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Rural Older Adults' Wellbeing During the COVID-19 Pandemic

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Abstract

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MPHI, Walden University, 2022

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Dissertation Submitted in Partial Fulfillment

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Abstract

Recent studies reveal adults 65 and over are living longer, healthier lives than ever before. However, this older generation is often vulnerable to exclusion, marginalization, and discrimination, made worse by the events and circumstances of the COVID-19 pandemic. The pandemic brought unprecedented challenges and disproportionate threats to the integrity and wellbeing of older adults, especially those living in rural communities. Nonetheless, little is known about the affects the pandemic had on rural older adults' wellbeing. This generic qualitative study explored rural older adults' wellbeing during the pandemic, using the theoretical frameworks of Erikson's stage theory of psychosocial development and Seligman's theory of wellbeing PERMA (positive emotions, engagement, relationships, meaning, and accomplishments) model. Criterion sampling and snowball approaches were used to recruit ten rural individuals, aged 70 years and older and living independently during the pandemic, to participate in semi structured interviews. Data were analyzed using a six-phase thematic analysis to identify themes and patterns and interpret these themes in connection to the study. Three core themes were identified from the data: (a) potential effects on wellbeing, (b) protecting independence, and (c) emotional effects of losing self. The results of the study can generate positive social change through awareness and an enhanced understanding of how this challenging time has affected rural older adults' wellbeing at a key period of psychosocial development with an aim to create better interventions for this population.

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Dedication

This study is dedicated to the most valued members of society - older adults, more specifically – rural older adults, whose resilience and strength during times of uncertainty are an inspiration to all humanity. The shared insights from their experiences during the COVID-19 pandemic was a wealth of knowledge that made this study possible - *Thank you!*

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Chapter 1: Introduction to the Study

Older adults, people aged 65 and over, are the fastest-growing population across the globe (Center for Disease Control and Prevention [CDC], 2020; United States Census Bureau, 2020; Vahia et al., 2020; World Health Organization [WHO], 2019). Biomedical breakthroughs have increased life spans, with a 5-year increase in life expectancy in the past 30 years alone (CDC, 2020; Vahia et al., 2020; WHO 2019). The CDC projects a 6-year life expectancy increase by the year 2060 (CDC, 2020). Government agencies are assessing the increase in life expectancy and its impact on older adults (CDC, 2020; Cosco et al., 2019).

The increase in life expectancy has enabled older adults to spend more years in retirement and many older adults are retiring in rural America (United States Department of Agriculture, 2021; Vahia et al., 2020; WHO, 2019). This is because older adults who reach retirement often desire a more relaxed lifestyle and leave their hard-working city life to relocate to rural areas (Vahia et al., 2020; World Health Organization, 2019). Other older adults have lived in rural areas their entire lives and have strong generational roots in their community (Löckenhoff, 2018).

Older adults, like others, seek out opportunities to improve their wellbeing. Older adults' wellbeing incorporates self-improvement, having a purpose in life, coping with challenges, and achieving valuable goals (Fraser et al., 2020; Goodman et al., 2018; Löckenhoff, 2018). This may require doing less, slowing down, and discovering what is essential to the individual while being mindful and aware of others (Fraser et al., 2020).

Older adults are often viewed as vulnerable and helpless instead of an integral part of society (Fraser et al., 2020; Löckenhoff, 2018), as made evident during the COVID-19 crisis where support and social inclusion of older adults were either absent or insufficient (Fraser et al., 2020; Vahia et al., 2020; van der Kaap-Deeder et al., 2021). The events and circumstances related to COVID-19 revealed disregard for older adults' wellbeing, especially for those living in rural communities who were perceived as more vulnerable and less resilient to the pandemic (Henning-Smith, 2020; Mueller et al., 2021; Vahia et al., 2020). While there is significant focus on older adults in relation to the pandemic (Flett & Heisel, 2020; Vahia et al., 2020), little is known about the affects COVID-19 had on the developmental tasks and wellbeing of rural older adults.

In my study, I addressed this gap by exploring how adults, 70 years, and older living independently in rural areas, describe their experience of wellbeing during the COVID-19 pandemic at a key period of psychosocial development. This knowledge could lead to positive social change by deepening our understanding of rural older adults' experience of the pandemic and better understanding of how this challenging time affected rural older adults' wellbeing at a crucial period of psychosocial development (Fraser et al., 2020; Henning-Smith, 2020). The following sections of Chapter 1 include the background of the study, problem statement, the purpose of this study, research question, theoretical frameworks, the nature of the study, definitions of the key terms used, assumptions, scope, delimitations, limitations, and the significance of the study.

Background

COVID-19 is a global pandemic that has affected all individuals worldwide. However, the events and circumstances of COVID-19 have brought unprecedented challenges and disproportionate threats to older adults, including physical, psychological, and social challenges (Henning-Smith, 2020; Vahia et al., 2020; van der Kaap-Deeder et al., 2021). Physically, older adults are more vulnerable to infection from the virus (CDC, 2020). In the early stages of the disease, it became clear that those most at risk were older adults, which led to extreme isolation of this population from society. The isolation led to inactivity, which increased risk of falls and fractures (CDC, 2020; van der Kaap-Deeder et al., 2021). Fewer in-person home visits by caregivers potentially affected cognitive functions, resulting in advancements of dementia, Alzheimer's Disease, and other causes of cognitive decline (Henning-Smith, 2020; Lebrasseur et al., 2021). These physical challenges also exacerbated the psychological and social challenges. Psychologically, as it did with people of all ages, the pandemic has affected older adults' emotional state; including fear, anger, sadness, worry, stress, and loneliness (CDC, 2020; Henning-Smith, 2020). Socially, and because of the increased isolation to protect them from the virus, older adults have experienced higher risk for suicidal tendencies and difficulty engaging in daily activities affecting physical wellbeing (CDC, 2020; Vahia et al., 2020).

In addition to the expected challenges experienced by older adults more than other age groups during the ongoing COVID-19 pandemic, a more serious and unexpected event also happened. Initially, reports from popular social media sites suggested it was older adults' frailty that made them more vulnerable to the virus (Fraser et al., 2020;

Lebrasseur et al., 2021); therefore, high mortality rates would be inevitable and natural. Some media sites expanded this idea by suggesting that older populations are in any case less valuable to society and therefore it was acceptable to have this loss (Barrett et al., 2021). These discriminatory and harmful statements could have further affected older adults' wellbeing as they challenged the sense of accomplishment that is typically sought at this stage of life (Fraser et al., 2020; Mueller et al., 2021).

All the above may have influenced older adults living in rural areas more because of the unique challenges they experienced in connection to the pandemic (Henning-Smith, 2020; Vahia et al., 2020; van der Kaap-Deeder et al., 2021). The unique challenges for rural older adults come from several causes. One distinct cause is the lack of resources and funding associated with lower incomes often prevalent in rural communities (Fraser et al., 2020; Henning-Smith, 2020). Also, rural communities have less access to public transportation and technology, such as internet services, and fewer resources for socially centered activities (Fraser et al., 2020; Henning-Smith, 2020; Vahia et al., 2020). Rural communities also experience shortage of funding for available resources provided by governing agencies (Henning-Smith, 2020; Vahia et al., 2020), which has resulted in hospital closures and shortages of providers, a problem for older adults reluctant to seek care outside of rural areas for fear of unfamiliar territories (Fraser et al., 2020; Vahia et al., 2020; van der Kaap-Deeder et al., 2021). The existing problems in rural areas not only increased the risk of contracting the virus but could also intensify frailty and comorbidities in older adults' health, resulting in a wider range of challenges

in this population (Flett & Heisel, 2020; Löckenhoff, 2018; Vahia et al., 2020; van der Kaap-Deeder et al., 2021).

Previous research has explored how social and emotional wellbeing is essential during a crisis for people and communities to thrive (Fraser et al., 2020). With this in mind, the challenges that affected older adults during the pandemic could have irreversible outcomes on both their physical and mental wellbeing and accomplishment of developmental task (Vahia et al., 2020). However, there is no research exploring this in rural older adults (Fraser et al., 2020; Vahia et al., 2020; van der Kaap-Deeder et al., 2021). In this study, I explored how rural older adults 70 years and older living independently describe their experience of wellbeing during the COVID-19 pandemic at a key period of psychosocial development. I explored this phenomenon using Erikson's (1959) stages of psychosocial development, as well as Seligman's (2018) theory of wellbeing building positive emotions, engagement, relationships, meaning, and accomplishments (PERMA). Erikson's theory notes older adults are searching for meaning and a sense of accomplishment, and both are included in Seligman's PERMA theory of wellbeing. Therefore, "wellbeing," as conceptualized in the study, captures the idea of being well and the developmental tasks of the population of focus here.

Problem Statement

The specific problem addressed in this study is how rural older adults describe their experience of wellbeing during COVID-19 at a key period of psychosocial development. These problems include the special and unique circumstances surrounding the COVID-19 pandemic, the higher risk of transmission and death from the virus, the

social distancing policies for quarantine and isolation, and some of the media's attitudes regarding the threat of the virus to this age group (Mueller et al., 2021; Sheffler et al., 2020; Vahia et al., 2020; WHO, 2019). Older adults offer valuable contributions to society as a source of generational knowledge and wisdom based on their experience and pre-existing social networks (Fraser et al., 2020; Vahia et al., 2020). The World Health Organization (2019) stated, "A society is measured by how it cares for its "older" citizens." (p.1). Thus, policies harming this age group have the potential to harm all of us. What is not clear and was addressed in the current study is how these pandemic-related challenges affected the wellbeing of older adults who live in rural communities.

Purpose of the study

The purpose of this generic qualitative study was to explore how rural older adults described their experience of wellbeing during the COVID-19 pandemic at a key period of psychosocial development. The study used a generic qualitative approach to conduct semi structured interviews and access holistic, in-depth information about the affects COVID-19 had on rural older adults. The insights from the participants provide a fuller empirical understanding of wellbeing among older adults during the pandemic-generated time of uncertainty, and potentially inform future major health events.

Research Question

The following qualitative question guided this study:

How do rural adults 70 years and older describe their experience of wellbeing during the COVID-19 pandemic?

Theoretical and Conceptual Framework for the Study

The theories and concepts that provided a framework for this study were explored through the lenses of Erik Erikson's (1959) stage theory of psychosocial development, focusing specifically on the eighth stage; achieving a sense of ego integrity while avoiding despair. Also, I used Seligman's (2018) PERMA theory of wellbeing model.

Theory of Psychosocial Development: Ego vs. Despair

This theory describes the developmental tasks of older adults. In 1959, Erikson expanded on Sigmund Freud’s original five-stage developmental theory and created the eight-stage life cycle theory of psychosocial development (Newton et al., 2019). Erikson believed during each of the eight stages, individuals develop psychological qualities that motivate behaviors and actions of humans. Erikson proposed from the age of about 65 years, individuals face the last of eight psychosocial crises; namely a crisis concerning achieving a sense of ego integrity while avoiding despair (Newton et al., 2019). During this stage, older adults reflect on their lives to unify past events into a meaningful "life puzzle," and they come to terms with past adverse events. During this reflective work, individuals come away with either a sense of fulfillment from a life well lived or a sense of regret and despair over an unsatisfied life. The crisis of ego integrity and despair becomes especially salient during late adulthood and can also surface when older individuals are confronted with challenging circumstances and events (Newton et al., 2019). Thus, the challenges of the COVID-19 pandemic, and some of the social media and country’s leadership’s dismissiveness of the value of the older adult’s life, might

have affected how older adults resolved the developmental task of ego integrity vs. despair (van der Kaap-Deeder et al., 2021).

Theory of Wellbeing: PERMA Model

Seligman's (2011) theory of wellbeing uses the acronym PERMA: positive emotions, engagement, relationships, meaning, and accomplishments; and attempted to answer the fundamental question of human flourishing, what it is and what enabled it. Thus, in PERMA, Seligman included the five determinants of wellbeing enabling older adults to thrive and not just survive that he identified in his years of research (Seligman, 2018).

Because the PERMA model considers accomplishments, which for older adults includes the developmental task of ego identity vs. despair, reference to "wellbeing" in this document includes both wellbeing and developmental task. The logical connections between the frameworks presented a valuable model for examining emerging themes about how the older adult described their experience of wellbeing during Covid-19. Chapter 2 provides a more detailed explanation of these theoretical frameworks.

Nature of the study

This study used a generic qualitative approach to describe rural older adults experience of wellbeing during the COVID-19 Pandemic at a key period of psychosocial development. The qualitative design was an approach of inquiry coming from philosophy, history constructionism, and phenomenology (Merriam & Tisdell, 2016). The generic approach is used for studies that focus on "(1) how people interpret their experiences, (2) how they construct their worlds, and (3) what meaning they attribute to

their experiences" (Merriam & Tisdell, 2016, p. 24). Furthermore, "The overall purpose of this method is to understand how people make sense of their lives and their experiences" (Merriam & Tisdell, 2016, p. 24). A qualitative design was an appropriate choice for the present study as it allowed for emerging themes and constructs using interview points representative of the study from a diverse selection of participants. This inquiry moved beyond what can be easily quantified and described the lived experiences of the rural older adult, making a qualitative model the best option.

This study used a criterion sampling approach, with snowball referral sampling, to explore how rural older adults describe their experience of wellbeing during the COVID-19 pandemic during a key period of psychosocial development. The selection of participants was completed with criterion sampling to identify older adults 70 years and older who were living independently in a rural area during the pandemic. A snowball referral was applied by asking each respondent if they knew a rural older adult who may be interested in participation. Individual semi structured interviews were conducted with ten rural older adults that specifically described their experiences during the pandemic. The use of a generic qualitative design allowed for the exploration of these concepts as they emerged rather than being guided by specific philosophic assumptions (Merriam & Tisdell, 2016). A six-phase thematic analysis was also used, as described by Braun and Clarke (2016), to identify themes and patterns in the data with a flexible and data driven approach. This allowed me to explore commonalities in the rural older adult's experience, moving beyond what can be easily quantified and looking at the opinions, ideas, and reflections of the rural older adult.

Definition of Key Terms

Ego Integrity: Erikson described ego integrity as “the acceptance of one's one and only life cycle as something that had to be” (1950, p. 268) and later as “a sense of coherence and wholeness” (1982, p. 65).

Pandemic: Pandemic in the present study refers to COVID-19, a virus that affected the world beginning in late 2019 and continuing through 2022. (CDC, 2020; WHO, 2019).

Rural: Rural is defined as "any population, housing, or territory not in an urban area" (United States Census Bureau, 2021). Rural environments in the U.S. are associated with the lack of easy geographical access to the central areas, lack of adequate health and mental services (Mueller et al., 2021).

Wellbeing: Wellbeing is the concept of feeling accomplished, supported, loved, and valued by others developing self-acceptance, positive relations, autonomy, purpose in life, and personal growth (Goodman et al., 2018; Löckenhoff, 2018).

Assumptions

In this study, I assumed that the insights gained from rural older adults regarding their described experience of wellbeing during a pandemic would provide valuable information about this important area of concern. The rural older adults were assumed to be willing to answer questions honestly and to share an accurate representation of their description of wellbeing during the COVID-19 pandemic. Further, I assumed the questions selected for the interviews would provide adequate insight into this experience and that saturation would be reached. I also assumed that my use of well observed

methodological strategies (described more in Chapter 3) would minimize the risk of bias in the design of the questions, the interview process, data analysis and interpretation.

Scope and Delimitations

The scope of this study was limited to rural older adults living independently during the COVID-19 pandemic. While there is a need for more research on the experiences of wellbeing among older adults, I considered rural older adults might be more vulnerable for the reasons of isolation and loneliness that are often prevalent when living independently in rural communities. This delimitation excluded older adults in other living environments and types of communities such as nursing homes, urban and metropolitan cities, and potentially an obstacle to the applicability of the findings (discussed in Chapter 2) to other older populations.

The research was limited to rural individuals who were 70 years of age or older during the COVID-19 pandemic. The developments that occur at this stage of life younger participants have not experienced and were outside the scope of the current study. Participation was limited by the request for an in-depth interview that discloses views of wellbeing during a pandemic and the request for audio taping to ensure that accurate rich data was obtained. While this was a risk for some rural older adults to choose not to participate in the study, I did not experience this during recruitment. There were four rural older adults who expressed interest in participation but did not follow through with scheduled times to talk about the study.

I considered the conceptual model of exclusion as a conceptual framework for this study. A conceptual model of exclusion emphasizes empirical techniques for identifying

the complexity and dynamics of social exclusion for older adults (Burholt, et al., 2019). The model addresses individual risks for exclusion from social contexts and incorporates the evaluation of social relations and policy influences on exclusion from society. Also, the framework addresses how the social fabric of the population can be effectually integrated into society (Burholt, et al., 2019). While the elements of the conceptual model are essential, the focus of this study was the rural older adult's description of wellbeing during a pandemic making the principles of wellbeing from a rural older adults' perspective a more appropriate choice. The concepts of the conceptual model of exclusion used empirical techniques to propose that the individual, the environment, and behavior were factors driving the exclusion, therefore this model was not used.

