

Determination of the Care Needs of Individuals Over 65 in the COVID-19 Pandemic: A Qualitative Study

COVID-19 Pandemisi Sürecinde 65 Yaş Üstü Bireylerin Bakım Gereksinimlerinin Belirlenmesi: Nitel Çalışma

^{ID} Esmâ ÖZMAYA^a, ^{ID} Sevdâ UZUN^b, ^{ID} Nurşen KULAKAÇ^b

^aDepartment of Health Care, Karamanoğlu Mehmetbey University Vocational School of Health Services, Karaman, Türkiye

^bDepartment of Nursing, Gümüşhane University Faculty of Health Sciences, Gümüşhane, Türkiye

ABSTRACT Objective: The purpose of this study was to determine the care needs of individuals over 65 during the coronavirus disease-2019 (COVID-19) pandemic. **Material and Methods:** The study was carried out phenomenologically with a qualitative approach using semi-structured interviews. It was conducted with 15 individuals over 65 living in various geographical regions in Türkiye. The data were collected through phone interviews and analyzed using Colaizzi's seven-step method. **Results:** The sociodemographic data of the individuals demonstrated that eight participants were male and seven were female. The mean age was 71.4±6.25 (minimum-maximum, 65-82). Ten of them were single, seven were 65-70 years old, and ten were retired. Eleven of them were primary school graduates. All individuals over the age of sixty-five have health insurance. In addition, 14 of the individuals have chronic physical illness and 2 have chronic mental illness. In this study, the findings of COVID-19 were analyzed and it is divided into 2 categories as properties and unmet needs. In the category of characteristics of COVID-19, perceived characteristics, experienced while results and management/coping styles were the determined themes, physical, psychological, social, and information themes were the themes identified in the unmet needs category. Over the age of 65 in the process of the COVID-19 pandemic shopping, paying the bills and walking codes are in the first place on the theme of physically unmet needs of individuals, while reputation and independence codes are in the first place on the theme of spiritually unmet side needs has been identified. Finally, the codes of not being able to communicate with loved ones and participate in the community were included in the socially unmet needs. **Conclusion:** The study revealed that individuals over 65 need support to improve their quality of care during the pandemic. They found COVID-19 deadly and dangerous, and they experienced anxiety and fear during this period. They had difficulties in activities such as shopping, paying the bills, and taking medicine, and their needs are met by others. They experienced problems about independence, dignity, lack of satisfaction of love needs, and limited communication with loved ones, leading to disruptions in the quality of life.

