

Older People's Hopes During the Outbreak of the Covid-19 Pandemic

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Abstract

Aim

Hopes are protective and have significant health benefits. Little is known about the hopes of older people during the COVID-19 pandemic. The present study explores the hopes of older people during the first wave of COVID-19 qualitatively and quantitatively.

Methods

Participants were recruited from a nationwide sample of older Jewish Israelis (N=507). Hopes were measured using a single open-ended question about the participants' hopes for the future. Responses were compared between age groups (60-69, 70+) using chi-square tests and classified into types, number of hopes, and to whom the hopes concerned.

Results

10 main categories of hope were identified, the most frequent one being returning to normal. Most participants reported a single hope; others mentioned two or more. Participants aged 70+ hoped more for their health and meeting others. Most participants reported hopes for themselves, whereas younger participants had more hopes for others than did those in the older group. Older participants also reported more "no hopes."

Conclusion

The study points to the presence of hope in the lives of older adults during a global pandemic with significant health and social implications. It suggests that the older population is resilient even in the face of COVID-19, which heightened their vulnerability. Based on the types of hopes reported, older age groups appear to be most at risk of being affected by the implications of COVID-19.

Keywords: Hopes; COVID-19; Older adults; Age differences; Resilience

Introduction

Hope exists since the earliest times of history. In ancient Greece, the myth of Pandora portrayed hope as a source of resilience and spirit [1]. Yet, until the 20th century, many, including psychologists and psychiatrists, considered hope to be a potentially harmful trait, stemming from a naïve delusion, indicating a disconnect with one's condition [1]. Since the mid-20th century, psychologists have developed theories and generated empirical evidence showing hope to be a positive resource [1]. Snyder and colleagues offered a new definition of hope: "Hope is a positive motivational state that is based on an interactively derived sense of successful (a) agency (goal-directed energy), and (b) pathways (planning to meet goals)" [2]. According to Snyder [3], goals are assumed to direct human actions. "Successful pathways" refers to an ability or a sense of ability to formulate successful plans to reach goals [4]. Agency indicates an understanding that individuals can move toward their goal using their perceived pathways [4].

Hopes have been found to have positive health outcomes in different stages of life. There is evidence that hope is important for physical health, so that people with high hope have a higher chance of engaging in healthy behaviour and are less likely to take part in health-risk behaviours [5]. In a meta-analysis including 95 samples of different populations and

ages, hope was found to correlate positively with happiness and negatively with stress and depression [6]. In adolescents, hope was found to lead to greater positive affect and predict future wellbeing [7]. In college students, hope was associated with improved coping and wellbeing, and found to be a protective factor against suicide, and a factor increasing healthy behaviours and engagement [8]. In adults aged 18-65, hope was found to be positively associated with life satisfaction [9].

Hope also plays a vital role in older adults' physical and mental health. Hope was found to be positively associated with wellbeing, spirituality, life satisfaction, and better perceived physical health in older adults [10-12]. In older adults, hope was also found to be associated with better physical health, greater social wellbeing, and lower psychological distress [12].

In times of personal crises such as chronic diseases, hope has great importance. A study conducted with cancer patients aged 85 and over found that hope correlated negatively with distress [13]. Patients in acute inpatient rehabilitation who reported higher levels of hope also reported higher functional skills following recovery [14]. Hope is also protective in crises at the national and global levels, such as natural disasters or pandemics. Studies on hurricane survivors in the United States found hope to be negatively associated with general psychological distress and post-traumatic stress disorder symptom and positively associated with posttraumatic growth, wellbeing, and better mental health [15-17]. In Brazil, in-depth interviews of caregivers of children with congenital Zika syndrome and healthcare workers, during the Zika virus pandemic, showed that hope facilitated trust between them [18].