Limitations

Qualitative research involves the collection, analysis, and interpretation of data that are not easily reduced to numbers resulting in limitations to the findings (Palinkas et al., 2015). COVID-19 was a global pandemic that affected everyone, and the data collected related to the social world. The concepts and behaviors of people within it added depth and insights to the phenomenon being explored (Palinkas et al., 2015).

In this study, the sample was a limitation because it was restricted to older individuals living independently in rural communities. This restriction excluded all other age groups, living conditions, and types of communities that could have added depth and insights to the study, limiting generalizability. Also, participation was voluntary so if participants did not feel comfortable talking about personal information or expressing their feelings honestly, especially if they believed the interviewer did not understand or

relate to the information, the responses may have posed a threat to the trustworthiness of this study (Merriam & Tisdell, 2016). To mitigate these limitations, I personally conducted the interviews. Because I reside in a rural community and I have a background in health care, I had some professional knowledge and commonalties with the population. Thus, I could relate to the participants in a way that generated in-depth, contextual information.

Additional strategies to reduce limitations included purposively selecting a large enough group of participants through criterion sampling and snowball referral whose characteristics were diversely distributed (Palinkas et al., 2015). The interviews were semi structured and every effort was made to mitigate any biases (Patton, 2015). Thus, member checking, peer debriefing, and data triangulation were used extensively to ensure quality results (Patton, 2015). Because of my background in health care, I was also aware of possible assumptions and biases that could aid in the possibility of researcher influence. For verification, a reflective journal was kept acquiring a holistic picture of the data for clarity and to mitigate any potential biases. Additionally, my dissertation committee, experienced in qualitative research methods, was consulted to strengthen reliability and to clarify any areas that were not rich, thick, detailed descriptions of data so anyone interested in transferability would have a solid framework for comparison in addition to increasing credibility of the findings (Patton, 2015).

Significance

This qualitative study sought to better understand how rural older adults describe their experience of wellbeing during the COVID-19 pandemic at a key period of

psychosocial development. The research in this area is non-existent (Vahia et al., 2020). Thus, the specific issue would contribute to the field of psychology by exploring how the public health methods enacted for slowing the virus that was intended to protect society, generated concerns that affected the rural older adults' perspective of wellbeing. The study considered whether wellbeing was challenged during the pandemic with older adults directly impacted. The experiences shared by rural older adults during the pandemic could provide useful information to improve the wellbeing of this population and positively contribute to social change in rural communities.

Summary

The aim of this qualitative study was the description of wellbeing during the COVID-19 pandemic among adults 70 years and older living independently in rural areas at a key period of psychosocial development. The pandemic brought unprecedented challenges and consequences to older adults. It is believed rural older adults endured more significant challenges early due to policies and regulations for social distancing and lockdown, intensified by the ongoing prevalent challenges in rural areas (Vahia et al., 2020; van der Kaap-Deeder et al., 2021). The consequences of isolation and lockdown during the pandemic emphasized the necessity of exploring wellbeing from the perception of rural older adults. Chapter 1 presented an introduction to the study, the problem, the purpose, the guiding research question, and the conceptual framework as a map for exploring the topic under investigation. Also discussed was the nature of the study, the definition of key terms, the assumptions in the research design, scope,

limitations, and the significance of the study. Chapter 2 reviews the relevant literature, beginning with the theoretical foundations.

Chapter 2: Literature Review

The focus of the present study was to understand how adults 70 years and older living independently in rural areas describe their experience of wellbeing during the COVID-19 pandemic at a key period of psychosocial development. The wellbeing of older adults is dependent on a life of autonomy and social inclusion (Fraser et al., 2020; Khan, 2019; Löckenhoff, 2018). Although adults 70 years and older have typically retired, they continue to make significant contributions to their communities as taxpayers, volunteers, and through numerous other social activities. However, the public often views older adults as vulnerable and helpless instead of an integral part of society (Fraser et al., 2020; Löckenhoff, 2018), as made evident during the COVID-19 crisis where support and social inclusion of older adults were often either absent or insufficient (Fraser et al., 2020; Vahia et al., 2020; van der Kaap-Deeder et al., 2021).

The events and circumstances of COVID-19 have brought unprecedented challenges and disproportionate threats to the wellbeing of older adults and potentially contributed to their experience of wellbeing and questioned their sense of accomplishment typically sought at this stage of life (Fraser et al., 2020; Mueller et al., 2021). Early in the pandemic those living in rural areas were uniquely vulnerable due to the protective policies of social distancing and lockdown (Fraser et al., 2020; Mueller et al., 2021). Social isolation results in loneliness, financial instability, poverty, victimization, inadequate housing, and lack of access to appropriate health care (Fraser et el., 2020; Löckenhoff, 2019; Mueller et al., 2021). All of which older adults may have experienced, especially in rural areas.

There is a paucity of research exploring the rural older adult's experience of wellbeing during this period (Flett & Heisel, 2020; Lebrasseur et al., 2021; Mueller et al., 2021). The data currently available is often fragmented and most of the research focuses on urban areas and younger adults (Flett & Heisel, 2020; Fraser et el., 2020; Mueller et al., 2021). More research is necessary given how events during the pandemic may have influenced older adults more than other age groups.

Reports from popular social media sites and news broadcast described deaths of younger adults in-depth and only reported statistics of deaths of older adults (Fraser et al., 2020; Mueller et al., 2021). This focus on youth, and the statements from social media sites and news broadcast suggesting less value for the life of older adults, could evoke emotions of low self-worth and nothing to offer to society (Flett & Heisel, 2020; Fraser et al., 2020; Mueller et al., 2021). Also, the measures offered to stay connected using modern technology often excluded older adults, especially in rural areas where internet access is limited or lacking (Henning-Smith, 2020). Therefore, there is an increasing need for a better understanding of the rural older adults' experiences of wellbeing during the pandemic (Flett & Heisel, 2020; Fraser et al., 2020; Mueller et al., 2021).

The purpose of this study was to explore how rural older adults described their experience of wellbeing during the COVID-19 pandemic. This chapter includes the search strategy, theoretical frameworks, and a literature review that provides the rationale for this study.

Literature Search Strategy

The databases and search engines accessed to conduct the literature search include: Psychology and Behavioral Sciences Collection, Sage Premier, Google Scholar, Thoreau Multi-Database , ProQuest PsycNet, APA PsycInfo, PubMed, ResearchGate, and Science Direct. The key search terms and phrases used singularly and/or together, included: *Erikson's theory, Seligman's theory, conceptual model of exclusion, older adults, perception, quality of life, society, ageism, health related well-being, COVID-19 pandemic, psychosocial, schema and stigma.* Most articles used in this study were published within 5 years prior to the completion of this dissertation. However, several seminal articles are included relating to Erikson's eighth stage theory ego integrity vs. despair and Seligman's theory of wellbeing PERMA model published more than 5 years ago. Additional sources of information included books, government and other reputable public health websites, and popular social media sites relating to the topic.

Theoretical Foundation

Erik Erikson's Stage Theory Ego Integrity vs. Despair

In 1959 Erikson expanded on Freud's original five-stage developmental theory and created the eight-stage life cycle theory. In each of these eight stages, individuals face crises specific to their developmental stage. The outcome of those crises determines if healthy development is accomplished (Newton et al., 2019; van der Kaap-Deeder et al., 2021). The eight stages and the developmental crisis for each stage are shown in the table below (Table 1).

Table 1

Erikson's Stages of Psychosocial Development

Stage (Approximate age)	Psychosocial Crisis	Description of Task
Infancy (to 1 year)	Trust vs. mistrust	If needs are dependably met infants develop a sense of basic trust
Toddlerhood (1 to 3 years)	Autonomy vs. shame and doubt	Toddlers learn to exercise their will and think for themselves, or they doubt their abilities.
Preschool (3 to 6 years)	Initiative vs. guilt	Preschoolers learn to initiate tasks and carry out plans, or they feel guilty about their efforts to be independent
Elementary school (6 to *puberty)*	Industry vs. role inferiority	Children learn the pleasure of applying themselves to tasks or they feel inadequate or inferior.
Adolescence (teen years into 20s)	Identity vs. role confusion	Teenagers work at refining a sense of self by testing roles then integrating to form a single identity, or they become confused about who they are.
Young Adulthood (20s to early 30s)	Intimacy vs. isolation	Young adults struggle to form close relationships and to gain the capacity for intimate love, or they feel socially isolated.
Middle Adult (40s to 60s)	Generativity vs. stagnation	In middle-aged people discover the sense of contributing to the world usually through family and work, or they may feel a lack of purpose.
Late Adulthood (late 60s and up)	Integrity vs. despair	Reflecting on life, an older adult may feel a sense of satisfaction or failure.

The specific stage of interest in the proposed study is stage eight, which examines ego integrity vs. despair. Using the pandemic as a contextual factor, I explored how ego integrity vs despair is potentially affected when older adults are confronted with uncertainties. At the time of Erikson's study, he theorized that around 65 years of age, or age of retirement, individuals encounter the last developmental crisis and reflect on their lives to unify past events into a meaningful "life puzzle" (Newton et al., 2019; van der Kaap-Deeder et al., 2021). This stage can also surface when older individuals are confronted with challenging contexts and events, such as the COVID-19 crisis (van der Kaap-Deeder et al., 2021).Whether initiated by age or context, older adults will attempt to come to terms with life events when reaching this stage and wonder about the meaning of their past and how it affects the circumstances of their current life (van der Kaap-Deeder et al., 2021).When successful, individuals will experience a sense of ego integrity, where they embrace past events with wholeness, see their lives in a coherent perspective, and regard death as a natural and integral part of life. When there is despair, the individual will experience difficulties accepting and finding wholeness in life, and this often comes with high levels of regret (van der Kaap-Deeder et al., 2021).

The benefits of achieving ego identity at this stage for older adults' psychological wellbeing is well documented (Newton et al., 2019; van der Kaap-Deeder et al., 2021). People are now living longer, healthier lives and delaying retirement (CDC, 2020; WHO, 2019), Theoretically, ego integrity is likely to foster experiences of need satisfaction and despair is likely to generate need frustration (Van der Kaap-Deeder et al., 2021). Older adults who view their lives as meaningful and have come to terms with difficult past

events are more likely to experience feelings of volition, competence, and a connection with others (Van der Kaap-Deeder et al., 2021). In line with this reasoning, Newton et al. (2019) showed ego integrity in older adults aged 70 and older was positively related to autonomy, skills, and positive relationships with others.

Studies have also shown successfully achieving integrity at this stage of life is a continuous process in which psychosocial growth during earlier phases of life is a prerequisite for the resolution of later developmental conflicts (Busch, et al., 2018). The benefits of successfully resolving the crisis include looking back at their life with a sense of contentment and confronting death with a sense of wisdom and no regrets. Those who feel proud of their accomplishments will likely feel a sense of integrity while those who do not will likely feel despair (van der Kaap-Deeder et al., 2021).

In the proposed study, I explored the experiences of wellbeing among older adults living independently in rural areas during the COVID-19 pandemic who because of age are expected to be in the stage of ego integrity vs. despair but encountered some challenges reaching integrity because of the pandemic.

Martin Seligman's Theory of Wellbeing PERMA Model

In 2011 Seligman developed a model of wellbeing using the acronym PERMA (Positive Emotion, Engagement, Relationships, Meaning and Accomplishment; Carreno et al., 2021; Seligman, 2018). Seligman hypothesized each of the five elements in PERMA, defined and measured independently of the other elements, contributes to the overall concept of wellbeing. The following subsections describe each element in detail and in relation to Erickson's eighth stage of psychosocial development.

Positive Emotion

Positive emotion is explained by Seligman as hedonic feelings of happiness (e.g., feeling joyful, content, and cheerful (2018). Older individuals exploring meaning in their lives can increase positive emotion about the past (e.g., cultivating gratitude and forgiveness), present (e.g., cherishing physical pleasures and mindfulness) and future (e.g., building hope and optimism) within limits. Positive emotions lead to overall wellbeing (Waterworth et al., 2019).

Engagement

Engagement refers to a deep psychological connection to activities or organizations, for example, feeling absorbed, interested, and engaged in life (Seligman, 2018). Seligman describes this experience as flow, which is a level of concentration so intense when engaged in a meaningful task everything else is irrelevant and the person is oblivious of time or environment (2018). Experiencing a state of flow is the highest state of engagement and can be achieved when a task is particularly challenging and one's own skills to are adequate to it (Seligman, 2018). Older individuals, even when retired, may still be fully implementing their skills, strengths, and attention to challenging tasks that may be already existing or newly acquired (Waterworth et al., 2019). If these experiences were interrupted by the pandemic, it may result in lower wellbeing.

Relationships

Relationships refers to feeling socially integrated and satisfied with one's social connections (Seligman, 2018). Older individuals understand relationships are fundamental to their wellbeing (Waterworth et al., 2019). According to the PERMA

model, wellbeing is experienced collectively as much as individually; experiences that contribute to wellbeing are often amplified through relationships (Seligman, 2018). The connections to others can give an older adult's life purpose and meaning (Waterworth et al., 2019). The isolation, especially of older adults, during the pandemic may have interrupted these social connections and therefore impacted wellbeing.

Meaning

Meaning is a sense of purpose from belonging to and serving something bigger than self (Seligman, 2018). Older adults' reflecting on ego identity vs. despair can experience a sense of meaning through involvement in various societal foundations (i.e., religion, family, science, politics, work organizations, the community, and social causes). The many benefits of meaning is a key contributor to wellbeing, allowing older adults the sense that their life matters, has direction, is valuable and worthwhile (Waterworth et al., 2019). Exclusion from society may have affected the older adults' vison of meaning during the COVID-19 pandemic.

Accomplishment

Accomplishment for the older adult is practicing achievement, competence, success, and mastery of experiences, in a variety of domains (Seligman 2018). Older adults will pursue accomplishment even when it does not necessarily lead to positive emotions, meaning, or relationships because the sense of achievement empowers the individual (Seligman, 2018). The negative statements from information platforms could have affected older adults' wellbeing as they pursue the sense of accomplishment that is typically sought at this stage of life.

Wellbeing for one person is not necessarily wellbeing for another (Carreno et al., 2021; Seligman, 2018). The basis of the theory does not inform older adults what choices to make or what to value but explore factors that enable flourishing to help the individual make better informed choices and live a more fulfilling life that is aligned with their values and interests. Wellbeing is not only valuable because it feels good, but also because it has beneficial real-world consequences (Carreno et al., 2021; Goodman et al., 2018; Vahia et al., 2020), such as when self-isolation practices implemented to counter COVID-19, disproportionately affected older adults in rural communities, affecting their views of wellbeing (Carreno et al., 2021; Mueller et al., 2021; Vahia et al., 2020). The PERMA model is built under the assumption that higher levels of the five components (positive emotions, engagement, relationships, meaning, and achievement) act as a buffer against negative emotions and distress, which has been empirically supported (Carreno et al., 2021; Seligman, 2018). An important note is no single element defines wellbeing but each component works collectively to contribute to higher levels of wellbeing (Seligman, 2018). Thus, relationships among older adults for social connections are important in stimulating positive emotions and accomplishments. The experiences that contribute to wellbeing are often amplified through meaningful relationships (Carreno et al., 2021).

Literature Review

The concept of interest in this qualitative study is wellbeing, the population of interest is rural adults 70 and older living independently in the Midwest and the stressor is the Coranvirus-19 (COVID-19) pandemic. In this section a comprehensive summary of

these constructs is presented from empirical literature and a theoretical basis for the study is provided.

Older Adults

For this study, I defined older adults as individuals 70 years and older who typically fit the description of Erikson's eighth stage of development theory, ego integrity vs despair. This group of older adults have been growing in population size, as well as have continued to be the most vulnerable and marginalized population across the globe (Fraser et al., 2020; Khan, 2019; Löckenhoff, 2018), even though they have added value to their communities as taxpayers, volunteers, and through many other social contributions (Fraser et al., 2020; Khan, 2019; Löckenhoff, 2018).

Biomedical breakthroughs have reduced early-life mortality from acute diseases resulting in longer, healthier lives (Center for Disease Control and Prevention, 2020; Vahia et al., 2020; World Health Organization, 2019). A longer life has offered many opportunities for older adults, their families, and societies. The additional years have allowed the older adult, especially once retired, the opportunity to pursue new activities such as further education, a new career, or following a long-neglected passion (Löckenhoff, 2018).

