

Research Article

## Finding Positives Amidst the Negatives: A Thematic Analysis of the Impact of the COVID-19 Pandemic on Canadians 55+

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**Academic Editor:** Paul M. Valliant

**Special Issue:** [Positive Aging a Two-Way Street: Healthy Lifestyle and Attitudes of Others](#)

*OBM Geriatrics*

2022, volume 6, issue 4

doi:10.21926/obm.geriatr.2204213

**Received:** July 31, 2022

**Accepted:** November 10, 2022

**Published:** November 17, 2022

### Abstract

Disasters such as the COVID-19 pandemic exact a toll on vulnerable populations in terms of morbidity and mortality, but they also provide opportunities for personal growth and development and demonstration of personal and collective resiliency. This inductive thematic analysis explores self-perceived negative and positive impacts of the COVID-19 pandemic on 2994 Canadians aged 55+. Data derive from response to two open-ended questions included in a national online survey ([View Survey \(sfu.ca\)](#)) conducted between August-October 2020. Respondents were recruited using Facebook, and a widespread email campaign to organizations serving older adults. 4260 of the 6573 coded comments (66%) addressed negative impacts of COVID-19. Fewer but still a considerable number (n = 2313) addressed positive impacts. The negative comments had a mean of 24.5 words per response (SD = 31.7, range: 1-560), while the positive comments had a mean of 21.3 words (SD = 27, range: 1-448). Five overarching themes characterized negative impacts of the virus in the lives of these older



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adults: disruption in daily life and plans; disruption in social relations; impact on health and wellness; healthcare and caregiving; and views on the pandemic. An additional five themes identified positive impacts: personal development; relationships; simpler life; benefits in work and finance; and introvert's dream. Gender differences are consistent with expectations based on gender roles and activities: men were more likely to mention disrupted daily lives in particular as related to work, women were more likely to mention disrupted social relations, while health was mentioned to a comparable extent by both men and women. The negative themes illuminate the deep impact and disruption caused by the pandemic. The positive themes highlight adaptability and successful coping strategies which may be useful in the development of recovery plans and programming to help mitigate the negative effects of future pandemics.

### **Keywords**

Older adults; self-perceived disaster impact; COVID-19; thematic analysis; Canada

## **1. Introduction**

The COVID-19 pandemic has had a dramatic impact on Canadians, in particular older adults and those with pre-existing conditions [1, 2]. On the one hand, given the increased morbidity and mortality rates these certainly represent a dire set of conditions. On the other hand, there is both evidence of and a potential for resilience and prosocial behaviour among older adults facing pandemic-related stressors [3, 4]. Two years after the World Health Organization declared the outbreak of COVID-19 a pandemic [5], much is still to be learned about its broad effects, both physical and psychological, on this segment of the population and how resilience and their coping strategies may help guide policies, programs and practices addressing the COVID-19 aftermath and preparations for future pandemics.

Much of recent research has focused on the negative effects of the pandemic—and many have been identified including socio-economic [6]; physiological [7], and interpersonal [8]. Kimhi et al. [9] report that individual resilience and well-being are negatively correlated with distress in the COVID-19 pandemic context; that being a woman adds significantly to the prediction of a high sense of danger and distress as well as decline and, consequently, to a lower level of resilience and well-being. Conversely, older age predicted a lower sense of danger and distress. Less explored, but equally important, are the pandemic's perceived potential positive effects on resilience and well-being. Eisenbeck and colleagues for example report that meaning-centered coping (that include domains such as: positive reframing of experiences; hope; existential courage; appreciation of life; maintenance of meaningful activities and prosociality) are associated with reduced anxiety, stress and depression symptoms [10, 11]. Further, Gloria & Steinhart report there to be a positive association among positive emotions and resilience [12]. Older adults however, in terms of emergency preparedness, often have a false sense of resiliency, believing they will be able to deal with emergencies should they arrive [13]. Exploring these negative effects as well as resilience factors, may provide useful insights into the development of COVID-19 pandemic recovery plans as

well as prevention strategies that can be applied to future pandemics in both Canadian and international settings.

This paper documents a range of experiences, both positive and negative, expressed by older Canadian adults as part of an online survey titled COVID-19 Survey: Your Current Experiences and Planning for the Future. While the outbreak of COVID-19 has precipitated an impressive research response, the vast majority of studies thus far have been quantitative in nature. Collecting data in-person has been a challenging feat during the COVID-19 pandemic given physical distancing and time constraint limitations [14], hence we use an online survey to provide older adults the opportunity to share their unique and varied perspectives. Given the risk of older age for COVID-19 and limited knowledge surrounding the virus during the initial waves, when the survey was conducted, it is important to understand how older Canadians themselves identify the effects of the pandemic. This study explores responses to two open-ended questions using a thematic approach and guided by the specific research questions:

- How do older adults perceive the COVID-19 pandemic to have had negative effects on their lives?
- How do older adults perceive the COVID-19 pandemic to have had positive effects on their lives?

In addition, we seek to explore how these responses might differ among men and women.

## **2. Materials and Methods**

### **2.1 Sample**

This study is based upon a national online survey that focused on current experiences and planning for the future during the COVID-19 pandemic. The survey, open to residents of Canada aged 55 and over, sought to explore the pandemic-related stressors older adults were experiencing and the impact of these experiences on well-being and future care planning. Potential respondents were directed online to a consent page, which described their rights as research participants and upon indicating consent, they were allowed access to the survey.

The survey opened August 10, 2020, and closed October 10, 2020. It included a blend of Likert-type scale items and open-ended questions concerning demographic information; information about health and functional status; pandemic-related stressors and social impacts; healthcare access; and how the pandemic affected plans for the future. Respondents, on average, spent just over 13 minutes completing the survey. Respondents were recruited using Facebook (both paid advertisements and asking relevant groups to post information about our survey on their Facebook pages), which has often shown success in recruiting diverse demographics [15], and a widespread email campaign where 85 local community, regional and national organizations (that served older adults in-general, as well as the LGBT, Chinese and South Asian communities we wished to target) shared information about our survey via email with their membership. While this represented a significant networking effort on the part of our team, it also added to the likelihood of sampling bias, thereby limiting the generalizability of our results. Further, since participation was dependent upon computer literacy and Internet access, our results are limited along the lines of privilege in Canadian society [16].

The study was approved by Simon Fraser University's Research Ethics Review Board (approval number: 2020s0273). While there were no major risks to participants in this project it was

acknowledged that some respondents answering questions may recollect or anticipate unpleasant experiences, resulting in emotional distress. As such a link to a list of mental health resources were provided to all participants on the consent form.