Hope and trust facilitated by hope helped reinforce treatment adherence and allowed information flow [18]. Because hope affects health conditions and can be affected by them, COVID-19 might affect people's hopes and vice versa. COVID-19 is characterized by symptoms such as fever and cough, and can be fatal, especially in populations at risk, like older adults [19]. Studies about hope and COVID-19 are scarce and include mostly samples of the general public, with no particular focus on the older population. Some of the findings show that hope in times of COVID-19 positively predicted life satisfaction, resilience, and subjective wellbeing [20,21].

In the present study, we aim to explore the hopes of older people who were more vulnerable to COVID-19 health consequences [22]. We sampled older Israelis during the first wave of the COVID-19

outbreak, just after the full lockdown was lifted. In this period, many businesses reopened, and people were permitted to pursue various activities [23]. At the time of the beginning of the study, 16,000 COVID-19 cases and 235 confirmed deaths had been reported [24]. More than 90% of those who died were 60 years old or older [25]. Analysing the hopes of a population at risk at a time of health and financial crisis can provide a glimpse into their emotional world. We tested qualitatively whether older adults reported hopes during the COVID-19 outbreak, and the types of hopes reported during a global pandemic that was accompanied by significant control measures taken to eradicate the pandemic and prevent its rapid spread. We also looked at age differences in relation to the hope categories. A previous meta-synthesis has concluded that younger and older adults have different concepts of hope because of its interaction with suffering. In older people, hope involves transcendence from a difficult situation and a positive appreciation of it [26]. A different study, examining age differences between individuals 15 to 80 years old has found that hope was lower in older age [27]. Nevertheless, according to socioemotional selectivity theory, older people have a more positive outlook on life than younger ones [28]. Given the limited research on the topic of age differences regarding hope and the absence of a conclusive direction, we had no *a priori* hypotheses about age differences in the hopes reported.

Methods

Data were collected from a nationwide sample of older Jewish Israelis ($n=507$, aged 60-90, mean age=69.8, $SD=7.32$, 44% women, more than 65% reporting good to very good health, almost a third reporting to be barely making ends meet, (Table 1)). The sample was derived from a telephone database that includes landline and cellular phone numbers of the entire Jewish sector in Israel. The database was loaded into the survey software, which selects phone numbers at random and presents them to the surveyor. Sampling was performed by maintaining sample quotas by district, gender, and age. The data were collected using a telephone questionnaire administered between 1.5.2020 and 30.5.2020. The study was conducted shortly after the lifting of the strict lockdown imposed in March and April of 2020. Because the study sought to examine the implications of the lockdown period and of the guidelines intended to reduce social contact, participants were instructed to refer their responses to the period "when people were instructed to stay indoors and not meet other people." The study was approved by the IRB of the School of Social Work and Social Welfare at the Hebrew University of Jerusalem.

Table 1: Sociodemographic characteristics of the study participants.

Overall (N=507)	
Age	
Mean (SD)	69.8 (7.32)
Median [Min, Max]	69.0 [60.0, 90.0]
Gender	
Women	224 (44.2%)
Men	283 (55.8%)

General Health	
Very Good	157 (31.0%)
Good	166 (32.7%)
Fair	142 (28.0%)
Poor	27 (5.3%)
Very Poor	1 (0.2%)
Refuse	14 (2.8%)
Make Ends Meet	
With Great Difficulty	36 (7.1%)
With Some Difficulty	114 (22.5%)
Fairly Easily	183 (36.1%)
Easily	136 (26.8%)
Refuse	38 (7.5%)
Education	
No Formal Education	2 (0.4%)
Primary Education	17 (3.4%)
Secondary Education	109 (21.5%)
Professional Education	112 (22.1%)
Academic Education	251 (49.5%)
Refuse	16 (3.2%)

Measures

We measured hope using a single open-ended question: "What are your hopes for the future." Interviewers were instructed to transcribe verbally the respondent's response even if no hope was mentioned. We also collected sociodemographic background characteristics, including age ("How old are you?").

