



Experiences of Older People in the COVID-19 Process towards Stigmatization and Anxiety: A Qualitative Study

COVID-19 Sürecinde Yaşlı Bireylerin Damgalanmaya ve Anksiyeteye Yönelik Deneyimleri: Nitel Bir Çalışma

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ABSTRACT

The aim of the study is to investigate the experiences of elderly individuals regarding stigma and anxiety during the COVID 19 pandemic. This study is a study conducted with a hermeneutic approach, one of the qualitative methods and phenomenology models. After obtaining ethical permission, the document and interview data of 10 elderly individuals selected through criterion sampling were analyzed with descriptive analysis. Findings consist of a theme, seven categories and forty-eight codes. Participants emphasized that the pandemic process caused anxiety and that they felt stigmatized in this process. The participants stated that the lethality of the COVID 19 disease and the high rate of transmission caused them anxiety. In addition, they stated that the restrictive measures taken for the elderly made them feel like a source of illness and this caused them to feel stigmatized. In conclusion, it was observed that the participants had high anxiety and stigmatized feelings in this process. They stated that they pay attention to the mask, distance and hygiene rules, which are the methods of protection from the virus, to cope with anxiety, and that they have a spiritual orientation. However, they did not have any statements about the feelings of anxiety and stigmatization they experienced in this process to share with their relatives or health workers and to get help. Accordingly, it is thought that it would be beneficial for healthcare professionals working with elderly individuals to encourage these individuals to share their feelings. In addition, healthcare professionals should take part in activities to raise awareness of the community about the COVID 19 process and the measures taken to prevent stigma.

Keywords: COVID 19, pandemic, anxiety, stigma, elderly individual

ÖZ

Bu çalışmanın amacı COVID-19 pandemi sürecinde yaşlı bireylerin damgalanma ve anksiyeteye ilişkin yaşadıkları deneyimleri araştırmaktır. Bu çalışma nitel yöntem ve fenomenoloji modellerinden hermenötik yaklaşımla yürütülen bir çalışmadır. Etik izin alındıktan sonra, ölçüt örnekleme yoluyla seçilen 10 yaşlı bireyin doküman ve görüşme verileri betimsel analiz yöntemi ile analiz edilmiştir. Bulgular bir tema, yedi kategori ve kırk sekiz koddan oluşmaktadır. Katılımcılar, pandemi sürecinin anksiyeteye neden olduğunu ve bu süreçte damgalanmış hissettiklerini vurgulamıştır. Katılımcılar, COVID-19 hastalığının öldürücülüğünün ve bulaş oranının yüksek oluşunun kendilerinde anksiyeteye neden olduğunu belirtmişlerdir. Ayrıca yaşlılara yönelik alınan kısıtlayıcı önlemlerin kendilerini hastalık kaynağı gibi hissettirdiğini ve bunun da kendilerini damgalanmış hissetmelerine sebep olduğunu ifade etmişlerdir. Sonuç olarak katılımcıların bu süreçte anksiyete ve damgalanmış hislerinin yüksek olduğu görülmüştür. Anksiyeteye baş etmeye yönelik olarak virüsten korunma yöntemleri olan maske, mesafe ve hijyen kurallarına dikkat ettikleri ve maneviyata yönelimlerinin olduğunu ifade etmişlerdir. Ancak bu süreçte yaşadıkları anksiyete ve damgalanmışlık hisleriyle ilgili kendi yakınları ya da sağlık çalışanlarıyla paylaşma ve yardım almaya yönelik herhangi bir ifadeleri olmamıştır. Buna göre, yaşlı bireylerle çalışan sağlık çalışanlarının bu bireylerin duygularını paylaşmalarını teşvik etmelerinin yararlı olacağı düşünülmektedir. Ayrıca, sağlık çalışanları damgalanmayı önlemeye yönelik COVID-19 süreci ve alınan önlemlerle ilgili toplumu bilinçlendirici faaliyetlerde yer almalarıdır.