## **2.2 Data Analysis**

At the conclusion of the survey, respondents were asked the following two questions and were provided with unrestricted space to enter their replies:

Q60. Are there ways COVID-19 has impacted your life in a negative way that we haven't asked about? (e.g., disrupted vacation/other travel)

Q61. Are there ways COVID-19 has impacted your life in a positive way?

These text-based data were analysed using a thematic approach which was primarily inductive. The inductive analytical technique allowed data to lead the discovery of different patterns and themes although we reflexively acknowledge that our team's a priori knowledge of certain topic areas may have influenced thematic development. The coding process itself began while the study was still in progress, and upon reaching 700 responses to Q60 and 500 responses to Q61, the team decided to develop a first iteration of a codebook. Two team members (PG and RB) independently coded this initial text data from Q60 and Q61 line by line. Responses ranged from a few words to several paragraphs. While this activity was taking place, two additional team members (GG and BdV) read the text and made notes, documenting their initial impressions of the textual data. Upon completion of the initial coding, the team met to compare and contrast the categories that had emerged from the first round of coding and using a consensus approach, refined these into the codebook that was used to analyse the expanded dataset after survey completion.

When the survey closed on October 10, 2020, participants' text responses were coded independently, and blindly, by PG and RB with 85% interrater agreement. We then gathered as a team to discuss and refine categories for consensus. This involved the combination of some smaller categories and the subdivision of some larger categories. A total of 28 categories were derived and coded from these data: 16 were classified as negative and 12 were classified as positive. These categories were further grouped into themes, where we collectively combined categories that shared similar attributes. The findings described in our thematic analysis below are based upon these final themes which were also developed by consensus.

While open-ended survey data occupies a space that is in-between quantitative and qualitative data and is sometimes consequently challenged [17], Evans et al. [18] point out that the volume and range of short-answer text responses from online surveys with large samples can yield a rich and distinctive qualitative dataset, allowing for potential nuances in ways that smaller datasets do not permit. Further, the use of an online survey has been found to result in open-ended responses that are 13 times longer than those on paper surveys [19]. While we have chosen not to characterize our data as *qualitative* but rather *text-based*, our large dataset offers a unique lens into how older Canadians from different ethnocultural backgrounds, provinces, and ages experienced the COVID-19 pandemic.

## **3. Results**

The total sample of respondents for the survey was 4380 persons ages 55+ (M = 66.9 years; Range 55-99), with all Canadian provinces represented. Of these, 2994 (68%) answered our open-ended

questions about negatives and positives of life in a pandemic and constitute the analytic sample for this paper; 2370 of these 2994 or 79% were women and 624 or 21% were men. These percentages are comparable to the gender distribution of the total sample of 4380.

Also comparable to the total sample, while the majority answering the open-ended questions identified as White older adults, a wide range of ethnic/racial backgrounds were represented including South Asian (1.1%) and Chinese (4.5%), Canada’s two largest visible minority groups [16]. As can be seen in Table 1, respondents were almost 67 years of age on average (with men about two years older than women), most were married (men more than women), and lived with others in large urban centers (again, favoring men in both instances); almost half had some university education (men were more likely to have a graduate degree) and most were retired.

**Table 1** Demographic characteristics by negative or positive change experienced and gender.

Variable	Negative Change			Positive Change		
	Male	Female	Overall	Male	Female	Overall
	n = 550	n = 2,117	N = 2667	n = 296	n = 1,245	N = 1,541
<b>Age (mean, in years)</b>	68.1	66.5	66.9	68.2	66.3	66.6
<b>Sexual Orientation (%)</b>						
Heterosexual	82.2	94.6	92	80.1	93.1	90.6
Homosexual	15.3	2.9	5.5	16.9	3.8	6.3
Bisexual	1.5	1.3	1.4	1.4	1.9	1.8
Don't know/No answer	1.1	1.2	1.2	1.7	1.3	1.4
<b>Relationship Status (%)</b>						
Single	8	7.5	7.6	9.1	8.9	9
Married	72.6	60.3	62.8	72.3	60.2	62.5
Widowed	5.1	13.2	11.5	2.7	11.3	9.7
Divorced/Separated	14.4	19.1	18.1	15.9	19.6	18.9
<b>Living Arrangement (%)</b>						
Alone	21.5	31.3	29.3	21.6	31.6	29.7
<b>Community (%)</b>						
Rural	12.2	12.3	12.3	7.8	11.1	10.5
Small Pop	19.6	21.8	21.4	17.9	19.1	18.9
Medium Pop	12.4	16.6	15.8	12.5	15.5	14.9
Large Urban Pop	55.8	49.3	50.6	61.8	54.3	55.7
<b>Education (%)</b>						
High School or less	15.1	17.6	17.1	14.2	14.1	14.1
Certificate	35.1	36	35.8	25.7	29.5	28.8
Bachelor's degree	21.1	23.5	23	24	27.4	26.7
Graduate degree	27.3	21.9	23	35.1	27.6	29.1
<b>Employment status (%)</b>						
Employed	21.1	21	21	22.6	23.7	23.5
Retired	63.6	63.1	63.2	58.8	60	59.8
Not working	13.3	16	15.8	18.6	16.3	16.7

A total of 4260 of the 6573 comments provided (66%) addressed negative impacts of COVID-19. These negative comments were offered by 2667 respondents: on average, with each respondent offering 1.6 coded negative comments. Fewer comments but still a considerable number ( $n = 2313$ ) addressing positive impacts of the COVID-19 pandemic were provided by 1541 respondents: each respondent offered 1.5 positive comments on average. Interestingly, 41% of the sample offered both negative and positive comments; 10% offered only positive comments; and 49% offered only negative comments. The negative comments had a mean of 24.5 words per response ( $SD = 31.7$ , range: 1-560), while the positive comments had a mean of 21.3 words ( $SD = 27$ , range: 1-448).

### **3.1 Themes**

Five overarching themes characterizing the negative impacts of the pandemic on these older adults were derived. These themes were: disruption in daily life and plans; disruption in social life relations; impact on health and wellness; healthcare and caregiving; and views on the pandemic, each including 3-4 categories. On the positive side, five themes were also identified: personal development; relationships; simpler life; benefits in work and finance; and introvert's dream. All but the latter themes include 2-5 categories. The equal number of negative and positive themes (5 each) was not deliberate, rather these themes were derived from collapsing several categories together. To highlight the range of perspectives within our sample and to situate participants' voices, age and gender information are shared with commentary. Participant's comments, without identifiers, are also used within the description of the themes.

