



COVID-19 AND YOU: IMPACT AND RECOVERY STUDY

A qualitative study of older adults' experiences living through COVID-19.

Rapid report 1: Feelings, losses and opportunities emerging from the pandemic

Prof Louise McCabe, Dr Tamara Brown, Dr Cristina Douglas

Roy Anderson, Elizabeth Chrystall, David Curry, Margot Fairclough, Christine Ritchie, Pat Scrutton and Ann Smith



Economic
and Social
Research Council

UNIVERSITY of
STIRLING



Table of Contents

ACKNOWLEDGEMENTS	3
EXECUTIVE SUMMARY	4
KEY THEMES	4
MAIN FINDINGS	4
INTRODUCTION	5
Aims.....	5
METHODS	5
Sample and recruitment.....	5
Data collection and analysis	6
FINDINGS	7
Participant characteristics	7
Overarching themes.....	9
Feelings.....	10
Opportunities created by the pandemic.....	16
DISCUSSION AND CONCLUSION	20
Where we go next.....	20
APPENDIX 1 INTERVIEW TOPIC GUIDE	22
REFERENCES	24

ACKNOWLEDGEMENTS

We are thankful to the HAGIS team for their support with the qualitative data collection reported here. We are extremely grateful to our community-based co-researchers Roy Anderson, Elizabeth Chrystall, David Curry, Margot Fairclough, Christine Ritchie, Pat Scrutton and Ann Smith they are this report's co-authors and have contributed extensively to the development of project materials, conduct of qualitative fieldwork, and analysis and interpretation of the findings.

Healthy AGEing In Scotland (HAGIS) series of rapid reports present information, analysis and key policy recommendations on issues relating to health, social and economic engagement of older people living in Scotland. This and other reports are available from our website: www.hagis.scot. Readers are encouraged to quote or reproduce material from HAGIS for their own publications. As copyright holder, HAGIS requests due acknowledgement.

Suggested citation for this report is: McCabe, L, Brown, T.J., Douglas, C. COVID-19 and You: Impact and Recovery Study. *A qualitative study of older adults' experiences living in Scotland during COVID-19: Feelings, losses and opportunities emerging from the pandemic*. Rapid Report 1. Stirling University: Scotland, UK; 2022.

Funding support: This research was funded by the Economic and Social Research Council (ESRC) as part of the UK Research and Innovation (UKRI) rapid response to COVID-19. Grant number: ES/V01711X/1.

EXECUTIVE SUMMARY

The COVID-19 pandemic significantly impacted all our daily lives. This rapid report describes the overarching themes arising from an in-depth qualitative study that explored the lived experience of the pandemic of adults aged over 50 living across Scotland. A co-production approach was undertaken to data collection and data analysis by a team of three academics and seven co-researchers. This rapid report is the first in a series of three reports detailing findings from the qualitative field work. This report focusses on the subjective experiences of older people during the pandemic.

Our participants in the interviews and focus groups expressed feelings in relation to various situations created by the pandemic such as restrictions and measures of infection control; lack of or too much communication; and contradictory or non-sensical guidelines.

Participants responded to the pandemic in different ways including acceptance of the situation; gratitude for health services or community work; and a strong feeling of self-sacrifice as a way of contributing to mitigating the current situation and moving towards post-pandemic recovery. Participants also expressed feelings in relation to not being able to carry on with or experience everyday life in a normal way ('missing things') or having to return to a 'new normal' that felt uncertain.

KEY THEMES

- Fear, worries and weariness
- Missing things
- Opportunities.

MAIN FINDINGS

- People expressed concerns and fears about contracting COVID-19 or infecting others but following vaccinations and changes to restrictions, people's main worries and concerns changed to feelings of frustration caused by ongoing restrictions
- Feelings of fear were particularly strong amongst people who were shielding
- People missed many things during the pandemic including physical contact with people, places and activities as well as their everyday routines Opportunities were created during the pandemic by the changes resulting from lockdowns and other restrictions; people adopted new hobbies, became more active, enjoyed time in nature and felt more connected to their local communities.