Rural Older Adults

Rural older adults are those whose territory, housing, and population are not classified as urban (United States Census Bureau, 2021; CDC, 2020). The relevance of exploring rural older adults' is they make up a growing part of the world's population; currently, one in five older Americans live in rural areas (United States Census Bureau,

2021). In addition to individuals who have lived in rural areas their entire lives, more and more retired or semi-retired individuals have chosen to relocate to rural areas to enjoy a more relaxed lifestyle (Fraser et al., 2020; Löckenhoff, 2018; United States Department of Agriculture, 2021). The rural older adult may appreciate the sparsely populated counties dominated by farmers, ranch operators and their workers, as well as easy access to outdoor recreational activities of natural habitats for wildlife and lakes adding to the growing population in these communities.

Wellbeing

The focus of the proposed study is the described experiences of wellbeing among older rural adults during COVID-19. Wellbeing in the present study has been defined according to Seligman, as feeling accomplished, supported, loved, and valued by others (Goodman et al., 2018) and according to Erikson as finding a sense of satisfaction in life (Newton et al., 2019).

Goodman et al. (2018) explored wellbeing and demonstrated wellbeing for older adults is not only valuable because it feels good, but also because it has beneficial real-world consequences. The findings suggest older adults with higher levels of wellbeing perform better when completing tasks, have more satisfying relationships, are more cooperative, possess stronger immune systems and physical health, live longer and sleep better, all resulting in lower levels of stress and greater coping abilities (Goodman et al., 2018). These benefits of wellbeing point to the importance of research seeking to understand it within the context of the pandemic.

The primary aim in life for many individuals is to experience high levels of wellbeing on a consistent basis (Goodman et al., 2018). The concept of wellbeing and its significance for older adults is more than physical health but also includes mental health. The hopeful outcome is to live a fulfilling life with purpose (Goodman et al., 2018)

Studies from the CDC (2020) and WHO (2019) supported this claim by Goodman and suggested wellbeing is not just the absence of disease or illness but a complex combination of a person's physical, mental, emotional, and social health factors. Wellbeing has been strongly linked to happiness and life satisfaction and could be described as how an individual feels about themselves and their life (CDC, 2020; WHO, 2019).

Travis (2019) also defined wellbeing as positive outcomes meaningful for people and for many parts of society. Good living conditions (e.g., housing, employment) are fundamental to wellbeing. However, Travis (2019) suggested many indicators that measure living conditions fail to measure what people think and feel about their lives, such as the quality of their relationships, their positive emotions and resilience, the realization of their potential, or their overall satisfaction with life (wellbeing) that generally includes global judgments of life satisfaction. Concepts I explored in the present study.

The Coranvirus-19 Pandemic

COVID-19 is an infectious disease caused by the SARS-CoV-2 virus (WHO, 2019)) and remains ongoing as of the date of completion of the present study. COVID-19 was identified in December 2019 in Wuhan, China, and has caused a worldwide

pandemic (American Journal of Managed Care, 2021). The virus is spread person to person and can be severe, it has caused millions of deaths around the world as well as lasting health problems in some who have survived the illness. As of October 2022, there are over 624 million confirmed cases, including 6.56 million deaths reported in the world because of the pandemic (CDC 2022; WHO, 2022). These alarming statistics have been attributed to the chaotic approach during the first year of the outbreak (Mueller et al., 2021; Sheffler et al., 2020; Vahia et al., 2020). Initially, the social distancing policies and guidelines for quarantine and isolation set by the government were not taken seriously and clearly demonstrated the world was not ready for a pandemic (Mueller et al., 2021; Sheffler et al., 2020). Popular social media sites suggested the threat of the pandemic was mostly isolated to older adults because of their frailty and inability to combat the virus (Fraser et al., 2020; Lebrasseur et al., 2021). Also, poor management by governing agencies in the United States for social distancing precautions and the lack of transparency about the dangers of COVID intensified the chaos. Jones and Strigul (2021) have suggested if governing agencies managed this pandemic as well as in previous virus situations it might not have been as problematic.

To build protection against COVID-19 the CDC worked diligently with global officials to implement vaccination programs (CDC, 2022). Vaccination programs, which were first targeted to individuals 65 years and older, have been in progress across the U.S. and in many parts of the world as an effort to keep the population safe and avoid spreading the disease. However, like most other aspects of the pandemic described above, vaccination in the U.S. was also chaotic because of misinformation and resulting fears of

the population (AMJ, 2021). As a result, at the end of December 2021, the U.S. failed to meet its vaccination goal (AMJ, 2021). Also, although the number of reported COVID cases are decreasing, there continues to be much debate amongst the population whether vaccines are safe and effective (AMJ, 2021; CDC, 2022; WHO, 2022).

COVID-19 does not discriminate. The virus has posed unprecedented challenges, circumstances, and events for all individuals. Adults of all ages, racial/ethnic minorities, essential workers, and unpaid employees reported having experienced disproportionately worse mental health outcomes, increased substance use, and elevated suicidal ideation in connection with the pandemic (CDC, 2020; WHO, 2019). Although it has affected everyone, it has had a disproportionate outcome on older adults.

There is limited research on the pandemic's effects on the wellbeing among older adults. Less is known about the pandemics effect on rural older adults' wellbeing during this essential period of psychosocial development.

COVID and Older Adults

Early on during the coronavirus pandemic it became clear that age was a risk factor for becoming severely ill with the first strains of COVID-19 (Moro & Paoli, 2020; Lebrasseur et al., 2021; United States Department of Health & Human Services, 2019). The virus' impact on older adults had gone beyond a higher risk for serious infection: it also included limited access to care for all health conditions, as well as considerable social and economic hardship (Fraser et al., 2020; Lebrasseur et al., 2021). A 2021 international health policy survey showed that because of the pandemic older adults were 62 times higher to experience death, 37% more likely to develop a chronic condition,

cancel or postpone appointments with their doctor, 23% more likely to lack home health care services for basic needs, and 78% more likely to get vaccinated (CDC, 2022; WHO, 2022). Although the full extent of the effects of this pandemic remains unknown, its negative influence on wellbeing has become very evident (Fraser et al., 2020). The aim of this study was to gain a better understanding of the experience of wellbeing during the COVID-19 pandemic among older adults 70 years and older living independently in rural areas at a key period of psychosocial development.

The public health concern of isolating the older adult during the pandemic has been a point of interest for everyone but especially this population since older adults thrive best with social activities (Armitage & Nellums, 2020; Fraser et al., 2020; Kitayama et al., 2020; Löckenhoff, 2018). As the COVID-19 global pandemic continues, a very salient theme for the aging adult has been to wonder how much they actually matter (Flett & Heisel, 2020; Moro & Paoli, 2020). A component that was overlooked during the height of the pandemic was the global reports of severe neglect that suggested borderline abuse or actual abuse along with a seemingly disregard to implement measures that would enable the older adult to manage their basic needs (Moro & Paoli, 2020; Mueller et al., 2021). The situations and accounts reported on social media sites and news broadcast revealed older adults suffered the most during the pandemic (Finlay et al., 2021; Flett & Heisel, 2020; Mueller et al., 2021).

Besides being prone to isolation, loneliness, stress, grief, depression, and anxiety during the self-isolation mandates, older adults may also have been victims of stigma, prejudice, and abuse, stemming from agism (Banerjee et al., 2020). Other concerns have

been substance abuse-related complications and cognitive disorders that could potentially advance because of social distancing and isolation measures (Banerjee et al., 2020). Additionally, older adults are more likely to follow policies set by governing agencies for social distancing and isolation which could have contributed to their disparities (Sheffler et al., 2020).

Morrow-Howell et al. (2020) suggested as the world prepares to return to a sense of normalcy, exploring the issues older adults might encounter recovering from COVID-19 is essential for healthy communities (Morrow-Howell et al., 2020). One strategy is exploring opportunities to stay better connected through online platforms. The use of this technology would result in stronger family and intergenerational connections, renewed energy to combat social isolation; more respect for self-care and time management; increased awareness about the importance of advance directives; and, potentially, increased interest across disciplines to work on issues related to an aging society (Finlay et al., 2021; Flett & Heisel, 2020; Mueller et al., 2021).

What has become clear from the literature is the pandemic has exposed older adults to a multitude of life challenges including frustration, separation from family and friends, sporadic access to supplies (e.g., food, medication), limitations to technology and financial strain. Older adults have also been at increased risk of pandemic-related long-term exclusion from participation in social and public activities (Finlay et al., 2021; Mueller et al., 2021). The unique challenges this specific age group endured during the COVID-19 pandemic have added to the momentous choices the population manages at this stage in life (Khan, 2019; Moro & Paoli, 2020).

Another concern for older adults was when Sheffler et al. (2020) explored the social distancing polices and guidelines for COVID-19 and explained COVID-19 pandemic-related policies posed a drain on health care services and drew ethical debates about policies treating younger adults first leaving older adults with reduced access to essential medical and psychiatric services. The ethical debates about who receives treatment and when possibly delivered negative messages of expendability (Sheffler et al., 2020). Furthermore, the prolonged stress associated with the pandemic may have affected biological and psychological health functioning exacerbating the risk of suicide (Moro & Paoli, 2020; Sheffler et al., 2020).

The risk of suicide among older adults was explored by van Tilburg et al. (2020). He believed suicidal tendencies were linked to mental health and loneliness and were consequences of exposure to trauma like the COVID-19 pandemic. Healthy older adults who were otherwise active member of society immediately exhibited elevated symptoms of anxiety and depression. The effect of loneliness and isolation indicated worries about the pandemic (Moro & Paoli, 2020; van Tilburg et al., 2020). Another result among older adults was a decline in trust in societal institutions that was associated with marginalization and increased mental health problems, especially emotional loneliness (Moro & Paoli, 2020; Sheffler et al., 2020; van Tilburg et al., 2020).

The detrimental impact of marginalization for older adults during the COVID-19 pandemic, coined an "*invisible human rights crisis*" (D'cruz & Banerjee, 2020) emerged as a global health threat for older adults who faced physiological risks of infection and psychosocial consequences of social distancing and lockdown (D'cruz & Banerjee, 2020).

Loneliness, isolation, abuse, loss of autonomy, and restriction of health care access could have exasperated their frailty and comorbidities (D'cruz & Banerjee, 2020; Löckenhoff, 2018; Sheffler et al., 2020). Thus, researchers proposed marginalization as the probable cause for the disparities older adults endured during the pandemic and further encouraged members in society to work together and implement measures of mitigating inequalities that are effective in their communities to enable healthy aging (D'cruz & Banerjee, 2020; HHS, 2019; Mueller et al., 2021).

COVID and Rural Older Adults

While leaders of the world health organization (WHO) were quick to implement policies and regulations intended to protect entire populations, the lack of resources for technology and health care have affected rural older adults (Finlay et al., 2021; Mueller et al., 2021). In addition to increased pay for essential staff working tirelessly throughout the pandemic, and supplemental income for those whose work was affected by the pandemic, government agencies also acted quickly to provide the funding necessary for additional technology, health care facilities, and supplies to rural areas (Finlay et al., 2021; Mueller et al., 2021). However, while funding was beneficial, the means to implement the necessary resources took time. Often manufacturing essential products and accessing them was a burden. During a crisis, time is crucial and immediate action is essential for the safety and wellbeing of populations, including rural older adults (Finlay et al., 2021; Mueller et al., 2021).

There is very limited information about how the COVID-19 pandemic affected the wellbeing of older adults in rural communities (Mueller et al., 2021). While social

scientists continue to collect empirical evidence to describe the pandemic's macrolevel impacts across the entire country, the data and research have overlooked 46 million rural Americans (Mueller et al., 2021; WHO, 2019). If their experience is not considered, any policies intended to improve circumstances for rural communities will be useless. In addition to the burden of social distancing polices and guidelines, there is the general concern for the lack of access to essential health care; increasing the tendency for comprised physical and mental health, as well as creating barriers for enrollment in any government sponsored relief programs (Mueller et al., 2021). Therefore, it is essential to implement strategies and effective methods of thriving through a pandemic that are efficient for both rural communities and rural older adults in these communities (Mueller et al., 2021; WHO, 2019).

Harden et al. (2020) explored the impact COVID-19 had on rural older adults' social isolation and emphasized during COVID-19, the nation has become increasingly aware of the impact of isolation on physical, social, spiritual, and psychological health. Thus, Harden et al. (2020) proposed older adults living in rural communities, and especially those living independently, have been at a higher risk of the detrimental effects from isolation and loneliness. Harden et al. (2020) also confirmed the previous findings by Sheffler et al. (2020); that rural older adults abide by polices and guidelines set by governing bodies and explained the innovative social distancing rules imposed by governments and agencies during the COVID-19 pandemic, albeit intended for good, have caused rural older adults to experience a degree of social isolation and loneliness that is unprecedented.

Self-isolation has disproportionately affected the rural older adult whose only social contact was outside of their dwelling (Fraser et al., 2020). Although technical communication could support and enhance social contact, the lack of technology is often prevalent in rural communities. Also, there are many older adults who have technical disparities and need help either with the technology itself or the means to acquire it. (Fraser et al., 2020; Kitayama et al., 2020; Löckenhoff, 2018). The findings indicated mitigation measures associated with technical communication must be effectively implemented to prevent the lack of communication and avoid increasing the indisposition of rural older adults in relation to COVID-19 (Armitage & Nellums, 2020).

Rural older adults have endured disparities of limited technology and access to adequate health care long before the pandemic. Hence, even if measures for increased communication were implemented overnight the terrain in rural communities are such that wireless communication signal could not reach many rural dwellings (Mueller et al., 2021**).** Additionally, as people are living longer healthier lives (CDC, 2020; Vahia et al., 2020; WHO, 2019) rural communities have over time undergone a shortage of health care providers and facilities that can adequately care for the needs of a growing population (Mueller et al., 2021). Specialized care (i.e., geriatric, diabetic, and cardiology) is nonexistent in rural areas (Henning-Smith, 2020; Mueller et al., 2021). Therefore, many who are sick and need medical attention beyond a wellness checkup are required to seek care in metropolitan areas, which can be a few hours' drive or longer. However, there is very limited public transportation in rural communities if any at all. Therefore, this need is an added burden when the older adult cannot drive and depend on others for

transportation. Thus, many rural communities may have been uniquely vulnerable to the pandemic's physical and economic impacts, attributable to higher levels of poverty, fewer job opportunities, and heightened vulnerability to labor market shocks (Finlay et al., 2021; Fraser et al., 2020; Mueller et al., 2021).

COVID and Wellbeing

Crises such as the COVID-19 pandemic may alter the normative patterns for wellbeing. Goodman et al. (2018) studied several examples of how the nature and timing of non-normative life influences and normative history-graded influences may alter the trajectory of wellbeing. In that study the history-graded influences were the generational differences perceived of the COVID-19 pandemic. The events and circumstances of the crisis were unprecedented and possibly influenced the passage of wellbeing at every life stage for everyone. Consequently, impacting delayed and long-term effects of wellbeing (Goodman et al., 2018).

Banerjee et al. (2020), completed a study suggesting delayed and long-term effects on well-being and whether those effects are age-invariant should be examined over longer periods of time. However, Goodman et al. (2018) argued examining emotional wellbeing closer to the onset of an historical event like COVID-19 may provide important information about who is most at risk for long-term negative effects. Regardless, although the impact of the event on wellbeing eventually decreases in magnitude (Goodman et al., 2018), it is not clear what permanent influences the event might have on all populations, specifically on their psychosocial wellbeing (Banerjee et al., 2020).

COVID and Older Adults Wellbeing

The experience of wellbeing for older adults during pandemics varies. Goodman et al. (2018) suggested there are some individuals who showed higher positive effects and lower negative effects during a crisis. Additionally, there has been strong evidence for a normative pattern of higher positive effects and lower negative effects in late adulthood (Goodman et al., 2018).

Banerjee et al. (2020) explored the psychosocial wellbeing of older adults during COVID-19 and explained older adults were more vulnerable to the physiological and psychosocial aftermaths of the Coronavirus disease. The findings indicated the mental wellbeing of this vulnerable population was neglected; particularly concerning to researchers has been the potential permanent consequences related to the pandemic (Banerjee et al., 2020).

Another concern is that ageism has evolved from discriminating views toward older adults in general to now questioning their value and wellbeing in society (Khan, 2019; Löckenhoff, 2018). Specifically, since the beginning of the pandemic, older adults have been subject to forms of verbal abuse affecting wellbeing. Some of the most prevalent instances have been commentary from popular social media sites. The statements made indicated society views this population as vulnerable and helpless (Kitayama et al., 2020). Labels from popular social media sites and news broadcast such as “boomer remover” “uncle please sit down” and “ok boomers” implied indifference and potential unconcern for older adults (Kitayama et al., 2020).

Monahan et al. (2020), explored the stigmas and harsh classifications of older adults and investigated the differences between positive and negative responses toward the population during the COVID-19 pandemic. Negative stereotyping, prejudice, and discrimination toward older adults during the pandemic resulted in declining physical health and mental wellbeing, impacting family, friends, and society (Monahan et al., 2020). This has happened even though older adults add value and an integral part of society as taxpayers, volunteers, and in many other social contributions (Fraser et al., 2020; Khan, 2019; Löckenhoff, 2018).

