



Older Adults' Experiences and Adaptation Strategies during the Midst of COVID-19 Crisis: A Qualitative Instrumental Case Study

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Background: This study aimed to validate one of the propositions of the Need-Threat Internal Resiliency Theory. **Methods:** This study used an instrumental case study of five participants to qualitatively explore older adults' experiences and adapting strategies during the coronavirus disease 2019 (COVID-19) crisis. We selected participants based on parameters and conducted in-depth interviews of 15–30 minutes. The transcribed responses were then analyzed using a phenomenological holistic description. **Results:** Five major themes emerged to explain and describe the various experiences of coping with COVID-19, known as internal resiliency, developed by the older adult participants in response to the perceived threat from this crisis. **Conclusion:** These findings showed that older adult participants had established internal resiliency in response to changes caused by the COVID-19 crisis, resulting in adaptation and coping with the situation, consistent with one proposition of the Need-Threat Internal Resiliency Theory.

Key Words: Aged, COVID-19, Psychological resilience, Qualitative research, Coping behaviors, Philippines

INTRODUCTION

Because of their social vulnerabilities, older persons are among the most affected special population during the coronavirus disease 2019 (COVID-19) pandemic.¹⁾ Moreover, this population has higher risks of acquiring such illnesses owing to their advanced age and the presence of chronic comorbidities.²⁾ In the Philippines, there were 1,276,004 confirmed cases of COVID-19, with 21,969 deaths, with a high mortality rate disproportionately affecting older Filipinos.³⁾ This health crisis has a notable disproportionate impact on most marginalized and vulnerable individuals, including older adults.⁴⁾ The incidence of diseases, such as hypertension, diabetes mellitus, heart failure, and some respiratory problems, in most older people has greatly affected the prognosis of most patients with COVID-19, especially those aged 60 years and above.⁵⁾ Moreover, compared to younger adults, older people affected by this illness have higher numbers of documented cases and risk of

developing complications related to COVID-19 owing to the abovementioned factors.⁶⁾

Filipinos in their later years are often strongly religious and hold strong beliefs about God's influence on their health and well-being. Their deep spirituality and faith serve as a source of strength and protection against stress and sorrow.⁷⁾ For older adult Filipinos, regularly attending church (masjid for Muslims) services and participating in church events are normal routines in their everyday lives.^{7,8)} However, the social restriction measures that the society was forced to implement have created imbalances and disrupted the social interaction of older persons within their respective communities.¹⁾ These policy decisions and actions have aggravated the conditions of these older individuals, in turn resulting in poor healthcare access and limited sources for their individual basic needs.⁹⁾ Social isolation and disconnection itself poses a serious health concern in this special group considering both psychosocial and physiological aftereffect it may create during such crisis which

includes mental health issues and other at-risk health problems.¹⁰⁾ In fact, multiple studies have shown that this COVID-19 crisis has led to psychological morbidities in older people including but not limited to depression, anxiety, increased level of stress and fear, sleep disturbance resulting to poor sleep quality, accelerated cognitive decline and some physiological problems such as poor cardiovascular and impaired immunity functions while on home or quarantined at healthcare facilities.^{2,11)}

Social engagement which includes meaningful interactions and connectedness with others is an essential stimulus necessary for older person to improve their physical and mental health as individuals.^{1,6)} Positive social connections and relationships are considered to be an integral factor for older person's well-being as social beings.⁴⁾ Hence, in the presence of this social disequilibrium, older adults are triggered to develop strategies in order to cope with such situation.^{1,2)} These coping strategies are natural adaptive capacities known as internal resiliency¹²⁾ developed by older person in respond to the process of ageing and stressful life experiences such COVID-19 crisis.¹⁾ Coping strategies are essential factors that determine one's well-being in old age.¹³⁾ It compensates or alleviates stressful circumstance through reformulation and adjustment to a new and positively assessed environment.^{12,13)}

