Research Report

Resilience in Older Adults During the COVID-19 Pandemic: A Socioecological Approach

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Received: November 17, 2020; Editorial Decision Date: March 3, 2021

Decision Editor: Lynn Martire, PhD

Abstract

Objectives: We examined sources of vulnerability and resilience among older adults early in the coronavirus disease 2019 (COVID-19) pandemic.

Methods: We surveyed 235 respondents, 51–95 years old (M = 71.35; SD = 7.39; 74% female), including 2 open-ended questions concerning COVID-19-related difficulties and positive experiences during the past week. Using inductive coding, we found 9 final codes for difficulties and 12 for positives and grouped them into socioecological levels: personal, interpersonal, and societal.

Results: Difficulties were reported by 94% of the sample, while 63% described positives. Difficulties and positive responses were made at all socioecological levels and illustrated a dialectic between personal-level constraints and opportunities, interpersonal-level social isolation and integration, and societal-level outrage, sorrow, and social optimism.

Discussion: Respondents described sources of vulnerabilities and resilience that supported a socioecological approach to understand resilience during this pandemic. A notable example was resilience derived from witnessing and contributing to the community and social solidarity, highlighting the potential of older adults as resources to their communities during the global pandemic.

Keywords: Community, COVID-19, Qualitative methods, Stress

The coronavirus disease 2019 (COVID-19) pandemic is a highly unusual stressor. It is a trauma, given its association with morbidity and mortality, but has also become a chronic stressor affecting individuals and communities, with national and global reach. Older adults may be particularly stressed because 95.5% of COVID-19 deaths involved those 50 years and older (Centers for Disease Control and Prevention, 2021), and mitigation strategies, such as lockdowns, have the potential to increase social isolation and depression (Berg-Weger & Morley, 2020; Kendl & Perry, 2021). Nonetheless, many older adults may be resilient, drawing on their strengths, social networks, and unique contexts (Chen & Bonanno, 2020; Lind et al., 2021).

Resilience, Positive Outcomes, and COVID-19

Early definitions of resilience focused on recovery from a threat (Luthar, 2006). Current definitions expand beyond recovery to include processes such as sustainability of purpose, goal directedness, and meaning, during and following adversity (Murray & Zautra, 2012). The ability to have positive experiences during a crisis is another hallmark of resilience in later life (Ong et al., 2006).
Masten (2016) broadens the definition of resilience to involve the capacity of a system, from biological to societal influences, to adapt to threat. She argued that resilience resources often cross levels, for example, community resources providing a context for individual resilience. The COVID-19 pandemic is an opportunity to explore factors at all levels that affect psychological resilience. Qualitative approaches may be useful in identifying emergent factors.

Qualitative COVID-19 Studies

A growing body of COVID-19 studies of older adults included open-ended questions about pandemic experiences; most were mixed-method studies, focused on individual distress and well-being. Whitehead and Torossian (2021) coded statements about sources of stress and joy/comfort and related these codes to measures of well-being. They found that concern for others, unknown future, and contracting the virus were associated with poor well-being, whereas faith, exercise/self-care, and nature were associated with better well-being. Other studies found prominent challenges to include constraint on social interactions, activity restrictions (Heid et al., 2021), and concerns for aging parents (Clotworthy et al., 2021). Interviews with 73 older adults with preexisting depression found that respondents applied previously learned skills such as keeping a regular schedule to promote resilience during lockdown (Hamm et al., 2020). Most of these studies took a person-centered approach; however, Brooke and Clark (2020) identified social media use and neighborhood resources as helpful during the pandemic.

Present Study

An inductive analysis of statements made about “the most difficult thing” due to the COVID-19 situation and “positive outcomes” explored the vulnerability and resilience factors of older adults during an early period of the pandemic. The relationship between interpersonal, community and societal factors, and individual vulnerability and resilience emerged as a framework for this study.

