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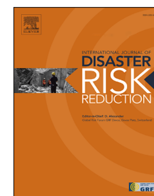

Lived experiences and meanings of the COVID-19 pandemic: A case of the elderly survivors

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ABSTRACT

The extent of risk brought about by the COVID-19 pandemic on the well-being of the elderly has emphasized the need to investigate their experiences during these challenging times. This study was conducted to explore the elderly's lived experiences as COVID-19 patients and to understand how they make sense of and cope with what happened to them when infected with COVID-19. Using Husserl's descriptive phenomenology, 13 elderly from Naval, Biliran Province, Philippines were chosen as participants using purposive sampling. The total number of participants was determined through theoretical saturation. In-depth interviews and the writing of field notes were done to collect information on the participants' experiences. The transcripts were analyzed following Colaizzi's steps in descriptive phenomenological method of analysis. Four general themes emerged for the elderly's lived experiences during the pandemic. These included discrimination, social isolation, anxiety and stress, and fear. Findings revealed that despite the challenges the elderly encountered during the pandemic and when they tested positive for COVID-19, they had seen it as an opportunity to improve and change their practices. The strategies that the elderly employed to cope with the pandemic were all adaptive and have resulted in positive outcomes. Results of the study emphasize the need for more programs and policies to enhance the care and support provided to the elderly during a health crisis.

1. Introduction

As a global health crisis, the COVID-19 pandemic impacted many people's lives [1]. It has influenced and altered practically every facet of civilization [2] and created economic and geopolitical health difficulties, posing a humanitarian crisis [3]. The increased risk associated with COVID-19 has emphasized the importance of effective communication that can aid people in coping with the effects of this public health emergency. Many confirmed cases have still been reported despite the massive vaccination efforts. To slow down the spread of the disease, people must be well-informed on its cause and mode of transmission; therefore, communication is very important [4].

The COVID-19 disease began as an outbreak in China's Wuhan Province, wherein hospitals have documented multiple cases of unusual pneumonia that have been caused by a novel strain of respiratory coronavirus [5]. It quickly spread worldwide, prompting the World Health Organization (WHO) to escalate the health concern into a pandemic on March 11, 2020 [6]. COVID-19 spreads mainly by respiratory droplets produced by infected individuals when coughing or sneezing, and symptoms typically manifest between two

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and fourteen days after viral exposure [7]. The common symptoms of COVID-19 include cough, fever, shortness of breath, and muscle pain [8].

As of this writing, WHO [9] reported that the COVID-19 pandemic had already claimed more than 6 million lives and resulted in more than 452.2 million documented cases worldwide. A significant number of COVID-19 cases and deaths come from the elderly population. Globally, 10.4% of all COVID-19 recorded cases, or approximately 22.2 million, were among the elderly. In terms of mortality, the elderly population accounted for 73.4% (about 1.7 million) of all confirmed deaths [9]. In the Philippines, the elderly population accounted for 13.5% (488, 523) of all COVID-19 reported cases. When it comes to mortality rate, 62.2% of all documented deaths, or 35, 984, were among the elderly [10].

To help contain the spread of COVID-19, the Center for Disease Control (CDC), Red Cross, and WHO have all recommended that people closely adhere to various safety precautions. Many countries have also implemented extreme public health measures to mitigate the disease's impact [11]. Specific safety measures require individuals to monitor their bodily habits, such as handwashing for an extended period, wearing a mask, and avoiding direct contact with others. Additional safety precautions include observing interpersonal separation, which provides for physically avoiding others (i.e., keeping six feet apart), avoiding public transit, and shopping during off-peak hours [12]. Individuals who tested positive for COVID-19 were required to isolate themselves in a quarantine facility. Additionally, lockdowns were enforced, compelling residents, especially the elderly, to stay at their homes [11].

Several studies have explored the effects of the COVID-19 pandemic on the lives of the elderly [13–18]. These studies revealed that there has been a dramatic shift in how the elderly are cared for and supported due to the COVID-19 pandemic. Anxiety and fear of the disease and death - their own and others' – are common concerns for the elderly since they are forced to spend more time at home, have fewer opportunities to interact with family, friends, and coworkers, and have to stop working temporarily [19].

Given the extent to which the COVID-19 pandemic has impacted the lives of the elderly, the present study investigated the lived experiences of the elderly who tested positive for COVID-19 to understand how they make sense of and cope with what happened to them during the pandemic and when they got infected with the virus.

This study is important because a better understanding of the risk experiences of the elderly during the pandemic can be used by health practitioners and communicators as a basis for developing interventions that can help the elderly cope with the effects of the COVID-19 pandemic. Results of this study can also serve as a guide for policymakers as they formulate new policies and programs or revise existing ones that are aimed at enhancing the care and support provided to the elderly during this pandemic. Moreover, the findings of this study may be used to guide authorities in creating measures that could help communities address other types of future risks or crises and respond to disaster situations, such as health or social welfare initiatives involving factors for disaster preparedness, planning, and response.

2. Method

2.1. Research design

The study employed Husserl's descriptive phenomenology to explore the elderly's lived experiences as COVID-19 patients. The study's research design is one of the most commonly used methodologies in qualitative research within the social and health sciences. It is used to describe how human beings experience a certain phenomenon [20]. Descriptive phenomenology is a powerful way to understand the subjective experience and gain insights into people's actions and motivations, cutting through long-held assumptions and challenging conventional wisdom. It may contribute to developing new theories, changes in policies, or changes in responses [21].