### **3.2 Negative Impact Themes**

#### **3.2.1 Disruption in Daily Life and Plans**

Four categories comprise this theme: disruption in daily routines; changes in work situation; impacted travel; and financial difficulties. While interruptions to daily routines were to be expected in a pandemic, the extent to which it has affected older Canadians varied from severe to minimal. Our respondents shared that they were feeling "unsafe outside of [their] home" and as if they were "tethered to a leash." Daily activities such as volunteering, socializing with friends/family, music groups, fitness classes and so on were interrupted for a large proportion of older adults in our study. These disruptions created feelings of "fear," "loneliness," "high levels of anger and frustration," and a sense of "hopelessness about the future." Further, some participants were bothered at how others have treated them since the pandemic onset, with one older adult reporting "people in my [apartment] building treat me like I have rabies or something." The pandemic has also completely shifted living arrangements for some, with homes becoming "multi-generational household[s]" or participants involuntarily having to take on the role of a caregiver, leading to feelings of "tremendous pressure" or "anxiety" in many cases, as evidenced in the following quote: "All social outlets for me have been cancelled till further notice. This has left me feeling distanced, disconnected and empty. My routine has been affected and the things in life I look forward to are not there."

For our participants still in the workforce, many went through changes to their employment conditions, hours, and/or pay. Having to work from home was not an ideal scenario for some, as one participant reports that it is "stressful and unsustainable" and another describing feeling like

they “never leave home.” For those who had to attend work in-person, many experienced feeling anxious and shared sentiments such as: “[I’m] totally scared to go outside my home but do almost every day for work. It’s terrible.” The pandemic also negatively affected people’s income in several ways as there were “lots of unknowns and rapid changes [to work]” such as cuts to scheduling, resulting in “emotional stress.” Income-related stressors caused a participant to “borrow money from [their] elderly parents” and another to lend money to their family which was described as “not easy on our pensions.” Concerns about how to financially manage since the COVID-19 outbreak also touched upon the rising costs of living or an inability to maintain rent payments, with one respondent sharing they “have no place to live in the winter.” Another participant reported taking on a job to sustain herself: “Had to take a minimum wage job in a grocery store to pay the bills. I hate it and am depressed about it.”

Responses also concerned impacts on existing or future travel plans likely influenced by the example we provided with the question of *disrupted vacation/other travel*. Nevertheless, participants reported that disruption to travel plans “is one of the hardest aspects” for them, attesting to the importance of this domain. Some participants felt they would “probably never see [their family] again” or they would “lose at least one [parent] before we can travel again” due to their older age and the pandemic-induced restrictions and fears associated with travelling. Additionally, many had to miss out on significant personal events such as their “granddaughter’s wedding” or their “sister’s funeral” or their “35th anniversary trip” due to travelling constraints. Finally, many participants who may be considered snowbirds and normally travel to warmer, southern climates during the winter were not able to “escape” from the “cold, grey, snowy” conditions in their province. One respondent noted: “we had all kinds of travel plans, having just retired, now we just sit at home with nothing to do.”

### 3.2.2 Disruption in Social Relations

This theme encompassed three categories: Unable to socialize with family; unable to socialize with friends; and response to the death of a loved one. Respondents expressed concern over the pandemic’s impact on visiting their loved ones and the impediment on social interaction opportunities. They reported that not being able to see their children or extended family for months resulted in “sadness,” “tension,” and “stress,” and further stated these feelings were not minimized “even with video chats and other social media.” Participants used a number of descriptive terms to describe the oftentimes minimal to absent family contact experienced, such as feeling “much more isolated” or that “the depression from this is severe.” The following participant’s sentiment is shared by many in our sample, in which “not being able to get together with my family and socialize ... is very hard because it’s really about the only thing I want to do.” Some participants also reported “really missing” receiving and giving hugs to loved ones, with one stating that “my grandkids wonder why I don’t hug them or carry them anymore, just sad at times.” Another noted they “sometimes have to make a judgment call to maintain emotional well being.”

While some respondents were able to maintain contact with their families, many were not able to visit their friends. Reasons behind not seeing friends generally involved participants stating the risk is too high “at [their] age” or because of the discontinuation of regular activities. The pandemic created severe disturbances in maintaining contact with friends amongst our sample, with respondents reporting “zero human contact” or losing “95% of contact with friends,” with the

following participant echoing the emotions of many others: “I feel ... more weary and on the edge of greater sadness.” Similarly, another respondent noted “I enjoy seeing people and conversing with them. Now I cannot see my friends and converse with them. I have too much time, and my schedule is out of order.”

Respondents also spoke to the multiple difficulties they faced throughout the grieving and bereavement process when they lost family/friend(s). Within our sample, these challenges involved not being able to be physically present with the deceased during or after their passing, mostly due to travelling restrictions, social distancing, and limits to visits in funeral homes or institutional settings. This has created a sense of “no closure” for one participant and a difficulty in “trying to find the space to grieve [during a pandemic]” for another. One other participant stated, “my father died I could not be with him prior, my heart has been ripped out of my chest.”

### 3.2.3 Impact on Health and Wellness

Three categories formed this theme: impact on psychological health; impact on physical health; and feelings of loneliness and isolation. Many participants expressed concerns about their psychological well-being, reporting “anxiety,” “depression,” “exceptional stress,” and being “worried all of the time.” Some are worried that the pandemic-induced sadness “threatens what seems otherwise to be the best and final years of [their] life.” For three participants, that we are aware of, the pandemic has created an insufferable situation to the point they no longer want to live. One respondent stated, “[I] wish I could be with my sister who is deceased,” another described they have “thoughts of pointlessness and wanting to terminate life” and one shared they have “increased level[s] ... of suicidal thoughts.” Some participants also reported seeing their loved one’s struggle with mental health and substance use during the pandemic, leading to “extreme stress and anxiety for all family members.” Finally, many grappled with anxiety due to people invading their “personal space” or with “everything [being] shut down.” Or for one, the pandemic has caused an “increase in anxiety, [I] already have a hard time leaving the house and the pandemic just makes it worse.”

For some participants, the COVID-19 pandemic led to feeling “very removed from society” as feelings of loneliness and isolation have intensified substantially since pre-pandemic times. The reduced social interaction brought on by the restrictions led one participant to describe how they “[f]eel like a prisoner. [c]ut off any life beyond the 4 walls.” Even after trying to “keep busy” within their ‘four walls’, “the isolation takes its toll after awhile” describes one respondent. Another participant links their isolation to a loss of purpose: “Isolation, fear of going out of house ... No purpose in life. Existing, nit [sic] really enjoying life.”

For participants who reported some level of deteriorating physical health, it was often linked to the closure of physical activity spaces or to delays in healthcare access and treatment services. Participants voiced that pandemic-related restrictions led to “a loss of physical fitness” because of “motivation [being] very down” and not being able to “get out enough.” Many also expressed concern over their “weight gain” or how they “lost significant weight”; one respondent shared their weight gain was a result of “constant access to the kitchen while being at home” and another owed their weight loss to “the loneliness of eating alone [which] impacted [their] food consumption.” It also appeared the pandemic was associated with accelerating muscle loss, with participants discussing their loss of mobility, joint pains, and weakened muscle tone: “Covid-19 has negatively



impacted me in ONE way: my muscle mass is turning to jello because I USED to be out WALKING all the time and everywhere, every day.”