INTRODUCTION

During the COVID-19 pandemic, people's lives in Scotland changed significantly due to the impact of restrictions such as lockdowns and social distancing strategies that were introduced to restrict spread of the infection and to protect the NHS. These restrictions had repercussions on various aspects of our daily lives, and we wanted to explore how these changes were experienced by people aged 50 and over living in Scotland. We wanted to explore how they responded to the restrictions imposed and to their own understanding and knowledge of the pandemic.

Aims

This part of the COVID Impact and Recovery study involved an in-depth qualitative exploration of older people's lived experience of the pandemic in order to develop a rich understanding of their pandemic related experiences, worries and behaviours.

METHODS

A co-production approach was adopted for the design of research tools, data collection and data analysis. The project team included seven people aged over 50 who worked on a volunteer basis alongside the three academic members of the team. The volunteer co-researchers were provided with training and support to develop the necessary skills to undertake data collection and analysis.

The project received approval from the General University Ethics Panel, University of Stirling, project ID 485.

Sample and recruitment

People aged over 50 living in Scotland were eligible. A one-page recruitment advertisement poster was posted on the study's website and social media (Twitter), the University of Stirling's website and placed on public libraries or supermarkets' boards. Participants were also recruited through snowballing using the co-researchers' professional and social networks.

A purposive sampling approach was adopted to recruit a diverse sample that includes experiences across age, gender, and locality as well as differing experiences of the pandemic including people who were shielding and unpaid carers.

Data collection and analysis

Data collection involved semi-structured individual or small group interviews. The interview topic guide (APPENDIX 1) was guided by the overall HAGIS project themes and included questions related to:

1. General feelings and thoughts about COVID-19 and related restrictions
2. Social connectedness
3. Health
4. Finance and work
5. Technology.

The interview schedule was developed in collaboration with the co-researchers who helped shape the specific topics as well as the wording of questions to ensure these were engaging and easy for participants to understand.

Co-researchers also played a vital role in the recruitment of participants. The participants were asked whether they preferred to participate in an individual interview or a small group interview involving two or three participants. All participants gave informed consent and were given the option of written or verbal consent processes. The interviews were conducted online, using the platforms Microsoft Teams or Zoom, by telephone, or face-to-face subject to individual preference and COVID-19 regulations and restrictions. Thirty-six participants took part. We conducted individual interviews with 21 participants and 7 small group interviews with 15 participants (6x 2 participants and 1x 3 participants). For individual interviews, 13 were conducted online, 2 by telephone, and 6 face-to-face; all small group interviews were conducted using MS Teams videoconference.

Interviews were carried out between October 2021 and April 2022. Twenty-five interviews were co-facilitated by one member of academic staff and one member of the co-researcher team, the remaining four were conducted by an academic researcher alone. The format for these data collection processes was relatively flexible, with the technical aspects (i.e., welcome and introduction, a brief presentation of the research, recording etc.) being covered by an academic researcher and the questions being asked by a co-researcher. For each interview and small group interview, the researchers met approximately 30 minutes prior to the participant joining to discuss how the interview and focus group should be conducted. The interviews took approximately an hour and small group interviews around

1.5 hours. After the interview concluded, the academic researcher conducted a debrief discussion with the co-researcher.

The data was transcribed using a University of Stirling approved transcription service and analysed in collaboration with the co-researchers using thematic analysis.¹ Open coding was initially undertaken to understand the breadth of issues covered in the interviews and to start to understand commonalities and differences across people's experiences.

Deductive coding was then undertaken by academic and co-researchers supported by data processing utilising NVivo v.12.² The analysis progressed in a number of steps. Following the transcription of interviews all members of the research team read through a small number of transcripts and developed a set of themes and topics that had resonance in their sample. The group then shared written notes which were reviewed before the group met to construct the first set of themes. This coding framework was uploaded to NVivo and the academic team then coded all transcripts against this framework. Around half way through this process the whole team met again to review the content of a sample of themes to help refine the coding framework. Coding then continued until all transcripts were coded. Inductive analysis of individual codes was then undertaken by different members of the team to develop the codes and findings presented below.