Anahtar sözcükler: COVID-19, pandemi, anksiyete, damgalanma, yaşlı birey

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Introduction

The COVID-19 pandemic caused by the SARS-CoV-2 virus, which originated in the city of Wuhan, Hubei province, China, has gone down in history as the first pandemic caused by corona viruses (Uğraş Dikmen et al. 2020). According to the World Health Organization data, the total number of cases throughout the world and Turkey is increasing every day (Sağlık Bakanlığı 2021, WHO 2021). Nonspecific complaints and signs such as fever, dry cough, and weakness are prominent in the symptoms of the disease. Since coronaviruses are very small in size, they can be spread during sneezing-coughing, by droplets containing viruses (Karcıoğlu 2020). In this process, it is reported that it is necessary to avoid physical contact as much as possible, not to be in crowded places and even not to leave the house unless necessary.

Although individuals of all ages are at risk for SARS-CoV-2, it is reported that COVID-19 is generally more likely to occur in individuals who are elderly and/or have another chronic disease (Akgül 2020). According to the data of the Turkish Statistical Institute, there are 7.5 million elderly people in Turkey (TUIK 2020). As age progresses, the natural and acquired immune response decreases, and susceptibility to infection, malignancy and autoimmunity increases (Duru 2020). Thus, in the process of this pandemic, elderly individuals have been reported as the group that will face the most serious and critical consequences of the SARS-CoV-2 pandemic (Joseph and Moslehi 2020, Lambertini et al. 2020). SARS-CoV-2 is spreading rapidly and can be fatal, especially for elderly people with comorbidity. (Ayperi and Levent 2020)

In Ericson's Psychosocial Theory of the old age period it is considered as the last period of human life and it is reported that the main conflict of this period is despair towards self-integrity. An elderly person who has spent their past periods healthy has developed a positive self-conception and sees death as a natural process, while the opposite may also be the case according to the individual's experience. In other words, an individual may have developed a desperate, depressed or anxious self-conception (Bayram 2020). Pandemics such as COVID-19, which have high contagiousness and mortality rates, can be a source of great anxiety for these individuals.

Pandemics are stressful situations for people and society (CDC 2020a). In addition to the stress of the disease itself, stay-at-home orders, quarantine and isolation etc. can cause people to worry about how they will react individually and collectively. In people in quarantine; numerous emotional consequences arise, including stress, depression, irritability, insomnia, fear, not knowing what to do, anger, frustration, boredom, and quarantine-related exclusion that persists after quarantine is ended. (Pfefferbaum and North 2020) Also in such infectious diseases, people are stigmatized and discriminated against because of a link associated with the disease (Başterzi et al. 2020, CDC 2020b,). One group that is also subject to discrimination is elderly individuals (Başterzi et al. 2020). During the pandemic process, in Turkey and around the world, the media often emphasized that elderly

people should stay at home especially and they are a risky group. It is a known fact that people give certain psychological reactions for such situations, and these reactions also vary depending on the level of exposure to the incident and the conditions which the person is in. The negative impact of the pandemic on risk groups (such as children, the elderly, those with chronic physical and mental illness, the poor) is always at a higher level (Işıklı 2020).

The situations experienced by elderly people who are in the risk group during the pandemic process are important in order to guide the correct and effective psychosocial interventions. When the literature was examined, there was no study in which anxiety and stigma situations were examined in depth in elderly individuals during the process of pandemic disease such as COVID-19. In this study, it is aimed to examine the experiences of elderly people regarding stigma and anxiety during the COVID-19 pandemic process. It is thought that the information obtained as a result of the study will guide the individual-specific planning of health care services that will be provided to the elderly. In this study, answers are sought for the anxiety and stigma experienced by elderly individuals during the COVID-19 pandemic.

Method

This research is a study conducted with a hermeneutical approach from the phenomenological models of the qualitative research method. In this study, a phenomenology design was used to determine the experiences of elderly people regarding the stigma and anxiety they experience during the COVID-19 pandemic, which is a current issue. Approval for this study was obtained from the Erciyes University Social and Human Sciences Ethics Committee (Date: 30.06.2020 Application No:100); and verbal consent and "Informed Voluntary Consent Form" were obtained from individuals. The names of the participants are numbered and presented in accordance with the ethical principles.

