COVID-19 Pandemic: The Positives and Negatives from Older Adults' Perspective

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Abstract

COVID-19 is not the only pandemic or massive crisis to throw older adults' lives into disarray. Nevertheless, it is the first of its kind on this scale to occur at a time when the world becomes more connected. Exploring how older adults perceive It and how they see positive effects as well as negative effects in these difficult circumstances, could help all mitigate COVID-19's and future global crises' negative impacts. **Aim**: Determine the positives and negatives of COVID-19 from older adults' perspective. **Design:** a descriptive research design was followed. **Setting**: Sharq ElMadina Hospital outpatient clinics, Alexandria Governorate which affiliated to the Ministry of health, Egypt. **Subjects**: Convenience sample of 170 older adults were recruited. **Tools**: Two tools were used for data collection: 1) Older adults socio-demographic and health profile structured interview schedule, 2) Older adults' perception of COVID-19 positives and negatives structured interview schedule. **Results**: the present study result revealed that the highest COVID-19 positives and negatives mean percent scores as perceived by the study subjects were related to the effect of COVID-19 on their spirituality. The lowest positives mean percent score was related to financial impacts of the pandemic. Also, the lowest negatives mean percent score was in relation to health aspect. **Conclusion:** Despite the study subjects reported both negative and positive views of COVID-19, the perceived positives mean scores were significantly greater than the negatives they perceived. **Recommendations**: It's critical for gerontological nurses to provide extra support to study participants who haven't been able to benefit from COVID-19 life changes in terms of seeing the positive aspects of the changes to help their coping. Furthermore, gerontological nurses should assist in learning from the study subjects' positive perspectives in order to improve the health of those who saw low COVID-19 gains.

Keywords: COVID-19, older adults; positives; negatives; perspective.

Introduction

The pandemic Coronavirus disease 2019 (COVID-19) poses a serious global health threat to humans, with older people being particularly vulnerable to complications and death. Early in the pandemic, overburdened health-care systems and high mortality rates in several hotspots prompted unprecedented government public-health measures to stem the disease's spread. Stay-at-home orders, quarantines, and "shut-downs" of public life were used by many countries to restrict citizens' movement and social contacts over the course of several months (Isik, 2020).

A wide range of national and international measures have indicated that people aged 60 and up are a particularly vulnerable group since the start of the pandemic (Shahid et al., 2020). Older adults over 60 years of age had more

severe symptoms and died at a higher rate than younger people. Furthermore, comorbid preexisting conditions such as heart disease and hypertension exacerbate the severity of COVID-19 presentation in older adults (Chan et al., 2020; Zhou et al., 2020). For example, even after the formal lockdown, the Federal Office of Public Health (FOPH, 2020) has advised older people to be extra cautious, avoiding direct contact with others, crowds, and social gatherings away from the home. During this pandemic, older adults have had to manage daily tasks while socially isolating themselves, and they may have become increasingly reliant on others for assistance, such as neighbors or friends. While this situation affects everyone on the planet, older adults are categorized as at-risk, a label that can lead to feelings of needing to be old.

Measures taken during incarceration forced people to change their daily routines and drastically reduced interpersonal contact (Miller, 2020; Morley & Velas, 2020). The COVID-19 pandemic has had an impact on people's lives all over the world, either directly as a result of virus exposure or indirectly as a result of measures taken to mitigate the virus's impact on many domains, such as physical, psychological, social, and economic well-being. The way older adults view and perceive COVID-19's impact on their lives has a direct impact on their coping (Aprahamian & Cesari, 2020).

Perception refers to how people think, feel, and comprehend something. Although Perception differs from person to person, a single person can have both positive and negative feelings about the same thing at the same time. Like a coin with two faces, everything in life has a negative and positive side. COVID-19 is made up of two characters: one represents the virus's negative and dangerous effects, and the other represents the virus's positive opportunities and challenges in combating the pandemic (Losada-Baltar et al., 2020).

In terms of COVID-19's positive perceptions, the first supportive solutions involved policies that limited older adults' exposure to COVID-19. Home deliveries of food, medications, and household essentials were also part of the supportive community response. In addition to loved ones delivering items to the elderly, certain organisations have been established to deliver goods to the elderly as well as health-care provisions (Medicare). Traditional cross-cultural views of older adults as cherished, respected, and valued contributors to communities are reflected in such services (Macdonald et al., 2020; Kassraie et al., 2020). Furthermore, because many activities were carried out in the home, some older adults have emphasized the positive aspects of confinement, such as the opportunity to strengthen family ties. Besides this, older adults are constantly exposed to new information and recommendations from a variety of sources. Older adults' intentions to engage in and adopt preventive behaviors like social distancing, hand washing, sanitization,

and vaccinations may be influenced by this information (Chan et al., 2020).