FINDINGS

Participant characteristics

We recruited 36 participants, 13 self-identified as male and 21 as female (2 did not report), aged between 50 years to over 80 years. The majority of participants self-identified as white British or White Scottish. Eleven participants lived alone. There was a good geographical spread although missing participation from people living in the North West of Scotland and a mix of rural and urban. Just one participant explicitly identified as from a LGBTQ+ community. The limitations in our sample are discussed later in the report. Sixteen participants self-reported good overall health, despite a few of these same participants also reporting other conditions including diabetes and asthma. Baseline characteristics of participants are described in Table 1.

Table 1 Baseline Characteristics of interview/focus group participants (n = 36)

Gender	Male	13	Geographical area	Aberdeen	4
	Female	21		Aberdeenshire	7
	NR	2		Borders	1
Age	50s	6		Dumfries and Galloway	2
	60s	17		Edinburgh	4
	70s	7		Fife	2
	80s	4		Glasgow	3
	NR	2		Inverness	1
				Kincardineshire	1
Ethnicity	White Scottish	10		Lanarkshire	1
	White British	14		Moray	1
	White Irish	1		Paisley	2
	British	1		Perth	2
	Scottish	1		Renfrewshire	1
	White	3		South Ayrshire	1
	NR	6		Stirling and Falkirk	2
				NR	1
Health conditions*	None/in general good health	16	Household composition	Lives alone	11
	Poor/average general health	2		with spouse	13
	Osteoarthritis	2		with spouse and child	1
	Heart	5		with another adult	3
	Hip replacement	1		with adult child	1
	Diabetes	4		with adult child with additional needs	1
	Asthma	5		with child/children	2
	High blood pressure	3		NR	4
	Lupus	1			
	No spleen	1			
	Non-Hodgkins Lymphoma	1			
	Mobility issues	1			
	Anxiety	1			

*some participants reported multiple health conditions

Overarching themes

Our thematic analysis of the whole qualitative dataset revealed eleven overarching themes, listed below. These themes emerged from a deductive approach using the key HAGIS themes as a guide as well as inductive analysis looking for new themes and topics that had resonance across the dataset.

1. Behaviours
2. Daily Living and other activities
3. Difficulties
4. Feelings
5. Finances
6. Health
7. New habits and routines
8. Perceptions
9. Social relations
10. Technology
11. Temporality

The findings from the qualitative analysis are reported across an interconnected set of three reports. These reports draw out more detail on the themes that had most resonance in the dataset (subjective experiences of older people, opportunities emerging from the pandemic) alongside those that have relevance to the wider HAGIS project (technology, health and social connectedness). Each report focuses on a group of themes, but it should be noted that these themes are interconnected, and we would recommend you read all three reports to get a full understanding of our findings. The three reports cover:

- **Feelings, losses and opportunities emerging from the pandemic (Rapid report 1)**
- Experiences of health and engagement with health services (Rapid Report 2)
- Technology and social connectedness (Rapid Report 3).

Each rapid report provides an overview of each topic illustrated with quotes. Quotes are accompanied by a code that identifies the participant and whether they took part in a group or individual interviews, for example, G101R1 refers to the first respondent in the first group interview and I121 refers to the respondent in the 21st individual interview.

This rapid report focuses on the feelings people experienced during the pandemic, focusing on negative feelings of fear and anxieties, and missing things and then looking at how participants found positives and opportunities in the changes brought by the pandemic to

mitigate these more negative feelings. Findings in this report contribute to one of the main research questions in the wider project:

- What has been the impact of losing physical connections (for example, via clubs, groups, or activities that ceased during lockdown) and how has this affected individuals, including their willingness/ability to reconnect?

Feelings

There were feelings related to face-to-face and physical interaction, restrictions and rules and having to shield. Table 2 gives an overview of the spread and weighting of each of the codes within this theme. The number of references relates to the number of transcripts where this theme was discussed, and the number of data points provides the count of the number of discrete pieces of data that refer to each of the themes. Table 2 illustrates that feelings of fears and concerns were common amongst our participants as was the feeling of missing things, however, this was often countered by opportunities arising from the change brought by the pandemic and feelings of positivity and resilience.