Wellbeing during a crisis in late adulthood is extremely crucial for older adult developmental tasks such as personal aims to stay young and the reality of aging (Kitayama et al., 2020). The differences between these objectives could produce complications for older adults to stay engaged in society and culture paradigms. The social norms and personal desire for positive emotions such as enthusiasm and excitement may remain quite strong even in late adulthood. This age-related trajectory is unlikely in cultures where adjustment to age-related tasks and roles is strongly undervalued (Kitayama et al., 2020). If a crucial element to wellbeing is to stay engaged socially, then there is a greater need for interventions from communities to encourage older adults to actively engage in society and thereby cultivate a meaningful life for a growing population (Kitayama et al., 2020).

COVID and Rural Older Adults Wellbeing

Very little is known about COVID and rural older adults' wellbeing. The limited studies that are available have indicated a greater need to understand the consequences of

long-term social isolation and the importance of wellbeing for rural older adults. The consensus is that rural older adults are unaffected by social isolation because of aging in place and therefore, are more resilient to crisis (Henning-Smith, 2020). Further misconceptions are that more than other populations rural older adults stay busier at home with farm and ranch work, gardening, and enjoying outdoors, and by doing so are more capable of maintaining wellbeing (Sheffler et al., 2020). Thus, isolation is a normal part of everyday life (Henning-Smith, 2020).

Contrary to popular belief rural older adults were more isolated than others and suffered the most from loneliness and mental health issues (Henning-Smith, 2020; Sheffler et al., 2020; van Tilburg et al., 2020). A 2021 survey from the University of Minnesota Rural Health Research Center revealed the largest barrier to rural older adults was transportation, followed by barriers related to accessing health care (22%), and home health care (14%). When van Tilburg et al. (2020) compared loneliness and mental health to examine possible sources of resilience he found that older adults in rural areas were more susceptible to mental health issues despite the efforts to stay busy at home while adapting to changes in social contact. The time spent alone has proven to be a source of adverse wellbeing for the rural older adult (Sheffler et al., 2020). Also, the lack of resources for adequate health care, limitation to testing for COVID, and limited access to wireless technology exacerbated any efforts to achieve wellbeing by the individual (Henning-Smith, 2020; Mueller et al., 2021).

Due to the unique social, political, and economic attributes in rural America, data collection is often fragmented by methodological difficulties stemming from the

remoteness of rural areas (Mueller et al., 2021). Some examples are large amounts of standard data errors and suppression of data for privacy limiting reliability. Thus, any efforts from government agencies for economic relief (Mueller et al., 2021) and to meet basic needs (Henning-Smith, 2020) are underestimated.

Older adults are integral members of their communities and are disproportionately represented in rural areas (Henning-Smith, 2020). Supporting older adults is an essential part of supporting the overall vitality and sustainability of rural communities. Moreover, because studies have focused much less attention on the wellbeing of rural communities (Mueller et al., 2021), there is a growing need to explore the developmental tasks and wellbeing for rural older adults living independently.

Summary and Conclusions

Maintaining wellbeing during a crisis is not a new concept. COVID-19 created unprecedented challenges and disproportionate threats for the older adult and especially those living independently in rural communities. The literature review revealed the crisis was experienced differently across individuals, and the diversity of older adults' life experiences led to a variety of methods for coping. The present study explored the events and circumstances that affected the rural older adults experience of wellbeing during the COVID-19 pandemic. In the studies researchers investigated influences for positive and negative characteristics of wellbeing during uncertainties. The theoretical frameworks were explored from the lenses of Erikson's stage theory ego integrity vs. despair, and Seligman's PERMA model of wellbeing. The results of the literature review signified accepting and integrating past events is a critical role in the older adults' psychological

and psychosocial functioning (van der Kaap-Deeder et al., 2021). What is known from the literature review is the older adult continues to grow in population because of improved technology and reduction in early-life mortality (CDC, 2020; Vahia et al., 2020; WHO, 2019). A longer healthier life has enabled the older adult to spend more years in retirement and for many, retirement in rural America. The conceptual factors related to wellbeing is a crucial element for both thriving communities and older adults (CDC, 2020; Goodman et al., 2018; WHO, 2019).

The challenges of the pandemic presented unique circumstances for the developmental tasks and wellbeing of rural older adults. What is not known is how these unique circumstances affected the rural older adults' experience of wellbeing during Covid 19 (Fraser et al., 2020; Henning-Smith,2020; Vahia et al., 2020). Chapter 3 includes a detailed description of the methodology of this study, the research design, sample, instrumentation, and data analysis plan used to describe the experience of wellbeing during the COVID-19 pandemic among older adults 70 years and older living independently in rural areas at a key period of psychosocial development.

Chapter 3: Research Method

The purpose of this qualitative study was how adults, 70 years and older and living independently in rural areas, describe their experiences of wellbeing during the COVID-19 pandemic at a key period of psychosocial development. I used a generic qualitative approach to conduct open-ended interviews to inquire if and how the participants wellbeing was affected by the pandemic. The questions were interactive and allowed the participants to provide in-depth information of their experiences during this pandemic-generated time of uncertainty, and potentially informed future major health events. Chapter 3 includes the research questions, research design and rationale, the role of the researcher, the methodology, as well as issues of trustworthiness and relevant ethical considerations.

Research Design and Rationale

Research Question

How do rural adults 70 years and older describe their experience of wellbeing during the COVID-19 pandemic?

Research Design

The central concept of the study was how older adults living independently in rural communities described their experience of wellbeing during the COVID-19 pandemic at a key period of psychosocial development. I chose a generic approach because the study focused on how people interpret their experiences and how their perspective transformed their world (Merriam & Tisdell, 2016). A generic approach allowed for consideration of how the older adult experienced wellbeing during the

pandemic and provided a deeper understanding of how people make sense of their lives and their experiences during times of uncertainty (Merriam & Tisdell, 2016).

The study was qualitative and focused on the aspect of wellbeing from the views of the older adult who experienced COVID-19 in rural America. There is very limited research on how the pandemic affected the wellbeing among rural older adults and, while there is a need for more research on the wellbeing of all older adults, rural older adults experienced a measure of vulnerability due to isolation and loneliness that are often prevalent while living independently (Vahia et al., 2020).

Qualitative research involves the collection, analysis, and interpretation of data that are not easily reduced to numbers (Palinkas et al., 2015). The data collected relates to the social world and the concepts and behaviors of people within it adding depth and insights to the phenomenon being explored (Palinkas et al., 2015). The generic approach offered a rich description of wellbeing from the view of the older adult. The strategy blended holistic, in-depth data outside of the established methodological boundaries resulting in more than one established methodology (Patton, 2015).

The generic design was an appropriate choice for this study as it allowed for emerging themes and constructs using interview points representative of the study from a diverse selection of participants. Other designs of qualitative research were considered but potentially would not have generated a rich description of data; for example, a case study would only provide information about one individual or group, while a grounded theory approach would only provide a systematic inductive method aimed toward theory development. Ethnographic studies are like phenomenology in that both seek to

understand the phenomenon from the internal viewpoint of the individual experiencing the phenomenon, with the main difference being that phenomenological studies seek to highlight the meaning and variety of meanings behind the experience (Creswell, 2018), limiting the comprehensive data a generic design could produce.

Role of the Researcher

My role as the researcher was to objectively oversee all characteristics of the study from the conceptualization, design, review of the literature, collection, and interpretation of data, and reporting the results. This also included the development of the interview questions (Appendix A), identification of participants, as well as conducting the interviews, and analyzing the data. I was not a participant in the study and used participant interviews exclusively for data collection.

Once IRB approval was received, I contacted the participants and established an appropriate place and timeframe to conduct interviews. The sample consisted of older individuals living independently in rural communities. Participation was voluntary and as a method of establishing trusts and transparency, I personally conducted the interviews. Because of my health care background and being well connected resident in a rural community during the pandemic, I had professional knowledge of and some commonalties with the population. Therefore, I related to the participants in a manner that potentially built a measure of trust and generated in-depth and contextual information. To safeguard any biases, because I am not retired but active in the community, I did not recruit anyone I knew personally in the rural area or with whom I

had professional collaborations in the community. I also did not include any rural older adults I had encountered in a personal or professional role.

In the same respect, because of my background in health care and a resident of a rural community, I was also aware of possible assumptions and biases that could influence me as a researcher. For verification, a reflective journal was kept acquiring a holistic picture of the data for clarity and to mitigate any potential biases. Additionally, my dissertation committee, experienced in qualitative research methods, was consulted to strengthen reliability, and clarify any areas that were not rich, thick, detailed descriptions of data so anyone interested in transferability could have a solid framework for comparison in addition to increase the credibility of the findings (Patton, 2015).

Furthermore, every effort was utilized to ensure the trustworthiness of this qualitative study. All participants were provided with informed consent prior to the interviews, detailing the voluntary nature and the purpose of the study, how the participant's privacy was safeguarded, their right to withhold any information they were not comfortable sharing, their right to leave the study at any time and have all their information removed, and details of how the data was collected and stored.

Methodology

Participant Selection

Participant selection was done through criterion sampling to identify rural older adults who lived independently in rural communities during the COVID-19 pandemic. A total of ten participants who responded to a flyer posted on social media platforms for older adults, church bulletins, and senior centers posted throughout the rural community

were selected to participate in the study. Snowball referral was used to ensure there was an adequate number of participants to reach saturation.

Population.

The following criteria was needed to be considered as a potential participant:

- Participants had to be adults 70 years of age and older.
- Participants must have lived independently in a rural community throughout the COVID-19 pandemic.
- Participants needed to have experienced how the pandemic affected their wellbeing.
- Participants needed to be available for interviews either in person or through a live video chat (i.e. Facetime, Zoom, or Skype).
- Participants could not know the researcher.

Participants were excluded if they recently moved from a metropolitan, urban, or suburban area into a rural community. Or if their primary residence was not a rural community. Potential participants who maintain a rural address as their home address but do not actively live in the rural community due to extensive travel was also excluded.

Sampling Strategy and Sample Size

A combination of convenience sampling and snowball/referral was used to identify rural older adults and invite 10-12 to participate in the study. The connected nature of people in rural communities made snowball/referral an appropriate choice as individuals who live in smaller communities are likely to know or be related to other

individuals in the community. Participants were asked if they know other rural older adults whom they would like to invite to participate in the study.

Qualitative research involves the collection, analysis, and interpretation of data that are not easily reduced to numbers (Palinkas et al., 2015). Additionally, qualitative inquiry takes an in-depth look at the phenomenon of interest, often creating smaller sample sizes and personal interaction between the researcher and participant. Thus, the data collected relates to the social world and the concepts and behaviors of people within it adding depth and insights to the phenomenon being explored (Palinkas et al., 2015). This study sought to better understand how the effects of the pandemic and its aftermath have impacted the lives of rural older adults and the challenges they may have endured during social isolation.

In qualitative research, the most common measure of appropriate sample size is saturation, which is reached when no new data is being revealed in interviews (Patton, 2015). In the present study, I reached saturation when additional interviews no longer provided further understanding of the rural older adults' experience of wellbeing during the COVID-19 pandemic.

A total of 10 participants were recruited which is within the established suggestions that presently exist for qualitative inquiry of this nature. For the qualitative interviews, Creswell (2018) suggested a sample size of five to 25 for semi-structured interviews is sufficient to achieve thematic saturation. However, according to Patton (2015), data saturation is not about how many participants, but the depth of the data. It is

believed enough data was collected to explore how the rural older adults describe their experience of wellbeing during the COVID-19 pandemic.

Participant Recruitment

After obtaining IRB approval from Walden University (approval number 05-04-22-1012280), I began the process of recruitment of participants by contacting local churches, community centers, and other sources of rural entities where older adults resided during the pandemic. I contacted administrators and owners of businesses and senior centers located outside of my local area to avoid any personal connections with potential recruits and shared with them the nature of the study. With their permission I posted the information on bulletin boards. I asked if they had social media pages where I could post a brief description of the study. In addition, I connected with public forums like Facebook that included groups for rural older adults and posted a brief description of the study to promote participant interest. Once the process began, potential participants were asked to pass on information about the study to other rural older adults who were possibly appropriate for the study. I excluded any individual whom I knew personally.

Once interested individuals contacted me, I explained the criteria for the study and what I was looking for from participants. If I was contacted through email, I sent them a request to schedule a time and place to conduct interviews through their preferred method of contact. During the initial conversation, I described the inclusion criteria, explained the purpose of the study, the requirements of participants, as well as the commitment that was requested of them. I also provided participants with a summary of pertinent study information to assist in the decision making. The interview questions

were not directly provided to the participants prior to the beginning of the study, but I informed them of the topic of the interview; how the pandemic and its aftermath influenced the lives of rural older adults and the challenges they may have endured during social isolation.

Once the eligibility criteria was determined and the individual agreed to participate, interviews were scheduled from the participant's preference and availability. Participants who completed interviews were provided with a flyer, including my contact information and study summary to offer other potential participants. The potentially interested individual would contact me in the same manner as the other participants. At the conclusion of the study, all participants were provided with a comprehensive summary of the research results, in plain language based on the participants expressed preference of delivery.

Instrumentation

For this study, I developed a set of interview questions consistent with a generic qualitative approach, allowing for the exploration of the subjective experiences of rural older adults during the COVID-19 pandemic (Merriam & Tisdell, 2016). Also, I developed follow-up probes to elicit participants' experiences with isolation and loneliness in greater detail, the meaning wellbeing had for them, and if the pandemic contributed to this experience. The nature of semi structured interviews provided a thorough and rich exploration of the experience of wellbeing during the COVID-19 pandemic among older adults 70 years and older living independently in rural areas at a key period of psychosocial development

The interview guide was developed through the lenses of Erik Erikson's (1959) psychosocial framework achieving a sense of ego integrity while avoiding despair and Seligman's (2011) PERMA model of wellbeing. The focus using these frameworks was the experience of wellbeing of older adults living in rural communities and the challenges they endured during the COVID-19 pandemic.

Interview questions were developed from the key concepts identified in the literature review frameworks and concepts central to how the older adult described their experience of wellbeing. These included using the recent pandemic as a contextual factor to explore how ego integrity versus despair might be affected when older adults are confronted with uncertainties (Newton et al., 2019), that every aspect of wellbeing has real world consequences (Vahia et al., 2020), and the negative consequences associated with social isolation because of mandatory lockdown set by governing agencies (Carreno et al., 2021). Although all questions were asked in every interview, prompts were used at my discretion to encourage greater exploration of the experiences of rural older adults. The interview guide included questions and probes where needed, such as "Can you give me an example of that?" or "Can you tell me more about that?"

Procedures for Participation and Data Collection

When I met with participants for the scheduled interviews, I reviewed the informed consent and ensured a signed consent form was submitted to me prior to the recorded interview session. All of the participants emailed their signed consent form prior to the interviews and a verbal consent was obtained at the time of the interview. I also provided an overview and orientation of the initial study and a debrief after all the

interview questions were answered. Participants were offered explanations of any areas that were unclear. Interviews were conducted through their preferred method of contact (video or phone). None of the participants elected for in person interviews.

I interviewed all the participants using the semi structured interview guide (Appendix A) and allotted approximately 45-90 minutes for the interview itself. If necessary, additional time was allocated for the initial introductions, study overview, review of informed consent, time for participant debriefing and wrap up. During the interview, participants were encouraged to share their experiences, opinions, and beliefs about their perception of wellbeing. Participants were also given time to expand on the primary questions and to add information they believed was relevant to share, recognizing the value of their experiences, they offered information that was not previously considered. At the conclusion of the interview, I provided participants with information to give to other rural older adults who might be interested in the study to assist in the recruitment of an adequate number of study participants.

In addition to the audio recordings, field notes were taken during the interview to complement and capture the essence of the data. Field notes were reviewed after each session and when necessary for a more comprehensive account of the interview. Through a process of member checking, all interviews were transcribed verbatim at which point participants were contacted and asked to review a summary of the transcript of the interview for accuracy. A reflexive journal was used to document the noted aspects of the interview.

A follow-up appointment was scheduled once transcript summaries were complete and participants were offered ample time to review the transcripts and provide feedback (Patton, 2015). All of the follow-up attempts occurred within two weeks of the initial interview, with one week being the preference so that the conversation was easier to recall. There were no delays with the follow-up attempts.

Data Analysis Plan

I utilized a thematic analysis approach as defined by Clarke and Braun (2017) to identify themes and patterns in the data and make sense of these themes in relation to the current research study. A thematic analysis was an appropriate choice for a generic qualitative study due to the flexibility and emergence of themes from the data (Merriam & Tisdell, 2016). Thematic analysis allowed the researcher to identify themes across rural older adult's experiences (Saldaña, 2016).

