



Review Article

Resilience for Psychological Impacts of COVID-19 Pandemic on Older Adults in Thailand

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Abstract

The novel Corona virus has become an emerging disease that challenges the health care system. The impacts of this virus as a new pandemic do not create only the loss of people's lives, but also the economic crisis worldwide. As a result, psychological impact of older adults such as fear, anxiety, loneliness and depression are increased. Older adults are at a high risk to pandemic and psychological distress. Apart from medications and psychosocial therapies, resilience would help older adults respond to the crisis situation. The chief purpose of this brief review article is to analyze and discuss resilience to relieve suffering and help the older adults overcome this critical time when the ongoing novel Corona virus pandemic situation in Thailand is continuously aggravating. Older adults experience physical decline, chronic illness and psychological distress as adversities. Resilience process through social coping resource is described that individuals promote resilience in a way of positive adaptation. Resilience building for Thai older adults are discussed. The strength of health knowledge and practice of health care providers influence trust and health behaviors of Thai older population. Guidelines of caring for older adults and self-prevention increase resilience and well-being. With the respect of Thai tradition and culture including the Buddhist way of life, most older adults received good care from family members and communities. This strategy develops resilience to deal with the pandemic. Finally, the social campaigns and the community project are powerful strategies that encourage people to fight for pandemic. Social

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coping resource that reflects Thai belief about elder respect and health care focuses and strengthen psychological and community resilience.

Keywords: COVID-19; older adult; Psychological impact; Resilience

Introduction

Since early December in 2019, the situation of the ongoing pandemic of Corona virus disease has seriously progressed around the world. The Corona viruses are a diverse family of viruses that can cause deadly infectious diseases. For example, the Middle East Respiratory Syndrome (MERS), the Severe Acute Respiratory Syndrome (SARS) and the Bird Flu. Despite the fact that other Corona viruses began many decades ago, this new Corona virus spreads very fast. It was officially named "SARS-COV-2" or "nCOV-2019" [1]. Inevitably, the novel Corona virus has become an emerging disease that challenges the health care system. The impacts of COVID-19 as a new pandemic do not create only the loss of people's lives, but also the economic crisis worldwide. It has been claimed that what the Corona virus could leave behind is bankruptcy for all business levels. At present, the Novel Corona virus has rapidly increased and been transmitted on a large scale. One of the most distinctive characteristics of COVID-19 is that it can be transmitted from person to person with or without any symptoms such as fever, coughing, or sore throat. As a result, COVID-19 is an infectious disease that is more frightening than other viral infectious diseases in the past.

Older adults are at a high risk to COVID-19. This is also true for individuals with some chronic diseases. There are three reasons why COVID-19 is more dangerous for older adults. First, the physiological immune systems of older adults decline. A study of the immune function between male and female older adults indicated naïve T-cell and B-cell in male older adults decreased while functions of B-cell specific gene increased in female older adults [2]. Second, their living environment is another factor leading to risk conditions. The older adults who live in institutional housing, a residential facility, or even a crowded building may face a higher possibility to be infected [3]. Finally, the unavoidable situation is another risk factor to have COVID-19. The situation refers to an isolation or dependent condition. When older adults are isolated, they may not be able to receive updated health information. Possibly, it is difficult for them to prepare food or store necessities for their daily consumption. In addition, there may be individuals who are dependent due to very complex medical conditions, unable to care for themselves in order to stay safe from the COVID-19 transmission.

With high risk of this pandemic, many reports showed that the mortality rate of older adults was relatively high. A report from the Chinese Centre for Disease Control and Prevention discloses that there was a 3.6% mortality rate found between 60 and 69 year olds, 8% between 70 and 79 year olds, and 14.8% from 80 year olds and above [4]. This report explained further that most of these infectious

elderlies suffered from acute respiratory distress syndrome with the most severe effects being on the function of the lungs. The other serious physical cause of death was heart attack. Despite too many physical health-related diseases, COVID-19 greatly affected people's mental health. Psychological impacts to this pandemic can take place at any of these stages: the beginning of the outbreak; the self-quarantine; and the recovery period. The degree of psychological impacts can also be varied from low to high. The psychological impacts include fear, panic, stress, anxiety, loneliness, depression and post-traumatic stress disorders. While the COVID-19 is continuously spreading as pandemic across the globe, the aforementioned mental health problems might arise.