Table 2 Numbers of references and data points in the coding framework

First level/ parent node	Second level/ Child node	References (transcripts – total 30)	Data points
Feelings	Fears, worries, concerns	28	95
	Missing things	20	52
	Positivity and resilience	17	44
	Feelings about restrictions and rules	15	44
	Resignation and acceptance	15	29
	Frustrations and anger	13	42
	Face to face	13	23
	Admiration and gratitude	9	16
	Trust/lack of trust	6	13
	Grief	5	7
	Feelings related to shielding	2	5
	Loneliness	1	2

Our participants in the interviews and focus groups expressed feelings in relation to various situations created by the pandemic such as restrictions and measures of infection control; lack of or too much communication; and contradictory or non-sensical guidelines.

Participants responded to the pandemic in different ways including acceptance of the situation; gratitude for health services and for community work; and a strong feeling of self-sacrifice as a way of contributing to mitigating the current situation and moving towards post-pandemic recovery. Participants also expressed feelings in relation to not being able to carry on with or experience everyday life in a normal way ('missing things') or having to return to a 'new normal' that felt uncertain. Some of these feelings were expressed through a nuanced vocabulary that suggest various levels of intensity which often depended on personal circumstances and personalities, as well as different periods of the pandemic. The report focuses on these main themes:

- Fear, worries and weariness
- Missing things
- Opportunities.

Fear, worries and weariness

Nearly all participants expressed some negative feelings, and this included fear, terror, anxiety, worries, concerns, weariness or just having to be careful. These feelings emerged in direct relation to COVID-19 infection, fears of both being infected and infecting others. However, the fears and worries people shared were varied and complex and were expressed in relation to the uncertainty of:

- access to healthcare services
- access to essential goods
- inability to stay in contact with family, friends and the community
- inability to continue to provide caring responsibilities
- isolation and loneliness
- anxiety about the uncertainty of the future for younger generations.

In our interviews and focus groups we did not specifically focus on feelings in relation to distinct stages of the pandemic. However, people seemed to speak more about strong negative feelings such 'fear, terror, anxiety' when referring to the beginning of the pandemic. People found ways of mitigating these feelings through following advice, compliance, trust in science and a general sense of acceptance and/or resignation.

... in a way it was rather terrifying really. You think, this is something which is infectious, we're not getting the full story because nobody knows what it is anyway. And all sorts of very clever people in medical world are busy with it trying to find out what to do. So you've got to give them time to get on with it. Meanwhile, try to do what they ask. And that's what we did. (FG1R2)

The uncertainty of the situation, especially when it comes to emerging new virus variants, was looming large in our participants' comments. This is unsurprising given that at the time of most of our interviews (November 2021 to February 2022), there were discussions in the media about possible new restrictions given the high rates of infection with the new Omicron variant. The uncertainty and consequential fear surrounding the prospect of new lockdowns, and of being infected, was highlighted through discussion by participants about the efficacy of vaccines, as well becoming used to the 'new normal' and becoming more complacent about the virus as time went on.

I think just when you think of COVID-19, it's still quite scary. There's a lot of it still unknown, as much as they're trying their best with jags and boosters, but it still gives you a...you know, a wee bit of shock. I think sometimes...it's been a good two years and sometimes you become a wee bit complacent and you almost think it's not there and then you're brought back in to reality that it very much is still there. (GI08R2)

Thus, the fear of COVID-19 infection, as in other accounts, seemed to have been more acute as it became 'more personal', and especially when people became fearful for younger generations in their family.

But living in a small town, you know everybody. And everybody knows you. And it's scary because, you know, the COVID has gone round and round us all. But, you know, it's...it becomes quite personal after a wee while. And we're just not...you know, it's scary. It's scary. And we settle back down and...during the summer, we get...as you said, [R2], a wee bit complacent and, och, it'll not happen to me and I've got my jag, we'll be alright. And then boof, you know...next door but one neighbour was down and somebody down the street and then now it's the kids, which is more frightening. It's the young ones now. Yeah, I think we're all of the same ilk. We're all...we're fearful, I think so. (GI08R1)

The strongest negative feelings were expressed by those who were shielding, either because they lived with an immunocompromised condition or because their partner lived with such a condition. These feelings included 'shock,' 'terror,' 'scare' and were influenced by government communication. This communication was about the need to shield and the potential lack of treatment in case of infection and included material reminders, such as keeping a hospital bag.