The theory on need-threat internal resiliency proposed that in times of crisis, health needs develop into a health threat that compels older persons to develop internal resiliency in order to preserve their integrity, well-being and quality of life as individuals.¹²⁾ Internal resiliency refers to the ability to adapt well in the face of adversity, dangers, trauma, or significant sources of stress, collectively known as crisis (e.g., COVID-19 pandemic), to sustain a sense of purpose and vigor, as well as to emerge stronger from such stressful situations.^{1,12)} In connection, this study aimed to validate one of the assumptions of this theory which states that in times of crisis when threat is perceived, older persons developed a sense of internal control and adaptation to the changes it creates known as internal resiliency,¹²⁾ through a qualitative exploration of older person's experiences and coping strategies in the midst of COVID-19 pandemic crisis. Instrumental case studies allow the researchers to utilize the case as a comparison point in different circumstances where the phenomenon may be present while testing established theories.¹⁴⁾

To produce novel insights and a more detailed understanding of complex realities, diverse lived experiences, and how older people are making sense of and coping with what is happening around them during this crisis, qualitative insights are needed, influencing their resiliency and adaptation to such difficult situations as the COVID-19 pandemic.¹⁵⁾ Moreover, understanding these factors and mechanism that drives older adult's internal resilience during

such situations could guide healthcare practitioners including nurses in providing an effective and efficient intervention approaches to such special population who have been greatly affected by this pandemic illness.^{6,16)}

MATERIALS AND METHODS

Design

A qualitative instrumental case study was adopted to conduct this research. This approach refers to the inquiry of a case (e.g., an individual or specific group) to provide insights regarding a particular issue (such as COVID-19) and the development of internal resiliency in older people owing to the threat it creates among this population.¹⁷⁾ This design allows researchers to use the case as a comparison point in other situations where the phenomenon might be present while developing and testing an established theory.¹⁴⁾

Participants and Setting

The target population in this study was (1) older adults aged at least 65 years; (2) currently living within the transitory shelters of Barangay Sagonsongan in Marawi City, Philippines during the peak months of the crisis between March and December 2020; and (3) showing any qualities or characteristics of adaptation during the COVID-19 crisis (e.g., calmness or an absence of fear and anxiety owing to the ongoing health crisis). This group of people has been greatly affected by the pandemic crisis in terms of economic and health resources, considering their societal status and as victims of the previous Marawi siege crisis. The Marawi siege, a violent conflict between government forces and pro-ISIS (Islamic State) militants in the city of Marawi, forcibly displaced 98% of the city's inhabitants, including older adults, who were forced to flee owing to severe food shortages and economic constraints.¹⁸⁾ As such, the present study selected these older residents of transitory shelters as target participants based on their experiences in both past and present crises.

Sampling

We applied non-probability sampling using the purposive and snowball approach to identify five participants included in the final analysis. The sample size was determined by data saturation, which occurred when no new themes emerged from the participants' responses following data processing.¹⁷⁾ Purposive sampling uses the judgment of an expert or researcher to identify information-rich cases related to the phenomenon of interest¹⁷⁾ and is widely used in qualitative research such as instrumental case studies.¹⁹⁾

Instrument & Data Collection

An open-ended guide questionnaire tool was used to collect data during individual in-depth interviews of 15–30 minutes. Some of the questions were as follows: (1) “What is it like to live during the COVID-19 pandemic crisis?” and (2) “What are the challenges you have encountered during the COVID-19 pandemic crisis and what did you do to cope with such circumstances?” A probing question was asked to encourage the participants to provide more details about their experiences. Three qualitative research experts evaluated the guide questionnaire for appropriateness based on the research objectives. We performed a qualitative simulation before actual data collection to identify possible behaviors during the interview process. Rigor in qualitative trustworthiness, including credibility, transferability, dependability, and conformability, was strictly observed.¹⁷⁾ This included confirming with each participant that the detailed description accurately reflected their experiences of coping with the COVID-19 crisis, as well as noting any unclear or misinterpreted themes or discussions, prompting the researchers to amend the relevant descriptions.