Analysis

We used content analysis to identify hope categories. Categories were derived through a bottom-up process of reading and rereading the interviewees' responses. Each author read the open text of the hope question and categorized the content based on the different domains of the reported hopes. Initially, we identified 15 hope categories, after which we reevaluated the categories and narrowed them down to 10, based on similarity in content. This categorization was based on different types of hopes, for example, hopes concerning health or financial situation. Other categorizations were based on the targets of the hope: Hopes for oneself, for others, and a combination of hopes for both oneself and others. Next, based on the qualitative analysis, we generated two variables for types of hopes: One included types of categories that were not exclusive for participants who indicated more than one type of hope; the other included exclusive hope categories in which we recorded only the first hope that was mentioned. We also generated a "number of hopes" variable to describe whether more than one type of hope was mentioned and a "target of hopes" variable (hopes for oneself, others, and both oneself and others). We used chi-square tests to evaluate age differences (60-69, $N=272$; 70+, $N=235$) in the hope variables: "Types of hopes" (with the exclusive categorization), "Target of hopes," and "Number of hopes."

Results

The content analysis of the open-ended question about hopes for the future during the COVID-19 pandemic revealed 10 categories of hope referring to different areas of life. We summarized selected excerpts for each hope category in Table 2. As shown in Table 2, we identified hopes for health, employment, and politics. The most frequent hope was to return to normal, with more than a third of respondents mentioning this type of hope ($N=202$). The second most frequent hope category concerned health ($N=119$), followed by the "general good wishes" category ($N=104$). The seven other hope categories were much less prevalent and related to employment and retirement ($N=37$), traveling and going out ($N=40$), meeting others ($N=37$), and finding a vaccine ($N=36$), followed by hopes that concerned family and friends ($N=31$), and the financial ($N=24$) and political ($N=16$) situation. A small group of respondents ($N=21$) did not mention any type of hope for the future. We also found that the majority described one type of hope ($N=387$) and only a few reported 4 categories of hopes ($N=7$), therefore we dichotomized the number of hopes variable (0=1 hope, 1=2 or more hopes mentioned) (Table 2).

The second classification is concerned with the targets of the hopes: Oneself, others, or both. The hopes of most respondents referred to themselves ($N=355$), with only a few mentioning others only ($N=28$). One hundred and thirteen participants had hopes both for themselves and for others. We found significant age differences in types of hopes using the exclusive categorization (Figure 1). There was no difference in the back to normal hope between the two age groups, but respondents aged 70 and over hoped more for their health (57%) and meeting others (82%). The hopes of the younger age group concerned more general good wishes (62%), finding

a vaccine (63%), politics (89%), work (58%), and the financial situation (100%). We also found significant age differences in the target of hopes: The younger age group had significantly more hopes for others (79%) than did the older group (21%) (Figure 2).

Additionally, the older respondents had more “no hopes” than the younger group. We found no age differences in the number of hopes (not shown).

Table 2: Quotations from the various hope categories.