I got...very much a shock treatment in the beginning because I got a phone call from the...our GP who said, as your husband is shielding, you...I hope you understand that he won't be getting into the intensive care unit, so get your...get his hospital bag ready in case he has to go into hospital, but no intensive care. So that...I was shocked. And I still...I think I'm still scared. It left me with just...even when I'm talking about it I feel like crying. Even though I'm...I live and all that, but it was so awful. (GI01R3)

The stronger negative feelings tended to become, over time, feelings of frustrations and, in some cases, anger around measures of infection control. This was also related to uncertainty of the future, both in terms of new variants and of measures taken to contain them, as people's plans could be cancelled or delayed.

It's more of a nuisance than anything else. Obviously we're concerned for our own health, because my wife and I are both pensioners in our 70s so we're concerned about that but having said that, we do take care, we do wear masks, we do tests every week. So, yes, at the moment it's okay, but obviously sometimes there is a sense of not quite panic but anxiety, I would say, at how things are rolling along, particularly with this new version that's coming...that's appeared. It was a concern but we've both had our boosters but we're hoping really that we can get out to Australia to see our daughter next year so that's one of the things, but who knows in six months' time what's going to happen. (II02)

For some people, the length of the pandemic and measures to control infection were generating negative feelings of 'having enough'. Older adults were balancing, how to live with restrictions and being able to have a good quality of life, in their remaining years.

Fed up with it now. I've had enough. I suppose, just for the record, I actually caught COVID a month ago. Prior to that I was very much – and still am – of the view that

we need to get on with our lives now and just what will be will be. But that's my attitude and I know some people have greater concerns, quite rightly, and have different health issues that will cause that. But from my perspective I just want to get on with it now and be allowed to get on with my life. Because at my age you don't have that many years left and I don't want to spend them hiding from the world.
(GI03R1)

Missing things

One of the strongest sub-themes in relation to emerging feelings during the pandemic is a general sense of loss and missing various things that were taken for granted before the pandemic. At times, the sense of loss was related to missing the usual routine and social interactions as people developed new ones to adapt to restrictions. Going back to the pre-pandemic routine though was often expressed as difficult. This difficulty was seen in relation either to enjoying the newer 'slow pace' of life, developing new health and hygiene behaviours, or lack of trust other people would follow 'common-sense' rules of infection control.

I missed my family, missed the contact with friends and family and the, sort of, normal routine. So things like a delivery man standing at the end of the gate, you know. The interactions were completely different. That I found hard to begin with. Now I'm finding it hard to go back to the way it was. (GI03R2)

Similarly, people have been missing the usual everyday life, at times in relation to small activities such as shopping in person. Although most of our participants adapted and used online shopping, people missed the social nature of shopping. In some of our interviews, participants spoke of how certain items such as fresh fruit, clothing and furniture need to be seen or touched to appreciate the difference between their quality.

... at the end of the day you know exactly what you have kind of idea, so I haven't gone really stupid on it, but it would appear to be easier. But I just miss the shopping experience, I think that's my big...it's just boring looking at a screen, it's not quite the same. (FG5R1)

People spoke with empathy and acceptance of other people's behaviours.

I miss the physical contact. I'm a very huggy person so I really miss hugs. My boys are very good at coming in and giving me a hug and I will happily do that with them,

because I know where they've been, almost. Which is fine. But I also have to be aware, a bit like you, [name], that not everybody feels like that. And I met two friends for lunch on Monday and when we met up – we hadn't seen each other for a long time – I said are we up for hugs or not. And they both went absolutely and, you know, big hug, which was great. But some people go oh no, and they, kind of, back off. And that's fine. And I'm like you, [name]; sometimes I don't get it. You know, that they'll do some things but not others. But that's up to them and I would never say what the hell are you doing, kind of thing. (GI03R1)

Physical contact and face-to-face interactions were regarded as being quite difficult, especially for maintaining relations with family. Most people showed resilience, learned new skills, commonly related to the use of new technology and used their creativity to compensate for lack of physical interaction. For example, one participant learned how to knit using YouTube tutorials and knitted the front garden as a gift for her grandchildren. However, these new skills and adaptability were almost always shadowed by a sense of loss and missing things.