Method

Sample and Procedure

A survey link (Qualtrics, 2019) was emailed to 640 LIFE Registry participants (Oregonians 50 and older) between April 28 and May 4, 2020. The sample consisted of 235 individuals who answered at least one open-ended question. They were largely female, non-Hispanic White, living with a spouse/partner, highly educated, and healthy (Table 1). They ranged in age from 51 to 95 years ($M = 71.35, SD = 7.39$).

Table 1. Sample Characteristics ($N = 235$)

| Characteristics | $n$ (%) | M (SD) |
|-----------------|--------|--------|
| Age, years (range 51–95) | 189 (80.77) |
| 66+ | 173 (73.62) |
| Gender | 211 (92.14) |
| Female | 32 (13.68) |
| Male | 92 (39.32) |
| Ethnicity | 110 (47.01) |
| Non-Hispanic White | 168 (73.36) |
| Never married, widowed, separated, or divorced | 61 (26.64) |
| Self-reported health rate (range 1–5) | 3.90 (0.85) |
| Employment status | 165 (70.82) |
| Retired | 65 (27.90) |
| Working | 3 (01.29) |
| Unemployed/laid off | |

Note: Sample sizes may vary due to missing data.

Materials

The survey contained a mixture of scales and open-ended questions. For this study, we focused on two open-ended questions: (a) “During the past week, what was the most difficult thing for you about the COVID-19 situation?” and (b) “During the past week, did anything positive come about because of the COVID-19 situation? If yes, explain.” Wording for the latter question attempted to avoid the influence of social desirability in identifying something positive.

Analysis

Coding of open-ended questions followed a general inductive approach keeping coding close to respondents’ meaning, process, and actions (Thomas, 2006). Data-driven codes are useful when developing knowledge about an underlying experience rather than applying predetermined codes (Charmaz, 2014). Analysis was supported by ATLAS.ti (2020). Open coding was conducted by all authors, who self-identified as female, and consisted of two Asian Americans, two Korean nationals, and two non-Hispanic Whites, aged mid-20s to mid-60s. Through discussion, 60 open codes for the difficulties were consolidated into nine final codes; 75 open codes from the positives were consolidated into 12 final codes (Table 2; see Supplementary Appendix A for criteria).
Intercoder agreement (ICA) was calculated as Krippendorff’s α within ATLAS.ti (Friese, 2020). Two researchers independently applied codes to the participants’ responses. Quotations were allowed multiple codes. The ICAs for difficulties and positives were 0.82 and 0.88, respectively, indicating acceptable agreement. Disagreements were discussed to resolution. In the process of consolidating these codes, the emergent themes resembled Bronfenbrenner’s (2005) ecological model, which reflected personal, interpersonal, and societal levels. Thus, codes were assigned to these three levels.

**Results**

Nearly all participants responded to the difficulties question (n = 221; 94%). Half (50%) reported difficulties at the personal, 29% at the interpersonal, and 22% at the societal levels (average word count = 21.68). Fewer reported positive outcomes (n = 148; 63%). About half (48%) provided positives at the personal level, 38% at the interpersonal level, and 14% at the societal level (average word count = 29.39). A logistic regression showed that age group (<65, 66+) and self-reported health were not significantly associated with reporting a positive, and work status was marginal, β = −0.69, p = .06, with workers slightly more likely to express positives.

**Difficulties and Positives by Socioecological Level**

Table 2 lists the final codes and a count of respondents whose statements reflected a particular code. Statements could encompass multiple codes, thus the total can exceed the sample size. Demographic information for quotations is provided in Supplementary Appendix B.

**Personal level: Constraints and opportunities**

Nearly half of the respondents reported *difficulties with everyday protective activities and their consequences*. Respondents grappled with adjusting to safety protocols and complained of “having to pay attention … as if each item or person was a possible hazard” (ID122). They struggled with the loss of their usual activities and a “meaningful daily schedule” (ID4). A quarter of the respondents reported *psychological distress*, including “boredom from being confined” (ID79); uncertainty about the future, “wondering when it would end” (ID29); feelings of “fear that one of us will get sick and die” (ID109); and media burnout. Low-level anxiety and depression were described as feeling “uneasy and restless” (ID16) and helpless with being sidelined: “I HATE not being able to participate in a larger picture” (ID53). Very few expressed *worry for their personal finances*, but slightly more reported *financial benefits*, including fewer expenses, stimulus, and unemployment payments.