Sample

This study was conducted in a province located in the Central Anatolia Region of Turkey. Criterion sampling of purposeful sample types was applied to create the study group. The main purpose of this sampling is to study all the situations that meet a number of predetermined criteria (Yıldırım and Şimşek 2018). The study included individuals who were located in a province in the Central Anatolia Region, who were 65 years of age or older, who had not received any mental diagnosis, and who had agreed to participate in the study. The study was completed with ten people, as it was thought that data saturation was reached based on the fact that the same codes were always coming. Table 1 presents the demographic data of the participants and the names of the participants have been completely changed in terms of ethical principles. It can be seen that most of the participants are women, all but one of them have chronic diseases.

Data Collection Tools

In this study, as a data collection tool, a document consisting of closed-ended questions similar to semi-structured interview

questions was given in the first place and it was provided to be filled. After that, a semi-structured interview was used in which open-ended questions were asked. The document deals with the analysis of written materials with information content for situations that are intended to be investigated (Yıldırım and Şimşek 2018). A semi-structured interview is an interview conducted by preparing the interview questions in advance and rearranging the questions by providing partial flexibility during the interview (Ekiz 2015). The interview form prepared in accordance with the interview was used. In order to ensure the internal validity of the study, the document prepared by the researcher and the semi-structured interview form were submitted to expert opinions for use in the study. The prepared document and interview form were checked by a faculty member working in the department of mental health nursing and an expert faculty member in the field of research methods. In accordance with the feedback from the experts, the researchers re-examined the form in terms of issues such as clarity, appropriateness, and intelligibility of the interview questions and made the necessary arrangements and gave the final version. For example, in the interview form, the question "Have you had any anxiety during the pandemic process?" has been changed as: "Have you been worried about the pandemic process?" In the document form, the question "Did the pandemic process make you feel stigmatized?" has been adapted as: "Did the pandemic process arouse a feeling of stigmatization from the society?" During the interviews with the participants, the participant was asked to confirm their participation by repeating the answers to each question, and if there were any misunderstood parts, they were corrected. Before the interview, explanations were made to the participant and a natural conversation environment was tried to be created during the interview.

Data Collection Process

After the individuals who met the criteria were informed about the content of the study, consent of those who accepted the study was obtained from the participants. After that, document questions were first applied to the participants by the second author, and then a semi-structured interview was conducted. The time allotted in the document for each participant was 10 minutes on

average, and the time allotted in the interview was 30 minutes on average. Before the start of the data collection process, the participants were chatted for 5-10 minutes, allowing the elderly individuals to get used to the online interview environment and relax. The document and the interview were made using a voice recorder through a program that allows face-to-face interviewing online. Participants were informed in advance that they would be registered and their consent was obtained. The data collection process was completed considering that data saturation was reached at the end of one month. The data obtained at the end of the interview was converted into text by the second researcher. When the meaning of the concept of stigma was asked when the document was given during the data collection process, the concept of "exclusion" was used instead of "stigmatization" in order for the elderly to better understand the concept of exclusion. This situation was understood by the participants when the concept of exclusion was used.

Validity and Reliability

In this study, various measures were taken by the researchers to minimize or eliminate the factors threatening validity and reliability (Yıldırım and Şimşek 2013, Aydın 2014, Creswell and Miller 2000). The measures taken are presented in Table 2 below.

For use in the study, a document prepared by the researcher and a semi-structured interview form were used. The interviews lasted approximately 30 minutes. The answers given by the participants in the interview are given in quotation marks in italics without any changes in the findings section. In addition, in the study on internal validity, the participants were first given documents, and then, when these documents were filled, the second researcher interviewed the participants. Two data collection tools were used in the study and care was taken to make the internal validity more robust. After the interview was completed, the transcripts were approved by the participants and the researchers careful not to add any comments to these written interview data.