I used the six-phase method of thematic analysis as recommended by Clarke and Braun (2017). The first phase, familiarizing with the data occurred by reading each participant's transcript to the audio recording, and increased the familiarity and understanding of the participant interviews. The second phase included taking the data from each transcript and creating an initial coding to identify patterns in the data and establish preliminary categories that I found pertinent to the present study. The third phase I searched for themes in the initial codes with all codes that are relevant to the research question being incorporated into a theme. A thematic map was recommended by Clarke and Braun (2017) and was developed to allow for a visual depiction of the themes and helped facilitate the identification of relationships between themes. Subsequent steps

included reviewing and defining themes to ensure they were representative of the data set as a whole. I used both a manual coding process and the qualitative analysis software program, ATLAS.Ti 9, to assist in coding themes and data organization.

Issues of Trustworthiness

Trustworthiness in qualitative research allows researchers to describe the virtues of qualitative terms outside of the parameters that are typically applied in quantitative research (Patton, 2015). The trustworthiness of qualitative research is often questioned, possibly because the concepts of validity and reliability cannot be addressed in the same way as in quantitative research. Therefore, naturalistic investigators prefer to use different terminology to distance themselves from the positivist paradigm. The strategies for ensuring trustworthiness in qualitative research are explained by Shenton (2004) as four constructs for ensuring thoroughness, credibility, transferability, dependability, and confirmability, and add to the authenticity of the research.

Credibility

Credibility refers to the confidence that can be placed in the results of the study to reflect the phenomenon of inquiry and has been likened to internal validity in quantitative studies (Shenton, 2004). Credibility is ensured in the present study using recruitment methods that promote honesty in participants including a clear description of the study, its voluntary nature, and the commitment being requested. During the semi-structured interview, participants were encouraged to answer honestly and openly while being given permission to not disclose anything they did not feel comfortable talking about.

Member checking is one of the most common methods in which credibility can be established in a qualitative study. Member checks have been purported to increase credibility by highlighting possible researcher bias (Motulsky, 2021), identifying potential misinterpretation of the message conveyed by the participant, provide opportunities for clarification and additional information (Patton, 2015). The present study included audio recordings of all participant interviews. These recordings were transcribed verbatim, and participants were asked to review a summary of the interview transcript. This option allowed the participant to review what they said and identify if their words were in fact reflective of what they intended to convey (Shenton, 2004) and make any necessary corrections. The member checking process also helped to capture the true voices of the participants (Motulsky, 2021).

Transferability

Transferability describes the extent to which the current research can be utilized by other researchers in other settings. While this is not the primary focus of qualitative research that is concerned with the experiences of the participants itself, there are methods in which this can be attained in a study (Shenton, 2004). The current study provided a detailed description of the information offered of the participants and the research procedures including data analysis so the reader can determine the relevance to themselves and their context of reference (Patton, 2015). The use of this level of description allowed for a thorough review by the dissertation committee. The detail of information also allowed the reader to make appropriate judgements regarding whether the present study is one that can relate to their setting.

Dependability

Dependability is an analog to reliability and emphasizes the essential justification for the ever-changing context which research occurs (Patton, 2015). Dependability provides in-depth descriptions of the changes that occur in the setting and how these changes affected the way the researcher approached the study thereby enabling future researchers to repeat the work, if not necessarily to gain the same results (Shenton, 2004). The present study applied consistent recruitment, data collection and data recording procedures for all participants.

Confirmability

Confirmability is an analog of objectivity and refers to the degree to which the results could be confirmed or corroborated by others (Patton, 2015). The concept of confirmability is to ensure as far as possible that the findings and the result of the experiences are objective and subjective (Shenton, 2004). In the present study, the use of an audit trail as well as reflexivity, particularly the use of a reflective journal, assisted in this process (Shenton, 2004). The participants were provided a summary of the interview to review for accuracy which also assisted in ensuring the data collected is the personal experience of the rural older adult.

Ethical Procedures

This study follows federal regulations and IRB guidelines, and I sought IRB approval prior to the data collection process to ensure the protection of all participants. Individuals who were rural older adults and lived independently during COVID-19 were invited to participate in the present study. Participants were selected using participation

and exclusion criteria. The voluntary nature and purpose of the study, limits to confidentiality, and protection of data were provided and explained through the informed consent form. This included the participants' right to discontinue their involvement in the study at any time during the process. Also, this is a vulnerable population, thus it was important to take into consideration the potential for triggers when engaging in personal disclosure. Therefore, participants were offered information on how to find local mental health support resources should they experience any distress, including the helpline for the division of aging that has 24-hour access to immediate referral support and information (CDC,2022).

To further protect confidentiality, participants were assigned numeric codes that was utilized for all data storage. I did not include information regarding the names of entities or forums used for recruitment to further protect privacy. All physical data is kept in a locked desk drawer in my office and all electronic data is stored with password protection. All documents will be destroyed 5 years after the completion of the study. Participants were provided with informed consent both verbally and in writing and were required to acknowledge their agreement in writing prior to being included in the study.

Summary

This study utilized a generic qualitative research design to describe rural older adults experience of wellbeing during the COVID-19 pandemic. Older adults were recruited from rural communities applying criterion sampling approaches and snowball referral to ensure saturation of data. The purpose of the study was to explore how rural adults 70 years and older described their experience of wellbeing during the COVID-19

pandemic and how the pandemic affected their developmental task. This was accomplished by using semi structured interviews and thematic analysis. Procedures for data analysis, study rigor and ethical concerns are addressed. Chapter 4 expands upon this to include a detailed account of the data collection and analysis procedures as well as the results of the study.

Chapter 4: Results

This qualitative research study aimed to explore how rural older adults describe their experience of wellbeing during the COVID-19 pandemic at a key period of psychosocial development. The central research question was: How do rural adults 70 years and older describe their experience of wellbeing during the COVID-19 pandemic? A generic qualitative approach was used to develop and collect information from participant interviews, and thematic analysis was used to analyze the data. The setting and relevant demographics discussed in this chapter include data collection, data analysis from participant interviews and the resultant transcripts, and the results.

Setting

As described in Chapter 3, participants were rural older adults living independently during the COVID-19 pandemic. After participants consented to the interview process, appointments were scheduled for interviews. Participants were given the option to engage in face-to-face, telephone, or video interviews such as Google, Zoom, or Skype based on their preference and availability. All interviews were conducted either by Google meet video or over the telephone. There were no substantial variations from the originally planned procedures.

Demographics

The participants in the study were recruited through social media posts and information posted at local organizations such as senior centers, churches, and supermarkets. Initial participants were asked to share information about the study with other rural older adults who may be interested in participating in the study. Rural older

adults who were interested reached out via email or telephone, and a discussion was held explaining the criteria for the study, its purpose, as well as the requirements and commitment requested of them. All participants were 70 years of age and older and had lived independently in a rural community during the COVID-19 pandemic. All participants reported that regardless of whether they were infected with COVID, they were isolated and otherwise affected during the pandemic. All interested participants were prescreened to ensure they met the inclusion criteria.

Participants who opted to participate in the study included six females and four males. Basic demographic data collected was their relationship status and independent living situation during the pandemic. Of the 10 participants, two reported they were divorced, six were married, one was single and never married but in a relationship, and one was widowed. Six reported living with their spouse or partner, three lived alone, and one lived with family members.

Table 2

Participant Demographics

	Gender	Age	Relationship Status	Living Situation
P1	F	72	Divorced	Alone
P2	F	74	Married	With spouse
P3	M	76	Married	With spouse
P4	F	78	Widow	With family
P5	F	70	Married	With spouse
P6	M	77	Married	With spouse
P7	M	73	Married	With spouse
P8	F	72	Married	With spouse
P9	M	76	Single	Alone
P10	F	75	Divorced	Alone

Data Collection

Recruitment for the study occurred as described in Chapter 3 and began on May 5, 2022, after IRB approval. Recruitment was initiated by the distribution of a brief study description to individuals in rural communities who were living independently during COVID-19. Additionally, a description of the study was posted on social media sites through Twitter and Facebook, including groups such as Seniors and COVID-19, asking interested individuals to contact me for more information about participation. In addition to my recruitment efforts, snowball referral sampling was used. All participants were asked to share information about the study with any eligible adult who might be interested in participating. There were six respondents who were recruited through snowball referral. Recruitment of participants lasted 3 weeks.

Response rates to recruitment attempts were approximately six to seven people per week, with 21 individuals reaching out by email or telephone in response to the invitation to be interviewed. I set up a time to review the criteria and informed consent form with all interested individuals and scheduled a time to interview those that opted in and met the selection criteria. I emailed the informed consent forms and study description to all interested individuals prior to the telephone call. The individuals who participated in the interviews returned the signed consent forms via email. Ten participants were interviewed via Google video conferencing or over the telephone, with none of the participants selecting a face-to-face interview. All interviews lasted approximately 1 hour, ranging from 43 to 57 minutes, not including the brief introduction of myself and the study at the beginning, and the debrief and discussion of the next steps at the end. All

interviews were audio-recorded using iPhone voice memos and Google to prevent any unforeseen loss of data. I took notes during the interviews and again when I read the transcripts later. My notes included any emotional or personal reactions, reflections, and perceptions relating to the participants' responses to interview questions or follow-up probes, as well as responses that stood out to me. I did not encounter any unusual circumstances during the interview process.

At the conclusion of the interview, I stored all digital recordings on my password-protected laptop computer and transferred any recordings from my cell phone to my laptop. All interviews were transcribed, and then to ensure accuracy, I read the transcription while listening to the audio. The transcription files were password protected and then uploaded to the ATLAS.ti9 software on my password-protected laptop. All identifiable information was removed from the transcription, and participant names were substituted with numerical coding (P1-P10).

After the completion of transcription, I engaged participants in member checking. Each participant was emailed a summary of their interview and asked to review it and resolve any inaccuracies or misinterpretations. I also invited participants to share any additional information they felt was relevant to the study. There were no variations in data collection methods from what was proposed in Chapter 3.

Data Analysis

This generic qualitative study used thematic analysis to identify themes within the experiences of rural older adults' description of wellbeing during the COVID-19 pandemic at a key period of psychosocial development. I utilized a six-phase thematic

analysis process as recommended by Clarke and Braun (2017). This method was chosen as it allows for a reflexive and recursive approach through which the meaning of the rural older adults' experience can be captured and utilized to identify themes across the data (Clarke & Braun, 2017; Saldana, 2016).

Data analysis began in the first phase; here, I became familiar with the data, which involved complete immersion and active engagement in the data by carefully reviewing each verbatim transcript several times while listening to the audio recordings (Clarke & Braun, 2017). This phase also allowed for further study of the transcripts for accuracy. During the first phase, I reviewed the notes taken in my research journal of the items and concepts that initially caught my attention, including possible connections across the data, application to the research questions, and conceptual frameworks (Clarke & Braun, 2017; Patton, 2015). I considered the salience of these notations with my personal belief system and identification as a researcher (Clarke & Braun, 2017). Engagement in reflexivity at this point permitted me to pay attention to these factors during analysis, so the focus remained on the participants' meanings and experiences and not on any pre-judgments that I may have made.

The second phase of data analysis, generating initial codes, included taking the data from each transcript and creating an initial code to identify patterns in the data and establish preliminary categories I found pertinent to the present study. This phase begins the systematic portion of engagement with the data (Braun, Clarke & Braun, 2017; Patton, 2015). I started this process by initially hand-coding the transcripts, with each transcript coded individually, line by line, before moving on to the next. Hand coding

was an essential step as it helped me to continue to familiarize myself with the participants' experiences. Then, I uploaded all the interview transcripts into ATLAS.ti9 for further analysis. I conducted another round of manual coding using the ATLAS software and compared my codes to the codes generated from the software, which offered assurance that I remained consistent in my coding process. Equal attention was given to all interview transcripts to ensure that repeated patterns could be identified and that as many codes as possible were developed (Clarke & Braun, 2017).

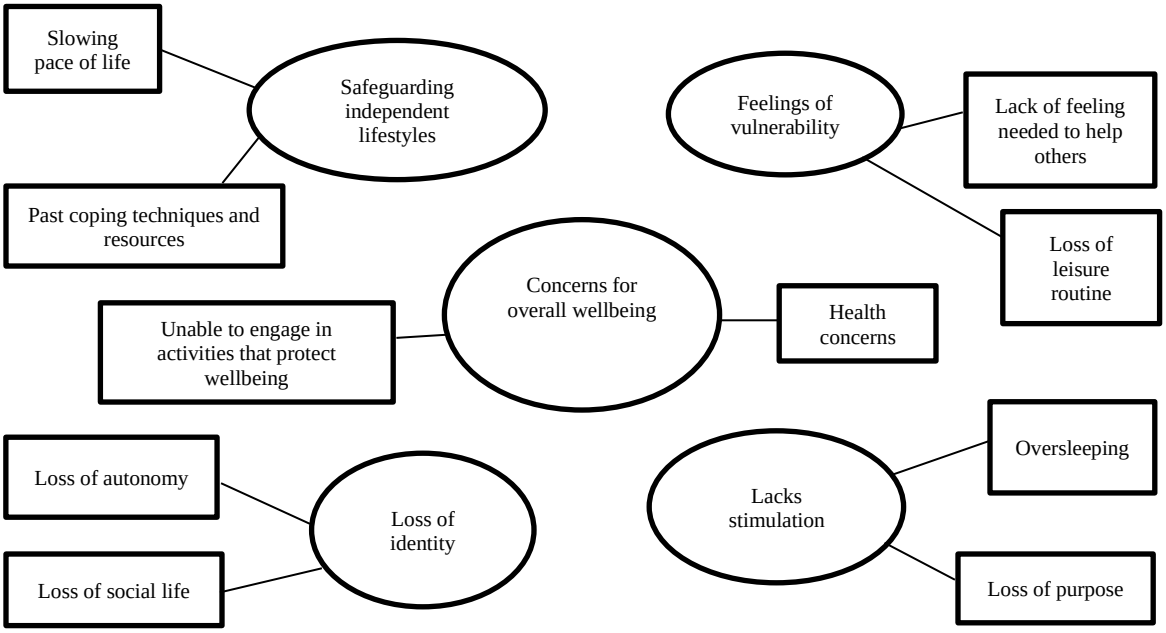
All coding was completed in an inductive manner, allowing the codes to be generated from the data without predetermined categories or codes. While I had some initial ideas about the codes that may emerge during phase two, such as feelings of vulnerability and loneliness that resonated during phase one, at this point, those were recognized and put aside to allow the participant transcripts to guide the coding process. Codes were developed both at the semantic and latent levels of the data. Overall, 45 codes were established during this phase of analysis. Once the codes were identified, the interview transcripts were again reviewed to determine all instances where the codes appeared in the data and to incorporate these pieces of the data into the codes. At this point, notes made during the interview and transcription process were reviewed to look for concepts that were potentially not included in the coding process but had resonated during the interview process. Lastly, I identified codes that intersected or were too similar and combined or renamed them to emphasize the essential concept of the code.

In phase three, the interpretive analysis of the collected codes was initiated. In this phase, I began searching for themes and identifying patterns of meaning across the data

using the developed codes in phase two. During this process, the relevant data extracts were sorted (combined or split) according to overarching themes and integrated into more significant pieces of data (Clarke & Braun, 2017). I initially reviewed similar codes and integrated them into meaningful clusters along with their corresponding data (Clarke & Braun, 2017; Patton, 2015). To fully explore the research question, I then looked at the generated codes with the specific lens of the rural older adult's perception of wellbeing during a pandemic at a key period of psychosocial development. All codes relevant to the research question were incorporated into themes with five themes, each with two subthemes identified at this phase. As recommended by Clarke and Braun (2017), a thematic map was used to depict the themes and to aid in identifying the subthemes between the themes (figure 1). At this point, all themes that did not have a central construct, relation to the research question, or substantial supportive data were discarded.

Figure 1

Thematic Map of Candidate Themes and Subthemes

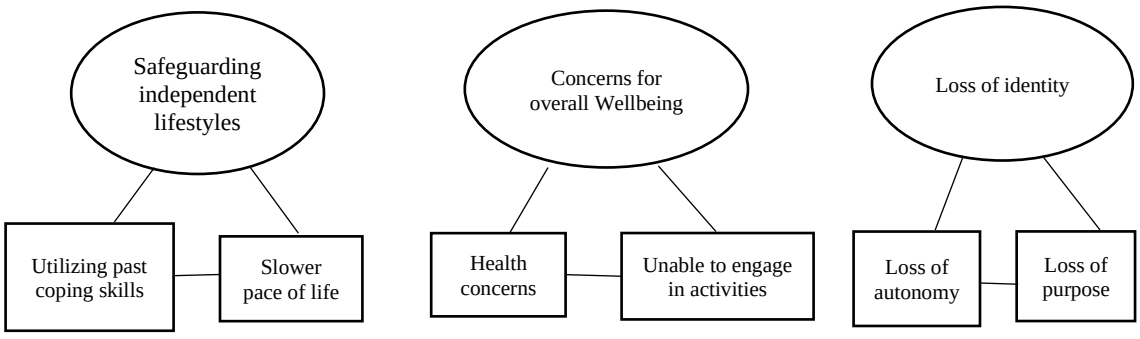


The fourth phase, reviewing themes, involved reviewing and revising candidate themes to ensure the themes represent the data and clarify the breadth and scope of the themes (Clarke & Braun, 2017). Following the recommendations of Clarke and Braun (2017), the revision process took place in two steps. First, I reviewed all the coded and collected data and ensured the themes worked well with the data. Then I considered the themes concerning the entire data set by re-reading the uncoded transcripts to ensure the themes were representative of the data set with the research question (Clarke & Braun, 2017). I coded any information at this phase that stood out and was not coded in the first two cycles and included it in the relevant theme. I also utilized my research journal to make note of concepts that stood out to me while reviewing the data.