... we do keep FaceTime and that's worked okay, but it's not quite the same, you know. And the grandchildren are saying, oh, we miss you, we miss you, when can we see you? As time goes on, we're getting older and you know, there might not be a chance for us to be there and see them again. So that's always in the back of our mind, but we try and keep positive. It's not easy sometimes. (II02)

The lack of physical contact and face-to-face interaction was acutely missed by participants. Some participants commented on the need to balance the damage caused through measures of controlling infection by physical distancing, with the damage that such measures have on people's mental health and wellbeing. *I think the single hardest thing, and some of my friends were saying the same thing, was the no touching. You know, and it really brought home to me, I'd been thinking about it anyway through some of the work that I was doing, that, you know, we think we live inside our heads, but how much of it is body. You know, and we missed it terribly. I'd have been much worse if I hadn't had [my son] at home, because we do hug. And it would have been much worse if I hadn't had him. But this idea that you couldn't touch people, I think was probably cruel to the point of, you know, if it happened again I don't know that we should be doing it. Because it was so damaging. You*

know, maybe it stopped things physically but then if it leaves you mentally that scarred by it, I don't know what the advantage is. (I124)

Our participants expressed a sense of loss in relation to postponed family celebrations such as weddings, wedding anniversaries, graduations, and baptisms. Participants spoke of the difficulties with these postponements especially given such an uncertain future.

... This last year we've...well, two years ago, well, 18 months ago in March, we were due to go to on a trip to Mexico which was cancelled at the last minute. ... That was to be our golden wedding trip and then since then we were due to go to Australia a couple of times but that's been cancelled. So in that respect, it's not been easy. (I102)

Participants spoke of a more subtle loss, of missing having a sense of spontaneity in everyday life.

... pre-COVID we had freedom to a lot of things. And realising that our society is not like that now. We are very much governed by restrictions to keep us safe. We've got a duty to ourselves but we've also got a responsibility to other people as well. And that is really...something that we would have all...you know, or certainly my case, I would have felt that before but I think it's of such magnitude now. It's almost like you do a risk assessment before you go to the shops and you're thinking through, right, what can I do to make sure that I'm keeping myself safe? ...So, you know, you, kind of, think on that basis now. And I would have just jumped in the car before and thought, oh I fancy doing this, you know, or...I fancy going to lunch here, or, fancy phoning um, so-and-so, Mum, for coffee. But I really don't think like that now at all. (I110)

Opportunities created by the pandemic

The feeling of loss and 'missing things' was tempered to some extent by an opportunity to do new things and to enjoy a newer, slower pace of life. Most people talked about the opportunities that the pandemic has brought when asked if there was anything they have enjoyed during the pandemic. Some participants found the opportunity to save money or invest in other projects that otherwise would not have taken place, such as summer houses and fixing roofs. Some people linked restrictions related to spending money with enjoying a slower more relaxing pace of life.

I think the pandemic as well made me, not necessarily have the heart attack, but the thing is what's important in life. We're all consumers, aren't we? We like to buy, we like to spend, we like to do this and all the rest of it. I think I'm trying a wee bit, but I'm still struggling. I think it's helped me really, truly relax. Maybe because I'm wanting to retire, I don't know. We're talking about going in March now. My mind is just playing overtime. (GI02R1)

New opportunities were spoken about in many of the overarching themes, including when talking about social relations, technology, managing health and wellbeing, and finances. Some participants found new ways of managing health and wellbeing often through increasing their physical activity.