ÖZET Amaç: Bu çalışmanın amacı, koronavirüs hastalığı-2019 [coronavirus disease-2019 (COVID-19)] pandemisi sürecinde 65 yaş üstü bireylerin bakım gereksinimlerini belirlemektir. **Gereç ve Yöntemler:** Bu çalışma yarı yapılandırılmış görüşmelerle nitel bir yaklaşım kullanılarak, fenomenolojik bir anlayış doğrultusunda yapılmıştır. Çalışma Türkiye'nin farklı coğrafi bölgelerinde bulunan 65 yaş üstü bireylerle toplam 15 telefon görüşmesi yapılarak gerçekleştirildi. Veriler Colaizzi'nin 7 aşamalı yöntemiyle analiz edildi. **Bulgular:** Bireylerin sosyodemografik verilerine baktığımızda 8 birey erkek, 7 birey kadındır. Yaş ortalaması 71,4±6,25'dir (minimum-maksimum, 65-82). Altmış beş yaş üstü bireylerin 10'u bekâr, 7'si 65-70 yaş aralığında olup bireylerin 10'u emeklidir. Altmış beş yaş üstü bireylerin 11'i ilkökul mezunu olup tamamının sağlık güvencesi bulunmaktadır. Ayrıca bireylerin 14'ü kronik fiziksel hastalığa sahip ve 2'sinin kronik ruhsal hastalığı bulunmaktadır. Bu çalışma da bulgular analiz edilerek COVID-19'un özellikleri ve karşılanmamış ihtiyaçlar olarak 2 kategoriye ayrılmıştır. COVID-19'un özellikleri kategorisinde algılanan özellikler, deneyimlenen sonuçlar ve yönetim/başa çıkma tarzları belirlenen temalar iken karşılanmamış ihtiyaçlar kategorisinde fiziksel, psikolojik, sosyal, bilgi temaları belirlenen temalar olmuştur. COVID-19 salgını sürecinde 65 yaş üstü bireylerin fiziksel olarak karşılanmamış ihtiyaçları temasında alışveriş, fatura ve yürüyüş kodları ilk sıralarda yer alırken, ruhsal olarak karşılanmayan ihtiyaçları temasında itibar ve bağımsızlık kodları ilk sıralarda belirlenmiştir. Ayrıca bireylerin sosyal olarak karşılanmamış ihtiyaçları, sevilen insanlarla iletişim kuramama ve toplum içinde yer alamama temaları yer almaktadır. **Sonuç:** Bu çalışma, 65 yaş üstü bireylerin küresel bir salgın sürecinde bakım kalitelerinin artırılması için desteğe ihtiyaç duyduklarına işaret etmektedir. Çalışmamızda 65 yaş üstü bireylerin COVID-19'u ölümcül, tehlikeli buldukları; süreçte anksiyete ve korku yaşadıkları saptanmıştır. Pandemi sürecinde 65 yaş üstü bireylerin alışveriş, fatura, ilaç alma gibi aktivitelerde zorluk yaşadıkları ve başkalarının desteğiyle ihtiyaçlarının karşılandığı belirlenmiştir. Bireylerin bağımsızlık, itibar, sevgi gereksiniminin yeterince karşılanmaması ve sevilen insanlarla iletişim kısıtlılığı gibi alanlarda sorunlar olduğu, bu yaşanan sorunların 65 yaş üstü bireylerin yaşam kalitelerini olumsuz etkilediği saptanmıştır.

Keywords: Pandemic; need for care; individuals over 65; qualitative research

Anahtar Kelimeler: Pandemi; bakım gereksinimi; 65 yaş üstü bireyler; nitel araştırma

Correspondence: Sevdâ UZUN
Department of Nursing, Gümüşhane University Faculty of Health Sciences, Gümüşhane, Türkiye
E-mail: sevdauzun50@gmail.com



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The coronavirus that emerged suddenly in Wuhan, China at the end of 2019 was called severe acute respiratory syndrome-coronavirus-2 (2019) and was declared a pandemic by the World Health Organization on January 31, 2020.¹ Accordingly, lockdown started for the population over 65 years at high-risk of mortality in Türkiye to isolate them from the social environment.

Today, the increasing share of the older population in the total population in the world has increased the awareness of older people.² Although old age is one of the turning points for the individual, it is defined as a dynamic process and brings along physical, social, psychological, and mental adaptation problems.³ In addition to this challenging period, the prolongation of isolation, which contributes significantly to reducing the coronavirus disease-2019 (COVID-19) pandemic and mortality, is thought to disrupt the mental health, functionality, and physical health of older people. Research conducted in various parts of the world report that the risk of infection and mortality due to the disease is higher in older individuals and those with chronic disease, and 75% of known infections are observed in individuals aged 50 and over.^{4,5}

The Center for Disease Control and Prevention report that chronic diseases significantly limit the daily living activities of 39% of people aged 65 and over.⁶ 11.5 percent of the older people aged 65-79 need assistance in daily living activities like eating, moving, bathing, dressing, toilet facilities, etc. Besides, chronic diseases such as sensory losses, heart diseases, fractures, hypertension, diabetes, and cancer also affect their life. Therefore, older people are more at risk in terms of COVID-19 infection due to both physiological and biological changes that develop in organs and systems with age and underlying medical conditions.⁷ On 21 March 2020, to reduce the spread rate of the epidemic and maintain social distance between people, a lockdown was imposed on individuals aged 65 and over in our country. In this period, older people faced dependency on others, social isolation, change in family dynamics, mental problems, sedentary life, not being able to benefit from daylight, having to close their workplaces, not being able to go to health checks, and age discrimination.