Ethical Considerations

We obtained informed consent from all participants and strictly observed health measures regarding COVID-19. The College of Health Sciences of Mindanao State University Ethics Review Committee provided ethics clearance (Approval code: CHS-16-2021) as part of the research protocol included humans. Participants were anonymized by using code names (e.g., P1) during the transcription and analysis of their respective responses. The participants were free to withdraw from the study at any time even after signing the informed consent without any consequences on their part. Participation was voluntary, and no compensation was provided to the participants after the interview.

Analysis

Phenomenological analysis using a holistic description of the bounded phenomenon was adopted to identify themes supporting the study objective.²⁰⁾ This thematic analysis goes from the original data to the identification of meanings of the participant's verbatim responses, which are then organized into patterns and combined into themes related to the research aim and actual context.^{17,21)}

RESULTS

Characteristics of the Key Participants

The key informants for this qualitative instrumental case study included five older adult participants comprising four women and one man aged 65–75 years (Table 1). Most participants were wid-

owed and were living in transitory shelters of the Sagonsongan area in Marawi City since COVID-19 began in 2020.

Thematic Analysis

Sixty-two significant statements from the five older adult participants were extracted from the interview transcripts to generate meanings from their verbatim responses. Careful analysis of these statements revealed five main themes and 13 subthemes that explained the experiences and coping strategies of older adults during the COVID-19 crisis. These themes and their corresponding subthemes are summarized in Table 2 and discussed further in the following sections.

Theme 1: Everyday Struggles

This theme included three subthemes, as described below. During a crisis, older adults' constant challenges with their daily lives forced them to adapt and deal with the situation, a process referred to as internal resiliency.

Table 1. Participant profile

Code name	Age (y)	Sex	Civil status
P1	75	Female	Widowed
P2	67	Female	Widowed
P3	72	Female	Widowed
P4	66	Female	Widowed
P5	65	Male	Married

Table 2. Derived themes and subthemes

Theme	Sub-theme
Everyday struggles	Prohibited from going outside and activity limitations
	Insufficient government support
	Lack of income or livelihood
Embracing reality	Acceptance
	Left with no other choices
Cultivating a strong spirituality	Belief in one's fate
	Surrendering self to God and being left without fear
	Strong belief and trust in God
	Considering the situation to be a blessing from God
Finding things to enjoy	Practicing religious rituals and prayers
	Alternative diversional activities to alleviate boredom
Health consciousness	Observing and taking precautions regarding one's health
	Misconceptions regarding COVID-19

COVID-19, coronavirus disease 2019.

Sub-theme 1: Prohibition of going outside and limitation of activities

Most participants reported that the restriction of their normal activities, namely the prohibition of leaving their respective residences, caused them more difficulties than the threat that this virus posed to their health as older adults. These movement restrictions forced the participants to individually adapt and cope with their everyday lives, as indicated by one of the participants' statements:

"When we talk of the way I live right now, I am not having a hard time because of this COVID-19 crisis but because of the protocols in which we are being prohibited to go outside." (P1)

Sub-theme 2: Insufficient government support

The participants indicated that the government provided very little support since the crisis began. Moreover, some of the participants had not received any government assistance during the pandemic crisis. Thus, they were forced to seek alternative sources of living, such as financial help from relatives or neighbors, to survive and cope with the challenges that this crisis imposed on them as older adults. This was supported by the following statement from one of the participants:

"Since they had initiated this strict lockdown policy every Sunday's, we are having a hard time to find ways where we can get our source of living considering that there was no any constant reliefs or aids from the local government." (P2)

Sub-theme 3: Lack of sources of income or livelihood

The participants also described the difficulties they had experienced in surviving this pandemic crisis, not because of the health threats posed by the illness but rather due to the challenges associated with a lack of financial resources. Some participants were still living with their grandchildren who were also responsible for them. Despite these difficulties, the participants were forced to find ways to adapt and cope with the crisis by looking for possible sources of income. This was supported by the following statement from one of the participants:

"What makes it difficult for us now is that no one wants to buy what we sell and we can't also look for another source of living due to this pandemic." (P5)

Theme 2: Embracing Reality

This theme included two subthemes, as described below. When a crisis arises, an older adult embraces reality to adapt to the situation, which is referred to as internal resiliency.