Not being able to see family, friends or resume regular activities incited severe to moderate feelings of loneliness in many, with some echoing that they no longer feel like “a priority to friends and family.” Some respondents also discussed how they recently lost their partner and having to adjust to living alone during a pandemic resulted in “isolation,” described as “soul-destroying” by one participant. At the same time, stay-at-home guidelines meant that some participants would feel “isolated in [their] unhappy marriage” and that they “cannot escape [their partner].”

### 3.2.4 Healthcare and Caregiving

This theme comprised three categories: health care challenges; restricted access to institutional care; and family care. The COVID-19 outbreak required an urgent response from the Canadian healthcare system to quickly adapt, but in the wake of this many surgeries and care appointments were backlogged, postponed, or canceled. This category focuses on health care delays and challenges to access, rather than the health of the participant as was described above. The delays ranged from limited dental access to cancer treatments being deferred to one participant sharing that their friend “died waiting [for surgery].” For some participants who had lengthy hospital stays or had surgery, they may have “felt lonely and fearful” due to the visitor restrictions in hospitals. Furthermore, a few participants revealed that having to go to the hospital or wait in a medical clinic heightened feelings of anxiety and paranoia around contracting the virus. Words used to describe the process of receiving medical attention during the pandemic included “impossible,” “improper,” “unreliable” and “frustrating.” One respondent wrote: “[I am] awaiting bilateral hip replacement surgery... Over 5 months since went on list and still have no date for surgery, giving me nothing to aim for. Has been extremely debilitating.”

Many of our participants had close connections to someone in institutional care or retirement residences, and accordingly were directly affected by visitor restrictions. The inability to “provide additional care and companionship” to a loved one caused feelings of anger, frustration, sadness, and stress in our respondents as evidenced in the following quote: “VISIT WITH WIFE IN LTC HAS BEEN RESTRICTED AND CONTROLLED” (emphasis provided by respondent).

Some pointed out the massive issues they observed or heard about in long-term care, where one respondent said they “would suffer a breakdown” because of it and another said it “has been heart wrenching and exhausting” to see. A few discussed how they were unable to see their elderly parent before they passed away because of visitation restrictions, with one participant sharing they are “having a lot of trouble coping with this.” The restrictions placed on those in institutional care were described as “inhuman” by one participant, with others echoing this sentiment.

### 3.2.5 Views on Pandemic

Finally, three categories formed this theme: opposition to mask-wearing policies; frustration over how the pandemic was handled; and considering the pandemic as a hoax. While these categories are not as well-populated as the others in our analysis, they represent a somewhat extreme viewpoint that we did not wish to silence. Opinions on how one, and others around them, should respond to COVID-19 public health guidelines varied within our sample. A proportion of our participants voiced mild to strong disdain with mask wearing policies. A few simply said they refused

to wear a mask, using words such as “useless,” “uncomfortable,” “ridiculous,” “hideous and frightening” to describe their aversion. One participant stated they felt “demoralized by the policies around mask dictates” and another stated masks will “take [them] from healthy to sick,” which was similar to other comments. The anti-masking wearing views also led to disputes between respondents and their family or friends, some sharing that mask mandates “turned some friends into panic stricken wrecks” or that it feels like a “hostile environment” to be around “fearful family members.” Quite defiantly, one respondent wrote: “misinformation, lack of any REAL, VERIFIABLE FACTS, have me dismissing covid except for hygiene and distancing. I will Not wear a mask!!!!” (emphasis provided by respondent).

Many expressed their frustration with how the COVID-19 pandemic was handled by the government, as well as other people. Some found the lockdowns intolerable, saying they were “overkill” and “TRAMPLE[D] ON THE RIGHTS OF THE HEALTHY [WHICH] IS TYRANNY AND TREASON” (emphasis provided by respondent). Other participants expressed their frustration with people’s failure to comply with public health directives, as one respondent describes they are “having difficulty accepting how many folks don't understand or care about the realities of this pandemic.” Within our sample of older Canadians, many also felt that they were being disregarded by the government, with one participant saying “NOTHING [has been done] for people over 55!!!” and another echoing this concern, saying the “... failure of the government to provide as much financial support for seniors and near-seniors has also made [them] feel sub-standard and expendable.” Another wrote: “I go out, some young people joke that they don’t need to wear masks or use distance caution since it is mainly seniors who are expendable. To be vulnerable is to be garbage. Disposable.”

A number of participants conveyed that they thought the COVID-19 virus was a “hoax” or a “farce” or “a bunch of crap.” The overall view by this subset of respondents was that the government and health officials have taken an incredibly “authoritarian path” and have shared a “mountain of misinformation” with the public. Some compared the current pandemic to previous ones, stating that “covid is no different the swine flu, Ebola [sic], H1N1, polio, etc.” and that this is just a “PLANDEMIC” that has “created fear and hysteria.” Several participants shared their “disgust” towards the government and public health directives, as in the following: “tured [sic] of the fake pandemic being shoved down my throat.”

### **3.3 Positive Impact Themes**

#### **3.3.1 Personal Development**

Five categories were combined to form this theme: personal growth; focus on hobbies; health benefits; technology awareness; and generativity. Over the course of the pandemic, many participants noted they had more time to reflect on life and engage in some form of self-care. For one respondent, the pandemic “forced [them] to focus on the positive” and similarly for another it helped them develop “a greater appreciation for the life that [they] have.” By “prioritizing what is really important,” participants shared they were able to cultivate various kinds of skills, from “cooking” to “[learning] how to be fiercely independent” to starting a “gratitude journal.” Many shared sentiments akin to the following one, where since the pandemic onset, they have “[l]earned to appreciate the simple, daily blessings”:

“It has allowed me to reflect (more than usual) on the importance of social relationships. Prompted more feelings of gratitude e.g., for the social determinants of health that I was lucky enough to have. It reinforces the privilege that I live with.”

With the perceived “added time, resources [and] energy,” as compared to pre-pandemic times, several participants described the various hobbies they have since taken up. These ranged from doing “jigsaw puzzles” to researching one’s “genealogy” to “Nordic pole walking.” Some participants also began making/sewing masks for their family, for frontline workers and the general community, which became a new hobby. Engaging in in-home hobbies, such as cooking and gardening, has also helped some participants to spend less “money on clothing or travel or restaurants.” A few also commented on their new-found interest in learning “new things about the world...[and] social issues” which one respondent described as becoming “more woke” and another reporting: “Isolation has given me more time to follow my hobbies.”