According to Finlay [22], Husserl's descriptive phenomenology took an interest in the functional and systematic investigation of people's lived experiences so that the researcher's influence is minimized through phenomenological reduction where the essences or structures of meaning are disclosed. By reducing preconceived notions about being infected with COVID-19 and quarantined in an isolation facility, the researchers were enabled to follow the accounts of the phenomenon provided by the elderly, as indicated in the narratives of their experiences. Husserl's descriptive phenomenology was deemed to be the most appropriate approach to address the study's objective of describing the elderly's experiences of the phenomenon because there has been a lack of documentation on how the elderly themselves make sense of and cope with their experiences during the pandemic, especially when they got infected with COVID-19.

2.2. Research settings

The study was conducted in Naval, Biliran. Naval is a second-class municipality and the capital town among the eight coastal municipalities of the island province of Biliran. It is located in the Philippines' Eastern Visayas Region, close to the northmost tip of the province of Leyte. Fig. 1 shows the location map of Naval, Biliran. The blue circles represent the elderly from the various sites in Naval who tested positive for COVID-19 and have been quarantined in an isolation facility during the height of the pandemic. The bigger the circle, the more elderly from that location who got infected with COVID-19 and were quarantined in a facility.

2.3. Participants

Participants in this study were 13 elderly who were chosen through purposive sampling, and the total number was determined through theoretical saturation. Theoretical saturation occurs when additional data do not result in the emergence of any new theme [23]. Charmaz [24] also explained that theoretical saturation is reached when all theoretical notions have been thoroughly accounted for, and a researcher would observe redundancy in the data being collected. In this study, the process of locating and interviewing participants came to an end when the data already reached theoretical saturation. The participants were able to meet the following inclusion criteria: (a) must be 60 years old or above; (b) have been tested positive for COVID-19 and experienced having been quaran-

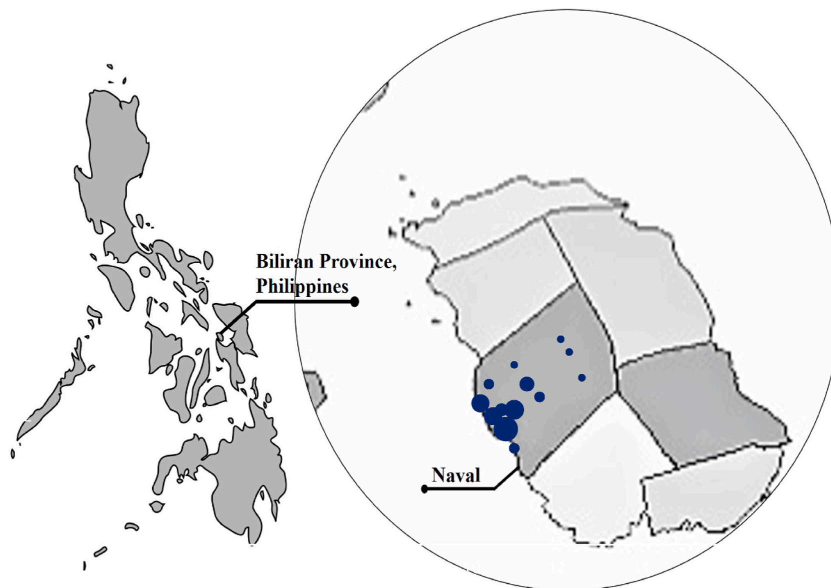

Fig. 1. Location map of Naval, Biliran, Philippines.

tined in an isolation facility at the height of the pandemic; and (c) willing to participate in the study. At the height of the pandemic, all those who tested positive for COVID-19, including the participants in this study, were required to isolate themselves in a quarantine facility for 14 days. Participants were interviewed a month after they tested negative from COVID-19 and finished their quarantine. The study specifically chose 60 years of age as the threshold in selecting the participants because any person aged sixty (60) years or over is already classified as a senior citizen or elderly based on the classification of the National Economic Development Authority (NEDA) of the Philippines.

As shown in Table 1, of the 13 participants, seven were females, and six were males. During the conduct of the study, their age ranged from 63 to 79 years old. Most of the participants were married, and only three were widowed. Two of them attended college, four have reached college level, five have finished high school, and the remaining two were elementary level. Almost all of them are no longer working and are just dependent on their children or monthly pension. Others are plain homemakers while only a few are still working, and some manage their small businesses.

2.4. Data gathering

An interview guide containing open-ended questions was developed and administered among the research participants. It was first written in English, then translated into Cebuano, the local dialect spoken in the research locale. It also comprised interview questions that could elicit the participants' lived experiences as COVID-19 patients.

In-depth interviews were conducted to collect information on the experiences of the participants. The researchers also made field notes to record observations while gathering the data. To guarantee accurate documentation of the informants' answers, the in-depth interviews were taped using a recorder. Proper health protocols were followed to ensure safety.

Table 1
Research participants'' demographics.