Sub-theme 1: Acceptance

According to older adult participants, such crises have happened before, and the only thing that they can do is recognize their existence in our society. They indicated that they must accept this situation to adapt and continue what they have become used to in life. This was supported by the following statement from one of the participants:

"What is happening now is the same as what happened before which they called measles but all we can do is have patience and to accept the reality because it already happened and came to us." (P4)

Sub-theme 2: Left with no other choices

COVID-19 left most of the participants feeling that they had no choice but to recognize its presence and accept that they must leave it to God and adapt to certain circumstances to live as they had become accustomed. This was supported by the following statement from one of the participants:

"I don't have a choice but to leave this with God, that's the reason I am saying that we are not having a hard time because of this COVID-19 crisis." (P1)

Theme 3: Cultivating a Strong Spirituality

This theme included four subthemes, as described below. To respond to this situation, older adults typically cultivated a deep spirituality during times of hardship (crises), which is referred to as internal resiliency.

Sub-theme 1: Belief in one's fate

Most participants expressed the value and critical need to believe in one's destiny to adapt and deal with the pandemic crisis. Accordingly, they also felt that if God allowed you to become infected, even if you planned to hide, you would become infected and would be unable to avoid the virus. This view was supported by the following participant statement:

"One of the blessings of God for me is that I haven't been to doctor since this pandemic happened because I believe that man was resurrected in this world with fate. This mean that what a person does or is doing is what God will give him. A person can work to get sick if he or she does not avoid them." (P3)

Sub-theme 2: Surrendering self to God and being left with no fear

Most older adults in this study said that they had surrendered themselves to God's will and that what matters was that they were

following and practicing the prescribed preventive measures to avoid being infected with this virus. They said that they felt unafraid, knowing that God would be there to support and help them no matter what challenges the crisis brought to them as individuals. This belief was illustrated by the following participant statement:

“I always come to God when I have a problem and I’m having a hard time. Like the previous days where we had difficulties and problems with livelihood and what I did was I trusted him and reported all these problems during my prayers and a few days later, his help came to my family.” (P4)

Sub-theme 3: Strong belief and trust to God

Older adult participants claimed that they worshiped and strengthened their relationship with God while also placing their complete confidence in God during this crisis as they believed that faith and prayers were the only factors to help them forget problems brought about by the current pandemic crisis. Therefore, the participants reported feeling at ease and experiencing a lack of anxiety when going about their daily lives during the crisis. This feeling was supported by the following participant statement:

“God knows that the only thing I am doing is to worship him and I always ask for help from him to exclude me from getting infected from this virus.” (P1)

Sub-theme 4: Considering the situation as a blessing from God

The participants reported that trials and crises such as COVID-19 are blessings from God since they teach us to appreciate the little things in life. This was also his way of making them feel and understand that all powers belong to God and that God is the only one who can turn negative situations into positive ones. This view was supported by the following participant statement:

“This is one of the blessings of God (ALLAH swt) for us to know our current standing as of today.” (P3)

Theme 4: Finding Things to Enjoy

This theme included two subthemes, as described below. To adjust to unforeseen circumstances, such as crises, older adults are triggered to cope by having something enjoyable to do, which is known as internal resiliency.