The older people staying at home during the pandemic may become semi-dependent or fully dependent in their daily living activities, and their need for health care may increase.⁸ Altın states that COVID-19 is often more severe in the elderly; however, it cannot be concluded that there will be a standard disease course among the elderly, and not all elderly people may experience the disease in a similar severe way.⁹ During the isolation periods, the need for safe access to nutrition, basic materials, money, and drugs for physical health and social care, especially for older people living alone, increases.¹⁰

Isolation of older individuals against the epidemic caused high levels of depression and anxiety, and feelings of anger, fear, and loneliness.¹¹⁻¹³ Wang et al. noted that older people are more stressed, agitated, and overly suspicious during the epidemic period.¹⁴ Another study on the psycho-social problems of older adults in the COVID-19 pandemic determined that they experienced anxiety, depression, poor sleep quality, and physical inactivity problems during the isolation period.¹⁵

In this context, to the best of our knowledge, although many studies have been conducted in our country and worldwide on COVID-19, no study has yet evaluated the care needs of individuals over 65. This study, which we believe is valuable in terms of eliminating this deficiency, can contribute to the determination of the care needs of individuals over 65 who have been adversely affected during the pandemic process and to possible solutions.

Therefore, researchers aimed to determine the care needs of individuals over 65 with a more detailed and in-depth perspective during the COVID-19 pandemic.

MATERIAL AND METHODS

STUDY DESIGN

The study was conducted following a phenomenological understanding, which is one of the qualitative research approaches. Phenomenology is based on psychology and philosophy, and deals with life experiences. This method is used to examine and explain events, situations, experiences, and concepts.¹⁶ The data were evaluated using Colaizzi's seven-step

data analysis method. This scientific approach ensures authenticity and meticulous evaluation of the data in accordance with scientific standards.¹⁷ The Consolidated Criteria for Reporting Qualitative Research checklist was followed during the study.¹⁸

STUDY GROUP

The study group was determined by using the “Snowball (chain) sampling technique,” which is among the purposeful sampling methods. In the snowball (chain) sampling technique, after a data/individual/unit is reached randomly, it is aimed to reach the other data/individual/unit, if any, through this data/individual/unit.¹⁹ Accordingly, the study was carried out with 15 individuals over 65 who voluntarily agreed to participate in the research and living in the city and/or rural areas of Karaman.

In the snowball sampling, one of the researchers determined the participant group in two different processes simultaneously. First, the researcher reached out to individuals over 65, whom s/he knew living in Karaman, over the phone and asked them to reach other individuals over 65. In the meantime, the researcher also reached out to the students living in Karaman over the phone and asked for help in contacting individuals over 65. As a result, the study

group of the research was formed based on volunteerism.

The population of the study consisted of individuals over 65 living in the district of Karaman. In line with the sampling model, it was planned to interview 15-20 individuals over 65. Data saturation was reached with 15 individuals, so the data collection process was terminated.

Inclusion criteria in the research were being 65 years of age and/or over, knowing Turkish, and agreeing to participate in the research. Those with mental retardation, hearing impairment, and speech problems were excluded from the study.

The sociodemographic data of the participants revealed that eight individuals were men, and seven were women. The mean age was 71.4 ± 6.25 (minimum-maximum, (65-82), ten of them were single, seven were between the ages of 65-70, and ten were retired. Besides, 14 of them had chronic physical illnesses, and two had chronic mental illnesses (Table 1).

DATA COLLECTION TOOLS

To collect the data, a sociodemographic form including information such as age, gender, marital status, chronic physical and mental illness, and a semi-struct-

TABLE 1: Sociodemographic characteristics of the participants.