In order to ensure external validity, the research model, the study group, the data collection tools, the data collection, the analysis of the data and how the findings are organized are described in detail. In addition, the participants of the study consisted of

Participants	Gender	Age	Chronic Disease
K1	Male	65	Arthritis, Hypertension, Diabetes, Heart diseases
K2	Male	66	Heart diseases and Diabetes
K3	Female	70	Diabetes and Hypertension
K4	Male	71	No
K5	Female	80	Hypertension, Osteoporosis
K6	Female	65	Diabetes and Hypertension
K7	Female	76	Diabetes, Hypertension, Cholesterol, Rheumatism
K8	Female	76	Hypertension, Goiter
K9	Male	71	Asthma, Heart diseases
K10	Female	66	Diabetes and Hypertension

suitable individuals who will contribute to the purpose of the study.

All of the findings in the study were presented to the reader in the form of direct citations without comment. Since the recording device was used during the interview, it was tried to increase the internal reliability by preventing the loss of the data obtained during the interview. In addition, the data were read independently by four researchers and codes, categories and themes were created. Consensus was reached among the researchers when creating the codes, categories and themes. In order to ensure external reliability, the data analysis, findings and result discussion part of the study was approved by an expert in the field of research methods.

Statistical Analysis

Descriptive analysis method was used in the analysis of the data. Within this framework, data were defined using the descriptive analysis method, similar data were brought together within the framework of certain concepts and codes; and categories and themes were created.

In accordance with the ten open-ended questions in the semi-structured interview protocol of elderly individuals, the data was analyzed by the descriptive analysis method. The data for this analysis was reflected in the transcript, and then the first four researchers independently created codes in accordance with these transcripts. The codes were brought together to create categories; and the categories were brought together to form themes. For example: Based on K1’s response for the question “How do you feel during the pandemic process” as “I was worried. I also have chronic diseases, we should be very careful. People aren’t paying attention. And that makes me angry. The process is also getting longer because of people.” anxiety and anger codes were removed and these codes combined to form the “feelings” category. In the document however, K7 responded to this question as “I felt anxiety and fear.” Again, based on this expression, the category of “feelings” was formed with the code of anxiety and fear. Since all the questions serve the same process, the categories are given under the heading of a single theme (Theme: Pandemic Process). Then these codes, categories and themes were presented to the

views of two faculty members. The codes, categories and themes that a total of four researchers created independently of each other and then read the transcripts over and over again to reach a consensus are shown with tables in the findings section.

Results

The findings consist of a total of one theme, seven categories and forty-eight codes. In some questions, the thoughts that the participants stated in one question were placed under more than one code. The consistency of the document results and the interview results were compared. In particular, different answers to the questions asked for the same purpose in the document and interview are presented by quoting them in the relevant table. All quotations are presented in quotation marks, italics and without modification.

Table 1 shows the answers given by the participants to the question “How do you feel during the pandemic process?” All of the participants stated that the pandemic process caused anxiety.

One of the participants, K7, answered this question in as “I had many worries. I was very worried if I got infected, if I was going to die, if I got sick, if I would get better. I've been cleaning all the time; I've been wiping up the door handles all the time. I washed my hands so often... I was worried a lot that I was going to die. It was waking me up at night, my heart was pounding.” The answer given by K7 to the question serving the same purpose in the document was “I felt anxiety and fear”.

K5, one of the participants, expressed their feelings as “I was bored, worried, I couldn't go anywhere. My daughters can't come, I can't go. I didn't want to live.”

K8 said “We stayed indoors in houses. We couldn't go to anyone. We couldn't even go to the grocery store, to the neighbor. Our loved ones, our children could not come to our house, our freedom was taken away from us, I was worried. I was so afraid of getting sick. I was sorry.”

K6 expressed their feelings as “I panicked at first. I was scared. I was so scared of dying. I panicked a lot about what would happen if death came when I was alone at home. There came unrest, tediousness. I had headaches. Then my abdominal pain started. I went to the bathroom,

Table 2. Participant opinions regarding the category “Causes of anxiety in the pandemic process”