Hopes Category	Quotations
“Back to normal”	<p>“Return to a full routine in all areas” (Woman, 69)</p> <p>“Everything will return to normal” (Man, 75)</p> <p>“Return to full activity; In sports; In culture; At social gatherings” (Woman, 70)</p>
“Health”	<p>“Good health” (Man, 86)</p> <p>“See the grandchildren grow, be healthy” (Man, 73)</p> <p>“Only health” (Woman, 72)</p> <p>“That everyone, including family members, friends and all the children of Israel will be healthy” (Women, 77)</p>
“General good wishes”	<p>“Let it be good” (Man, 72)</p> <p>“That everything will be fine” (Man, 70)</p> <p>“Peace and brotherhood for humanity and solidarity” (Women, 86)</p>
“Travelling and going out”	<p>“That they will explicitly announce that the older people will be able to go out and visit and travel” (Man, 81)</p> <p>“They will resume flights and without isolation” (Man, 76)</p> <p>“Return to a previous form of recreation. More trips, more trips abroad...” (Man, 63)</p> <p>“I hope for days without corona and prohibitions. To meet the extended family; Meet friends; Trips within Israel and abroad...” (Woman, 69)</p>
“Work/retirement”	<p>“Keep working” (Man, 72)</p> <p>“Be healthy. Keep working...” (Women, 72)</p> <p>“Continue to work my regular job and succeed in completing the research programs and projects on which I worked...” (Man, 78)</p> <p>“I hope to return to work; work is an occupation I like. It is more important to me than the loss of wages” (Man, 74)</p> <p>“Have fun retiring” (Man, 65)</p>
“Meeting others”	<p>“Return to routine, so that we can go on a trip to meet with family and friends” (Man, 74)</p> <p>“To meet with the family; to meet with friends; Go to cultural events; Cinema...” (Woman, 75)</p> <p>“That the pandemic will pass and we’ll be able to meet freely again as before” (Man, 76)</p>
“Finding a vaccine”	<p>“That a vaccine will be found, and we’ll return to a normal life” (Woman, 61)</p> <p>“That the corona will leave us. They will find a cure or a vaccine...” (Woman, 65)</p> <p>“I hope the corona vaccine will precede the next wave” (Man, 62)</p>
“Family and friends”	<p>“Be close to my family” (Man, 66)</p> <p>“Not lose true friendships” (Woman, 75)</p> <p>“Being in a good relationship with the family: The children and the grandchildren” (Woman, 72)</p>
“Financial situation”	<p>“Financial stability for me and the children” (Woman, 62)</p> <p>“... that the economy will return to what it was before the breakout of the corona in our lives...” (Man, 74)</p> <p>“That it will also be better financially” (Woman, 60)</p> <p>“That there will be no second wave and they will succeed in stabilizing the economy and there will be no people who will be harmed financially and mentally” (Woman, 63)</p>
“Government/politics”	<p>“That the government is replaced, that professionals manage crises in the country” (Man, 68)</p> <p>“That the government will fall as quickly as possible so that the future of all of us, not just mine, will be better ...” (Man, 62)</p> <p>“...May there be a successful government and less civil strife in the country. Let there be peace in the land and let us not annex territories and let our leaders not be corrupt and not lie to their constituents” (Woman, 72)</p>

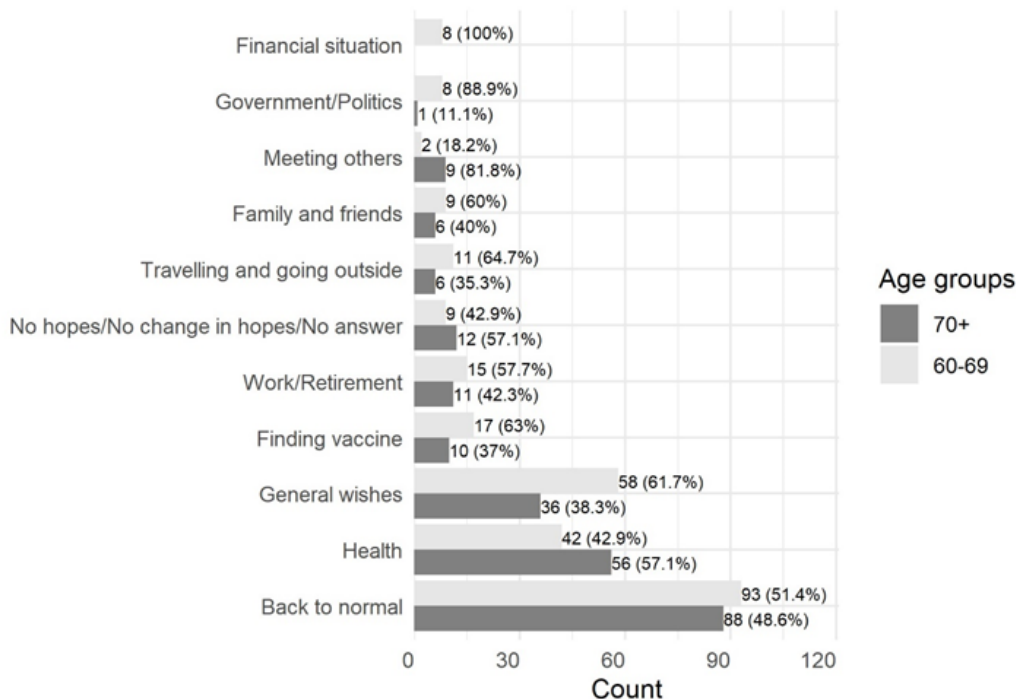


Figure 1: Types of hope categories by age group.