Individual over the age of 65	Age	Gender	Marital status	Employment status	Education level	Chronic physical disease	Chronic mental disease	Other people living at home
P1	73	Male	Married	Retired	Primary school	COPD	-	Spouse
P2	76	Female	Single	Retired	Primary school	Hand tremor	-	Alone
P3	80	Male	Single	Retired	Primary school	Billroth 2	-	Relatives
P4	68	Female	Single	Retired	Illiterate	COPD	Depression	Relatives
P5	82	Female	Married	Unemployed	Illiterate	HT	-	Spouse
P6	76	Female	Married	Unemployed	Literate	HT	-	Spouse
P7	65	Male	Married	Retired	Primary school	DM	-	Spouse and children
P8	80	Male	Single	Retired	Primary school	-	-	Alone
P9	65	Female	Married	Retired	Primary school	Heart failure	-	Spouse
P10	74	Male	Married	Retired	Primary school	Heart failure DM, HT	-	Spouse
P11	70	Female	Married	Unemployed	Primary school	DM	-	Spouse
P12	67	Male	Married	Retired	Primary school	Asthma	-	Spouse
P13	66	Female	Married	Unemployed	Primary school	HT	Anxiety disorder	Spouse
P14	66	Female	Married	Unemployed	Primary school	HT, DM	-	Spouse
P15	65	Female	Married	Unemployed	Primary school	Heart failure	-	Spouse

HT: Hypertension; COPD: Chronic obstructive pulmonary disease; DM: Diabetes mellitus.

tured interview form consisting of seven open-ended questions were used to determine the care needs of individuals over 65. Semi-structured interviews enable us to gain in-depth knowledge in the relevant field.¹⁸ In the formation of the semi-structured interview form, the literature on the effects of COVID-19 disease on human life was investigated. In this context, a semi-structured interview form consisting of seven questions including the effects of COVID-19, difficulties experienced, and care needs was prepared. An expert was consulted for the credibility of the questions. Besides, three faculty members who are experts in psychiatric nursing and surgical nursing were consulted about the suitability, clarity, and comprehensibility of the questions to the research problem, and the questions which were agreed upon were included in the interview form. The clarity and comprehensibility of the questions were reviewed and finalized so that the interview form could provide comfort to the participants' understanding.

DATA COLLECTION PROCEDURES

Before the data were gathered, the participants were informed about the purpose of the study over the phone and their written, and verbal consent was obtained. The researchers explained that if they volunteered, they would make a phone call at an appropriate time. Then, telephone interviews were held at the specified time between 10 July 2020 and 20 July 2020.

Creswell mentions some ethical principles that should be followed in qualitative research.²⁰ In line with these ethical principles, before starting the interviews, the participants were informed about the purpose of the research, that they could withdraw from the interview whenever they wanted and if they agreed, the interview would be recorded with a voice recorder. The participants were also informed that their names would be kept confidential while the research findings were being reported, and the results of the research could be delivered to them upon request. All participants agreed on audio recording, and each interview lasted approximately 35-45 minutes. In the closing part, the participants were thanked for their participation. The questions in the semi-structured interview form are as follows.

1. What does "Coronavirus" mean to you? (After the participants answer, they are encouraged to deepen their expressions by asking questions like "Can the coronavirus be cured? What are its effects on individuals?"")

2. How has the coronavirus affected you on the following issues? Your general health, diet, toilet habits, movement status, family relationships, stress, sense of security.

3. What kind of difficulties have you experienced during the coronavirus pandemic? (after the reply) What have you done to deal with these difficulties?

4. What kind of information have you needed during the coronavirus pandemic? (after the reply) What resources have you used to obtain such information?

5. How has the pandemic process affected your life? (What has changed in your life? What are the problems/difficulties you have experienced? How did you deal with these problems/difficulties?)

6. If there was a training program on coronavirus, on what subjects would you like to be given information?

7. What are your unmet needs during the pandemic process? (What are the things you would like to do but cannot do?)

ETHICAL ASPECT OF THE RESEARCH

To conduct the research, the ethics committee permission was obtained from the Scientific Research and Publication Ethics Committee of Gümüşhane University with the number of 2020/7 (24.05.2020). The research was carried out in accordance with the Helsinki Declaration principles. Verbal consent was obtained from the participants before the study, and the participants were assured that the study tape recorder would be used and that their identities and voice recording would be kept confidential. The questionnaire form including socio-demographic characteristics and the semi-structured interview form developed by the researchers were used in the study. In the direct quotations in the results section, the participants were coded as P1,P2.