CODE	Document Results										Interview Results									
	K1	K2	K3	K4	K5	K6	K7	K8	K9	K10	K1	K2	K3	K4	K5	K6	K7	K8	K9	K10
Infection	*		*	*		*	*	*	*	*	*		*	*		*	*	*	*	*
Transmission	*		*	*		*					*		*	*		*				
Death	*	*	*			*	*	*	*	*	*	*	*			*	*	*	*	*
The probability of killing	*		*								*		*							
Staying away from my beloved ones		*	*	*	*	*						*	*	*	*	*				
Getting bored at home				*	*									*	*					
Being alone						*		*								*		*		

and then I felt better. Then the next day my fear did not go away. I felt something warm on my legs. A shiver went up my spine. I was so panicked, that's how I felt. I also had anxiety. A lot. I was worried that I would get sick myself and that my children and loved ones would get sick. I am at the age of 65, but I felt a lot of anxiety if something happened to my children. Then I was worried if something happened, that is, if we get sick or die... I was worried about who would come, no one could come, it was forbidden, what would we do?"

One of the participants, K1 expressed their feelings as "I was worried. I also have chronic diseases, we should be very careful. People aren't paying attention. And that makes me angry. The process is also getting longer because of people."

Table 1 shows the answers given by the participants to the question "What are the reasons for you to worry during the pandemic process?" Most of the participants stated that the cause of anxiety was that Covid infecting and killing them.

K3 stated the reason of anxiety as "It could also be because of death. All of a sudden, we broke away from the outside and got stuck in the house. I left my loved ones, my courses. It all messed up my psychology. I was also worried that the disease would be transmitted; I was scared. You can't even go, you're scared. You are also afraid that you will harm yourself and even someone else, causing their death. That's also involved. All of them affected us."

K4 said "What if we get sick, if the virus gets infected, it will infect our family as well. We'll infect someone else. Moreover, we're stuck at home. We can't go out. We can't see anyone." In the document, K4 answered this question, which served the same purpose as "I worry if the virus infects me or those around me. Also, we have been away from our loved ones in this process, and have been very bored at home."

K8 responded the question as "I was afraid that I would get sick, that I would get infected. I asked myself what I would do alone, without my loved ones around the hospital corners. And I was worried that I might die. Death is next to all of us, but dying from this epidemic scares people. Even your funeral is being held like an orphan."

Table 3 includes the answers to the question "Which time of the day do you worry the most during the pandemic process? Why?"

Most of the elderly individuals answered the question about the time of anxiety as while they were out.

K9 of the participants stated the time of anxiety as "I get anxious every time I think of it. When I see people outside, my anxiety increases again. My anxiety was increasing during the day."

K3 stated "We weren't able to get out anyway. When I watched the news, it was increasing the most, and when the weather was nice, it became annoying. I was more worried during the evening news. This and that have happened today."

K8 responded as "My anxiety increased more on weekends. It was also increasing in the morning. It was increasing at the time of going out. I was very worried that it was crowded outside and if I got sick. My anxiety was also decreasing when I was at home, because I didn't have anyone near me."

K5 said "I was overwhelmed at any hour."

Table 4 shows the answers given to the questions of the participants to the question "What do you do to prevent your anxiety during the pandemic process". Most of the participants expressed that they have recourse to spirituality to avoid anxiety.

K9, one of the participants, responded as "We've taken the necessary precautions. We wore our masks. I rarely went out. I washed my hands frequently. My children came, but they didn't enter the house, they gave food from outside, then they left. My anxiety also decreased when I acted cautiously." K3 responded as "I spent my time in worship, I tried to pay attention. I also did the housework and cooking."

K2 said "I read books, what else can I do at home. There is nothing to do." K2 responded to this question, serving for the same purpose in the document as "I read books."

K4 said "I worship, watch TV and solve puzzles."

K7 said "When anxiety comes, I wander around the house, trying to console myself. I go out to the balcony. I also go out during non-prohibited hours. I'm cleaning up at home. I'm cleaning the house all the time. I'd talk on the phone and try to distract myself."

Table 3. Opinions of participants regarding the category "Causes of anxiety in the pandemic process"

CODE	Document Results										Interview Results									
	K1	K2	K3	K4	K5	K6	K7	K8	K9	K10	K1	K2	K3	K4	K5	K6	K7	K8	K9	K10
Outside	*	*						*	*	*	*	*						*	*	*
When I stay at home		*	*									*	*							
When I watch the news			*	*									*	*						
Every moment					*		*		*					*	*				*	
When I'm alone						*														
At night						*	*								*	*				
In the morning							*	*									*	*		
At the weekend								*										*		

K5 said “I worshipped. I thought a lot. I thought I'd jump out the window now.”

