

Resilience in Older Adults during the COVID-19 Pandemic:

A Socioecological Approach

Heidi Igarashi, PhD, Maria L. Kurth, MS, Hye Soo Lee, MA, Soyoung Choun, PhD

Dylan Lee, MS, and Carolyn M. Aldwin, PhD

Oregon State University

Author contributions:

H. Igarashi: study design, data analysis, drafted manuscript

M. Kurth: data analysis, edited manuscript

H.-S. Lee: data analysis, edited manuscript

S. Choun: data collection/management/analysis

D. Lee: data collection/management/analysis

C. M. Aldwin: planned overall project, supervised data collection/management/analysis, drafted manuscript

Author Notes:

All authors are affiliated with Human Development and Family Studies, Oregon State University.

Correspondence should be addressed to Carolyn Aldwin, Human Development and Family Studies,  
Oregon State University, Corvallis, OR, 97331.

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## Abstract

**Objectives:** We examined sources of vulnerability and resilience among older adults early in the COVID-19 pandemic.

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

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

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

*Keywords: Qualitative Methods, Stress, Covid-19, Community*

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

#### **Resilience, Positive Outcomes, and COVID-19**

Early definitions of resilience focused on recovery from a threat (Luthar, 2006). Current definitions expand beyond recovery to include processes such as sustainability of purpose, goal directedness, and meaning, during and following adversity (Murray & Zautra, 2012). The ability to have positive experiences during crisis is another hallmark of resilience in later life (Ong et al., 2006).

Masten (2016) broadens the definition of resilience to involve the capacity of a system, from biological to societal influences, to adapt to threat. She argued that resilience resources often cross levels, e.g., community resources providing a context for individual resilience. The COVID-19 pandemic is an opportunity to explore factors at all levels that impact psychological resilience. Qualitative approaches may be useful in identifying emergent factors.

## **Qualitative COVID-19 Studies**

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

## **Present Study**

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

## Methods

### Sample and Procedure

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

### Materials

The survey contained a mixture of scales and open-ended questions. For this study, we focused on two open-ended questions: (1) “During the past week, what was the most difficult thing for you about the COVID-19 situation?” and (2) “During the past week, did anything positive come about because of the COVID-19 situation? If yes, explain.” Wording for the latter question attempted to avoid the influence of social desirability in identifying something positive.

### Analysis

Coding of open-ended questions followed a general inductive approach keeping coding close to respondents’ meaning, process, and actions (Thomas, 2006). Data-driven codes are useful when developing knowledge about an underlying experience rather than applying pre-determined codes (Charmaz, 2014). Analysis was supported by ATLAS.ti (2020). Open coding was conducted by all authors, who self-identified as female, and consisted of two Asian Americans, two Korean nationals, and two non-Hispanic whites, aged mid-20s to mid-60s. Through discussion, 60 open codes for the difficulties were consolidated into nine final codes; 75 open codes from the positives were consolidated into 12 final codes (Table 2; see online Appendix A for criteria).

Intercoder agreement (ICA) was calculated as Krippendorff’s  $\alpha$  within ATLAS.ti (Friese, 2020). Two researchers independently applied codes to the participants’ responses. Quotations were allowed multiple codes. The ICAs for difficulties and positives were .82 and .88, respectively,

indicating acceptable agreement. Disagreements were discussed to resolution. In the process of consolidating these codes, the emergent themes resembled Bronfenbrenner's (2005) ecological model, which reflected personal, interpersonal, and societal levels. Thus, codes were assigned to these three levels.

## Results

Nearly all participants responded to the difficulties question ( $n = 221$ ; 94%). Half (50%) reported difficulties at the personal, 29% at the interpersonal, and 22% at the societal level (average = 21.68). Fewer reported positive outcomes ( $n = 148$ ; 63%). About half (48%) provided positives at the personal, 38% at the interpersonal, and 14% at the societal level (average = 29.39). A logistic regression showed that age group (< 65, 65+) and self-reported health were not significantly associated with reporting a positive, and work status was marginal,  $\beta = -.69$ ,  $p = .06$ , with workers slightly more likely to express positives.

### Difficulties and Positives by Socioecological Level

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

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

expressed *worry for their personal finances* but slightly more reported *financial benefits*, including fewer expenses, stimulus and unemployment payments.