PARTICIPANT NUMBER	SEX	AGE	CIVIL STATUS	EDUCATIONAL ATTAINMENT	SOURCE OF LIVING
1	Female	65	Married	College level	Self-employed
2	Female	69	Widowed	High school graduate	Dependent on children
3	Male	63	Married	College graduate	Government employee
4	Female	66	Married	High school graduate	Homemaker
5	Male	64	Married	Elementary level	Dependent on children
6	Male	71	Married	High school graduate	Self-employed
7	Female	68	Widowed	College level	Dependent on pension
8	Male	63	Married	High school graduate	Dependent on pension
9	Female	79	Widowed	Elementary level	Dependent on children
10	Female	64	Married	College level	Homemaker
11	Male	70	Married	College graduate	Self-employed
12	Female	67	Married	High school graduate	Homemaker
13	Male	72	Married	College level	Dependent on pension

2.5. Analysis

The recorded interviews were fully transcribed. Only the significant statements that were used as quotes in the study were translated into English. The transcripts were analyzed following Colaizzi's [25] steps in descriptive phenomenological method of analysis. The steps are shown in Table 2.

2.6. Ethical consideration

Permission to conduct the study was obtained from the Municipal Health Office (MHO), Municipal Disaster Risk Reduction Management Office (MDRRMO), and Municipal Mayor. Voluntary informed consent was also sought from the selected participants. Prior to signing the consent form to participate in the study, the 13 participants who gave their consent read the voluntary informed consent form and were provided ample time to raise questions and concerns. The participants were informed that the proceedings during the in-depth interviews were recorded. They were also told that they could decline, cancel, or terminate their participation at any moment in the interview without any consequence. The methodology applied for this research was approved by the graduate research committee of the Visayas State University (VSU).

3. Results

3.1. The Eldely's COVID-19 lived experiences

During the in-depth interviews, the participants shared how their experiences significantly affected their lives. Analysis of the transcripts revealed four general themes representing their lived experiences as COVID-19 patients. These were (1) discrimination, (2) social isolation, (3) anxiety and stress, and (4) fear. For the fourth general theme, four sub-themes have surfaced. These were (4.1) fear of death, (4.2) fear of losing one's control of life, (4.3) fear of losing sanity, and (4.4.) fear of the unknown.

3.1.1. Discrimination

The majority of the participants brought up that they were discriminated against, mainly when they tested positive for COVID-19. They further shared that people would still avoid interacting with them even when they tested negative from the virus and finished their quarantine period. They stated that other people in their neighborhood did not talk to them, making them feel unwelcome in their community. The following excerpts represent this theme:

> *"When I tested positive for COVID-19, I felt discriminated against because people avoided me. Others would not even talk to me."* [Participant 3]

> *"During that time, even when I already completed my quarantine, others would still evade from me."* [Participant 11]

> *"I felt that I was not any more welcome or part of the community because my neighbors avoided me. They would not interact with me anymore. Luckily, the situation is much better now."* [Participant 6]

3.1.2. Social isolation

Several participants narrated being isolated because they felt alone, especially when they had undergone quarantine in a facility. Moreover, they stated that the COVID-19 pandemic delimited them from socializing with their other family members, relatives, and friends. They also mentioned that because people avoided them, their feeling of being alone worsened. The following are some extracts from this thematic unit:

> *"I really felt alone, especially when I got quarantined. I did not have someone to talk to or have a source of entertainment. I really felt like I was isolated and different from other people."* [Participant 8]

> *"It was difficult when I tested positive for COVID-19 because even talking with family was not allowed. You can talk but it seemed like you were deaf because your voice was loud since you had to stay apart when talking."* [Participant 5]

Table 2
Colaizzi's [25] steps in descriptive phenomenological method of analysis.

Step		Description
1	Familiarization	The researcher familiarizes himself with the data by reading through all the participant's accounts several times.
2	Identification of significant statements	The researcher identifies all statements in the accounts that are of direct relevance to the phenomenon under investigation.
3	Formulating meanings	The researcher identifies meanings relevant to the phenomenon from careful consideration of the significant statements. The researcher must reflexively "bracket" his pre-suppositions to stick closely to the phenomenon as experienced.
4	Clustering themes	The researcher clusters the identified meanings into common themes across all accounts. Again, bracketing of pre-suppositions is crucial, especially to avoid any potential influence of existing theory.
5	Formulating an extensive description	The researcher writes a full and inclusive description of the phenomenon, incorporating all the themes produced at step 4.
6	Constructing the fundamental structure	The researcher condenses the extensive description down to a short, dense statement that captures just those aspects deemed to be essential to the structure of the phenomenon.
7	7. Seeking confirmation of the fundamental structure	The researcher presents the entire structure statement to all participants to ask whether it captures their experience. He may go back and modify earlier steps in the analysis in light of this feedback.

"When people knew that I tested positive, most of them avoided me even when I already finished my quarantine. I felt really alone during those times." [Participant 9]

3.1.3. Anxiety and stress

Many participants pointed out how the COVID-19 pandemic made them anxious and stressed. They were afraid of their situation, especially when they knew that the elderly were the most vulnerable to the virus. The unavailability of COVID-19 vaccines before made them even more stressed. They stated that they became more anxious and stressed when they heard that many people had already died from the virus. A few even said they could not properly eat and sleep at night because of anxiety and stress. Here are some highlights from this theme:

"I cannot properly eat and sleep at night anymore because my thoughts were all over the place. I even lose weight that time due to stress." [Participant 1]

"My thoughts were all over the place during that time. I really got anxious and became panic-stricken when my daughter told me that the elderly are vulnerable to the virus. I can't explain how anxious I was, especially when I tested positive." [Participant 7]

"I was stressed that time. When I heard that a lot of people have already died, my fear was unexplainable. It worsened when I tested positive because during that time, there were still no available vaccines and cure." [Participant 13]

3.1.4. Fear

All participants mentioned that they dealt with fear during the COVID-19 pandemic, much more when they got infected with the virus. From this thematic unit, four sub-themes came about. These were fear of death, fear of losing one's control of life, fear of losing sanity, and fear of the unknown.