Sub-theme 1: Practice of religious rituals and prayers

According to the participants, one of the main coping mechanisms during the pandemic crisis was reading the Qur’an (the holy book

for Muslims) and conducting their routine prayers daily. They indicated that these actions provided them strength and protection to prevent COVID-19. Accordingly, they helped the participants to adjust and appreciate things the way they did before the crisis by observing religious rituals and prayers at home. This is supported by the following participant statement:

“What I usually do to cope from this situation is I keep on performing daily prayers and ask God to end this pandemic so that we can go out.” (P4)

Sub-theme 2: Alternative diversional activities to alleviate boredom

To address this situation, most of the participants sought alternative diversionary activities, which also made them appreciate the simple activities in which they had participated before the pandemic, resulting in adaptation to the ongoing crisis, such as gardening in their small backyards, watching television with their loved ones, and having a brief talk with their neighbors. This was supported by the following participant statement:

“These little flowers we’ve planted on the sides of our house are the only thing that helps me to get rid of my boredom.” (P2)

Theme 5: Health Consciousness

This theme included two subthemes, as described below. During a crisis, older adults tend to be more health-conscious, particularly when a threat is perceived, which motivates them to cope with the situation, a tendency referred to as internal resiliency.

Sub-theme 1: Observing and taking precautions regarding one’s health

As a result of the danger that this illness posed to their health, most older adults admitted to being more health-conscious. They also described having been extremely vigilant in following and putting into practice the recommended health precautions to avoid contracting COVID-19. These shifts in health-seeking attitudes compelled them to respond to the pandemic’s continuing crisis. This change was supported by the following participant statement:

“What I did was I continued to avoid the prohibitions in my illness so I was also kept away from the need for a doctor’s help. I continued to avoid do and don’ts in my illness. I have been very careful.” (P3)

Sub-theme 2: Misconceptions regarding COVID-19

Most study participants acknowledged having certain misconceptions about the current health crisis. These misunderstandings re-

sulted from a variety of factors, including hearsay and a lack of information about the disease. Owing to their uncertainty regarding the virus, the participants become more health-conscious, especially in terms of following health precautions to avoid being infected, which required them to adapt or cope with the current pandemic crisis. This change was supported by the following participant statement:

“I am still undecided whether I will give my consent to be vaccinated in case there’s this vaccine to be allotted for the whole community due to the different issues and hearsays existing about this vaccine.” (P2)

DISCUSSION

This study tested one of the assumptions of Need-Threat Internal Resiliency Theory, which states that when a threat is perceived in times of crisis, older persons develop a sense of internal control and adapt to changes caused by the crisis, known as internal resiliency. We identified five key themes, each of which illustrated and described the different internal regulations and adaptations that evolved to adapt or cope with the ongoing pandemic crisis, as proposed by the Need-Threat Internal Resiliency Theory.

The first theme, everyday struggles, explains how, during the COVID-19 crisis, challenges with their daily lives forced older adults to adapt and deal with their situations, a response referred to as internal resiliency. As we face the COVID-19 crisis, older adults are among the most vulnerable populations because the pandemic has severely tested their resources and capacities for adaptation and resilience.²²⁾ The individual coping strategies in this population are significantly affected by financial problems.²³⁾ These events may be attributed to the imposition of community quarantines and lockdowns in most areas, in which public and private establishments, including businesses, public transit, workplaces, and other essential operations, were halted for months, causing vulnerable communities (e.g., older adults and people living in poverty) to struggle in terms of day-to-day survival.^{23,24)} These preventive community strategies have made it impossible for older persons to leave their homes, even to obtain basic necessities, without making other arrangements for food and social security. Furthermore, in most cases, as was the case for the participants in this study, community outreach programs were disrupted, adding to the structural alienation of older adults during the pandemic. The findings of this study, in which most of the older adult participants expressed financial insecurity and a lack of income, were consistent with Li and Mutchler²⁴⁾ prediction that the financial resources of the older population would be severely impacted due to the COVID-19 cri-

sis.