During phase four, I discarded the themes of lacks stimulation and feelings of vulnerability. While these themes spoke to the intensity of the perception of wellbeing by the rural older adult and the challenges voiced, I believe this intensity was captured better under the theme of loss of identity and included it there. I also collapsed the subtheme of lack of feeling needed by helping others, loss of social life, and loss of leisure routine into the subtheme of loss of autonomy, as well as oversleeping due to boredom into the subtheme of loss of purpose. After reviewing and refining the themes, three overarching themes persisted, each with two cohesive subthemes representing the data and the overall story in a meaningful way. Another thematic map was created at this stage (Figure 2) to allow for continued visualization of the analysis process.

Figure 2

Thematic Map of Revised Candidate Themes



As depicted in Figure 2, during phase four, the participants reported varied and nuanced experiences from the outset of the COVID-19 pandemic, and therefore the overarching themes and subthemes were generated. Many participants described potential fears of not receiving available services, including restricted access to support, grieving

normal life, and concerns for their overall health. However, many spoke of how they protected mental health in response to pandemic-related uncertainty, including adopting a slower pace of life, maintaining a routine, socializing within boundaries, and using past coping skills. All of which had an emotional effect on stimulation, independence, human contact, lifestyles, and concerns about the future.

In phase five, defining themes, all themes were named and defined to identify what was distinct about them. At this phase, I reviewed all the themes and subthemes and gave each one a definition that identified its relationship to the data and the research question. I paid attention to the story represented in each theme and subthemes and their relation to the overall story that emerged from the data. Then I revised the names of the themes to clearly identify the data captured and the theme's essence. The themes that were refined at this stage, a) potential effects on wellbeing, b) protecting independence, c) emotional effects losing self. Each theme has two subthemes represented in the data.

The sixth phase, writing the analysis report, is included in the results section of this chapter. The themes and subthemes in the written analysis are presented and interwoven with excerpts from the transcripts that illustrated the elements and central concepts of the themes. These themes represented the experiences of wellbeing during the COVID-19 pandemic as described by the rural older adult interviewed.

1. Potential effects on wellbeing
    a) Unable to engage in activities that protect wellbeing
    b) Health concerns
2. Protecting independence

a) Slowing the pace of life

b) Utilizing past coping techniques and resources

3. Emotional effects of losing self

a) Loss of purpose

b) Loss of autonomy

Quality discrepancies factored into the analysis

Variations in data sometimes occurred because of the differences between the rural older adults' relationship status and living situation. All the participants described a transient period of uncertainty at the onset of the lockdown. Those who were single/divorced and living alone described a measure of loneliness and isolation almost immediately that resulted in anxiety about the future more than those who were married, had a significant other or lived with family. Also, all of the participants described concerns about the effects of the pandemic on their social and end-of-life experiences and consequences. However, those who were single/divorced and lived alone were particularly concerned about the social or cognitive impact of lockdown than those who were married, had a significant other, or lived with family. These differences can influence the rural older adult's perception of wellbeing at a key period of psychosocial development.

Evidence of Trustworthiness

In qualitative research, researchers look for trustworthiness qualities such as credibility, transferability, dependability, and confirmability. These qualitative strategies were identified in Chapter 3 to address the trustworthiness of this study and the findings.

These approaches helped to establish rigor, justify the research, and establish confidence in the quality of research findings (Shenton, 2004).

Credibility

The credibility of the study was established by recruiting participants through criterion and snowball sampling. All interested participants that contacted me were provided with a description of the study and engaged in a telephone call where the purpose of the study, the participation process, and voluntary nature were explained to them. All participants were encouraged to answer the interview questions honestly and told they only had to disclose information they were comfortable discussing. I explained the informed consent process, including how their information would be protected, stored, and disposed of, as well as the limits to confidentiality.

Member checking was also used to establish credibility. I sent summaries of the interviews from the transcripts and audio recordings to all participants. I then asked them to provide feedback on the accuracy of the summary and planned either a follow-up meeting or an email response, whichever they preferred. I encouraged participants to identify any misrepresentation of their message and to clarify or provide information in any areas they believed were appropriate. I also informed all participants the entire transcript is available if they prefer that instead of a summary. The member checking process allowed me to ensure that I was capturing the essence of the participants' experience and intent while also ensuring that any of my personal interpretations or beliefs about their experiences were not influencing the research process. All 10

participants responded to the summaries sent out and reported they were comfortable with the representation of their perceptions of wellbeing during COVID-19.

Transferability

Transferability refers to the extent the current research can be utilized by researchers in other settings and was established using detailed reporting. Although transferability is not the primary goal of this study, as the emphasis was on the rural older adults' experiences of wellbeing during a pandemic (Shenton, 2004), I used a thematic analysis to offer a detailed account of the information from the participants with a concise description of the research procedures, and a step-by-step explanation of data analysis process. This detailed interpretation of the research process allows the reader to identify the relatability of this study to their setting.

Dependability

Dependability refers to the reliability of the study. To establish dependability, I maintained an audit trail that included a comprehensive account of my research processes, emerging data, and data analysis. My verbatim transcriptions, memos describing my coding process, and reflexive journal also provide an audit trail of the research process (Shenton, 2004; Patton, 2015). Additionally, I used recruitment strategies consistent with those established in Chapter 3, engaged in consistent data collection methods, and recoded all data using the same procedure for all participants. The semi structured interview guide was used with all participants asking all participants the same questions and allocating the same amount of time for each interview. Included

in the audit trail are the codes and themes developed using ATLAS.ti9 software, as well as the audio recordings of the interviews.

Confirmability

Confirmability refers to the objectivity of the research study. Thus, confirmability was established so that my subjective experiences and interpretations did not influence the research results and to ensure that the results produced were from the perspective of the rural older adult (Patton, 2015). An integral element to ensuring I did not allow my personal experience or bias to interfere with the research process was the use of a detailed audit trail and the implementation of an ongoing reflexive journal through a conceptual lens visible to the researcher (Patton, 2015). The use of interview summaries reviewed for accuracy by the rural older adult further ensured their perspective was captured.

Results

The study explored how rural older adults describe their experience of wellbeing during the COVID-19 pandemic at a key period of psychosocial development. All participants responded to open-ended questions about their experiences of wellbeing during the pandemic. Three core themes each with two subthemes were developed through data analysis and included:

1. Potential effects on wellbeing
    c) Unable to engage in activities that protect wellbeing
    d) Health concerns
2. Protecting independence
    c) Slowing the pace of life,

d) Utilizing past coping techniques and resources

3. Emotional effects of losing self

c) Loss of purpose

d) Loss of autonomy

Theme 1: Potential Effects on Wellbeing

All the participants interviewed explained that protecting their perception of wellbeing was a central element of their livelihoods. All the interviewed participants said they were socially active before the pandemic and had some concerns about the lockdown and its effect on their social life and support. All 10 participants expressed a measure of concern about the future and what the "new normal" is for rural America. At the onset of the pandemic, all of the participants reported they were okay with the government restriction but, as the pandemic continued, there were concerns about how to protect themselves and others when people came to visit, while going shopping, going to the doctor, and in general, going out in public. Also, all of the participants reported they experienced some level of anxiety about a shortage of needed items and how to gain access to these items if they were unavailable.

> At first, I thought it would be okay. I was used to staying home and going out only when necessary, but later I started getting panic attacks, wondering if what I needed was available and how I could get them. Eventually, I had to stop watching the news and social media reports, I was terrified if I left my house, I would get sick or get someone else sick, and I did not want to live with that on my conscious. (P3)

Subtheme 1a: Unable to Engage in Activities That Protect Wellbeing

All the participants reported they were socially engaged at some level (i.e., church, community center, home health, gatherings with family/friends). All participants reported during lockdown, they did not engage in social activities, because during the height of the pandemic, social events were nonessential and did not happen. As the world started to return to a sense of normalcy, all the participants reported having reservations about engaging in activities not because of contracting COVID but the potential additional risks due to age and medical history. Interestingly, most of the participants were primarily concerned about dying alone than acquiring COVID (P2, P3, P5, P6, P7, P8). Yet some of the participants, mostly those who were single and lived alone (P1. P4, P9, P10), reported telling friends and family members their support and social interaction was not worth the risk of getting sick.

> People are dying from this disease; if I miss out on holidays, church, and lunch with my friends to keep myself and others safe that is what I will do. I don't particularly like missing out, but if I get sick, I want everyone to stay away from me. (P10)

Subtheme 1b: Health Concerns

All participants expressed a common concern about how the pandemic would affect their physical and mental health. Some statements were, "I have underlying health conditions, what will happen to me if I cannot get in to see my doctor" (P2). "The hospital is too far away, and help is limited" (P5). There was a measure of concern from all participants about not getting essential medication on time or at all and missing

scheduled procedures and other appointments due to the limited access to healthcare. P6 reported a diagnosis of COPD and having to reschedule his appointments more than once because the symptoms of COPD were similar to COVID. He stated, “I needed my inhalers and breathing treatments, and home health shortened their visits or did not come at all. So I ended up going to the emergency room or urgent care for treatment and was tested for COVID with each visit.” He thought that was both a waste of money and resources. Some of the diabetic participants reported more concerns about not receiving their medication than a decline in the disease (P3, P6, P10). The participants who lived alone were apprehensive about the lack of available health services during lockdown should anything happen with their health independently from COVID. Also, apart from physical health, all of the participants reported concerns about cognitive declines. P3 stated, “I am more forgetful and find myself talking out loud… I try not to answer myself. ” All of the participants reported at some point during lockdown; they felt more abandoned and lonelier than ever which had an impact on their mental wellbeing.

> It’s plain and simple, really. Too much time alone is not good for anyone; we were made to socialize and not being around others affects our mental state. In recent months I notice I am more forgetful; buying things I already have and repeat myself; it’s driving me crazy but I keep pushing forward reminding myself this won’t last; nothing ever does. (P2)

Theme 2: Protecting Independence

All the participants interviewed also explained protecting their freedom during the pandemic was essential to their wellbeing. All the interviewed participants stated while

honoring government regulations, they were okay with doing more at home but expressed concerns about the lack of human interaction and support. P9 referred to human touch as "powerful." Several of the participants' described retirement was an essential factor that helped them adjust to sheltering in place because, to some extent, they already were. All the participants also believed keeping busy at home was fundamental to safeguarding their independence. Most planned activities at home with family and friends in small groups (P3, P4, P5, P6, P7, P8, P9), and some believed their relationships were strengthened during the pandemic. P7 shared, "I forgot how much fun my wife is!" Others stated they much rather be doing things at home but missed the social interaction and support they had before the pandemic and believed their social life was essential to protecting their independence.

> I felt like an excerpt from a Disney movie, talking to the animals on our farm, the flowers, and vegetables as if they were my friends and could understand me. At that moment, I realized that socializing and the support I get from people are important to my independence. I mean, I am used to staying at home, farm life keeps us busy, and I do enjoy it but I also miss having lots of people around, helping me with my work, or just visiting the farm. During the worst of the pandemic, I did not feel like life had much meaning, and I was losing myself. (P8)

All the participants also reported doing more activities outdoors. Some worked in their garden (P1, P3, P4, P7, P8) and others took up hiking (P1, P5, P6, P9) and some worked on home improvements (P2, P3, P7, P8, P10). All the participants thought preserving an

independent lifestyle meant slowing down and enjoying their world and is an essential element to their independence and wellbeing.

Subtheme 2a: Slowing the Pace of Life

All the participants interviewed highlighted a positive experience during lockdown, when it felt like the pace of life had slowed on an individual and societal level, with more time alone to reflect. P1, P4, P9, and P10, described a need for social interaction and support during lockdown while P2, P3, P5, P6, P7, and P8, found the down time was an adventure and explored new hobbies, reading, crafts, and gardening Several of the participants thought the lockdown requirements offered an opportunity to focus on a healthier lifestyle, like going for longer walks regularly and taking up new methods of physical activity. P10 reported, "this was the first time in decades I had been so physically active…I feel young again." All the participants interviewed believed a slower pace of life provided more time for introspection: P4 stated, "Since retirement, I'm no longer rushing around, but since lockdown, I'm taking the time to notice the small things." All the participants mentioned they used this time to reflect and think about the changes they would make to their lives as a result of their experiences from the pandemic.

> My whole life, I was busy meeting deadlines and schedules, all of us were rushing around doing lots of things but now I have more time to spend in my garden, reading or just reflecting about life, it is an excellent time to make some changes for my future. (P2)

Subtheme 2b: Utilizing Past Coping Techniques and Resources

All the participants explained when they first heard about sheltering in place, social distancing, and isolation, they were better prepared because they had lived through some type of global or significant event in the past. They believe applying the skills learned from the past to current events was essential in safeguarding their independence and wellbeing. While it is widely accepted, rural older adults are more resilient because of the ongoing disparities in rural communities. Most of the participants interviewed expressed frustration with current policies enforced by governing agencies, limited access to technology and living outside of boundaries for adequate services. Many of the participants had lived in the community their whole life (P1, P4, P5, P6, P9, P10), and others moved to the rural area after retiring (P2, P3, P7, P8), but all reported pulling from past coping skills and resources like past hardships, wars, and illnesses for survival.

> I learned how to survive the great depression, WWII, Vietnam, Watergate, several strokes, and a heart attack; I can survive a global pandemic. (P6)

Additionally, while some of the participants were married and lived with their spouses and families, others were single and lived alone, but all made it clear, they were used to a measure of isolation long before the pandemic. Another factor was faith. Most of the participants explained having faith in God was not only essential to wellbeing but provided the strength and resilience they needed to endure events like a pandemic. P1 stated, “I like my independence and living alone; I was made for this, also, never be afraid to trust an unknown future to a known God” All participants also expressed how using some type of measure for coping from the past was effective during lockdown. P9

stated, “I am retired and have lived alone for quite some time now. I’ve learned the art of meditation which helps me during the lonely seasons of life.” Most of the participants described the use of technology for online shopping and zoom meetings with family and friends was a helpful strategy for coping during the pandemic (P2, P3, P4, P5, P6, P7, P8). Others explained this was a new skill they mastered and described some frustrations with using the technology.

> I learned how to use a computer and had fun shopping and seeing people’s faces, family, and friends on the screen when the thing works and the delivery people can find your house. But most of the time, I was frustrated with it. I’m told it’s the way of the future, but I don’t believe it. I think it’s better to just talk to people on the phone or in person. (P4)

Other participants said they had used technology for years to order medication, supplies, virtual doctor visits, or surf the internet and enjoy it (P2, P6, P7, P8). The skill and knowledge of using technology helped them to cope with concerns they might have about not receiving the necessities. P1 explained where she lives; she does not have access to cable or internet. Although the state is working on implementing more towers, it’s not yet an option for her. She stated, “I feel extremely fortunate; I have a phone line, and I mostly listen to the radio. I have always spent a lot of time outdoors gardening in the summer and sewing in the winter, so other than not having the kids come by or people the pandemic really did not affect me much.” (P1)

Theme 3: Emotional Effects of Losing Self

All the participants reported a resilient and accepting attitude at the beginning of the lockdown. But as the measures continued, there were increasing concerns about the future and losing their individuality. The participants explained they understood the measures implemented to restrain the spread of Covid-19, but also expressed there are always risk during times of uncertainty, and sometimes you end up losing a piece of yourself and your livelihood. To express their emotions, P5 stated, “I’m at the end of my rope.” As the lockdown continued, another concern by all the participants was not being able to return to sense of everyday life and how the “new normal” affected their decision-making. Many enjoyed an active social life in their leisure, whether fishing with friends, going to the movies, or having a lot of people over for the holidays or BBQs. All the participants reported missing this part of their life and its emotional effect on their perception of wellbeing.