3.1.4.1. Fear of death. Numerous participants remarked on how their COVID-19 pandemic experience made them fear death – their own and others. When they tested positive, they mentioned that they feared their situation would worsen and that they would eventually die. Some of them shared that they were afraid if they had infected someone or their family members because they also feared losing them. Participants shared that when they heard someone they knew from their community died due to the complications brought about by COVID-19, they got really scared of dying. The following excerpts represent this sub-theme:

"Honestly, I was scared to die because I am not ready yet. I was scared because I am already old and I'm also dealing with other illnesses. I really didn't know what to do had my situation worsened. I think anyone old enough who tested positive would be scared to die." [Participant 2]

"My fear was if I infected others, especially my family. I was scared to die, but I was even more scared if they would die." [Participant 8]

"When I heard that a lot of people have already died because of COVID-19, I got scared to die as well. My fear got worsened when I knew that someone already died in our community due to COVID-19." [Participant 11]

3.1.4.2. Fear of losing one's control of life. A few participants voiced out how the pandemic made them feel they were no longer in control of their lives because of the different government protocols and restrictions they needed to follow. Some of them stated that there is a corresponding protocol they should adhere to in everything they do. This sub-theme is described in the following excerpts:

"It was as if the government was already in control of our lives. Everything was forbidden. We cannot even decide what we want to do. We were like their servants because they are the ones who decide what we should do." [Participant 12]

"I felt a little scared because the authorities were already in control of our lives. We can't get out of our houses. Social gatherings and celebrating special occasions were discouraged. Every action we take has a prohibitive protocol." [Participant 6]

3.1.4.3. Fear of losing sanity. Some participants narrated about how the COVID-19 pandemic affected their mental health. They further shared that when they got infected with the virus, they kept thinking about what might happen to them if their situation worsened. Participants also shared that their thoughts during those times were all over the place. They were afraid that this would lead them to lose their sanity. The following excerpts elucidate this sub-theme:

"When I learned that I tested positive, I felt like I was going crazy. I was scared I will go crazy because my thoughts were all over the place." [Participant 7]

"My thoughts were all over the place, especially during the night. I was scared back then because I thought I was going crazy." [Participant 9]

"I had a lot of thoughts during that time. I remember thinking what I would do if my situation gets worse. I was really afraid of losing my sanity that time." [Participant 10]

3.1.4.4. Fear of the unknown. Few participants talked through their negative feelings and fears about the COVID-19 situation, especially since they only had little to no knowledge about the causes and effects of the virus when it first came about. They further shared how they feared needing to handle COVID-19-related information differently when there were feelings of confusion and uncertainty. The following are some extracts from this thematic unit:

"When COVID-19 started and I heard that there were already many cases, I was scared because I did not know anything about the virus. I did not know what to do if I get infected and what was its cure." [Participant 4]

"I was afraid of COVID-19 at first because I did not know what the virus was. I have not heard much about it on the television because our reception is not stable and we are just using an antenna." [Participant 13]

3.2. The Elderly's meaning of COVID-19

Part of the study's objectives was to understand the meanings that the elderly have assigned to what COVID-19 is based on how they experienced it. The analysis of the transcripts from the in-depth interviews revealed how the elderly made sense of their COVID-19 experiences. Two general themes have emerged. These are (1) a wake-up call and (2) a burden. For the first general theme, three sub-themes have transpired. These were (1.1) spiritual awareness, (1.2) awareness of health and wellness, and (1.3) awareness of the restoration of shattered relationships.

3.2.1. A wake-up call

The study's participants have associated their experience with the COVID-19 pandemic as a wake-up call. Three sub-themes that support this general theme have emerged. These were spiritual awareness, awareness of health and wellness, and awareness of the restoration of shattered relationships.

3.2.1.1. Spiritual awareness. Some participants talked about how their COVID-19 experience made them closer to God as they prayed and asked for guidance and good health when they tested positive of the virus. They shared that this pandemic led them to reestablish and strengthen their faith in God. This sub-theme can be gleaned from the following excerpts:

"COVID-19 for me is a reminder to call on God in such situations. I'm not that very religious but because of what I experienced when I tested positive, I really called on God. I prayed almost every hour or every day that I would be healed." [Participant 4]

"COVID-19 was a way for me to return to serving the Lord. Honestly, I do not go to church anymore. I pray to Him but not regularly. But when I got COVID-19, I called on God and realized how important it is to pray to Him." [Participant 7]

3.2.1.2. Awareness of health and wellness. Most participants brought up that the COVID-19 pandemic made them more mindful of their health and well-being, especially since they are already old. Some of them even shared that they have an underlying health condition, making them more conscious of their lifestyle. They stated that because of what happened to them, they became more aware of the value of one's health and well-being. The following excerpts describe this sub-theme.