An example of the psychological impacts of the initial survey by the students' project found that 34 % of people in a community had fear and anxiety about COVID-19 infection [5]. In Thailand, a brief survey of anxiety screening within one month (April 2020) reported that respondents expressed a level of anxiety differently: 7.42% with mild anxiety, 75.89% with moderate anxiety, and 16.01% with severe anxiety [6]. Several tracking polls reported 13% of older adults felt depressed, 22.6% felt worried, nervous, and anxious and these worries could last for a day, a week, or a month [7]. Apart from medications and psychosocial therapies, resilience or preparedness would help respond to the crisis situation. The chief purpose of this brief review article is to analyze and discuss resilience as a process to relieve suffering and help the older adults overcome this critical time when the ongoing COVID-19 pandemic situation in Thailand is continuously aggravating.

Concept of Resilience

Although COVID-19 is a crisis situation leading to significant loss and suffering to human beings, it could be an opportunity to create new knowledge, modern technology, and ways of living to survive. The adaptability or personal characteristics can assist those who admit that the world is always encountering changes. In short, flexibility refers to resilience. Several researchers defined resilience as trait, process and outcomes. As the first part of the definition, resilience means personality, or personal characteristics that help adjust oneself to the circumstances [8]. Corner and Davidson [9] defined resilience as the ability of individuals to cope with adversity or stressful life events. In an addition, Ahern [10] viewed resilience as personal qualities to adapt and resist from stress in lives. The personal trait of resilience can be strengthened when individuals can overcome difficult situations. These characteristics include positive viewpoints, abilities to bounce back, crisis management, flexibility, emotional regulation, patience, action orientation and sense of humor etc.,

Regarding to the second part of the definition, resilience is a process that is changeable and interactive within contexts of biological, psychological and environmental conditions [11,12]. Resilience of individuals is changeable according to perceived stress, adapting mechanisms in physical and psychological and within specific situations. Resilience of one person can be similar to or different from that of another person. Currently, the consensus of resilience concept is exemplified in multiple levels of related contexts. The construction of resilience is complicated and varies from context to context including individual, family, organization, social and cultural backgrounds [13]. In addition, resilience is viewed as an adapting process using resources of context to recover from suffering situations.

In relation to the third part of the definition-resilience as outcome, Van Breda [14] delineated the link between adversity and resilience as outcome. Adversity can be stress, disasters, illness, loss, and difficult times. When an individual experiences adversity in life, she/he will develop an adaptive process to bear the hardship. This resilience as process leads to a better condition than resilience as outcome does [14]. Furthermore, resilience has been built upon contexts of situation such as individuals, communities and organizations. The characteristics of resilience in older adults consist of physical, mental and social components which are multi-dimensions [15]. Resilience as outcome results from the development of multilevel systems of learning/co-learning, re-organizing, re-structuring, re-building or renewal of individuals [16]. Several measures of resilience in adults and older adults include the brief resilience scale [17], the psychological resilience [18], the Connor Davidson Resilience Scale (CD-RISC) [9], the Resilience Scale for Adults (RSA) [19] and the Resilience Scale [8].

Resilience during the COVID-19 pandemic for older adults in Thailand

In this brief review, resilience that involves psychological impacts for Thai older adults will be illuminated. Currently, resilience is conceptualized as an adaptive process that people cope with life-suffering to achieve better outcomes. Findings of studies indicated that resilience associated with adversity, social coping resource and outcomes [20]. The impacts of COVID-19 transmission involve physical and mental health problems of older adults, leading to risks of life and death, vulnerability and negligence, threatening social network and wellbeing [21]. Resilience preparedness for older adults is thus considered an effective solution to provide the elderly with care while they are facing adversity (Table 1).