DATA ANALYSIS

Colaizzi's seven-step method was used to analyze the data.¹⁷ In the first step, the video and audio calls made were recorded, which were then transcribed verbatim. Each written transcript was read multiple times by both authors. In the second stage, remarkable statements of individuals over 65 years of age regarding their needs during the COVID-19 pandemic were defined. In the third step, remarkable statements were formulated. A total of 200 formulated meanings were obtained. In the fourth step, 2 categories reflecting the experiences of individuals over 65 years old during COVID-19 and care requirements 7 themes 26 codes were determined. In the fifth step, the basic care requirements of individuals over 65 during the COVID-19 was defined. In the final step, the participants were contacted again via telephone, and the findings were validated.

RIGOR AND TRUSTWORTHINESS

For validity and reliability, certain criteria were taken into consideration in the study. Validity consists of two parts: internal and external validity, and likewise, reliability consists of two parts: internal and external reliability. Internal validity was considered as credibility, external validity as transferability; internal reliability as consistency, and external reliability as confirmatory.²¹ To ensure the credibility of this re-

search, all interviews were recorded with a tape recorder, and the researcher took an observation note. During the analysis and preparation of open-ended questions, two experts with training and experience on the subject provided their opinions. The data collection tools used in this study, the raw data of the research, the coding during the analysis phase, and all other materials will be kept confidential for verifiability.

RESULTS

CATEGORY CHARACTERISTICS OF COVID-19

Perceived Characteristics

In the theme of "perceived characteristics of COVID-19," concepts like fever, cough, fatigue, shortness of breath, infectious, lethal, and disease affecting the older adults more have been intensely expressed codes (Table 2). Some of the individuals over 65 expressed this situation as follows.

"I know that corona is an infectious disease, it is transmitted through breathing and coughing." (P6).

Experienced Outcomes

The outcomes experienced by individuals over 65 during the COVID-19 outbreak can be listed as being isolated at home, experiencing a depressive mood,

TABLE 2: Characteristics of COVID-19 category.

Theme	Code	Participants	F
Perceived characteristics	Fever/cough	P1, P2, P3, P5, P6, P9, P13	7
	Fatigue	P2, P8, P11	3
	Fear	P14	1
	Infectious	P1, P2, P6, P10, P12, P13	6
	Lethal/dangerous	P1, P2, P6, P10, P12, P13	6
	Affecting older adults more	P5, P11, P12	3
Experienced outcomes (clinical, social and lifestyle)	Being isolated at home	P4, P9, P10, P12, P13	5
	Depressive mood/fear	P3, P9, P10, P12, P13	5
	Shopping problems	P6, P8, P13	3
	Obeying social distance rules outside	P4	1
	Weight loss/irregular diet	P3, P4, P15	3
	Restricted mobilization	P1, P4, P9, P13	4
	Not seeing children/grandchildren	P4, P5, P10, P13	4
Management/ coping strategies	Watching TV/gardening/knitting	P3, P4, P6, P7, P10, P13	6
	Praying	P1, P2, P3, P4, P5, P6, P7, P12, P13, P15	10

and not being able to see children and grandchildren (Table 2). They stated that their movement was restricted as follows.

“We couldn’t walk or do sports. We tried to do them at home.” (P15).

Management / Coping Strategies

The management/coping strategies of individuals over 65 in the COVID-19 pandemic included supporting spirituality/praying, watching television, and gardening (Table 2).

“I prayed a lot, baby. I resort to Allah... I constantly prayed that the disease would end...so that nothing would happen to my children and grandchildren...” (P6).

Category 2. Unmet Needs

The category of unmet needs consisted of physical, psychological, social, and knowledge themes (Table 3).