"COVID-19 is a reminder, especially for us senior citizens, to take care of our health. When I got better, I already allotted even a little time to exercise. I already take a little walk every day." [Participant 1]

"Because of COVID-19, I already became mindful of what I eat. You know I am already old so I have a lot of prohibitions, especially that I have high blood pressure. I really struggled a lot when I got COVID-19 because I was symptomatic. That was the reason why I cut back on my food prohibitions." [Participant 9]

3.2.1.3. Awareness of the restoration of shattered relationships. Few participants shared that COVID-19 is about fixing broken relationships among family members and relatives. For them, this pandemic made them think of putting an end to some misunderstandings among their loved ones. Here are excerpts on this thematic unit:

"COVID-19 made me realize to restore my relationship with my son. For a long time, I did not speak to him. Although I was hurt by what he did, I humbled myself. He checked on me when I got COVID-19. Maybe, he also thought the same." [Participant 2]

"Because of the COVID-19 situation, I learned to forgive and ask forgiveness from people, especially to my relatives. I thought about it when I tested positive because I did not know if my situation could get worse." [Participant 7]

3.2.2. A burden

Another general theme that emerged from the interviews is that the participants considered COVID-19 as a burden. Interestingly, all participants have indicated that their COVID-19 experience was challenging. They associated COVID-19 as a burden because their experiences were difficult, and the pandemic has certainly altered their routines. Some of them also shared that the pandemic caused them many problems that were hard to deal with. This theme can be gleaned from the following excerpts:

"The COVID-19 pandemic gave a lot of challenges, especially to us senior citizens. We were not allowed to go outside and other more prohibitions. We were like prisoners, especially when I got quarantined. It is even better now because restrictions are already less." [Participant 5]

"For me, COVID-19 has caused a lot of problems. A lot of things have changed. Our life is already hard and it became even harder because of the pandemic. I really struggled to make a living when there were still so many restrictions." [Participant 8]

3.3. Elderly's coping mechanisms for COVID-19

One of the study's aims was to describe how the elderly cope with what happened to them when they got infected with COVID-19. They were asked about the various strategies they have employed to cope with the effects of the pandemic. Analysis of the interview transcripts surfaced five themes representing the elderly's coping mechanisms. These are: (1) acceptance, (2) compliance with protocols, (3) distracting oneself, (4) hanging on to the higher being, and (5) learning a lesson.

3.3.1. Acceptance

A number of participants brought up that acceptance was the first thing they did to cope with the pandemic and when they got infected with COVID-19. They further pointed out that they could not anymore change the situation that they were in. So, they just accepted what happened to them. Here are sample excerpts from this thematic unit:

> *"I just accepted what happened to me. There is nothing more I can do about my situation anyway."* [Participant 6]

> *"I accepted that I tested positive. Whatever I do, the result will still be the same."* [Participant 9]

> *"The first thing that I did was to accept the fact that I got infected with COVID-19. I just accepted it because there is nothing I can do about it anymore."* [Participant 11]

3.3.2. Compliance with protocols

The majority of the participants stated that they complied with the different government protocols to cope with the effects posed by the COVID-19 pandemic. They added that they complied with the various safety measures imposed by authorities, such as wearing face masks, hand hygiene, and staying at home. The participants believed that these protocols helped them endure the threats brought about by the pandemic. The following excerpts represent this theme:

> *"When I tested positive and even when I already completed my quarantine, I always wear a mask and apply alcohol. I also don't go out that much because I'm afraid of having COVID-19 again."* [Participant 3]

> *"I complied with the various protocols. I wear a face mask every time I go out, wash my hands or apply alcohol constantly, and I just stay at home."* [Participant 8]

> *"When I got quarantined, I would always apply alcohol. I followed the different protocols even though I felt that the government was already in control of my life."* [Participant 12]

3.3.3. Distracting oneself

Some participants talked about how they distracted themselves with several things they usually do regularly to divert their thoughts and attention away from the COVID-19 pandemic. They shared that there were times when they did not think about what happened to them in an effort to block out the reality that they had contracted COVID-19. The following excerpts elucidate this theme:

> *"I distracted myself. I did random things to distract myself that I tested positive."* [Participant 1]

> *"I was arranging the things in the classroom [quarantine facility] to divert my thoughts away from COVID-19. It served as my exercise as well."* [Participant 5]

> *"I just looked for ways to entertain myself. I just used my phone and watched anything on it."* [Participant 7]

3.3.4. Hanging on to the higher being

Few participants mentioned that they coped with the threats brought about by COVID-19 pandemic through their constant prayers to God. Some of them claimed to have prayed to God nonstop until they had fully recovered from the infection. They stated that their prayers and strong faith in GOD healed them and enabled them to survive COVID-19. The following excerpts represent this theme:

> *"I was just really praying. As I said, I prayed every day that I would be healed and that the pandemic would already end."* [Participant 4]

> *"I just kept on praying that time. I prayed nonstop until I already recovered and eventually left the quarantine facility."* [Participant 10]

> *"I entrusted everything to God. I kept on praying that I would not lose hope. Through God's mercy, I survived COVID-19."* [Participant 11]