Table 5 shows the answers given to the question “Do you think you are stigmatized by the society during the pandemic process”. Most of the participants expressed that they felt stigmatized during the pandemic process.

For the stigma situation, K9 expressed “I thought I was excluded. My children did not come. Of course, this was for precaution. When I got sick, no one came, I felt like an orphan. They haven't even called. That's how they excluded us.”

K10 said “I felt excluded. Neighbors, acquaintances did not say hello, did not call when I got sick. They excluded us. I'm deeply sorry about that. Other than that, I can't say anything to those who didn't come home; they did this to protect us, of course.”

K8 said “I felt exclusion. I was very nervous if the police would get mad at me if I went over my time off while I was out, I felt excluded. I wondered what if they took me. I was alienated. But I was calm when I was at home.”

K6 responded as “I never thought about it because of my children around me. It was the way it was supposed to be, we kept our distance for our health. But when the bans were over and I went out, I felt excluded.”

K3 said “Yes, of course. Inevitably, I thought. I thought a lot about what the elderly people's fault is. The elderly can't get in the car, the elderly can't go anywhere. I mean, are we gonna take care of this. It is definitely being considered. I also have a chronic disease”

K5 responded as “I didn't feel left out because I was already at home. It felt bad not being able to hug when my daughters came. We stayed separate.”

Ali responded the question in the document as “No. Because this is something that is for people's own good. I didn't take it personal.” yet he responded it during the interview as “It inevitably makes you feel excluded. You can't ask people how they are, socially. You have to stay away.”

K7 responded in the document as “That was not the case. I feel better when I go out into the society. I feel depressed while at home.” while they responded during the interview as “In fact, I felt like a stranger when I went out for the first three months of the curfew. I felt anxious.”

Table 6 shows the answers given to the questions of the participants to the question “If you were exposed to exclusion during the pandemic process, what did you do about this situation?” Most of the participants answered this question as “following the rules”.

K9 responded to this question as “What can I do, I'm a little offended by them, of course. Yet we have followed the rules not to be excluded”.

K8 said “I chatted with the police in order not to be excluded. I followed the rules.”

Ali responded as “I certainly called my friends from time to time. I reached them online.”

K7 responded as “I felt terrible. I was unable to contain myself. I thought I was going to die. I couldn't stand it and I went to the psychiatrist. He gave me pills, it made me feel good.”

K6 said “I followed the rules anyway. I did my grocery shopping very quickly and came home immediately. I didn't know what else I could do.”

Table 4. Participant views on the category of “Ways to prevent anxiety in the pandemic process”

CODE	Document Results										Interview Results									
	K1	K2	K3	K4	K5	K6	K7	K8	K9	K10	K1	K2	K3	K4	K5	K6	K7	K8	K9	K10
Hand hygiene	*		*						*	*	*		*						*	*
Mask	*		*						*	*	*		*						*	*
Social distance	*		*						*	*	*		*						*	*
Reading books		*										*								
Spirituality			*	*	*	*		*		*			*	*	*	*		*		*
Household chores- Cleaning			*			*	*						*			*	*			
Cooking			*										*							
Crossword				*										*						
TV				*		*								*		*				
Suicidal ideation					*										*					
Going out on the balcony						*	*									*	*			
Talking on phone							*										*			

Table 7 shows the answers given to the question of “What do you think should be done in order not to be stigmatized during the pandemic process?” Most of the participants stated that the main thing to do in order not to be stigmatized was to follow the rules.

Ali said “The rules should be stricter. Those who do not follow the rules should be punished. You can warn 1, 2 times and be tougher on the 3rd.

K6 responded as “It is necessary to calm people of our age by telling them everything one by one and to make them feel comfortable.

