive well-being 2.71 ± 38.17 , suffering from anxiety 2.57 ± 43.33 , problem in general health 2.76 ± 33.57 , disturbance in vitality 2.8 ± 34.30 , and depression 2.84 ± 34.55 .

There was a significant association found between the level of psychological well-being with age, educational status, occupational status, performance of basic activity, and vaccination status at $P \leq 0.05$ levels.

DISCUSSION

The present research assessed older adults' physical and mental well-being during the COVID-19 outbreak in a chosen community area, Salem. The study finding shows that both

physical and psychological well-being got affected during the time of the COVID-19 pandemic among elderly people. It was discovered that there is a considerable association between the level of psychological wellness with age, educational status, occupational status, performance of basic activity, and vaccination status at $P \leq 0.05$ levels.

The research study is supported with Bailey *et al.* (2021)^[9] study. The study conducted to find the physical and mental health of older adults aged 70yrs and above during the Covid -19 outbreak. Totally 150 participants were selected who attended the specific ambulatory medical services at St James hospital, by convenient sampling methods. About 40% (59/150) of respondents said that while they were cocooning, they had "much worse" or "worse" mental health. Although more than 40% (63/150) of respondents said, their physical health has declined. A nearly 70% (104/150) participants exercised less or not in any way. A majorly 57% (86/150) of the people surveyed reported experiencing feelings of loneliness, and 1 in 8 (19/150) said this occurred "quite frequently." 75/150 people said that their standard of living has significantly deteriorated. Over 60% (91/150) of respondents agreed with the guidance of the government for people over 70, although over 40% (61/150) said that they did not like the term "cocooning."

The study also reflects the findings of Lopez *et al.* (2020)^[10] study. During the COVID-19 outbreak, a research was done to determine the psychological well-being of younger and older people. The study's findings demonstrate that during

the COVID-19 outbreak, reported health, resilience, family functioning, thankfulness, and approval had substantial relationships with regard to both one's own growth and purpose in life.

Marie *et al.* study (2020)^[11] also support the present study's findings. This longitudinal study was designed to determine the health of elderly people throughout the COVID-19 pandemic. According to the data, 44.9% of older individuals have health concerns, 69.5% have societal effects, and 25.1% have financial repercussions; 86.4% assessed a high risk to society, 42.3% perceived a high infection risk, and 71.2% indicated significant degrees of social isolation.

CONCLUSION

Older adults are considered vulnerable population and need more attention in physical and psychological health. Nurses play the key role in identifying physical and psychological well-being of older adults and take measures to improve their well-being and to enhance their self-concept, coping strategies through the development of mutually agreed goal.

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CONFLICTS OF INTEREST

Nil.

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