Positive responses to COID-19, even when well-intentioned, can have unintended negative consequences. For one thing, shielding older adults from COVID-19 exposure through social distancing can lead to psychological distress, anxiety symptoms, fear of losing loved ones, fear of contracting a serious illness, social isolation, and loneliness, all of which can have a negative impact on their mental and physical health. Stay-at-home orders can also have a negative impact on the financial stability of older adults (Van-Orden et al., 2020; Girdhar& Gök ,2021; Armitage & Nellums, 2020).

In such situations, technology plays a critical role in reducing the negative impact of the COVID-19 outbreak. As a result, a plethora of technological solutions have been developed to aid in the control of disease spread and the challenges that it poses. Given the increased use of digital technology to manage daily functions and the promotion of physical distancing practices, access to technology and the ability to use it may become major factors in assisting older adults in obtaining goods and services as well as the social support they may require during the outbreak. In addition, reducing depression and loneliness among older adults may be facilitated by the use of video communication by older adults under lockdown, as well as daily phone calls (Girdhar& Gök, 2021).

Significant of the study

The perspective of older adults and what they think about COVID-19 are critical factors that gerontological nurses should consider in order to develop a strategic plan to address them. Listening to older adults and hearing their thoughts on COVID-19 strengthens their sense of worth and respect. Because every older adult perceives things differently (lancet, 2020), understanding their perspective helps to understand their behaviors and determine their various needs. To gain a new perspective on COVID-19 and understand older adults, gerontological nurses should try to see things from their perspective or walk in their shoes for a while. This will improve the health of the elderly. If older adults' perspectives are

ignored, plenty of issues arise, including a lack of motivation for older adults to engage in healthy behaviors, poor mental health, and poor care quality (Lebrasseur et al., 2021). The attitudes of older adults toward COVID-19 are difficult to predict for gerontological nurses. It is of a great importance to explicitly older adults' perspectives.

Aim of the study

The present study aimed to determine the positives and negatives of COVID-19 from older adults' perspective.

Research objectives:

- Investigate the different negative aspects of COVID-19 from older adults' perspective.
- Investigate the different positive aspects of COVID-19 from older adults' perspective.
- Explore the relationship between perceived COVID-19 positives and negatives among the study subjects and their personal characteristics.

Research questions:

- What are the different negative aspects of COVID-19 from older adults' perspective?
- What are the different positive aspects of COVID-19 from older adults' perspective?
- What is the relationship between perceived COVID-19 positives and negatives among the study subjects and their personal characteristics?

II. Materials and Method

Materials

Design: The study followed a descriptive research design.

Setting: The study was conducted at Sharq ElMadina hospital outpatient clinics, Alexandria governorate, which affiliated to the Ministry of Health in Egypt. The hospital contains different outpatient clinics for different specialties, such as medical, urology, orthopedic, heart disease, ophthalmology, dentition, and dermatological clinics. These clinics work from Saturday to Thursday from 8 a.m. to 12 p.m. and provide health care services for people of different age groups.

Subjects: a convenience sample of 170 older adults from the selected setting who aged 60 years and more, had ability to communicate effectively, and accepted to participate in the study were included.

The size of the study sample was calculated using the Epi info V. 7.0 program based on the following statistical parameters ; Population size: 250, expected frequency: 50%, acceptable error: 5%, confidence coefficient: 95%, minimum sample size = 152.

Tools:

In order to collect the necessary data, two tools were used.

Tool (I): Older adults' socio-demographic and health profile structured interview schedule:

This tool was developed by the researchers to assess the older adults' socio-demographic and health profile data. It included two parts:

- **Part 1:** Socio-demographic data of the study subjects such as; age, sex, social status, educational level, occupation prior to retirement, monthly income, and living style.
- **Part 2**: health profile of the study subjects such as; health history of chronic illnesses and previous infection with COVID-19, or other family members' infection with it.

Tool II: 2) Older adults' perception of COVID-19 related positives and negatives structured interview schedule:

This tool was developed by the researchers after reviewing the related literature (Losada-Baltar et al., 2020; Godaert et al.,2020) to assess the perceived positives and negatives of COVID-19 among older adults. It consisted of 90 items covering 6 dimensions of positive views (48 items) and negative views (42 items) of COVID-19 as follows;

1- **Health (29 items)** which concerned with the issues relating to elders' perception of COVID-19 health consequences, with two sub-dimensions: health positives (viewing health benefits of COVID-19); and health negatives (viewing health losses of COVID-19).