The second theme, embracing reality, described how, during the COVID-19 pandemic, older adults created a sense of internal resiliency by embracing reality to adapt or cope with the current crisis. Religion, spirituality, and belief systems have always played a variety of roles in the daily lives of older adults, including providing strength, hope, and comfort in challenging situations, such as the COVID-19 crisis.²⁵⁾ With age, these beliefs become even more important as they serve as a foundational source of strength for achieving positive health outcomes and fostering coping mechanisms, particularly in times of adversity owing to various life crises.²⁶⁾ These aspects are critical and unique features of resilience in the older population as they are effective coping mechanisms that allow them to adjust to their evolving needs.²⁷⁾ The participants’ descriptions of how they have recognized the COVID-19 crisis as having been planned by God and that the only way for them to adapt or cope with it is to embrace its reality is consistent with the findings reported by Manning,²⁶⁾ wherein the participants stated that religion, spirituality, and belief systems helped them adapt and develop resiliency in challenging times, including the COVID-19 crisis.²⁷⁾

The third theme, cultivating a strong spirituality, explains how, during the COVID-19 crisis, older adults usually cultivate a deep spirituality to respond to such situations, which is referred to as internal resiliency developed by such population groups to adapt or cope with these circumstances. Spirituality is a collection of values that adds vitality and value to people’s lives by guiding them to find meaning and intent of their lives, as well as providing hope, compassion, inner peace, comfort, and support.²⁸⁾ Accordingly, high spirituality levels during times of hardship owing to a crisis can lead to peace of mind and calmness, which can influence an individual’s quality of life and resilience, particularly in older adults.²⁹⁾ Spirituality has the greatest impact on older adults’ everyday lives because it offers a structure that guides them through life struggles, allowing them to separate the positive from the negative.²⁶⁾ This result is reinforced by the findings of a Brazilian study, which concluded that religiosity and spirituality among long-living older adults were important mechanisms of resilience that helped them cope with pathologies, depression, and other significant demands, such as pandemic crises, which reduce their individual well-being and quality of life.³⁰⁾

The fourth theme, finding things to enjoy, describes how, during the COVID-19 crisis, the older adult participants in this study were prompted to engage in enjoyable activities, referred to as internal resiliency, to better adapt and cope with their situations. The vulnerability to the COVID-19 crisis, which has resulted in social isolation, has greatly increased the likelihood of certain psychoso-

cial health problems in this group.¹⁶⁾ Religious and spiritual activities during times of crisis are important for assisting individuals, especially older persons, to adapt and cope with such situations.³¹⁾ The results of this study are consistent with those of Lucchetti et al.²⁷⁾ who found that three out of four older adults recognized how religious and spiritual activities (e.g., prayers, reading holy books) have improved the ability of these individuals to cope with the current crisis, especially in terms of their mental and social well-being. Moreover, the participants in this study engaged in recreational activities such as gardening in their small backyards and watching television with their family members to distract themselves. These activities provided them time to do things they would not normally do and taught them to appreciate small things, which has helped ease their concerns and feelings of uncertainty, as well as adjust to their circumstances. This may also explain why the older adults in this study built a sense of internal control and adaptation in response to the perceived threat of this crisis as physical activity in older age is closely linked to higher resilience and the absence or fewer psychosocial issues in times of crisis.³²⁾ The final theme, health consciousness, describes how older adults became more health-conscious during the COVID-19 crisis, particularly when danger was perceived, which motivated them to cope with the situation. This internal resiliency in response to the circumstances allowed them to maintain their individual well-being, integrity, and quality of life. During the COVID-19 pandemic, public activities were suspended in many locations, including recreational facilities, senior daycare centers, and places of worship, to minimize the risk of virus transmission within the population.³³⁾ This proactive strategy negatively affected the everyday lives of older people, making it difficult for them to adapt to new situations,^{33,34)} as demonstrated by the study participants. The participants in our study strictly followed preventive measures to minimize COVID-19 exposure, such as proper handwashing, social distancing, and wearing a mask and face shield. They used these behaviors as coping mechanisms to protect themselves, their family members, and others. As expressed by the participants, such practices helped them manage stress, limit their fears of infection, and keep busy during the pandemic, allowing them to adapt and live normally throughout the crisis. This finding is consistent with that reported by Finlay et al.¹⁵⁾ who found that older adults often used and identified coping strategies to be resilient amidst the COVID-19 crisis, including changing habits, following public health recommendations, and avoiding health-restricting behaviors (e.g., overeating), all of which encouraged them to have positive adjustments as individuals. Furthermore, Igarashi et al.³⁴⁾ reported increased self-awareness as a coping mechanism that was unique to older adults.