> I woke up every day to a day of leisure, doing activities at my own pace and if I wanted to see someone, I could go. I planned social events at the community center with 10-20 people and more a lot.. almost weekly. I really do miss the parties and wonder if and when we will get together like we used to… It makes me sad to think about it. (P2)

P10 referred to sheltering in place as a type of prison and exclaimed, everything is closed; I can’t go anywhere or do anything. I think inmates had more freedom. P2 said, “being stuck at home is interrupting my daily routine; when I can’t follow my routine, I forget things.” All the participants believed this life interruption was okay for a while, but

as it continued, it began to affect their mental wellbeing. Eventually they became more fearful, which also caused some anxiety during a time of unprecedented uncertainty. These emotions were also a recurring concern for most of the participants who lived alone and were single. P10 stated, “I acquired a service dog who helped me to adjust to the loneliness.” However, P6 said, “My wife and I did not communicate very much; I knew she was here if I needed her.” Other participants who were married or had a significant other stated their partner was instrumental in helping with emotional wellbeing. P4 lost a spouse due to COVID and taking medication for depression and anxiety. The participant’s daughter and family moved in with her and stated they were her emotional support during this challenging time. She believes even though it is essential to return to a sense of normalcy, everyone should take precautions, get vaccinated, and stay home whenever possible.

Subtheme 3a: Loss of Purpose

Several of the participants explained, during the height of the pandemic when everything shut down and they could not visit anyone, it was during this time they felt the most vulnerable and had a sense of losing their purpose. Everyone described having purpose was instrumental to their perception of wellbeing, and when it was gone, they were bored and lacked stimulation. Some stated they slept more often, and some days had no desire to do anything (P4, P5, P6, P9). Others believed frequent visits from family and friends gave them purpose but when socializing was restricted, they lost a sense of belonging (P2, P3, P7, P8). Those who were regularly active in their community by volunteering at church or planning events for seniors felt a loss of purpose the most.

> My wife and I would continue to dress up at home like we were going out, using the good dishes, cooking nice meals, we even converted our gazebo into a dance floor but after a while you begin to miss other people around you. (P7)

Subtheme 3b: Loss of Autonomy

All the participants shared that when decisions were made for them, it influenced their perspective about their identity. The participants believed globally everyone was informed about the virus and general protective measures from news broadcasts and social media sites. But specific information about COVID-19 in rural communities was not communicated well or understood. The rural adults explained too often; they were left wondering what to do if they did have to go out. Additionally, all of the older adults interviewed believed their past experiences could be beneficial to their community, and while some thought their voices were heard, others felt they were more of a nuisance. P7 stated, “it doesn’t matter what you have to say; no one listens.” Some said no one asked for their opinion but instead made decisions for them.

> My family acted like I did not exist….talking about me like I was not in the room. I am not senile yet and can decide for myself when it’s safe to go out in public, when I should get vaccinated, and how often should anyone visit. (P4)

There were also concerns society viewed the rural older adult as fragile and incapable. P2 stated, “everyone treats me like I am dressed in bubble wrap.” An interesting note was almost all the participants interviewed were more concerned with having to depend on someone else to meet their needs or care for them than getting infected with COVID. The majority believed they were at the end of their life anyway and getting an infection did

not matter but losing autonomy meant their life was over. P1stated, “I did not retire to be a burden to my children.” Another statement was; I do not want to die alone, but I also do not want anyone to have to care for me, what kind of life is that! (P5). The participants believed the miscommunication or lack of communication was a key contributor to their concerns regarding loss of autonomy.

Summary

The purpose of this generic qualitative study was to explore how rural older adults describe their experience of wellbeing during the COVID-19 pandemic at a key period of psychosocial development. The central research question was: How do rural adults 70 years and older describe their experience of wellbeing during the COVID-19 pandemic? Three themes emerged from the interviews each with two subthemes. The first theme was potential effects on wellbeing with unable to engage in activities that protect wellbeing and health concerns as its subthemes. The second theme was protecting independence, and the subthemes were slowing the pace of life, utilizing past coping techniques and resources. The third theme was emotional effects losing self with loss of purpose and loss of autonomy as its subthemes. All the participants interviewed described their experience of lockdown as a time of decreased socialization and increased opportunities for personal growth. The participants interviewed in this study shared their past experiences were beneficial to help them cope with the ongoing uncertainties during the pandemic. All the participants described how engaging in daily activities helped to protect their mental health, and they enjoyed the slower pace of life, exploring new hobbies or reviving old ones. Many of the participants interviewed made sense of the realities of the pandemic by

adhering to guidelines early and preparing for essentials by taking advantage of online shopping and deliveries. The participants believed these actions helped them through the challenges and uncertainties of the pandemic.

Several challenges related to the COVID-19 restrictions impacted the participants' perception of wellbeing. As the pandemic continued, many of the participants interviewed were concerned about losses related to purpose, autonomy, a sense of freedom and choice. The emotional responses from the rural older adult during the pandemic included uncertainties related to the virus and the future that could influence their quality of life. Several of the participants' experiences with social isolation eventually led to loneliness and the feeling of abandonment and emphasized the difficulties that emerge when support is not available. Many of the participants also experienced delayed healthcare due to lockdown and had concerns about getting treatment or medication when they needed it. According to the participants interviewed the lack of essential needs affected their perception of wellbeing at a key period of psychosocial development. The same challenges experienced by the rural older adult could also be experienced across many societies in response to the pandemic.

In Chapter 5, I discuss the interpretation of the results while considering the literature and conceptual frameworks and analyze the findings. Included is a review of the limitations of the study and recommendations for future research. Implications for social change are discussed and conclusions are also provided.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this generic qualitative study was to understand how rural older adults described their lived experiences of wellbeing during the COVID-19 pandemic at a key period of psychosocial development. Previous empirical research has explored how social and emotional wellbeing is essential during a crisis for people and communities to thrive (Fraser et al., 2020). However, research was absent regarding rural older adults during COVID-19 (Fraser et al., 2020; Vahia et al., 2020; van der Kaap-Deeder et al., 2021). A generic qualitative approach was chosen to conduct semi structured interviews with 10 participants who provided in-depth information about how rural older adults 70 years and older living independently described their experience of wellbeing during COVID at a key period of psychosocial development. A generic qualitative approach was appropriate as I sought to understand the actual experiences of the participants, the meaning they attributed to their experiences, and how these experiences transformed their perspectives. The approach is beneficial when exploring topics where little research exists and, therefore, was valuable for this study.

The events and circumstances of COVID-19 brought unprecedented challenges and disproportionate threats to the wellbeing of older adults, questioning their sense of accomplishment typically sought during this stage of life. I explored this phenomenon from a diverse selection of participants who answered one-on-one interview questions (Appendix A) to describe how the circumstances surrounding the COVID-19 pandemic affected their wellbeing during a key period of psychosocial development. The insights gained from the participants provided a fuller empirical understanding of wellbeing

among rural older adults during this pandemic-generated time of uncertainty and will potentially inform future major health events.

This chapter includes an interpretation of major findings as related to research on the rural older adult's wellbeing during a pandemic and the connections of this study to the conceptual frameworks presented in Chapter 2. This chapter also includes the limitations of the study, recommendations for future research, implications for social change, and conclusions.

Interpretation of the Findings

I analyzed the data using a six-phase thematic analysis, as recommended by Clarke and Braun (2017), to identify themes related to the research question that guided this study: How do rural older adults describe their experiences of wellbeing during the COVID-19 pandemic at key period of psychosocial development? The analysis revealed three major themes each with two subthemes. The first theme was potential effects on wellbeing with being unable to engage in activities that protect wellbeing and health concerns as its subthemes. The second theme was protecting independence, and the subthemes were slowing the pace of life and utilizing past coping techniques and resources. The third theme was emotional effects losing self and its subthemes were loss of purpose and loss of autonomy. The findings of this study reflect the perspectives of 10 older adults living independently in rural communities and was explored through the lens of Erik Erikson's (1959) theory of ego integrity versus despair and Martin Seligman's (2011) theory of wellbeing PERMA model.

Theme 1: Potential Effects on Wellbeing

Theme one, potential effects on wellbeing was the core element all rural older adults believed was essential to their livelihood. The rural older adults interviewed explained how they experienced a transient period of uncertainty at the start of the lockdown and voiced concerns about the impact the pandemic had on their life experiences and the consequences for the rest of the world. Another concern was the influence of government restrictions on their daily activities.

Subtheme 1a: Unable to Engage in Activities That Protect Wellbeing

The subtheme unable to engage in activities that protect wellbeing centered on the rural older adults' concern that the policies and guidelines set by governing bodies would affect their daily lives. All participants reported they were socially engaged prior to the pandemic but, due to the restrictions, community activities did not exist, and when activities were resumed, the participants reported having reservations about continuing with their normal activities. The participants explained that most of these reservations came from media reports describing how older adults were at a higher risk of getting sick than other populations. As a result, the participants in this study reported self- isolating and engaging with others only when necessary.

Subtheme 1b: Health Concerns

The subtheme health concerns emphasized the continuing inconsistencies among rural older adults about their health. All participants expressed a common concern about how the pandemic would affect their physical and mental health. The health concerns also emerged from media reports about the lack of available healthcare resources due to

COVID, which rural communities had experienced prior to the pandemic. The rural older adult voiced uncertainties about when and how they would receive health services. As a result, all participants reported that at some point during lockdown; they felt more abandoned and lonelier than ever, which impacted their mental wellbeing.

Theme 2: Protecting Independence

Theme two centered on the rural older adults' capacity to protect their independence. At the start of the pandemic, all participants explained they were retired and could endure a pandemic. They reported having experienced a major event at some point during their life and explained that from the beginning of the pandemic, while there were uncertainties about the future, they evaluated the situation then determined what they needed to do about it. This reflection was an essential component to safeguarding the rural older adults' freedom to make their own choices.

Subtheme 2a: Slowing the Pace of Life

This subtheme represented the rural older adults' time to reflect on their circumstances and take appropriate action. This subtheme was also one of the positive experiences shared by all the rural older adults from the pandemic. While everything was shut down in the community, rural older adults explained they had more time for recreational activities. All the participants interviewed explained that although retired, they continued to keep busy in the community. Because of sheltering in place, they could enjoy being at home without feeling guilty and take time to reflect on what changes might be needed for their future.

Subtheme 2b: Utilizing Past Coping Skills

All participants believed applying the skills learned from the past to current events was essential in safeguarding their independence and wellbeing. Additionally, a common experience shared by the rural older adult was undergoing some type of significant past event, like the Korean and Vietnam war, the ongoing battles in the middle east, and other major life changing health or political events. Because of this experience, all participants believed they were better prepared for the restrictions set forth by governing agencies.

Theme 3: Emotional Effect Losing Self

Theme three illuminated the fluid nature of rural older adults' fears about losing their self-identity, including their sense of purpose and self-sufficiency. Some of the challenges occurred when there were conflicting reports about when and how it was safe to return to a sense of normalcy in the community. All the rural older adults reported a resilient and accepting attitude at the beginning of the lockdown but also expressed there are always risks during times of uncertainty, and sometimes you lose pieces of yourself and your livelihood. When the pandemic seemed never-ending, the emotional effects left the rural older adults questioning their purpose in life and autonomy at a key period of psychosocial development. However, all the participants pointed out this was a positive aspect of the pandemic as it also made them think about their future and what changes might be necessary.

Subtheme 3a: Loss of Purpose

The subtheme loss of purpose emerged from concerns expressed by the rural older adult about feelings they experienced during the height of the pandemic. The rural older adults illustrated that part of their livelihood was giving back to the community and during the pandemic, fears of losing their purpose in life were sometimes overwhelming. While staying at home was a positive highlight, participants reported that being active in their community gave them purpose and was integral to their wellbeing. They explained that when an individual loses what matters to them, they begin to question self-worth, which also affects mental health.

Subtheme 3b: Loss of Autonomy

The subtheme loss of autonomy represents the rural older adults' desire to remain in their homes, making their own choices, and taking care of their needs for as long as possible. Many of the participants explained that losing autonomy had a negative effect on their wellbeing because the individual is more reliant on the action of others than on their own decision-making. The rural older adult further described losing autonomy meant being controlled by someone else, and eventually, you adapt to that control, losing yourself and purpose in the process. During COVID, all expressed that while the events and circumstances were unprecedented many of the decisions made by governing agencies did not relate to rural older adults. As a result, they were uncertain about what to do during this time and resolved to pull from past experiences.

Conceptual Frameworks

The results of this study were consistent with Erik Erikson's (1959) stage theory of psychosocial development, focusing on the eighth stage; achieving a sense of ego integrity while avoiding despair, and Martin Seligman's (2011) theory of wellbeing PERMA model as presented in Chapter 2. Both theories were incorporated into the interview questions and created a context for how the rural older adult described their experience of wellbeing during the pandemic at a key period of psychosocial development. The theoretical concepts provided a more profound understanding of the meaning rural older adults make of their experiences.

The psychosocial development theory of ego integrity versus despair provided a foundation for understanding how older adults make sense of their life. During this phase, life was experienced at a slower pace allowing individuals to reflect on their accomplishments throughout life. Theoretically, ego integrity is expected to foster experiences of need satisfaction, and despair is expected to generate need frustration (Newton et al., 2019; Van der Kaap-Deeder et al., 2021). Additionally, successfully achieving integrity at this stage of life is a continuous process in which psychosocial growth during earlier phases of life is a prerequisite for resolving later developmental conflicts (Busch et al., 2018). The benefits of successfully resolving the crisis include looking back at their life with a sense of contentment and confronting death with a sense of wisdom and no regrets. Those who feel proud of their accomplishments will feel a sense of integrity, while those who do not will feel despair (van der Kaap-Deeder et al., 2021). In line with this reasoning, Newton et al. (2019) explained ego integrity in adults

70 years, and older was positively related to autonomy, skills, and positive relationships with others. Alternately, individuals who experience despair often perceive their life as inadequate, and there is no time left to start anything new or improve their situation (Newton et al., 2019). According to Erikson (1959) the onset of ego integrity versus despair is often triggered by life events such as retirement, the loss of a spouse, friend or acquaintances, a terminal illness, and other life changes (Newton et al., 2019).

The rural older adults interviewed were retired and consistently described their journey during the pandemic as a reflection of its meaning to their personal wellbeing. This reflection aligns with the concept a life event often triggers this stage, and during this stage older adults will reflect on their life as meaningful or with regret (Newton et al., 2019; Van der Kaap-Deeder et al., 2021). The rural older adults interviewed also described their experiences with social distancing and isolation as a means for using coping strategies and need satisfaction and believed because of past experiences; they were better prepared for the restrictions set forth by governing agencies. The rural older adults reported during this time they considered the resources developed from the past could be utilized to help their families and their community.

The descriptions of wellbeing in the context of the rural older adults' experiences during the pandemic were consistent with the theory of wellbeing PERMA model. The basis of the theory does not state what choices to make or what to value but explores factors that enable the individual to make better informed choices and live a more fulfilling life that aligns with their values and interests. The concepts of the PERMA model have beneficial real-world consequences (Carreno et al., 2021; Goodman et al.,

2018; Vahia et al., 2020) and assumes that higher levels of the five elements act as a buffer against negative emotions and distress (Carreno et al., 2021; Seligman, 2018). The five components collectively contribute to higher levels of wellbeing and are often amplified through meaningful experiences and further nurtures these experiences to go beyond merely surviving to thriving (Carreno et al., 2021; Seligman, 2018).

The rural older adults interviewed explained that as retirees they had more time to socialize and during this final stage of their life their desire was to not survive but thrive. Which is why all but one of the participants reported being active in their community made them feel alive and needed. All the participants reported retirement to them did not mean their lives were over but just beginning, and as a result, they wanted to utilize skills they had to be productive in their communities. When the world shut down and regulation were in place for isolation and social distancing, the participants believed they could still be useful in their communities. It was at this time they felt the most frustrated because of the lack of communication about how these regulations applied to rural communities. As a result, and to honor guidelines, they stayed home and either used methods they knew or learned new ones to stay active. The time spent alone was the largest influence on their psychological developmental that is crucial at this stage in life.

The experiences of wellbeing for rural older adults during the pandemic varied. Goodman et al. (2018) suggested there are some individuals who showed higher positive effects and lower negative effects during a crisis. Additionally, there has been compelling evidence for a normative pattern of higher positive effects and lower negative effects in late adulthood (Goodman et al., 2018). This description is consistent with the findings in

this study. All the participants were aged 70 years and older and used various methods for coping, those who were married or had a significant others leaned on the support of their partner, while those who were alone or single leaned on other means such as acquiring a dog for emotional support or learning a new hobby. An important note is all the participants learned from past experiences and knew keeping busy was a motivator for their emotional wellbeing. Only one participant lost a spouse to COVID and understandably had more difficulty with the desire to live a more fulfilling life. The findings of this study were also in line with Kitayama et al.'s (2020) explanation, the social norms and personal desire for positive emotions such as enthusiasm and excitement may remain quite strong even in late adulthood.