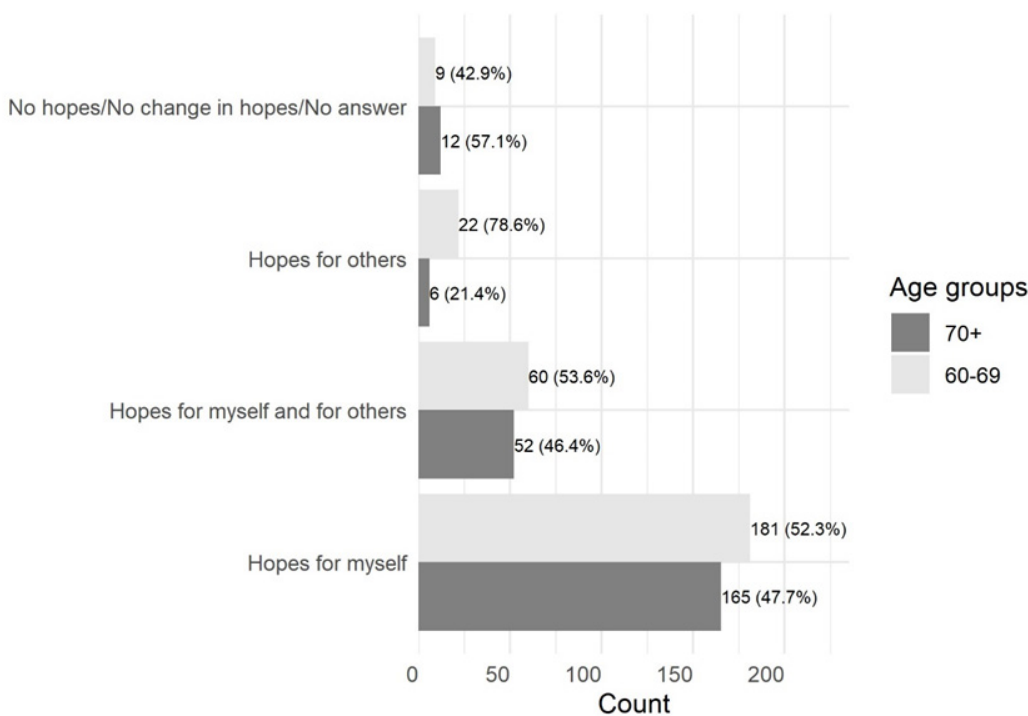


Figure 2: Age differences in the target of hopes.

Discussion

Much of the psychosocial literature on COVID-19 experiences in the past two years has been bleak, like the pandemic itself. Both young and old have experienced psychological distress, extreme worries, loneliness, and even posttraumatic symptoms during this prolonged pandemic [29,30]. Much less is known about people’s

hopes for a (post-)COVID period. Older people were among the groups most susceptible to the negative effects of the pandemic; therefore, it is particularly important to learn about their hopes for the future. Our findings show that most older people were able to express hope, showing resilience in times of global crisis. The most common hope was returning to normal. This is not surprising given the extreme changes that have taken place during the pandemic

and their effect on the lives of the population worldwide. Similarly, hopes for good health reflect the medical nature of the pandemic and the fact that its most direct consequence has been on people's health [31]. The least acknowledged category of hope was related to political stability or change. This is despite the fact that the study took place during a period of extreme political uncertainty in Israel, characterized by ongoing demonstrations and protests, instigated mainly by older people [32]. The tendency to identify more personal hopes possibly points to the more personal effect of the pandemic on people's lives, rather than a more general perception brought by political instability. Financial hopes were rarely mentioned despite the fact that the pandemic exacted a substantial financial toll, especially from people of lower socioeconomic status [33]. The limited hopes for friends and family may reflect the fact that the barriers to meeting them have been lifted at the time we conducted the study or that the pandemic has forced people to physically isolate and focus mainly on their own worries and concerns. This coincides with the general finding of more hopes for oneself rather than for others.