Most participants spoke about the opportunity to walk and that it was an opportunity to cope with the stress of the pandemic. The UK government introduced rules at the start of lockdown restrictions (March 2020) about exercise outside the home for up to one hour a day. This rule was perhaps viewed as a 'recommendation' which encouraged older people to take up daily exercise. Walking has also been an opportunity for people to enjoy the natural surroundings and connect with nature. Participants reported that as there were not so many people around and this allowed them to immerse themselves in their surroundings. Being able to be alone on walks was not felt as loneliness or isolation, but enjoyment. Walking was also a means of connecting with other people as it was perceived as safer to talk to others outside and from a distance.

...so when we eventually were able to go out, we started going away to [place] and walking in the forests where you couldn't meet anybody. And felt...we felt quite safe. And then our walking group started walking and that was a Godsend because we started being able to meet people. (GI01R3)

For those participants who live near parks or popular walks, other people walking and exercising near their house was an opportunity for socialising and meeting new people and combatting loneliness.

Environments that were normally busy with people such as golf courses now provided spaces where nature could be enjoyed and animals such as deer might be seen; this has been a highlight of the pandemic for some. Enjoying gardening and being able to spend more time in the open has been perceived by many as therapeutic. For some the pandemic

offered time to discover new hobbies and interests. Some participants commented on the opportunity to do activities that otherwise they would not have been able to due to other commitments. Amongst these, people reported starting new hobbies including photography, crocheting, painting, puzzle making, or woodwork.

Another common theme was around the opportunity to build a strong sense of community. In some cases, the pandemic created the opportunity to connect more often to family and friends by using technology. Some people commented on the easiness of staying in touch using technology and wondered why this did not happen pre-pandemic. Some participants commented on the opportunities presented during the pandemic to attend online lectures and other activities taking place around the world which they would not have been able to attend otherwise. Thus, they appreciated the openness created by this and the opportunity of acquiring more knowledge. There was discussion about whether they will continue to use this technology once the pandemic is over. More detail about participants' use of technology can be found in Rapid Report 3.

Getting to know people in the community across all generations has been perceived as an opportunity created by the pandemic, in part by shifting the location of work and education to people's homes. Issues that were discussed in relation to these newfound community connections were about helping others.

I think it was a learning curve for everybody, obviously for the state and third sector groups and community councils and resilience groups to work together. I think they've all learned from it. (GI02R1)

By being able to help others, this gave people a sense of purpose and a broader understanding of the needs of the wider community. Participants also commented on the creativity people employed in drawing on community resources to help others. For instance, one participant commented on the strong feeling of community that developed in people living in tenement buildings. There was a sense of strengthening of community resilience and there was a feeling of sadness expressed, that this strengthening of community relationships might end once the pandemic ends.

There were some discussions around the provision of social care for those most vulnerable in the community and the role of third sector organisations, and local churches in helping these people, where their need and lack of care was accentuated by the pandemic. The

responses of communities have demonstrated the potential for further community development in supporting people. For those who were working for a third sector organisation, the pandemic gave them the opportunity to take a break and reflect on what is working well, what does not work so well, and what can be improved.

DISCUSSION AND CONCLUSION

In this report, we have presented the feelings that people aged over 50 who lived in Scotland expressed in our interviews and focus groups when we asked about their experiences of daily life during the COVID-19 pandemic. The feelings reported here were expressed when exploring topics such as social connectedness, health and healthcare, finances and working life, and technology. People's feelings ranged widely depending on the topic we discussed, from negative feelings such as fear, terror, anxiety and frustrations to more positive ones such as acceptance, empathy and perceived opportunities created by the pandemic.

The negative feelings were expressed in particular in relation to fear of being infected or infecting others. Over time, feelings of frustration at long standing restrictions became more common. Negative feelings were also expressed in perceptions related to official communications and other people's behaviours in public spaces. Finally, negative feelings were expressed about health issues which are reported in more detail in Rapid Report 2.

Positive feelings were expressed in the form of opportunities, in relation to creating a stronger sense of community, discovering new ways of staying in touch with family and friends, slowing down, and investing in different projects by being able to save.