Physically

During the COVID-19 pandemic, shopping, paying the bills, and walking were found to be the top codes in the theme of the unmet needs of the participants (Table 3). Not being able to meet their own physical needs caused some individuals to experience anxiety. Their statements regarding the physical unmet needs are as follows.

“Thank God, they paid our bills, they also bought our needs from the market ...Still, it is hard to

need someone, I don’t know, it is difficult to think about whether they will come or not...” (P12).

Psychologically

In the pandemic period, dignity and independence codes ranked the first psychologically unmet needs of individuals over 65 (Table 3). The sentence of a participant that s/he has lost his/her dignity was as follows.

“They behave as if we spread the disease as if we were the guilty ones ... You already have a little dignity, in old age, it is all gone with the disease ...” (P13).

Socially

During the COVID-19 pandemic, the socially unmet needs of individuals over 65 are the codes of not being able to communicate with loved ones and not participating in the community (Table 3). This situation negatively affected this group of individuals, and the statements of the individuals are as follows.

“It was hard not to hug and chat with friends and children, of course It was quite difficult...” (P12).

Information

In the theme of the unmet information needs of individuals over 65 during the pandemic, the codes were determined as the ways of protection, what foods should be consumed during the pandemic process, what should be done to strengthen immunity (Table 3).

TABLE 3: Unmet needs category.

Theme	Code	Participants	F
	Shopping/paying bills	P1, P2, P5, P9, P11, P12, P15	7
	Doing sports	P7, P9, P11, P12, P13	5
	Getting medicine	P1, P2, P8, P11	4
	Dignity	P1, P2, P8, P13, P15	5
Psychologically	Independence	P1, P7, P11	3
	Need for love	P5, P7	2
	Communicating with loved ones	P1, P5, P11, P12, P13, P15	6
	Ways of protection	P1, P2, P3, P4, P6, P8, P10, P13, P15	9
Information	Things to pay attention while shopping	P4, P10	2
	Treatment/vaccine studies	P7, P13	2
	Things to do to strengthen immunity	P4, P12	2

The statements of individuals over 65 regarding their information needs are as follows;

“At first, we wondered how to protect ourselves and when this disease would end. We constantly watched the TV news. Now, I wonder if there will be a cure? Is there a vaccine? I wonder about them ...” (P13).

DISCUSSION

The categories obtained from the interviews demonstrated that in the “perceived characteristics of COVID-19 in the individuals over 65” theme, the codes of fever, fatigue, cough, infectious, lethal, and affecting the older adults more were often expressed. In another study conducted similarly, some participants reported experiencing a fear of death more because the media portrayed those who lost their lives due to the pandemic as older adults.²¹ In another qualitative study examining the experiences of older people in home isolation and social distancing during the COVID-19 pandemic, some stated that they did not experience death anxiety thanks to their religious beliefs.²² It is thought that many factors such as individual characteristics, social support systems, coping skills, and spirituality may be effective in this situation.

Among the codes in the theme of the experienced outcomes were being isolated at home, experiencing a depressive mood, and not being able to see grandchildren and children. Türkiye Statistical Institute report that the resource of joy for the older individuals is their families (71.4%), children (13.7%), grandchildren (4.9%), and spouses (4.7%).²³ In addition, with increasing age, both the physiological effects of COVID-19 and social and psychological pressures can cause anxiety and depressive symptoms to increase.^{24,25} Social support is a significant protective factor in maintaining and improving health and reduce feelings of loneliness.²⁶ Similarly, in the qualitative interviews by Hamm et al. examining the experiences of American older individuals with depression before the COVID-19 pandemic, 16 of the participants experienced sadness due to not seeing their grandchildren, and some of them (n=33) felt more stressed and depressed (n=32).²⁷

In the theme of management/coping strategies, individuals over 65 are involved in supporting/praying spirituality, watching television, and gardening during the COVID-19 pandemic. The social coping methods are the codes of frequently talking to their loved ones on the phone. In their study, Agahi and Parker found that cultural activities, gardening, and other hobby activities are associated with longer life expectancy.²⁸ Activities such as sports and handicrafts have a physically and mentally protective effect on individuals.²⁹

Our study findings also determined that individuals over 65 with high spirituality were less affected by the pandemic and experienced less decline in their quality of life. Spirituality considerably contributes to overcoming difficulties like physical inadequacy, role losses, loneliness, stress, depression, anxiety, and similar problems that occur with aging.³⁰ For older people, spirituality is the power to cope with the concerns of old age. They can get through challenges in their lives with the help of their spiritual orientation.