In Thailand, an increasing share rate of older people is 13%, 19.6%, 26.2%, and 29.6% in 2020, 2030, 2040, 2050 respectively [22]. Health care and welfare for the elderly has been launched as the national agenda. Additionally, older adults are a vulnerable group of people who are at risk of catching the coronavirus infection. Without a doubt, they receive a lot of attention from the Department of Disease Control, the Department of Mental Health under the Ministry of Public Health as well as the Ministry of Social and Human Security. When assessing adversity of Thai older adults during the COVID-19 pandemic, the physical decline and chronic illness are main risk factors of health related to the infected COVID-19 and associated with resilience. Also, psychological responses such as extremely frightened, fear, anxiety, feeling stressed, angry, or loneliness are associated with resilience [1]. Moreover, sense of control, emotional management, religion, and wisdom are related to resilience of older adults during the crisis [23]. Older adults with dependence who need caregiving live in institutions while those who are independent live with families. With the health conditions plus COVID-19 transmission, Thai older adults are more likely to be vulnerable than psychological distress. In a similar fashion, Chinese older adults during the Severe Acute Respiratory Syndrome Corona virus 2 (SARS-CoV-2) are at risk to mental health problems, psychiatric disorders and daily functioning impairment [24].

Regarding to the resilience process, social coping resource describes that individuals promote resilience in a way of positive adaptation. They are able to adapt and recover their lives by using self and social resources. First, it is due to their respect of health knowledge given by healthcare providers, especially, the physicians called

“doctors”. In the Thai healthcare system, the role of physicians has more influence on most patients, clients, and family members. Physician-patient relationship involves health services of patients and their families. Physicians as medical dominance are trusted by patients resulting in highly effective treatments and health care collaboration [25]. However, nurse-patient relationship is the initiative rapport in nursing care.

Adversities	Social coping resource	Outcomes
Physical decline and chronic illness	<ul style="list-style-type: none"> The respect of health knowledge and health care of healthcare providers The guidelines of caring for older adults: correct health information, observe, listen to, clear communication, inviting to do activity with caregiver Recommendation for self-prevention: wash hands, avoid getting infection, reduce spread of disease 5 COVID prevention: adequate eating of healthy food, regular exercise, positive mental outlook, adequate rest, social distancing 	Well-being Resilience Independent living Successful aging
	Care for older adults: <ul style="list-style-type: none"> Be alert for atypical symptoms Put on face mask Watch for “depression” Influenza vaccine Washing hands Be careful of falling 	
Psychological distress	<ul style="list-style-type: none"> Thai culture and Buddhist aspect: filial piety or gratitude value called “ka-tan-yu” 	
	<ul style="list-style-type: none"> The project of “the Mental Vaccine in Communities”: 4 building & 2 using 4 building: safety, peaceful, being hopeful, understanding with providing opportunity 2 using: community potential utilization and positive relationship through positive and expedient communication 	
	<ul style="list-style-type: none"> Effective communication 	
	<ul style="list-style-type: none"> Get together, save nation fight COVID 	
	<ul style="list-style-type: none"> We will go through COVID situation together/ Don't be careless, don't let your guard down & always maintain self-care & prevention Mental health service/ hotline 	

Table 1: Resilience preparedness of older adults during COVID-19 pandemic in Thailand.

The building of trust between nurses and patients leads treatment adherence, patient and family participation and collaborative care. Thai nurses provide direct care and other roles in managing care for older adults. For examples, Thai nurses promote physical, mental and well-being in health among older adults [26]. Furthermore, patient participations in health care create patient safety of health service because patients are encouraged to ask what they do not know about diseases and treatments with advantages and disadvantages [27]. Although COVID-19 is a pandemic in Thailand like in other countries, most of Thai people trust and have confidence about health knowledge and practices given by healthcare providers. Health care systems are more likely to prevent pandemic in all provinces of Thailand from spreading. Health care teams in addition are able to treat those infected very well. Second, the attention of good care for the elderly as one of the major concerns, reflects the Thai tradition and culture including the Buddhist way of life as well as Asian way of living. Filial piety