Positives outcomes were more diverse. A quarter reported *keeping busy*, which was the most frequent positive code. Individuals created daily schedules to “maintain a sense of day and time” (ID139). Others enjoyed cooking, completing projects, and *doing something new* including “our first garden” (ID38), jamming with online music groups, and “using Zoom” (ID64).

Some who missed “being out and about” nonetheless enjoyed the *freedom of simplicity*: “life is much simpler and less stressful” (ID4). There was respite from feeling “guilty about not ‘doing’ for others all the time” (ID28). Some who were employed were simply *happy to be at home* and felt “more relaxed” (ID167) and “slowed down mentally” (ID220). They attended to *health and wellness* by improving nutrition and fitness, and some *increased self-awareness*: “more quiet time to pray and contemplate” (ID206). Respondents *experienced gratitude and appreciation* for what was taken for granted pre-pandemic: “I’ve learned how little I need” (ID18) and “have come to appreciate more the ordinary things in life - family, neighbors, the garden” (ID235).

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

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



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

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

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

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

## Discussion

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

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

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

At the interpersonal level, a dialectic between social isolation due to lockdown and efforts for closeness was described. Respondents expanded ways to maintain social connections and many reported deepening relationships with family, as well as gratitude for these relationships. Interpersonal connectivity, shared positive experiences, and social solidarity ameliorated their psychological distress. As Luthar (2006, p. 780) stated, "resilience rests, fundamentally, on relationships." Unique to

our study were descriptions of being uplifted by witnessing community engagement and making tangible contributions. A community's ability to overcome adverse events through purposeful and collective actions of its members, reflects both individual and community resilience (Cohen et al., 2016).

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

### **Limitations and Future Research**

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

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Due to the sensitive nature of the data collected by this study and IRB restrictions, only the coding scheme and analytic methods will be made available from [Igarashh@oregonstate.edu](mailto:Igarashh@oregonstate.edu). This study was not preregistered.

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*Note:* Sample sizes may vary due to missing data. \*Omitted in regression due to small cell size.

**Table 1***Sample Characteristics (N = 235)*

Characteristic	<i>n (%)</i>	<i>M (SD)</i>
Age (range 51 - 95)		71.35 (7.39)
≥ 66	189 (80.77)	73.70 (6.01)
Gender		
Female	173 (73.62)	
Ethnicity		
Non-Hispanic White	211 (92.14)	
Educational Attainment		
< BA	32 (13.68)	
BA/BS	92 (39.32)	
Graduate	110 (47.01)	
Marital Status		
Married, civil commitment, cohabitating	168 (73.36)	
Never married, widowed, separated or divorced	61 (26.64)	
Self-Reported Health Rate (range 1-5)		3.90 (0.85)



Employment Status

Retired	165 (70.82)
Working	65 (27.90)
Unemployed/Laid off*	3 (01.29)

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Table 2

*Inductive Codes for Difficulties and Positives Grouped by Socioecological Level*

<b>Difficulties Codes (<i>n</i> = 221)</b>	<b>n (%)</b>	<b>Positives Codes (<i>n</i> = 148)</b>	<b>n (%)</b>
<b>Personal</b>			
Difficulties with EPA		Keeping busy	36 (24.3)
and consequences	97 (44.9)	Freedom of simplicity	22 (14.9)
Psychological distress	55 (24.9)	Doing something new	20 (13.5)
Worry about personal finances	3 (1.4)	Health and wellness	15 (10.1)
		Increasing self-awareness	15 (10.1)
		Experiencing gratitude and	
		appreciation	13 (8.8)
		Financial benefits	8 (5.4)
		Happy to stay home	6 (4.1)

## Interpersonal

Struggles with interpersonal

connections 66 (29.9)

Concern for close others 15 (6.8)

Valuing time with family

and friends 41 (27.7)

Sense of community 38 (25.7)

## Societal

Cultural divide 45 (20.4)

Concern for society 19 (8.6)

Reactions to COVID-19 cases 11 (5.0)

and deaths

Concern for community others 11 (5.0)

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Social optimism 16 (10.8)

Improving environment 11 (7.4)

**Table 1**

*Sample Characteristics (N = 235)*

**Table 2**

*Inductive Codes for Difficulties and Positives Grouped by Socioecological Level*

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