In Turkish culture, older adults are a respected group, whose experiences should be benefited from. Islam’s emphasis on the importance of respecting older people also influences this positive approach.³¹ However, despite all these efforts, the individuals in our study have unmet needs in physical, social, psychological, and knowledge themes. This situation is thought to be related to the individuals’ inadequacy in seeking help.

During the COVID-19 pandemic, shopping, paying bills, were the top codes of the unmet needs of individuals over 65. Most of the individuals in our study had chronic diseases. Chronic diseases increase the dependency of older people in activities of daily living and negatively affect the quality of life.^{10,32,33} In a similar study conducted to identify the care needs of older individuals with chronic diseases, it was found that 30% of the individuals had inactivity and needed help with daily work.³⁴

The codes of dignity and independence were determined as the top codes in the theme of psychologically unmet needs. The high morbidity and mortality rates among older adults of COVID-19 and the emphasis on “old age” in the discourses of the media

created a perception in the society that people over 65 are in danger rather than the fact that they should be “cautious,” leading to discrimination against the older people. In another qualitative study during the COVID-19 pandemic, those who participated in the study emphasized that the pandemic caused a loss of motivation, self-esteem and that even a week of isolation gave them a feeling of alienation.^{34,35}

The theme of unmet information needs of individuals over 65 in the pandemic included the ways of protection, foods to be consumed during the pandemic, and things to do to strengthen immunity. Considering that COVID-19 is a novel disease, and the information during the pandemic is constantly changing, it is quite normal that individuals over 65 have information needs.

CONCLUSION

Our study revealed that individuals over 65 found COVID-19 dangerous and lethal, and they experienced anxiety and fear during the pandemic. They had difficulties in activities such as shopping, paying the bills, and getting medicine, and their needs are met by the others. There are problems in areas such as the lack of independence, dignity, love needs, and limited communication with loved ones, which disrupt the quality of life. Besides, those with chronic diseases were more affected by the pandemic than the others, and those whose quality of life was least affected were the ones with high spirituality. In line with all these results, it is recommended.

To ensure that community and mental health professionals such as social workers, psychologists, gerontologists, and sociologists take an active role in the pandemic and provide holistic care to individuals over 65 with a multidisciplinary team approach.

To make sense of this pandemic period and provide moral support to those who need it to overcome the loneliness, uncertainty, anxiety, stress, and similar negativities they cause on older people.

Source of Finance

During this study, no financial or spiritual support was received neither from any pharmaceutical company that has a direct connection with the research subject, nor from a company that provides or produces medical instruments and materials which may negatively affect the evaluation process of this study.

Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

Idea/Concept: Sevda Uzun, Esma Özmayaya; **Design:** Sevda Uzun, Esma Özmayaya, Nurşen Kulakaç; **Control/Supervision:** Sevda Uzun, Nurşen Kulakaç; **Data Collection and/or Processing:** Sevda Uzun, Esma Özmayaya; **Analysis and/or Interpretation:** Sevda Uzun, Nurşen Kulakaç; **Literature Review:** Sevda Uzun, Esma Özmayaya; **Writing the Article:** Sevda Uzun, Esma Özmayaya, Nurşen Kulakaç; **Critical Review:** Sevda Uzun, Esma Özmayaya, Nurşen Kulakaç; **References and Fundings:** Nurşen Kulakaç; **Materials:** Sevda Uzun, Esma Özmayaya, Nurşen Kulakaç.

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