Improvements in physical and psychological health were reported by many participants. Several pointed out that they are “[g]etting sick A LOT LESS” due to “better hygiene” practices such as “frequent handwashing [and] sanitizing in the home,” with some stating they feel “healthier.” Other health benefits concerned improvements in “general mental health,” for one participant this was due to no longer having to commute and for another it was because they now have “[p]ermission to just be.” This is reinforced by the following: “we are healthier. There is more time for exercise. We eat better and saving money from eating in.”

During the pandemic, many participants were driven to learn how to use technology or video conferencing tools, such as Zoom. The shift from in-person activities to online, has allowed some to “participate both more often and at all” in social interaction, health-related, and educational opportunities that were not “available [or accessible] before.” Several also commented on the increased communication they have with loved ones whom they are not able to see in person, with one participant saying they “have never been in touch so regularly with so many of us “together” before [which is] the only positive thing that has come out of the pandemic.” For some, they now have greater “[m]edical access via telehealth and/or telephone” which has saved time waiting for “appointments” and “prescriptions.” One participant summed up these benefits as follows: “I’ve enjoyed programs on Zoom that I otherwise might not have. I learned how to shop online. ... I like Zoom fitness classes. I like telephone appointments with doctors and not having to go to them.”

Since the COVID-19 outbreak, generativity and an increased willingness to help others was developed by several participants. This involved a deeper sense of “caring for others,” “reaching out [more],” and helping “with [other’s] stresses.” The feeling of being “all in this together” was described by a few participants, which led some to “help others [who are] less fortunate” and to “share what [they] have with others.” Acts of generativity included “sewing masks,” doing more “non-profit work,” “delivering food to those stuck at home,” and contributing to social justice groups “for human rights, the environment, the arts.” One participant summed it up as follows: “mostly it has brought our small rural neighbourhood and family closer together, as we rally to help one another.”

### 3.3.2 Relationships

Two categories comprise this theme: greater connection to family; and greater connection to friends. As described above, learning to use technology in new ways fortified connections between

near and far family and friends. A greater connection to family was found through “intergenerational-living,” as many participants expressed their appreciation for the greater time they are spending with their families, adult children, or grandchildren who either “moved back home” or are “working from home.” As a result of the pandemic’s restrictions, many were “forced” into spending “more quality time with...close family,” which made “relationships... stronger” and “more positive.” Some also expressed the increased “gratitude and appreciation” for their family, with one participating stating they now “realize that family is everything.” The pandemic also allowed participants to rekindle old friendships and foster new ones. Technology was often discussed as a way to help respondents “keep regular contact with friends that do not live locally,” which “will continue post-COVID” for at least one participant. New friendships were developed in various ways, from taking “online courses,” participating in “street gatherings” or “one-on-one get togethers with new friends.” Many participants voiced their greater “appreciation for friends” since the pandemic onset, with one respondent sharing it “really reminds people of what is important in life like family [and] friends the stuff you can’t buy.” Along these lines, one participant noted that: “it has made me and my spouse much more aware of the real necessities of life - good health, family and friends.”

### 3.3.3 Simpler Life

This theme was formed by two categories: a simpler/slower pace of life; and appreciation of home. The COVID-19 pandemic generated a “slower pace of life” for many in our sample. One participant stated that even with “lots of negative ... it has also [s]lowed down society” and another saying that they are “grateful for that resting period.” For one participant, this slower pace of life was described as the “skies [being] clearer [and] the streets [being] quieter” as compared to pre-pandemic times, and “the world [is] more relaxed, less busy, less demanding” says another respondent. The “quieter streets” were connected to “better sleep” and to “better air quality” by a few. Participants also commented on the lower “stress and pressure to do things quickly,” where the pandemic has been “like a permission to relax” and it now “feels like there is always tomorrow,” and the following: “[s]ilver lining is the opportunity to change from the ‘fast lane’ to a slower lane; to have a pause from the hustle and bustle of life and an opportunity to discern what is essential.”

Spending more time at home often resulted in greater appreciation for one’s home, as described explicitly and implicitly by many participants. Some commented on the discovery of “find[ing] things to do [at home]” which included “finding joy in [one’s] backyard garden,” “cleaning the house,” and generally being able to do “more activities at home.” Some explicitly acknowledged their appreciation for their home, with respondents saying they were “blessed,” “comfortable,” “happy” and “grateful” to have a home they love and enjoy. One woman noted that: “it has made me realize what an incredibly fortunate woman I am, to have a safe, temperature controlled home, with my own possessions around me...”

### 3.3.4 Benefits in Work and Finance

A focus on finances and an appreciation of the flexibility of work were the categories that combined to create this theme. Many participants described how they were able to save money that would have otherwise been spent in eating out, travelling, shopping, and activities. Staying at home allowed for expenses to decrease for some, examples including “driving less” or not having

to hire “petsitters” anymore. The pandemic was described as a “financially positive” situation by one respondent, with others stating that they are now “better off financially ... [with] fewer expenses” and one noting: “I have actually discovered how much money I have saved since not able to go out to usual places.”

Being able to work from home was characterized as a positive aspect of the pandemic by many respondents. Words used to describe working from home included, “wonderful,” “less stressful,” “productive” and “amazing.” This resulted in increased “flexibility” for some, as they were now able to spend less time commuting and more time with their loved ones or engaging in activities they enjoy. Other enhancements to work were also described, such as the “extra pay for being a front line worker” for one participant while the pandemic raising another participant’s “importance ... in [their] organization, as [they were] able to learn to use the online tools quickly.” Another respondent reported that: “I am working from home all the time now, and actually have easier, more fulfilling work.” For a few participants, the pandemic accelerated the retirement process. One respondent shared the “pandemic has shown [them they] can live without a part time job,” and for another it gave them the time to “create [and] implement a retirement plan.”

### 3.3.5 Introvert’s Dream

The pandemic-related closures, lockdowns and stay at home orders were often described as the ideal situation by respondents who self-identified as an introvert in their comments. The “permission to stay home,” was described as a “pleasure” by one participant, and another said they “enjoy the lower expectations for socializing [now].” One respondent stated that “[t]he introverted part of [them has been] easier to satisfy,” with another realizing that “being an introvert is a strength.” Another explained: “I get to stay home and do my projects, and not have to go out and meet people. An introvert’s dream.” The isolation also seemed to not “bother” several participants and one described how they actually “enjoy the isolation!” Further, some expressed that they were glad that they no longer had to interact with people or “attend gatherings,” with one participant now realizing they “don’t ‘need’ people in the way [they] thought [they] did.”