2- **Psychological (19 items)** that included perceiving the impact of COVID-19 on one's psychological status with two sub-dimensions: psychological positives (awareness of the benefits of COVID-19 on psychological status), and psychological negatives (awareness of the downsides of COVID-19 on psychological status).

3- **Financial (7 items)** which indicated the financial aspects of COVID-19, with two sub-dimensions: financial positives

(perceived positive outcomes of COVID-19 on financial status) and financial negatives (perceived negative outcomes of COVID-19 on financial status).

4- **Social** (**18 Items**) this domain concerned with the social effects generated by COVID-19 with two sub-dimensions: social positives (perceived positive outcomes of COVID-19 on social life) and social negatives (perceived negative outcomes of COVID-19 on social life).

5- **Spiritual (9 items)** which concerned with the issues relating to elders' perception of COVID-19 spiritual consequences, with two sub-dimensions: spiritual positives (viewing spiritual benefits of COVID-19); and spiritual negatives (viewing spiritual loss of COVID-19).

6- **Technological (8 items)** this domain concerned with the technological effects generated by COVID-19 with two sub-dimensions: technological positives (perceived positive outcomes of COVID-19 on technological use) and technological negatives (perceived negative outcomes of COVID-19 on technological use).

Older adults indicated the extent to which they agree or disagree with each statement on a 3-point Likert scale, scoring from disagree (1), slightly agree (2), strongly agree (3). The researchers chose to use the 3-point Likert scale in order to facilitate the attainment of accurate answers from the older adults and void their dispersal. The mean percent score for each dimension calculated and the higher the mean percent score of each dimension, the greater support and endorsement of the specific perception. Also, The total score then classified into 3 categories as follows;

For positive domains

- Perceiving low positives: score of 48 to 95.
- Perceiving moderate positives: score of 96 to 120.
- Perceiving high positives: score of 121 to 144.

For negative domains

- Perceiving low negatives: score of 42 to 83.
- Perceiving moderate negatives: score of 84 to 104.
- Perceiving high negatives: score of 105 to 126.

Method

1- Permissions were obtained from the responsible authorities (Faculty of Nursing, Ministry of health and the Head of selected setting) to carry out the study.

2- Tool I, older adults' socio-demographic and health profile structured interview schedule, was developed by the researchers to assess the older adults socio-demographic and health profile data.

3- Tool II, older adults' perception of COVID-19 positives and negatives structured interview schedule, was developed by the researchers after reviewing related literature to assess the perceived positives and negatives of COVID-19 among older adults. The tool was tested for its content validity by 5 experts in the related fields (3 professors of Gerontological Nursing and 2 professors of community health Nursing). Also, it was tested for its reliability by the researchers using Cronbach coefficient alpha test (r= 0.88).

5-A pilot study was carried out on 10% of the study sample (17 of older adults) selected from the study setting to assess the clarity and feasibility of the study tools. They were not included in the study sample.

Data collection:

6- Each study older adult who fulfilled the study inclusion criteria was interviewed individually in the waiting area to collect the necessary data.

7- For data collection, the study sample was classified equally in-between the different outpatient clinics that present at the selected setting (7 clinics), around 25 older adults were selected form each clinic.

8- The interview time ranged from 30 to 45 minutes for each study subject. The researchers could hold interview with 6 to 8 study subjects per day.

9- Data collected by the researchers through attending the selected setting 3 days per week. Data collection needed 2 months to be completed.

10- The researchers followed the COVID-19 related precautions measures such as wearing face masks and keeping the appropriate social distance and encouraged the study subjects to do so.

7- For statistical analysis, SPSS version 20 was used and the level of significance was set as ≤ 0.05 level.

Ethical considerations:

An informed verbal consent was obtained from each study subjects included in the study after explanation of the study purpose. Anonymity and privacy of the study subjects were maintained and confidentiality of the collected data was assured. The desire of the study subjects to withdraw from the study at any time was respected.

Statistical analysis:

After the data were entered into the computer, they were analyzed using IBM SPSS software package version 20.0. (Armonk, NY: IBM Corp). Qualitative data was described by number and percent. To verify the normality of distribution, Kolmogorov-Smirnov test was used. Mean and standard deviation were used to describe quantitative data. Significance of the obtained results was judged at the 5% level. Student t-test, Mann Whitney test, and Kruskal Wallis test were used in the present study.