Peer-Reviewed Literature

Previous research has shown wellbeing during a crisis in late adulthood is extremely crucial for older adults' developmental tasks (Fraser et al., 2020; Khan, 2019; Löckenhoff, 2018). The present study explored how rural older adults related to the unprecedented challenges and disproportionate threats of wellbeing connected to higher risk for serious infection, limited access to care for all health conditions, as well as considerable social and economic adversity, as described in Chapter 2. The research also suggested that influences for positive and negative characteristics of wellbeing during uncertainties develop into accepting and integrating past events and have a significant role in the older adults' psychosocial functioning (van der Kaap-Deeder et al., 2021). The participants in this study explained that protecting their independence by using past coping methods and slowing the pace of life was instrumental to their wellbeing.

Goodman et al. (2018) studied several examples of how the nature, timing of life, and history-graded influences may alter the trajectory of wellbeing. The participants in the present study expanded on this piece of literature describing their resilience to the pandemic was contributed to where they were currently in life and came from experiencing major events in the past. Also, prior research noted older adults offer valuable contributions to society as a source of generational knowledge and wisdom based on their experience and pre-existing social networks (Fraser et al., 2020; Vahia et al., 2020). The sense of purpose and need was reported in the context of generational knowledge and wisdom from the participants and the reasoning for participating in community activities. The theoretical perspectives shed light on the rural older adults' descriptions of wellbeing during COVID and its influence on their developmental tasks.

As described in Chapter 2, previous research on the rural older adults' experience of wellbeing during the pandemic, although limited and primarily focused on health (Flett & Heisel, 2020; Vahia et al., 2020), has identified other potential contributions of the rural older adult. This was consistent with findings from the present study where the rural older adult described their experiences of continuing when polices and regulations were unclear and using coping strategies to thrive. In the present study the participants were aware of the negative stigma news broadcasts and social media sites but were not concerned with these reports. Most said they turned the news off and would watch highlights or pay attention to guidelines affecting their immediate area. All participants reported some frustration with discrepancies from news reports and actual events in their communities. Mostly because these inaccuracies created confusion in the community that

at times ended in a disagreement that could have been avoided with effective communication.

The results of this study did not support prior research regarding rural older adults being more isolated than others and suffering the most from loneliness and mental health issues (Henning-Smith, 2020; Sheffler et al., 2020; van Tilburg et al., 2020). The participants in this study believed their experience was no worse than the rest of the world and believed in some ways it was better because their geographical location provided easy access to the outdoors and away from the population. Although there were some challenges due to the limited access of technology and public resources for transportation and health care that is prominent in rural areas, the participants described how they planned for these events accordingly and reported when setbacks occurred, they did their best just like the rest of the world. Also, van Tilburg et al. (2020) compared loneliness and mental health to examine possible sources of resilience and found that older adults in rural areas were more susceptible to mental health issues despite the efforts to stay busy at home while adapting to changes in social contact. The rural older adults in the current study believed that staying busy at home allowed them to reflect on their life and learn a new skill or expand on an old one and helped to strengthen the core elements of wellbeing during a crucial period of psychosocial development.

Limitations of the Study

Qualitative research involves the collection, analysis, and interpretation of data that are not easily reduced to numbers (Palinkas et al., 2015). The data collected relates to the social world and the concepts and behaviors of people within it adding depth and

insights to the phenomenon being explored (Palinkas et al., 2015). The participants in this study were rural older adults, 70 years of age and older, living independently in rural areas during the COVID-19 pandemic. Potential participants were asked to describe their experience of wellbeing during the pandemic at key period of psychosocial development. As with all research, this study had several limitations, as described in Chapter 1, including participant selection, the generic qualitative design, sample size, and the self-perspectives of wellbeing among rural older adults.

Participation for the study was voluntary and participants possibly did not feel comfortable sharing personal information or expressing their feelings honestly, especially if they believed the interviewer did not understand or relate to the information, posing a threat to the trustworthiness of this study. I also live and work locally in a rural community. While being a rural resident possibly enriched access to the participants and encouraged them to share their personal experiences more freely and honestly with me, there were potentially concerns about my objectivity, as the researcher. Also, because of my connections in a rural community as a traveling nurse, I experienced some challenges recruiting qualified participants, to ensure trustworthiness and minimize any potential biases that occur in studies such as this, I did not recruit any individuals from any area where I had in the past or present a professional or personal collaboration.

I used a generic qualitative design to explore individuals 70 years of age and older, living independently in rural communities. The use of a generic qualitative approach allowed for the exploration of how people interpret their experiences and how their perspective transformed their world (Merriam & Tisdell, 2016). According to

Creswell (2018) a sample size of 25 is sufficient in research, Patton (2015) explains sample is not about numbers but saturation, for this study, I achieved saturation at 10. Generalizability was limited by not including a larger sample size from all other age groups, living conditions, and types of communities that could have added depth and insights to the study.

The interviews were semi structured, and audio recorded. All participants were provided with both written and verbal information regarding the sensitive nature of the interview prior to participation and informed consents. Also provided was information about the nature and purpose of the study, the commitment that was being asked of them, and the right to withhold any information they did not feel comfortable sharing. I explained to the participants they could withdraw at any point during the study and any information offered would be deleted. Therefore, from their decision to participate and the depth of the personal interviews, it was reasonably assumed participants willingly and honestly shared their experiences. Although every effort was made to mitigate any biases, the responses were limited to the perspectives of the individual interviewed. Thus, member checking, peer debriefing, and data triangulation was used extensively to ensure quality results (Patton, 2015).

Because of my background in health care and being a rural resident, I was also aware of possible assumptions and biases that could aid in the possibility of researcher influence. For verification, a reflective journal was kept acquiring a holistic picture of the data for clarity. I also maintained an audit trail that included a comprehensive account of my research processes, emerging data, and data analysis. My verbatim transcriptions,

memos describing my coding process, and reflexive journal provide the audit trail of the research process establishing dependability (Shenton, 2004; Patton, 2015). Additionally, my dissertation committee, experienced in qualitative research methods, was consulted to strengthen reliability, and clarify any areas that were not rich, thick, detailed descriptions of data so anyone interested in transferability would have a solid framework for comparison in addition to increasing credibility of the findings (Patton, 2015).

For this study I used a snowball referral approach. The connected nature of people in rural communities made snowball referral sampling an appropriate choice as individuals who live in smaller communities are likely to know or be related to other individuals in the community. Individual semi structured interviews were conducted with 10 rural older adults who specifically described their experiences during the pandemic. Respondents were asked if they knew other rural older adults whom they would like to invite to participate in the study. While participants were selected from a diverse population, a limitation to the generalizability is from the nature of participants being associated with one another and share similar experiences in ways that may differ from the broader population. Because the respondents were potentially more connected in their community with other rural older adults who share the same insights about their experiences of wellbeing during COVID, the diversity of this perspective was restricted.

Recommendations

There is very little known about the wellbeing of older adults in rural communities during the COVID-19 pandemic. The limited studies that are available have either focused on younger population or urban areas and indicate a greater need to

understand the consequences of long-term social isolation and the importance of wellbeing for rural older adults. Additionally, supporting older adults is an essential part of supporting the overall vitality and sustainability of rural communities. This study was limited to the findings that emerged from qualitative data obtained from the perceived experiences of the 10 participants. A recommendation for further research is a study grounded in other qualitative or quantitative methodologies and frameworks to potentially understand, in greater depth, the experiences of older adults in the context of a global pandemic or other major life event.

Another focus of this study was on American older adults, living independently, in midwestern rural areas during COVID-19. All the participants were retired. A recommendation for further research is to focus on populations who were labeled "essential workers" and employed in industries during the pandemic to learn how their experience differ or compare to a retired individual. Also recommended are individuals who live in establishments such as nursing homes, assisted living or other senior housing, and depend on others to meet their daily needs. It might be beneficial for further research to learn how their experiences differ, if at all, from individuals who lived independently. Additional recommendations are for populations who reside outside of rural communities and the United States to understand potential similarities and differences in results where older adults are potentially not well supported.

In this study rural older adults described wellbeing during a key period of psychosocial development. Participants reported wellbeing as not only valuable because it feels good, but also because it has beneficial real-world consequences. These findings

suggest older adults with higher levels of wellbeing perform better when completing tasks, have more satisfying relationships, are more cooperative, possess stronger immune systems and physical health, all resulting in lower levels of stress and greater coping abilities influencing positive psychosocial development. These benefits highlight the importance of research seeking a better understanding of wellbeing within the context of the pandemic.

The findings of this research revealed that rural older adults offer valuable contributions to society as a source of generational knowledge and wisdom based on their experience and pre-existing social networks. When the world shutdown and the pandemic continued polices and regulations were enforced that did not apply specifically to rural areas. These regulations generated issues for rural older adults who typically abide by laws more than other populations by limiting what freedom was allowed. Researchers might want to explore the limited technologies and resources available in rural communities and to determine the extent of global events and effective methods of communication and policies in rural communities.

Implications

This qualitative study sought to better understand how rural older adults describe their experience of wellbeing during the COVID-19 pandemic at a key period of psychosocial development. The research in this area is limited and the findings in this study can have a global impact as more research continues to pay attention to the issues raised in the current study. Continued research is essential for this growing population as the experiences of each individual is different and the circumstances and challenges

generated by the pandemic were unprecedented. The specific issue contributes to the field of psychology by exploring how the public health methods enacted for slowing the virus affected the rural older adults' perceived wellbeing at a significant period of psychosocial development. The insights gained from the participants provided opportunities for richer understanding of wellbeing among rural older adults during this pandemic-generated time of uncertainty and offer valuable insights for future major health events

Positive Social Change

In the current study, I explored how adults 70 years and older living independently in rural areas described their experience of wellbeing during the COVID-19 pandemic at a key period of psychosocial development. The findings of this study revealed when unprecedented challenges and events such as a global pandemic occur, it not only affects the individual but the entire community. This knowledge leads to positive social change by deepening our understanding of wellbeing among older adults during the pandemic-generated time of uncertainty and potentially inform future major health events. Additionally, the insights from the participants provided a fuller empirical understanding of their frustrations related to policies and regulations implemented by governing agencies. Because the policies harming this age group have the potential to harm us all, the findings in this study could lead to positive social change by executing clearer policies in the future.

This study utilized a qualitative approach to explore the lived experiences of rural older adults' wellbeing during the pandemic. All the rural older adults interviewed reported their experiences allowed for insights that effectively addressed personal details

about themselves and the challenges they endured living in a rural community during a pandemic. This study produced rich data that should encourage continued qualitative research with this population to further explore the needs and experiences of rural older adults' wellbeing at a key period of psychosocial development.

Conclusion

The purpose of this study was to explore how older adults living independently in rural communities describe wellbeing during the COVID-19 pandemic at a key period of psychosocial development. The participants in this study believed the events and circumstances connected to COVID-19 were unique and unprecedented not only for themselves but globally. There were both positive and negative views about the protective methods for wellbeing during a pandemic. Interestingly, the positive views emerged from the height of the lockdown when stay at home measures were enforced, slowing the pace of life. All of the participants but one, explained although they were retired they were regularly active in their community and this period of isolation provided more time to reflect. The negative views expressed from the participants surrounded uncertainties related to policies and regulations enforced by governing agencies about social distancing, isolation, and health. The findings of this study reveal during times of uncertainty rural older adults demonstrated a measure of strength and resilience to endure events like a global pandemic. The participants believed their experience with isolation and loneliness did not affect their wellbeing any worse than other populations. One issue for the rural older adult was how to care for others and keep everyone safe. The participants regarded the use of technology as beneficial but could not replace human

touch and after a while individuals miss associating with other people. There were also concerns that socializing will never be the same and further expressed uncertainties about the new normal. The rural older adults interviewed consider their social life and human interaction an essential element to their wellbeing.

All the participants in this study were born shortly after the great depression and World War II but remembered how the aftermath affected their childhood and early teens. As adults, all were involved in other major life events like health disparities, global wars, and other key political events that forever changed public views. The participants believed these major life events were instrumental in developing the skill they acquired for coping during the pandemic and helped them to prepare for potential outcomes. The findings revealed rural older adults offer valuable sources of generational knowledge that are beneficial to societies. This study has added to further understanding of areas that need addressing concerning continued issues that influence rural older adults' wellbeing. However, the findings in this study are limited to the scope and boundaries outlined in the methodologies and revealed further research is needed exploring rural older adults' wellbeing during times of uncertainty. Effective outcomes in this research are especially important considering the continued growth of this population and its impact on society. The most important finding of this study is the resilience and strength shown by rural older adults during the pandemic demonstrate this population is not vulnerable and weak as previous research suggests but are valuable members of society.

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Appendix A: Interview Guide

The main interview questions are numbered one through twelve . Optional prompts are italicized and if relevant used by the interviewer based on individual participant response.

TOPIC ONE: LIFE BEFORE THE PANDEMIC

1. Describe what 'normal life' means to you (typical day, *note: integrity vs. despair; sense of accomplishment)*

- *Employed? Type of job, hours etc.,*
- *Education/study*
- *Use of any community services?*
- *What were your living arrangements? Married/divorced/independent/with family*
- *Any type(s) of regular outdoor activity (whatever they perceive as outdoor activity including walking/gardening)*
- *Overall health and mental wellbeing*

TOPC TWO: UNDERSTANDING AND ADHERENCE TO GUIDELINES

2. Tell me what you have done in the past and are currently doing, if anything, to protect yourself from COVID-19? (*note: integrity vs. despair; coping strategies)*

    - *i.e. are you self-isolating with neighbors helping to get groceries, or going out for these?*
    - *Or self-isolating with no outside activity? Etc. – if self-isolating without outside activity how are you feeling about this? Do you have a garden or outdoor space?*

- **What does 'social distancing' mean to you?**
    - *Avoiding crowds*
    - *Keeping personal distance from others*
    - *Isolating*
    - *Avoiding close contact greetings*
    - *Socializing/going out only with those in your household*
    - *Are you finding places where you can keep your distance from others?*

TOPIC THREE: PERMA Model: Positive Engagement

3. How would you describe your social life before the Covid-19 pandemic? (*note: integrity vs despair; need satisfaction)*

- *How would you describe your social network – for example size, types of people, types of relationships, do they live with you, nearby or further away, how often do you see each other, how well do you know each other? How do you interact, face to face, online or social media?*
- *Social activities?*
- *Could you describe any community services/participation or volunteering participation?*
- *Could you describe the social support you have? (such as emotional support, advice and information, someone to help you with money or milk/bread/essentials, community services)*
- *Social engagement (social roles, bonding, attachment)*

4. How would you describe your social life during the shutdown and most dangerous times of the pandemic?
4a. How would you describe your social life now that we are returning to normal?

- *How would you describe your social network – for example size, types of people, types of relationships, do they live with you, nearby or further away, how often do you see each other, how well do you know each other? How do you interact, face to face, online or social media?*
- *Social activities?*
- *Could you describe any community services/participation or volunteering participation?*
- *Could you describe the social support you have? (such as emotional support, advice and information, someone to help you with money or milk/bread/essentials, getting medication/access to healthcare, community services)*
- *Social engagement (social roles, bonding, attachment)*

TOPIC FOUR: PERMA Model: Emotion/ Relationships

5. How have the changes brought about by Covid-19 affected your mental health or wellbeing? *(note: integrity vs. despair; sense of positive emotion)*

- *What are the things most bothering you now?*
- *Have you experienced any impact on positive emotions? (prompts: how deeply you can engage with what you are doing, sense of meaning/ purpose, relationships with others, how well you are managing and feelings of control over your situation?)*
- *Has there been any impact on your sense of identity?*
- *Have you experienced any negative psychological feelings? (prompts: such as fear, isolation, loneliness, anxiety, worry)*

Please tell me about any physical symptoms due to being socially isolated? fatigue, sleep issues, pain, physical illness, palpitation

6. What are you doing/ planning to help with this?

- *Connecting with family or friends/ work colleagues online?*
- *Online groups?*
- *Hobbies/ Reading*
- *Activities at home <ask if there are specific resources they have found useful*
- *Volunteering*
- *Other engagement*

7. Why are you doing/ not doing these things?
- *Helpful/ not helpful – why*
- *Enjoyable*
- *Good for mental health/ wellbeing*
- *Can't get online, not connected, not comfortable, affordability, confidence in using/ skills*
- *Skills in using the internet/ communication software*
- *Living arrangements/ Work/ caring demands*
- *Difficulties/ restriction in physical environment*

TOPIC FIVE: PERMA Model: Meaning/Achievement
(*note: integrity vs. despair: life satisfaction*)

9. Has the pandemic meant that you have any concerns for the future?

10. How are these different from the concerns you had before?
- *Sense of control/ powerlessness*
- *Severity of worries / perspective*

11. Will the pandemic change the way you live your life in the future**?**
- *The way you connect with others*
- *How you look after yourself*
- *How you support others*
- *How you work?*

12. Has your experience changed any of your priorities for the future?