## 3.4 Gender Comparisons

Given that gender differences have been found in previous literature on COVID responses, and given the sample parameters of our study, we explored differences in the presentation of the above themes by gender. Significant chi-square differences were found on four of the five negative themes. On disruption in daily life and plans ( $\chi^2 (1) = 44.200, p = 0.001$ ), the largest theme mentioned by more than half (54.5%) the respondents, 65% of the quotes speaking to disrupted life and daily plans were attributed to men; for women, the comparable percentage was 52%. On disruption in social relations ( $\chi^2 (1) = 57.272, p = 0.001$ ), the second largest theme mentioned by 22.4% of respondents, 25% of the comments were from women; the comparable percentage for men was 12%. On healthcare and caregiving ( $\chi^2 (1) = 5.008, p = 0.05$ ), mentioned by 4.6% of respondents, 5% of women’s quotes focused on healthcare and caregiving; for men, the percentage was 3%. On views on the pandemic ( $\chi^2 (1) = 25.442, p = 0.001$ ), mentioned by 3.7% of respondents, 7% of men’s quotes concerned their views on the pandemic; for women, the comparable percentage was 3%. Only on impact on health and wellness (mentioned by 14.7% of respondents) were no gender differences noted.

Significant chi-square differences were found on two of the positive themes. On the theme of simpler life ( $\chi^2(1) = 4.599$ ,  $p = 0.05$ ) mentioned by 16.2% of respondents, 17% of women's quotes addressed this theme; for men's quotes, the comparable percentage was 12%. Finally, on the theme of benefits in work and finance ( $\chi^2(1) = 26.843$ ,  $p = 0.001$ ), mentioned by 12.8% of respondents, 22% of quotes from men concerned this theme; for women, the comparable percentage was 11%. No significant differences were found on the remaining themes; personal development (mentioned by 44.1% of respondents), relationships (mentioned by 24.8% of respondents), and introvert's dream (mentioned by 3.1% of respondents). In sum, men were significantly more likely to comment on disruptions in daily life, have negative views of the pandemic, and describe benefits in work and finance; women were significantly more likely to comment on disruptions in social relations, healthcare and caregiving, and enjoying a simpler life.

#### **4. Discussion**

The response to open ended questions included as a part of our national survey provide an opportunity to explore, in depth, the subjective impact that the COVID-19 pandemic has had upon older Canadians—both negative and positive. That a significant number of older Canadians found positives amidst the negatives suggests a substantial resiliency and ability to adapt to the volatile socio-political environment created by the virus. Our analyses provide an overview of the experiences of the Canadian older adult population and the themes where differences between women and men were found.

Disruption to daily life and social relations along with a negative impact on health are unfortunately to be expected in a pandemic and results are similar to those found in the growing literature describing the effects of COVID-19 [6, 20, 21]. The gender differences uncovered are consistent with expectations based on gender roles and activities [22, 23]; men were more likely to mention disrupted daily lives in particular as related to work, women were more likely to mention disrupted social relations, while health was mentioned to a comparable extent by both genders.

Challenges in accessing healthcare and in providing care for a loved one were also mentioned by women more than men—consistent with literature on caregiving efforts [24, 25]. Opportunities lost, such as being at the bedside of a dying parent, sibling, or friend, can never be recaptured once they have slipped away. The implications of these lost social connections are potentially dire as loss of connection and increased loneliness are both associated with increases in suicide ideation [26]. While our open-ended data do not provide a causal link, our respondents reported a loss of optimism along with concerns over having nowhere to turn and at the most extreme level, suicidal thoughts. These responses are supported by the quantitative findings described in our project report [27], where about half of our overall sample of 4380 persons reported experiencing negative emotions (depressed, lonely, isolated, anxious, and sad). This is similar to what is emerging in the COVID-19 literature—for example, Petzold et al. [28] report 50% of their sample expressed suffering from anxiety and psychological distress during the pandemic.

Much has been presented in the popular media on opposition to pandemic mitigation efforts by some individuals, especially in US media [29-31]. The numbers are not large but are present in the narrative of some of our sample—expressing their frustration over how the pandemic was handled—and feeling substandard and expendable because of government policies. Some respondents contended that they, and the country, have been led to believe in a fake pandemic

that is not as serious as it seems. Related to this were frustrations expressed over mask-wearing policies and concerns over misinformation about mask mitigation policies, oftentimes, with a worry that they will take people from being healthy to sick. It is alarming to see the permeation of disinformation at a time when factual information is vital [29-31]. Further, the issue of disinformation is not trivial, it has been described as the 'COVID-19 infodemic' [32].

Interestingly, five themes were identified in addressing the positive impacts of the pandemic experience. Personal development, for example, was a predominant theme and spoke to the health benefits, care and concern for others and the next generation (i.e., generativity), technological awareness, and hobby opportunities. Polizzi et al. [3] have also reported that even isolated individuals can be motivated to try a variety of activities such as hobbies, focusing on living their best possible life in a time of crisis. Congruent with such a perspective, participants reported positive health benefits accruing from the COVID-19 pandemic such as losing weight and experiencing less sickness.

Along similar lines, respondents noted the association between the pandemic and their social connections. Perhaps it may be expected that under lockdown conditions, one might reach out to friends and family more often, with socially distanced visits and/or over the telephone or using videoconferencing, simply as a result of having more time to do so. However, many of the comments pointed to a deeper awareness and potentially longer lasting effect, reflective in nature, with the realization that family is everything for some. The generativity comments may similarly be seen in this context, where caring for others and bringing community closer together is an important component to any discussion on resilience and coping, as a demonstrated link exists between prosocial behaviors and happiness [33, 34].

The health and personal development gains expressed in these categories perhaps are fed by and certainly have the potential to mitigate some of the negative effects of the virus (such as depression, anxiety, and suicide ideation). In combination with enhanced social connections, these efforts also have the potential, seen in other disasters, of a "pulling-together effect" ([26], p1084). Building on resilience and coping research, Polizzi et al. [3] point out that the rupture of social bonds due to social distancing, may be partially compensated for by expanding social contacts through virtual engagements such as via videoconferencing. This appears vitally important given a recent finding by Gratz et al. [35] that it is not loneliness in itself, but the sense of disconnection and the absence of meaningful relationships that accounts for a greater suicide risk as a result of pandemic stay at home orders.

This broader reflection on life may also underlie two of the other themes identified in our analyses: simpler life and benefits in work and finance. In the case of the former, respondents described feeling as though they benefitted from a general slowing, spending more time appreciating nature and their immediate surroundings. In a recent COVID-19 study, it was reported that positive affect was greatest when activities took place outdoors and involved physically active pursuits such as gardening [36]. Similar to the manner in which respondents phrased their open-ended responses in the relationship theme, there was a suggestion that such changes would be maintained even when the COVID-19 pandemic is behind us. In a similar vein, respondents expressed enjoyment at their new work flexibility, with some commenting positively on their finances and how money was (or was not) spent. Working at home provided respondents with more time overall due to the elimination of commute time. While there are indications that both workers and employers wish to continue this trend beyond the pandemic [37].