Discussion

In the study, participants expressed that they experienced feelings such as anxiety and fear during the pandemic process and felt stigmatized. The COVID-19 pandemic is causing uncertainty and affecting the entire world. There are studies in the literature that COVID-19 can cause anxiety in individuals (Rossi et al. 2020,

Wang et al. 2020). Considering the health status of the elderly population and their self-sufficiency capacity, these groups are under a significant health threat. This threat, which is faced and not known when to end, may trigger anxiety continuously from a psychosocial point of view in these segments (Kara and Alsancak 2020). In a study conducted with the elderly population in China during the pandemic process, anxiety and depression symptoms were detected in 37% of the participants (Meng et al. 2020). The virus occurs with more severe symptoms, especially in elderly people who are a risk group. It is seen that these results are similar to the results of our study. It is thought that the disease causes severe symptoms and fatality in elderly individuals and causes anxiety in all of these individuals (Şahin 2021).

During the pandemic process, individuals have shown the reason for their anxiety as the virus infecting them/someone else and causing their/someone else's death. During the epidemic process, people may experience conditions such as fear of getting sick and dying, panic, and anxiety (Hall and Chapman 1995). In a study

Table 5. Participant views on the category of “Stigma in the pandemic process”

CODE	Document Results										Interview Results										
	K1	K2	K3	K4	K5	K6	K7	K8	K9	K10	ALİ	K2	K3	K4	K5	K6	K7	K8	K9	K10	
Yes			*			*		*	*	*	*		*			*	*	*	*	*	*
No	*	*		*	*		*					*		*	*						

Table 6. Participant views on the category of “Ways to prevent stigma in the pandemic process”

CODE	Document Results										Interview Results										
	K1	K2	K3	K4	K5	K6	K7	K8	K9	K10	K1	K2	K3	K4	K5	K6	K7	K8	K9	K10	
Online interviews with my beloved ones	*										*										
Following the rules			*			*		*	*	*			*			*	*	*	*	*	*
Not watching the news				*										*							
Spirituality				*										*							
Crossword				*										*							
Resting				*										*							
Going to a psychiatrist							*										*				
Chatting with the police								*										*			

Table 7. Participant views on the question “What do you think should be done in order not to be stigmatized during the pandemic process?”

CODE	Document Results										Interview Results									
	K1	K2	K3	K4	K5	K6	K7	K8	K9	K10	K1	K2	K3	K4	K5	K6	K7	K8	K9	K10
Following the rules	*	*	*	*	*		*				*	*	*	*	*		*		*	*
Punishment	*										*									
Staying calm						*		*								*		*		
Making an explanation						*		*								*		*		

covering Poland and China, the rate of those who were worried about the infection of COVID-19 to their family members was 84.6% and 75.2%, respectively (Wang et al. 2020). It is seen that these results are similar to the results of our study. In this process, conditions such as the risk of infection can increase the anxiety level of people. Thinking about the risk of both losing a loved one and the risk of infection for themselves and their immediate environment will affect the anxiety level (Çölgeçen and Çölgeçen 2020).

During the pandemic process, individuals stated that the time they were most worried about was when they were out. It is known that the risk of spreading the epidemic in overcrowded places is very high (Şen 2020). Expressing that the time when the pandemic process gives the most anxiety is the time outside can be explained as the possibility of infection of the virus.

Elderly individuals stated that during the pandemic process they resorted to spirituality regarding the prevention of anxiety and that they followed the rules such as hand hygiene, mask and distance, thus reducing their anxiety. It is known that praying, thinking about religious values, realizing the importance of religion, and being interested in religious issues increase with age (Argyle and Beit-Hallahmi 1975). In a study, it was determined that spirituality has an indirect and significant effect on anxiety (Kasapoğlu 2020). This can be explained by the fact that individuals use spirituality to cope with anxiety.