3.3.5. Learning a lesson

One of the participants interestingly shared that he coped with what happened to him by learning his lesson. He mentioned that he did not take the pandemic seriously and refused to comply with some protocols. But when he tested positive, that was when he realized that the pandemic was real. He explained that to muddle through the situation, he learned his lesson. He further said that his experiences with COVID-19 and the pandemic taught him to follow the different protocols imposed by the government. Here is an excerpt on this thematic unit:

> *"When I still did not test positive for COVID-19, I did not believe in the disease. But when I got infected myself, I realized that it was real even though I had not suffered too much. So, I blamed myself for it. I don't have anything or anyone to blame because I did not follow the protocols in the first place. I blamed myself and this taught me the lesson to follow the protocols."* [Participant 2]

3.4. Outcomes of Elderly's COVID-19 coping strategies

Based on the analysis of the transcripts from the in-depth interviews conducted among the participants, four outcomes of the elderly's COVID-19 coping strategies have transpired. These were: (1) change of practices, (2) strengthened faith, (3) resilience, and (4) practicing the safety protocol becoming a habit.

3.4.1. Change of practices

Many of the participants talked about how their coping strategies have altered some of their practices. They also stated that their past COVID-19-related habits have now been modified. Some of them shared that they are now more conscious of their health and well-being, leading them to do health-related activities. The following excerpts represent this theme:

> *"I already take a little walk every day. It serves as my exercise because I do not usually do it before. I was not lazy to do so. It's just that I was not able to prioritize it."* [Participant 1]

> *"I already got used to doing exercises. I already do exercises regularly or almost every day."* [Participant 4]

> *"Just like I said, I already have a lot of prohibitions because I am already old and have high blood pressure. That is why, even when it was hard, I already avoided eating unhealthy foods for someone with high blood pressure. I also stopped drinking alcoholic drinks."* [Participant 9]

3.4.2. Strengthened faith

The majority of the participants brought up that their constant prayers strengthened their faith in God. Some of them shared that their nonstop prayers to God when they tested positive strengthened their belief in Him. They also stated that the COVID-19 pandemic really drew them closer to God. This theme can be gleaned from the following excerpts:

> *"My faith in Him became even more stronger. I did not stop praying even until now that I do not anymore have COVID-19."* [Participant 2]

> *"I was really drawn closer to God as I always prayed to Him. I also went back attending masses every Sunday. I pray to Him regularly as well."* [Participant 7]

> *"My faith in God was strengthened. Due to my constant prayers to Him since I tested positive until now, my faith and trust in Him have been strengthened."* [Participant 11]

3.4.3. Resilience

Certain participants pointed out how the coping strategies that they have employed helped them become more resilient. They further shared that they were able to withstand the effects of the COVID-19 pandemic because of the coping mechanisms they used. They also brought up that their accumulated coping strategies, which they used to cope with the adverse effects of the COVID-19 pandemic, made them adaptive and resilient to the situation. Here are sample excerpts on this thematic unit:

> *"For me, I became resilient because of the strategies that I have been using to survive this COVID-19 pandemic. I was able to use the strategies I used to cope when I tested positive and my experiences also made me resilient."* [Participant 5]

> *"What I experienced and the things I did to deal with the COVID-19 pandemic strengthened me. All of these are the reasons why I have adapted to the situation and became resilient."* [Participant 13]

3.4.4. Practicing the safety protocol becoming a habit

Some participants described how some of the coping mechanisms they have employed, specifically the use of safety protocols, have developed into a habit. They expressed that using these safety protocols eventually became a part of their daily routine. The following excerpts represent this theme:

> *"The more I follow the different protocols, especially doing hand hygiene, the more it becomes a habit. Before, I do not really wash my hands, especially if these are not that dirty. But when I tested positive, I already practice hand hygiene until I got used to it."* [Participant 12]

> *"I always wear a mask anywhere I go. Even if I just buy something from our neighbor, I would really wear a mask."* [Participant 8]

> *"It's as if I am already addicted to applying alcohol on my hand frequently. I cannot avoid it anymore. With every move I make, I will really apply alcohol. I don't know if it's still good or not anymore."* [Participant 3]

> *"I have gone too far with my habits. I wash my hand every now and then even if I won't eat or my hands are not dirty. It feels like I am already paranoid."* [Participant 10]

3.5. Theoretical model on the COVID-19 lived experiences of the elderly

This study has uncovered the lived experiences of the elderly as COVID-19 patients. The narratives highlighted that their lived experiences were all unfortunate and dreadful. They experienced discrimination, social isolation, anxiety and stress, and fear. However, while these experiences were distressing, participants still perceived the pandemic as something good because it served as an eye-opener or a wake-up call to change some of their practices. The different mechanisms that they have employed also show that they were able to cope with the pandemic despite their vulnerability due to their age. All the strategies that the elderly employed to cope

with the pandemic were adaptive, defined by Holohan and Moss [26] as cognitive and behavioral efforts to cope with stressful situations or corresponding emotional stress. The adaptive strategies employed by the elderly were acceptance, compliance with protocols, distracting oneself, hanging on to the Higher Being, and learning a lesson. The coping strategies demonstrated by the elderly resulted in positive outcomes (Fig. 2). These positive outcomes may not be surprising given that adaptive coping acts as a protective factor, reducing the negative consequences of life stressors when they occur while also eliminating the possibility of perceived stress [26].