Finally, the juxtaposition of many of these organic negative and positive findings are evocative and noteworthy. That is, respondents addressed the pandemic's disrupting of work lives and imposing of financial difficulties; at the same time, they expressed appreciation for more flexible work environments along with economic savings. The pandemic hampered important relationships and kept respondents apart from their loved ones; at the same time, respondents wrote of greater connections with loved ones (sometimes through virtual venues) and a recognition of the importance of family and friends. Respondents remarked on their loneliness and the impairment of their psychological and physical health; so too did respondents express how they have personally grown during the pandemic, focusing on what is important and restorative, including improvements in health, weight, and well-being. Together, these findings highlight the diversity of pandemic experiences, certainly by gender as observed above, while also suggesting sources of variation not assessed by our study. Several authors have written, for example, how the pandemic has further revealed the inequalities in North American society—of socio-economic resources (perhaps speaking to the financial difficulties of some and the economic savings for others); of mental health and physical well-being (amplifying the loneliness already apparent in aging societies and the attention needed to personal well-being). It might be more accurate to speak of the COVID-19 pandemics, suggesting the myriad ways in which the virus has revealed and underscored the diversity of North American, and Canadian, later life.

## **5. Conclusions**

In general, these findings not only illuminate some of the many dimensions affected by the COVID-19 virus and pandemic, but they also underscore the resilience and adaptability of the Canadian older adult population. The positives don't eradicate the negatives—they accompany them and highlight the personal growth that crises may engender. Our study highlights the need for ongoing and additional support for older Canadians who may be struggling financially, with their health and healthcare access, and with social isolation. This is reminiscent of findings by Biancalani and colleagues who have highlighted an ongoing need for therapy even in times of isolation such as the Covid-19 pandemic [38]. However, perhaps documenting and sharing digitally, the ways people have experienced positive affect during the pandemic could motivate others to search for positives as well. While a digital divide remains in regard to older adults and Internet access [39] it is shrinking and the benefits of positive interactions on social networking sites include lower levels of depression and anxiety [40]. Exploring the broad effects of the pandemic helps to reveal pathways to resilience and individual coping strategies and these in turn may assist in guiding policies, programs and practices addressing the COVID-19 aftermath and preparations for future pandemics.

### **5.1 Limitations**

The findings of this study must be viewed in concert with its limitations. First, the sample was not randomly generated and may not be representative of the Canadian population. In addition, the survey was conducted exclusively in English limiting the representativeness in a country with two official languages. Further, computer literacy and Internet access among our sample of older adults, likely served as dividing line between those who experience such privileges and those who do not. Second, in this analysis, we do not analyze by province of residence, age group, sexual orientation, or ethnicity. The data are effectively grouped together to represent the experiences of older



Canadians but overlook the wide diversity within this group. Despite our large sample, however, it would have been challenging to explore each theme along each of these dimensions, as breaking down by sociodemographic characteristics sometimes resulted in small cell sizes. This in turn suggests a potential sampling bias where certain groups were not well represented in our survey. While we attempted to address representation issues by distributing information about our online survey via multiple channels, this was successful with LGBT recruitment, but less so with Chinese and South Asian groups we sought to target. Third, the commentary reported by participants may have only been applicable for the initial stages of the COVID-19 pandemic and may hold less significance at this point, where they have been living with the pandemic for more than two years. Nonetheless, the experiences reported showcase the wide variation in how the pandemic affected and also benefitted older Canadians. Future research may wish to address in detail how pandemic experience varies among those of different ethnicities and those who may not enjoy the luxury of computer literacy and regular Internet access.

### **Author Contributions**

RB: Independent data coding, writing initial draft of paper, editing, literature review. PG: Data coding, referencing, editing, writing, literature review. GG (PI): Refined coding framework and categories, editing, writing. BdV: Gender comparison analysis, refined coding framework, editing, writing.

### **Funding**

This work was supported by the Canadian Frailty Network under Grant #TG2015-3. CFN is funded by the Government of Canada's Networks of Centres of Excellence (NCE) Program.

### **Competing Interests**

The authors have declared that no competing interests exist.

### **References**

1. Emami A, Javanmardi F, Pirbonyeh N, Akbari A. Prevalence of underlying diseases in hospitalized patients with COVID-19: A systematic review and meta-analysis. *Arch Acad Emerg Med.* 2020; 8: e35.
2. Flint AJ, Bingham KS, Iaboni A. Effect of COVID-19 on the mental health care of older people in Canada. *Int Psychogeriatr.* 2020; 32: 1113-1116.
3. Polizzi C, Lynn SJ, Perry A. Stress and coping in the time of COVID-19: Pathways to resilience and recovery. *Clin Neuropsychiatry.* 2020; 17: 59-62.
4. Veer IM, Riepenhausen A, Zerban M, Wackerhagen C, Puhlmann LM, Engen H, et al. Psychosocial factors associated with mental resilience in the Corona lockdown. *Transl Psychiatry.* 2021; 11: 67.
5. World Health Organization. Listings of WHO's response to COVID-19 [Internet]. Genève: WHO; 2020 [cited date 2022 July 28th]. Available from: <https://www.who.int/news/item/29-06-2020-covidtimeline>.