Conclusion

Resiliency is a common concept that is underestimated among older populations due to a variety of factors, including aging, sexism, vulnerability, and discrimination. The results of this study provide valuable lessons on coping and resilience strategies among older adults during crises; these strategies included (1) everyday struggles, (2) embracing reality, (3) cultivating a strong spirituality, (4) finding things to enjoy, and (5) health consciousness to adapt or cope in their daily battles against difficult and demanding circumstances. The sources of internal resilience identified in this study may have practical implications for promoting the well-being, integrity, and quality of life of older people during the current pandemic and future societal crises. Moreover, health professionals, particularly nurses on the front lines, must recognize and understand the complex needs of older people and tailor their care to support their patients' ability to adapt and cope well in these circumstances. By being aware of their coping strengths as a population group, nurses may be able to identify older adults at risk of being unable to respond to a crisis. This knowledge is essential for bolstering coping strategies that foster internal control and adaptation, also known as internal resiliency, while also considering the personal interests, autonomy, and capabilities of older adults during any crisis. In addition, policymakers, healthcare providers, communities, gerontology experts, and advocates should work together to help this marginalized group by developing and strengthening infrastructures and programs that assist them in connecting to critical resources and services when they are in need, such as in the case of a pandemic crisis, to easily adapt and cope with these situations. In summary, the older adult participants in this study established certain internal resiliency in response to the changes caused by the COVID-19 crisis, resulting in adaptation and coping with the situation, as proposed by the Need-Threat Internal Resiliency Theory.

Limitations

To date, no other studies have assessed older persons' experiences, coping strategies, and resilience in the context of Filipino culture during the COVID-19 pandemic. Thus, this study contributes to the advancement of literature on the Filipino older population during this crisis. However, this study included only five participants and was undertaken in a specific setting (transitory shelters) with identified pre-criteria parameters; therefore, older adults in other areas or communities may have had different experiences and used different coping strategies during the COVID-19 crisis. Future research should apply both qualitative and quantitative approaches to investigate the presence of internal resilience within this population during a crisis (e.g., COVID-19) in a more repre-

sentative sample.

Implications for Practice

- Resilience, as experienced by the older adult participants in this study, does not imply that a person will not face difficulty or distress during a crisis; indeed, the path to resilience will almost certainly include significant challenges in most aspects of their lives, including their physiological, sociocultural, psychological, developmental, and spiritual well-being.
- Spiritual well-being is important for crisis adaptation and coping in older persons as it can lead to a better quality of life at such times.
- In times of crisis (e.g., the COVID-19 pandemic), providers of direct care to older people, such as nurses, doctors, and other allied healthcare professionals, must always consider the individual's overall well-being when providing care and assistance as it can promote resilience.
- Understanding and recognizing the holistic requirements of older people in times of crisis could help nurses and other healthcare providers to tailor their care to support the ability of their patients to adapt and cope with difficult circumstances.
- The sources of internal resilience and coping strategies of older adult participants in this study could have practical implications in promoting the well-being, integrity, and quality of life of this population, particularly during pandemics and community crises. This further suggests that legislators, community members, healthcare professionals, and advocates involved in the care of the older population should devise and implement community initiatives that support older people's positive coping methods to increase their individual resiliency.

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CONFLICT OF INTEREST

The researchers claim no conflicts of interest.

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AUTHOR CONTRIBUTIONS

Conceptualization, JMS; Data curation, JMS, DRP, WS; Investigation, JMS; Methodology, JMS, DRP; Project administration, JMS;

Supervision, JMS; Writing-original draft, JMS; Writing-review & editing, JMS, DRP, WS.

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