4. Discussion

As shown in Fig. 2, the lived experiences shared by the elderly as COVID-19 patients were all unfavorable and unfortunate. Among these experiences is the discrimination against when they tested positive for COVID-19. This finding is consistent with the observation by Sotgiu and Dobler [27] who documented COVID-19-related discrimination as part of 'witch hunt' mentality, wherein both affected people and their contacts are labeled and treated differently. Previous studies [28,29] have also extensively reported stigma and discrimination toward infectious diseases, such as tuberculosis and acquired immunodeficiency syndrome (AIDS). The participants' narration that they felt isolated during this pandemic is similar to the findings by Kasar and Karaman [16] showing that elderly individuals endure social isolation due to the restrictions imposed during the pandemic and that their level of loneliness and quality of life were significantly impacted. The elderly in this study also experienced anxiety and stress, a phenomenon observed in previous research indicating that the COVID-19 pandemic has caused significant surges in stress, anxiety, and depression [30–32]. In fact, Roberts et al. [33] found that the anxiety of acquiring the virus was worse than its actual symptoms. This emphasizes the extent of psychological distresses brought about the pandemic to people. Participants of the study also stated that they experienced fear throughout the COVID-19 pandemic and even more so after becoming infected with the virus. The study of Martínez-Lorca [34] discerned that the emergence of the COVID-19 pandemic and its effects had caused fears among individuals across the globe. Moreover, the same study noted that with the high levels of fear, people might not think properly or rationally when confronted with COVID-19. As seen in Fig. 2, the fear that the elderly experienced as COVID-19 patients is divided into four aspects or sub-themes. It can be noted that the participants in the study have experienced fear of death. This is no surprise because, according to WHO [19], fear of death – both their own and that of others – is common among the elderly since they are compelled to dedicate a longer period at home, have

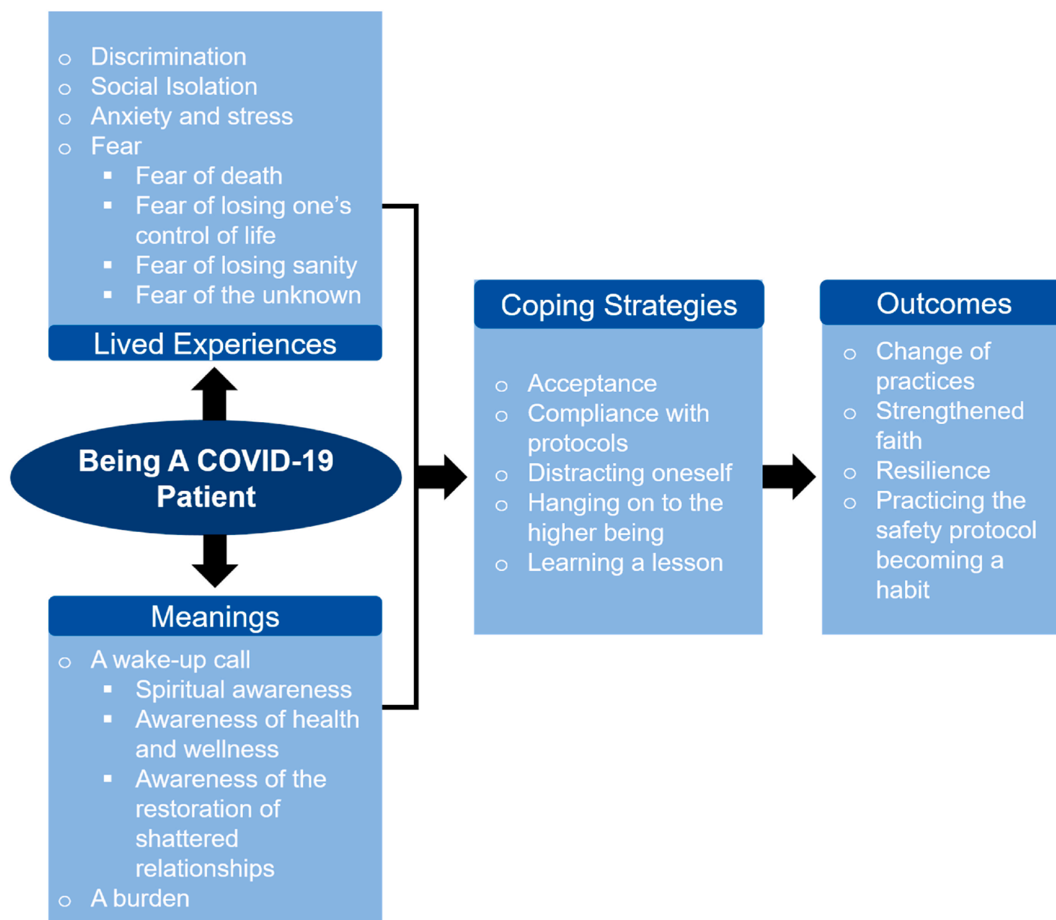

Fig. 2. Theoretical model representing the lived experiences of the elderly as COVID-19 patients.