or gratitude value called ka-tan-yu in Thai, is still a substantive value that children return good care for their parents [28]. Therefore, most of the Thai families strictly apply information about good hygienic care to their parents, grandparents and elderly members. Good hygienic care includes having hot cooked food with their own spoons, washing hands more frequently, and wearing masks when going outside [29]. Another effective control is known as physical distancing, which allows family members or people to physically stay away from one another. Alternatively, they are highly motivated to use communication devices such as mobile phones and video cameras to aid their online communication. Undoubtedly, these communication platforms are increasingly popular at this time. Older adults prefer their family members or close relatives and friends to talk to them more frequently. It is perceived as being cared for and listened to. Caring for older adults also includes taking them to the hospital to receive treatments, to follow up results, to prepare documents about health, history and medication. Maintaining mental connection with older adults can help decrease their stress and encourage them to build resilience [30]. From a positive standpoint, this strategy would help develop resilience to deal with the pandemic.

Resilience building for the older adults who live in institutions or long-term care facilities is also considered. In general, most Thai elders live with families and receive care from their family caregivers or paid caregivers. Some older adults stay in institutions such as residential homes, assisted living facilities, nursing homes, long-term care hospitals and hospice care settings. Three levels of care are needed for older adults no matter what type of resident they are. They include total care needs or dependence, partial care needs or partial dependence, and no care needs or independence. Both private and government organizations provide guidelines to prevent the COVID-19 pandemic from spreading to the older adults complying with the strict hygienic guidelines. This strategy assures that the elderly will stay safe and be positive to overcome this critical time.

Based on the community resilience, the Thai government invites some private companies to collaborate on brainstorming plans to battle against COVID-19 and to protect lives of Thai people long term. The government and private sectors stimulating people’s awareness of COVID-19 protection through the use of various slogans as campaigns such as “Stay Home, Stop Germs (Coronavirus), and Help the Nation”, “Get Together, Save Nation Fight COVID.” Other slogans are used to prohibit events and gatherings of people such as “The Doctors Save Us, and We Save the Doctors”, or “The White Heroes”. Moreover, the Center for COVID-19 Situation Administration (CCSA) provides a daily updated report on the number of new cases, undergoing treatments, deaths, and recovered cases [29]. This daily report also sheds light on giving knowledge and raising protective awareness about COVID-19 protection and prevention. The reliable source of communication from the government builds up public trust to people to follow the guidelines according to the regular reports [31].

In addition, the Department of Mental Health provides useful information about how to prevent and handle the Corona virus situation. The Department of Mental Health promotes community resilience by providing health education on different social media platforms such as Facebook, Twitter, Line and Youtube. The project of “the Mental Vaccine in Communities” is an example of powerful activity that encourages community members to participate in problem solving tasks [6]. The mental vaccine consists of four building components and two participation techniques. Four components of the

development of resilience in the community are safe feeling, peaceful mind, hope and understanding with an opportunity. Some activities of pandemic prevention such as cleanliness, social distancing and proper communication techniques are provided. Standard health information and relaxation techniques are disseminated by radio, social media and health care volunteers. Health education that is correct, clear and consistent can also create peaceful atmosphere in the community. Basic needs such as public transportation and food provisions are prepared for people. Financial healing is launched to aid people whose financial security has been damaged by COVID-19. Sharing knowledge, living innovation, and human kindness lead to hope, strength and adaptation in communities. In addition, understanding the pandemic situation and providing opportunity to recover without feeling shame increases community resilience. Participation techniques are community potential utilization and positive relationship through positive and fast communication. This mental vaccine project is in progress on Thai population and encourages them to fight against the spread of COVID-19 together.

Conclusion

It is said that the impact of COVID-19 pandemic influences all the countries in the world. Global health issues are carefully considered for everyone at all ages. Specifically, older adults however are at high risk. Thailand, as other countries, tries hard to control the transmission of the novel Corona virus. During this difficult time, the psychological distress of older adults may occur. Fortunately, the healthcare system in Thailand is effective and convenient for Thai people to follow in order to protect themselves and their families. A concern of health care leads to the disease transmission control. Regarding to the Thai culture, older adults are the population who receive the best care from healthcare providers, family members and people in the community. Resilience as process needs social coping resource that reflects Thai belief about elder respect and health care focuses. Consequently, several effective strategies of social coping resources strengthen psychological and community resilience.

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