Older people hoped for better health and meeting others more than did younger people. The two categories of hope are understandable given the fact that the pandemic has been portrayed as a threat to the health of older people, who were explicitly instructed to isolate given their heightened susceptibility [34,35]. By contrast, younger people were more likely to hope for general good and finding a vaccine, focusing outside their personal worries on society at large. Younger people were also more likely to report hopes regarding the political and financial situation. These findings point to a possible distinction between various groups of older people, who have experienced the first wave of the pandemic somewhat differently. The younger group, roughly representing the young and old, was portrayed as being somewhat less directly affected by the pandemic and therefore had the luxury of looking beyond its own problems and being concerned with world affairs. The older age group was more concerned with its own situation, possibly reflecting the fact that it was identified as the one most affected by various aspects of the pandemic [34,35]. The fact that the older group was particularly inclined to report no hopes at all also is disconcerting, especially because when they did report hopes, these were quite personal, referring to their own conditions. It is possible that those who did not report hopes at all were overwhelmed by worries associated with the pandemic. Past research has shown the prevalence of COVID-19 worries in older people [36], which are known to be highly correlated with anxiety and distress [37].

Limitations

The study has several shortcomings. First, it is a cross-sectional study conducted toward the end of the first wave of the pandemic. More research is needed to better understand the nature of hopes during the pandemic and their manifestations across various states. The predictive power of hope is also unclear. For example, we did not examine whether hope varies based on people's direct experiences with the pandemic or whether certain hopes are associated with different levels of wellbeing. This limitation was partially due to

the qualitative methodology used and the preliminary nature of the study. Future research will benefit from examining hope over time in relation to a variety of characteristics and outcomes. Although the study relied on a representative sample of older people of modest size, the qualitative methodology did not allow for drawing inferences about the entire population. Instead, our analysis provides an in-depth understanding of the phenomenon of hope in the older adult population at the time of the pandemic.

Practical implications

The most important implication of the study concerns the ability of older people to focus on hope even at times of substantial turmoil. Much of the literature on the pandemic has focused on its bleak and disturbing nature. This is justified given the substantial toll that the pandemic has exacted from everyone, and in particular from older populations [38]. The present study pointed to the ability of older people to hold onto hope and expectations for the future, which has not received sufficient attention to date. Our findings attest to the resilience of older people in the face of adversity and point to the modest hopes of older people to return to normalcy and good health. These hopes should be validated, explored, and facilitated in current public discussion of the effects of the pandemic on older people. This could shape public discourse concerning older people, who are not only vulnerable to the pandemic but also resilient and resourceful, able to hold onto hopes for normalcy.

In sum, the present study shed light on a neglected aspect of the pandemic. By inquiring about people's hopes, we indirectly assessed their worries and concerns and identified their most pressing apprehensions. Our findings point to the presence of hope in the lives of older people and suggest, once again, that the older age group in our sample, composed of those 70+ years old, is possibly at the highest risk, given the personal nature of hopes reported and the tendency not to report any hope. Further research is required to better assess the clinical implications of our findings.

Author Contributions

S. Shiovitz-Ezra developed the study concept and designed the study. She also participated in the content analysis process and wrote parts of the paper. A. Cohen conducted the analysis and participated in writing the paper. L. Ayalon participated in the content analysis process, critically reviewed the paper, and wrote parts of it. All three authors approved the final manuscript for submission. All three authors agree to be accountable for all aspects of the work, ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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Data Availability Statement

The data are not publicly available to avoid compromising the privacy of research participants.

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