6. Leung TY, Chan AY, Chan EW, Chan VK, Chui CS, Cowling BJ, et al. Short- and potential long-term adverse health outcomes of COVID-19: A rapid review. *Emerg Microbes Infect.* 2020; 9: 2190-2199.
7. Nicola M, Alsaifi Z, Sohrabi C, Kerwan A, Al-Jabir A, Iosifidis C, et al. The socio-economic implications of the coronavirus pandemic (COVID-19): A review. *Int J Surg.* 2020; 78: 185-193.
8. Pedrosa AL, Bitencourt L, Fróes AC, Cazumbá ML, Campos RG, de Brito SB, et al. Emotional, behavioral, and psychological impact of the COVID-19 pandemic. *Front Psychol.* 2020; 11: 566212.
9. Kimhi S, Marciano H, Eshel Y, Adini B. Resilience and demographic characteristics predicting distress during the COVID-19 crisis. *Soc Sci Med.* 2020; 265: 113389.
10. Eisenbeck N, Pérez-Escobar JA, Carreno DF. Meaning-centered coping in the era of COVID-19: Direct and moderating effects on depression, anxiety, and stress. *Front Psychol.* 2021; 12: 648383.
11. Eisenbeck N, Carreno DF, Wong PT, Hicks JA, María RR, Puga JL, et al. An international study on psychological coping during COVID-19: Towards a meaning-centered coping style. *Int J Clin Health Psychol.* 2022; 22: 100256.
12. Gloria CT, Steinhardt MA. Relationships among positive emotions, coping, resilience and mental health. *Stress Health.* 2016; 32: 145-156.
13. Kloseck M, Gutman GM, Gibson M, Cox L. Naturally occurring retirement community (NORC) residents have a false sense of security that could jeopardize their safety in a disaster. *J Hous Elderly.* 2014; 28: 204-220.
14. Tremblay S, Castiglione S, Audet LA, Desmarais M, Horace M, Peláez S. Conducting qualitative research to respond to COVID-19 challenges: Reflections for the present and beyond. *Int J Qual Methods.* 2021; 20: 16094069211009679.
15. Whitaker C, Stevelink S, Fear N. The use of Facebook in recruiting participants for health research purposes: A systematic review. *J Med Internet Res.* 2017; 19: e290.
16. Statistics Canada. Census profile, 2016 census [Internet]. Ottawa: Statistics Canada; 2016 [cited date 2022 July 28th]. Available from: <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/page.cfm?Lang=E&Geo1=PR&Code1=01&Geo2=PR&Code2=01&SearchText=Canada&SearchType=Begins&SearchPR=01&B1=Ethnic%20origin&TABID=1&type=0>.
17. O'Cathain A, Thomas KJ. "Any other comments?" Open questions on questionnaires-A bane or a bonus to research? *BMC Med Res Methodol.* 2004; 4: 25.
18. Evans S, Mikocka-Walus A, Klas A, Olive L, Sciberras E, Karantzas G, et al. From "It Has Stopped Our Lives" to "Spending More Time Together Has Strengthened Bonds": The varied experiences of Australian families during COVID-19. *Front Psychol.* 2020; 11: 588667.
19. Roller MR, Blaise LM. A volunteered response [Internet]. Gloucester: Roller Research; 2009 [cited date 2022 July 29th]. Available from: <https://www.rollerresearch.com/QUIRKS/ACS%20QUIRKS%20ARTICLE/ACS-Web%20vs.%20Mail%20Article-Feb%2009.pdf>.
20. Bland AR, Roiser JP, Mehta MA, Sahakian BJ, Robbins TW, Elliott R. The impact of COVID-19 social isolation on aspects of emotional and social cognition. *Cogn Emot.* 2022; 36: 49-58.
21. Lipskaya-Velikovsky L. COVID-19 isolation in healthy population in Israel: Challenges in daily life, mental health, resilience, and quality of life. *Int J Environ Res Public Health.* 2021; 18: 999.

22. Hadar-Shoval D, Alon-Tirosh M, Asraf K, Tannous-Haddad L, Tzischinsky O. The association between men's mental health during COVID-19 and deterioration in economic status. *Am J Mens Health*. 2022; 16: 15579883221082428.
23. Kowal M, Coll-Martín T, Ikizer G, Rasmussen J, Eichel K, Studzińska A, et al. Who is the most stressed during the COVID-19 pandemic? Data from 26 countries and areas. *Appl Psychol Health Well Being*. 2020; 12: 946-966.
24. Zamarro G, Prados MJ. Gender differences in couples' division of childcare, work and mental health during COVID-19. *Rev Econ Househ*. 2021; 19: 11-40.
25. Zwar L, König H, Hajek A. Gender differences in mental health, quality of life, and caregiver burden among informal caregivers during the second wave of the COVID-19 pandemic in Germany: A representative, population-based study. *Gerontology*. 2022. doi: 10.1159/000523846.
26. Reger MA, Stanley IH, Joiner TE. Suicide mortality and coronavirus disease 2019—A perfect storm? *JAMA Psychiatry*. 2020; 77: 1093-1094.
27. Gutman G, de Vries B, Beringer R, Dault H., & Gill., P. COVID-19 Experiences and Advance Care Planning among Older Canadians: Influence of age group, gender, and sexual orientation. 2021. Available from: <https://www.sfu.ca/content/dam/sfu/lgbteol/pdf>.
28. Petzold MB, Bendau A, Plag J, Pyrkosch L, Maricic LM, Betzler F, et al. Risk, resilience, psychological distress, and anxiety at the beginning of the COVID-19 pandemic in Germany. *Brain Behav*. 2020; 10: e01745.
29. Giri SP, Maurya AK. A neglected reality of mass media during COVID-19: Effect of pandemic news on individual's positive and negative emotion and psychological resilience. *Pers Individ Differ*. 2021; 180: 110962.
30. Hansson S, Orru K, Torpan S, Bäck A, Kazemekaityte A, Meyer SF, et al. COVID-19 information disorder: Six types of harmful information during the pandemic in Europe. *J Risk Res*. 2021; 24: 380-393.
31. Romer D, Jamieson KH. Patterns of media use, strength of belief in COVID-19 conspiracy theories, and the prevention of COVID-19 from March to July 2020 in the United States: Survey study. *J Medical Internet Res*. 2021; 23: e25215.
32. UN News. Press freedom critical to countering COVID-19 'pandemic of misinformation': UN chief [Internet]. New York: United Nations; 2020 [cited date 2022 July 29th]. Available from: <https://news.un.org/en/story/2020/05/1063152>.
33. Martela F, Ryan RM. The benefits of benevolence: Basic psychological needs, beneficence, and the enhancement of well-being. *J Pers*. 2016; 84: 750-764.
34. Nelson SK, Layous K, Cole SW, Lyubomirsky S. Do unto others or treat yourself? The effects of prosocial and self-focused behavior on psychological flourishing. *Emotion*. 2016; 16: 850-861.
35. Gratz KL, Tull MT, Richmond JR, Edmonds KA, Scamaldo KM, Rose JP. Thwarted belongingness and perceived burdensomeness explain the associations of COVID-19 social and economic consequences to suicide risk. *Suicide Life Threat Behav*. 2020; 50: 1140-1148.
36. Lades LK, Laffan K, Daly M, Delaney L. Daily emotional well-being during the COVID-19 pandemic. *Br J Health Psychol*. 2020; 25: 902-911.
37. Weikle B. Office work could be changed forever by COVID-19. Here's why that matters [Internet]. Toronto: CBC News; 2020 [cited date 2022 July 28th]. Available from: <https://www.cbc.ca/news/business/office-workers-home-covid-19-1.5711334>.

38. Biancalani G, Franco C, Guglielmin MS, Moretto L, Orkibi H, Keisari S, et al. Tele-psychodrama therapy during the COVID-19 pandemic: Participants' experiences. *Arts Psychother.* 2021; 75: 101836.
39. Delello JA, McWhorter RR. Reducing the digital divide: Connecting older adults to ipad technology. *J Appl Gerontol.* 2017; 36: 3-28.
40. Seabrook EM, Kern ML, Rickard NS. Social networking sites, depression, and anxiety: A systematic review. *JMIR Mental Health.* 2016; 3: e50.



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