reduced chances to engage with loved ones and colleagues, and advised to temporarily discontinue working due to contracting the virus. Participants of the study also revealed that they experienced the fear of losing one's control of life. The COVID-19 pandemic has necessitated numerous changes to daily routines and lifestyles, including lockdowns and limited access to essential services. Such disruptions can lead to a perceived loss of control over one's life, frustration, and boredom, as individuals may feel confined, isolated, or unable to engage in activities that previously provided a sense of normalcy and structure [35]. Participants in the study have also experienced fear of losing sanity. This is understandable given that the pandemic's growing threat caused a global atmosphere of anxiety and depression as a result of disrupted routines, loneliness, media information overload, and panic purchases of basic necessities [36]. Fear of the unknown also emerged in the lived experiences of the participants. This supports the findings of Roberts et al. [33], who found that the informants of their study also felt a sense of unpredictability and uncertainty that has been fueled by the novelty of the virus, lack of knowledge about the virus' transmission, symptoms, and long-term effects and its rapid global spread.

Fig. 2 illustrates that being a COVID-19 patient meant quite a few things to the elderly. The elderly have considered the COVID-19 pandemic as a burden. This is no surprise given that this pandemic, as a global health problem, has brought to light many challenges in everyone's lives and livelihoods. It has also posed health, economic, and geopolitical crises, making it challenging [3]. On the other hand, while the elderly have considered the COVID-19 pandemic as a burden, they have also regarded it as a wake-up call to change their practices based on the meanings that they have attached to their experiences. This implies that despite the challenges they encountered during the pandemic and when they tested positive for COVID-19, they have seen it as an opportunity to be better. This goes in for to the study of Updegraff et al. [37] which suggested that creating positive meanings to adverse circumstances promotes efficient situation management and recovery.

As reflected in Fig. 2, from the elderly's lived experiences and how they made sense of what they have experienced as COVID-19 patients, it resulted in several coping strategies. It can be noted that the elderly had employed a number of adaptive strategies to cope with the effects of the pandemic and when they tested positive for COVID-19. According to the study of Heffner and Willoughby [38], individuals who use a multitude of adaptive coping strategies when confronted with adversities may be better able to manage the situation more constructively. Furthermore, the findings of the study of Meyer et al. [39] found that employing more adaptive coping mechanisms, as opposed to fewer maladaptive coping techniques, is linked to reduced depression.

It can be depicted in Fig. 2 that positive outcomes have emerged from the elderly's COVID-19 coping strategies. As shown in the results of the study, the elderly have changed some of their practices as a result of their coping strategies. This is beneficial for the elderly because, according to Klaiber et al. [40], proper COVID-19-related practices could further lead to lower COVID-19 pandemic-related stress. The elderly also shared that hanging on to the Higher Being resulted in a strengthened faith. This supports the findings of Ager et al. [41], Bentzen [42], and Sibley and Bulbulia [43], which revealed that when people experience adversities in life, an increased spirituality will eventually follow. Resilience also emerged as an outcome of the elderly's coping mechanisms. This is in consonance with the study of Vannini et al. [44] which showed that resilience is positively associated with increased use of adaptive coping strategies. Moreover, Meyer et al. [39] also noted that utilizing more adaptive coping methods will lead to increased resilience. The study of Mac Leod et al. [45] also suggested that despite socioeconomic circumstances, life experiences, and failing health, older people are capable of great resilience. Likewise, participants' mechanisms to cope with COVID-19, specifically their adherence to the safety protocols that have become into a habit is a positive development, because as Montano and Acebes [46] stressed, the more the elderly comply with COVID-19 precautions, the lesser stress and anxiety they will experience.

5. Conclusion

The elderly's narratives provide insights regarding their lived experiences during this pandemic and when they tested positive for COVID-19. The themes that have emerged in the study are representative of the elderly's lived experiences. It can be gleaned from their responses that their COVID-19 lived experiences were all unfavorable and unfortunate. They have experienced discrimination, social isolation, anxiety and stress, and fear. However, based on the meanings that they have attached to their experiences, it can be concluded that, in some means, the pandemic still brought positive aspects to their lives.

6. Recommendations

Despite the different programs initiated by the government in order to provide support to the elderly, their experiences throughout this pandemic were still unfortunate. This highlights the need for more programs and policies to enhance the care and support provided to the elderly during a health crisis. The elderly are considered to be vulnerable to the risks brought about by the COVID-19 pandemic. Therefore, it is just correspondingly right that more interventions should be mounted that could aid the elderly in coping with the effects of the COVID-19 pandemic. The fear, anxiety and uncertainty narrated by the participants in this study underscore the need for programs that are dedicated to the well-being of the elderly in a crisis situation. These programs should go beyond food aid and include mental support system. Moreover, using the study's results is suggested to serve as the authorities' guide in their disaster preparedness, planning, and response activities that can aid communities in dealing with multiple risks or crises in the future.

7. Strengths and limitations of the study

The study generally aimed to explore the lived experiences of the elderly as COVID-19 patients. Not only did the study explore the participants' lived experiences, but it also tried to understand how the elderly made sense of and cope with what happened to them when they got infected with COVID-19 and quarantined in an isolation facility. Moreover, the study also developed a theoretical model to describe the lived experiences of the elderly being COVID-19 patients. However, this study only focused on exploring the

lived experiences of the elderly in a particular locale, which is in Naval, Biliran, Philippines. Hence, the findings of this study may not be generalized to other settings.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

The data that has been used is confidential.

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