Most of the participants in the study expressed that they felt stigmatized during the pandemic process. During epidemic periods, people experience situations such as fear of getting sick and dying, anxiety, panic, and stigmatization (Hall and Chapman 1995). The elderly population, which is the most risky group due to the epidemic, struggled both biologically, socially and psychologically in this process (Demir 2020). The percentage of deaths due to COVID-19 among individuals over 65 years of age is significantly higher compared to other age groups (Ayperi and Levent 2020). This indicates that the most disadvantaged age group is the elderly. Elderly individuals who are currently facing problems such as stigmatization and poverty have been exposed to much more severe discriminatory attitudes and behaviors by other members of the society (Varışlı and Gültekin 2020). Emphasis on the “elderly” in the fight against the virus in the first days of the emergence of COVID-19 in the world and in our country led to the perception that the disease was transmitted by elderly individuals, that elderly individuals were dangerous, and that the source of the disease was elderly individuals, paving the way for elderly individuals to become objects of malice, hatred and bullying and stigmatization by a group of young and adult individuals (Türk 2020).

In the study, elderly individuals stated that they followed the pandemic rules in order not to be stigmatized. They stated that what needed to be done in order to avoid getting stigmatized was to comply with the rules. It is known that following rules such as masks and social distancing reduces the risk of infection during the pandemic. Elderly individuals may perceive themselves as

virus-infected individuals in this process. Asking judgmental and accusatory questions about elderly individuals may cause them to feel as if they are the source of the virus, and may cause older individuals to feel anger and stigmatization in response to an intense sense of guilt (Türk 2020). This situation can be interpreted as the fact that an elderly person who feels like they are infected thinks that not being stigmatized can be achieved by following the rules.

Limitations of the Study: The results of this study are based on the statements of elderly individuals in a province of Central Anatolia. Its generalizability is limited. Another limitation of the study is that there is difficulty in understanding the word stigma by elderly individuals. In order to be clearer, the word “exclusion” was used instead of stigma. However, since even this cannot be understood by some elderly individuals, its comprehensibility has been ensured by giving examples of current events.

Conclusion

According to the results obtained from this research, all of the participants stated that the pandemic process caused anxiety and the cause of anxiety is that COVID may infect and kill them. Individuals expressed that the most anxious times were when they were out. Elderly individuals have mostly resorted to spirituality to prevent anxiety. In addition, most of the participants stated that they felt stigmatized during the pandemic process. Most participants responded that they had followed the rules in order not to be stigmatized.

In brief, in this study, as an answer to the question “What are the experiences of elderly individuals regarding anxiety during the COVID-19 pandemic process?” it has been determined that COVID causes anxiety in all individuals. In response to the question “What are the stigmatization experiences of elderly individuals during the COVID-19 pandemic process?”, it is concluded that the vast majority of elderly individuals feel stigmatized. Elderly individuals included in the at-risk group were psychologically affected during the pandemic process. This study is important in order to examine the experiences of individuals in the pandemic process in depth. It can be suggested that healthcare professionals who provide services to elderly individuals focus on the emotions of these individuals, who are in the last stage of psychosocial theory and who are a risky group, can regulate their perceptions of stigma, fight against stigma, and provide service by paying attention to the experiences of individuals in this process.

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Theme 1: The Pandemic Process

STable 1. Opinions of participants regarding the category “Feelings in the pandemic process”																				
KOD	Doküman Sonuçları										Görüşme Sonuçları									
	K1	K2	K3	K4	K5	K6	K7	K8	K9	K10	K1	K2	K3	K4	K5	K6	K7	K8	K9	K10
Öfke	*										*									
Anksiyete (kaygı)	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Üzüntü		*						*	*	*		*						*	*	*
Sıkılma			*	*	*								*	*	*					
Korku			*			*	*	*		*		*			*	*	*			*
Ölmek isteme					*									*						
Panik						*									*					

STable 2. Validity and reliability measures taken in the study		
Validity	Internal Validity	Taking an expert opinion (2 experts)
		Long-term interaction
		Direct acquisition
		Participant confirmation
		Interviews and Documents
	External Validity	Description of the data collection tool and process
		Explanation of the data analysis process
		Description of the characteristics of the study group
		Specifying the method of selection of the study group
		Description of the implementation process of the study
		Description of the researcher's role
		Explanation of the reason for choosing the method used
		Explanation of validity and reliability measures
		Purposeful sampling
Reliability	Internal reliability	Prevention of data loss by using the recorder
		Presentation of the findings without comment
	External reliability	Appropriate discussion of the data in the conclusion section
		Checking consistency between data