However, these opportunities created by the pandemic seem to have been shadowed by a more generalised sense of loss and missing things, such as being able to touch and communicate face-to-face, and a loss of the spontaneous nature of everyday life and social relations. Although people found ways of being creative and using various resources to develop resilience, these subtler losses that constitute the fabric everyday life might have longer lasting effects on people's future, post-pandemic wellbeing.

Where we go next

Going forward it would be interesting to explore the barriers and facilitators to sustaining the opportunities created by the pandemic. It would be interesting to explore whether older people continue to enjoy elements of a slower pace of life, whether they continue to use their new IT skills for social interaction and whether they have sustained increased levels of physical activity that was used as a coping mechanism and clearly linked to improved mental wellbeing.

The sense of community and the intergenerational aspect was valued by many of our participants who expressed sadness at its potential loss. Further investment in local communities is needed. Exploration of the bidirectional relationship of community engagement is warranted, and how we can support community resilience post pandemic.

APPENDIX 1 INTERVIEW TOPIC GUIDE

General

- How do you feel when you think about COVID-19?
- Thinking back to summer 2020 – do you feel differently now compared to then? (safety, stress, anxiety, happy, sad etc.)
- What have you enjoyed (if anything) during the pandemic?
- Have you missed physical interaction – how has that impacted for you?

Social connectedness

- How did your family and social life change during the lockdowns? (probe for intergenerational activities)
- What have you been doing since the lockdowns have lifted? (same/different to pre-COVID)?
- What influences your decision making about when and where to go out and about? (probe for COVID fear)
- What influences your decisions about who to meet and where to meet them? (probe for COVID fear)
- In what ways has COVID affected your feelings about seeing friends and family?
- Was there anything that you couldn't do during the pandemic? (probe for whether they managed to stay in touch with the people from these activities or whether things came to a total stop)

Health

- How has your health been during the pandemic (physical and mental)?
- What new things, if any, did you do to look after your health during the pandemic? (Diet, exercise, supplements, self-medication etc.)
- Have you developed any new routines or habits since the start of the pandemic? (hand washing, carrying masks, antibacterial gel, going out at certain times, etc.) – and will they continue now that lockdowns are lifting?
- Did you have any direct experience of COVID-19 (Self or close friend/relative)? If yes, can you tell us about this?
- What contact have you had with health services during lockdown?
 - How did you access your normal health services during lockdown (doctor, dentist, health visitor, chiropodist, physiotherapist, counselling service, pharmacy etc)?

-
- How many regular or planned appointments did you miss or have cancelled? How did this affect you?
 - What alternative arrangements, if any, did you make if your normal health service wasn't available?
 - And since lockdowns have lifted?
 - Have your feelings about attending health appointments changed and if so, in what way?
 - Are there health appointments you are more or less likely to attend now? (prompt re cancer screening, vaccinations, hospital and/or GP appointments)

Finance and work

- During the Covid-19 pandemic were you in paid employment, voluntary work or retired?
- Has the pandemic affected the money coming into your home and if so, how has this affected you and your family? (furlough, redundancy, supporting others)
- How have your spending habits changed during the pandemic? Do you think these changes will continue post-pandemic?
- If working, has your way of working changed since the start of the pandemic and will those changes continue now lockdowns are lifting? (home vs office based work)
- If working, what are your feelings about attending an office/shared working space?

Technology

Questions are about everyday technology (computer, laptop, tablet computer, Alexa (or similar), smart phone, mobile phone, landline phone)

- What new ways have you been using technology during the pandemic? (probe for: staying socially connected/accessing health services/working - shopping, family chats, medical appointments, baking, learning, social events etc.)
- What activities do you think you will continue to undertake using technology now that lockdowns are lifting and why? (probe work/health/social)
- What have been the benefits to you of using technology?
- Is there anything that concerns you about using technology?

REFERENCES

1. Braun V, Clarke V. Using thematic analysis in psychology. *Qualitative Research in Psychology* 2006;3:77-101.
2. QSR International. NVivo 12, 2018. Available: <https://www.qsrinternational.com/nvivo/enabling-research/the-new-nvivo>

Contact us

Healthy Ageing in Scotland (HAGIS)

University of Stirling

FK9 4LA

Stirling, Scotland