**Interpersonal**

Struggles with interpersonal connections 66 (29.9) Valuing time with family and friends 41 (27.7)

Concern for close others 15 (6.8) Sense of community 32 (22.8)

**Societal**

Cultural divide 45 (20.4) Social optimism 16 (10.8)

Concern for society 19 (8.6) Improving environment 11 (7.4)

Reactions to COVID-19 cases and deaths 11 (5.0) Concern for community others 11 (5.0)

Note: COVID-19 = coronavirus disease 2019; EPAs = everyday protective activities.

Table 2. Inductive Codes for Difficulties and Positives Grouped by Socioecological Level

| Difficulties codes (n = 221) | Positives codes (n = 148) |
|-----------------------------|--------------------------|
| **Personal**                 |                          |
| Difficulties with EPAs and consequences 97 (44.9) | Keeping busy 36 (24.3) |
| Psychological distress 55 (24.9) | Freedom of simplicity 22 (14.9) |
| Worry about personal finances 3 (1.4) | Doing something new 20 (13.5) |
| **Interpersonal**            |                          |
| Struggles with interpersonal connections 66 (29.9) | Valuing time with family and friends 41 (27.7) |
| Concern for close others 15 (6.8) | Sense of community 32 (22.8) |
| **Societal**                 |                          |
| Cultural divide 45 (20.4)    | Social optimism 16 (10.8) |
| Concern for society 19 (8.6) | Improving environment 11 (7.4) |
| Reactions to COVID-19 cases and deaths 11 (5.0) | Concern for community others 11 (5.0) |

The sample size. Demographic information for quotations is provided in Supplementary Appendix B.
home and felt “more relaxed” (ID167) and “slowed down mentally” (ID220). They attended to health and wellness by improving nutrition and fitness, and some increased self-awareness: “more quiet time to pray and contemplate” (ID206). Respondents experienced gratitude and appreciation for what was taken for granted pre-pandemic: “I’ve learned how little I need” (ID18) and “have come to appreciate more the ordinary things in life—family, neighbors, the garden” (ID235).

Interpersonal level: Social isolation and social integration
The lockdown created struggles with interpersonal connections: “COVID has kept us far apart” (ID178). They missed friends, family, and suffered from the absence of physical touch: “How much longer can I make it emotionally with no human touch?” (ID27). Respondents reconnected with family, friends, and were more engaged with spouses. They acknowledged the unique circumstances and valued time with family and friends: people made connections “that might not have taken place otherwise” (ID21); “We are more open and say ‘I love you’ more” (ID123).

Respondents expressed concerns for close others up and down the generational ladder. Concerns for their adult children included finances, health risks, furloughs, and grandchildren missing school. Most poignant were worries about older parents. A daughter wondered when she would see her mother again; a 78-year-old caregiver feared infection: “How would we survive if I can’t take care of [Mom]?” (ID153).

These worries were eased by a greater sense of community. The caregiver daughter (ID153) appreciated the help offered by her neighbor. Similarly, others observed “neighbors and friends helping each other” (ID62) and felt uplifted when making masks through a community “sewing brigade” (ID63). Community solidarity was experienced: “I may be living alone now but am not alone in having to manage a tough time” (ID178).

Societal level: Outrage, sorrow, and social optimism
Strong emotions were expressed that reflected a cultural divide about leaders who were not following “evidenced-based knowledge” (ID12), “fear-mongering” media (ID129), and dismay at those rejecting masks. A grandmother feared “disastrous consequences for our country, for my children and for my grandchildren” (ID62), while others praised leaders who had the “wisdom to follow science-based recommendations” (ID12).

Reactions to COVID-19 cases, prompted by the “terrifying increase in the numbers of deaths” (ID185), were described as anguish for the suffering of strangers. Respondents had not experienced personal COVID-19 deaths but mourned the death toll: “We have now lost more people than [were] lost in the Vietnam War” (ID138). Concern for community others was expressed for the suicides of health care workers and those struggling financially and expanded to concerns for society at large which included the economy, health care, vaccine development, and worry for people globally.

Yet, some expressed social optimism: “I have seen a return to civility” (ID62) and “people seem to be coming together in support” (ID200). Examples of social solidarity were combined with social justice “to address disparities in our communities” (ID199). Others expressed helpfulness for the improving environment: “there’s much less traffic on the road and the sky/air is becoming more clear” (ID222).

Discussion
We examined statements of difficulties and positives provided by older adults early in the COVID-19 pandemic. Nearly all described difficulties, suggesting that even this relatively privileged sample struggled with issues of vulnerability, and about two thirds reported positives. If resilience is understood as the ability to see positives in the midst of negative situations (Ong et al., 2006), then many, but not all, demonstrated resilience in this early phase.

Those who provided positive statements tended to be in the workforce, but age and health differences were not significant. We speculated that daily life changed less for workers as they worked, more relaxed, from home. In contrast, retirees, barred from their usual volunteer and other activities, struggled with disruptions to their routines and sense of purpose. These findings support Masten’s concept that resilience is more than an individual trait because “a person’s capacity depends on many systems, some of which are external to the individual” (2016, p. 299).

Statements of difficulties (vulnerabilities) and positives (resilience) made at the personal, interpersonal, and societal levels further supported a sociocultural approach to resilience. Difficulties and positives were most frequently described at the personal level, reflecting a dialectic of constraints and opportunities. Similar to other studies (Brooke & Clark, 2020; Heid et al., 2021; Whitehead & Torossian, 2021), our respondents struggled with new demands, activity constraints, and psychological distress, yet responded with diverse approaches. Keeping busy with familiar and new activities was common to other findings (Hamm et al., 2020; Whitehead & Torossian, 2021), but unique to our study were practices promoting self-awareness (e.g., meditation, mindfulness, and journaling).

At the interpersonal level, a dialectic between social isolation due to lockdown and efforts for closeness emerged. Respondents expanded ways to maintain social connections and many reported deepening relationships with family, as well as gratitude for these relationships. Interpersonal connectivity, shared positive experiences, and social solidarity ameliorated their psychological distress. As Luthar (2006, p. 780) stated, “resilience rests, fundamentally, on relationships.” Unique to our study were descriptions of being uplifted by witnessing community engagement and making tangible contributions. A community’s ability to overcome
adverse events through purposeful and collective actions of its members reflects both individual and community resilience (Cohen et al., 2016).

Fewest comments were made at the societal level, and statements of outrage and sorrow were more prevalent than social optimism. Issues at the societal level dominated, creating an environmental press that adversely affected respondents at the personal level. Remarkably, some respondents were hopeful and buoyed by incidents of social solidarity and an improved environment.

Limitations and Future Research
Our sample was largely White and educated, a limitation common to other qualitative studies of older adults due, in part, to data collection difficulties during a pandemic. Future research should examine patterns of resilience, over time, in more diverse samples. Nonetheless, this study provides support for the resilience of older adults and highlights the importance of looking beyond individual resilience in supporting individual and community well-being.

Supplementary Material
Supplementary data are available at The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences online.

Funding
None declared.

Conflict of Interest
None declared.

Acknowledgments
Due to the sensitive nature of the data collected by this study and Institutional Review Board restrictions, only the coding scheme and analytic methods will be made available from Igarashh@oregonstate.edu. This study was not preregistered. Support for this project was provided by the OSU Center for Healthy Aging Research.

Author Contributions
H. Igarashi: study design, data analysis, and drafted the manuscript; M. Kurth: data analysis and edited the manuscript; H.-S. Lee: data analysis and edited the manuscript; S. Choun: data collection/management/analysis; D. Lee: data collection/management/analysis; C. M. Aldwin: planned overall project, supervised data collection/management/analysis, and drafted the manuscript.

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