III. Results

Table 1: shows distribution of the study subjects according to their sociodemographic characteristics. The table shows that both sexes presented by roughly close proportions, males study subjects 50.6% and females 49.4%. Concerning age, the study subjects aged from 60 years old up to 79 years with a mean age of 66.09± 4.20. The table also illustrates that 63.5%, 35.9%, 42.9% married, completed basic education, and were employees prior to retirement respectively. While 66.5% of the study subjects reported that they did not have current work, 88.8% of the study subjects reported adequate monthly income. Study subjects who lived in urban area presented by 55.9% of the study subjects. At the same time, 81.8% of the study subjects reported living with their families.

Table 2: shows distribution of the study subjects according to their health profile. The table indicates that 58.8% of the study subjects reported history of covid-19 infection while, 82.4% represented other family member`s history of Covid-19 infection. In relation to the chronic illnesses 61.8%, 35.3% & 28.2% of the study subjects reported having hypertension, diabetes mellitus, and osteoarthritis respectively.

Table 3: illustrates distribution of the study subjects according to their perceived positives and negative health outcomes of covid-19. The table shows that 71.2% and 68.8% of the study subjects strongly agreed that covid-19 helped them to reduce or stop smoking and to maintain medication compliance respectively. Also, 80.6% and 66.5% of the study subjects slightly agreed that covid-19 assisted them to have regular schedule of sleep and rest and discouraged them to take un-prescribed medications respectively. In relation to the negative health consequences of covid-19 as perceived by the study subjects, 51.8% slightly agreed or 24.7% strongly agreed that lack of activity while staying at home induced their dependence on others for outdoor activities. Also, 31.8% of the study subjects strongly agreed or 35.9% slightly agreed that the fear of catching infection with covid-19 at the medical centers prevented them to maintain regular medical follow-up. Furthermore, the table shows that the study subjects perceived greater positive health consequences of covid-19 with the mean percent score, 58.72± 18.43 more than negative one 34.75± 21.28.

Table 4: indicates distribution of the study subjects according to their perceived positives and negatives psychological and financial consequences of covid-19. In relation to psychological aspect, they reported strong agreement 78.2%, or slight agreement 20.6% that covid-19 increased their feeling of hope in life when seeing people helping each other during the pandemic. Also, Covid-19 succeeded in increasing the study subjects` internal power and motivations to defeat the virus as reported by 54.1% of the study subjects strongly agreed, or 44.1% slightly agreed. Moreover, 44.1% of the study subjects strongly agreed, and 37.6% slightly agreed that covid-19 taught them the compassion for the sick and poor.

With reference to the perceived negative psychological consequences of covid-19 among the study subjects, 56.5% & 37.1% of the study subjects strongly or slightly agreed respectively that covid-19 caused them to feel insecure. Furthermore, 39.4% of the study subjects strongly agreed or 55.3% slightly agreed that covid-19 induced feeling of panic among them. When comparing the perceived positive and negative psychological consequences mean scores, study subjects reported greater covid-19 related psychological positives outcomes with the mean

percent score 56.85± 18.96 more than psychological negative outcomes 44.68± 15.50.

From the financial perspective, 11.2% & 26.5% of the study subjects strongly or slightly agreed respectively that covid-19 learned them to save money. On the other hand, 61.2% of the study subjects slightly agreed that covid-19 increased their expenditures on having healthy nutrition to avoid covid-19 or the expenditures on treating of covid-19 infection with nearly the same percent 61.8%. In the same context, 34.1% of the study subjects strongly agreed and 44.1% of them slightly agreed that covid-19 increased expenses on disinfectants and face masks. The table also indicates that the mean percent score of perceived covid-19 related negative financial consequences 45.81± 21.88 was greater than the positive consequences 24.51± 31.20.

Table 5: indicates distribution of the study subjects according to their perception of positive and negative social consequences of covid-19. The table shows that 69.4% of the study subjects strongly agreed and 26.5% slightly agreed that covid-19 resulted in appreciation of scientists and health care team. Also, 55.9% and 41.2% of the study subjects strong or slight agreement respectively that showing concern and attention to the current events and general news was among the positive social outcomes of covid-19.

The study subjects who slightly agreed that covid-19 limited their participation in various social activities or limited their social visits, presented by 67.1% & 70.6% respectively. In the same context, 63.5% & 61.8% of the study subjects strongly agreed that covid-19 caused negative and frustrating view of the patient and diseases, and resulted in prevailing of rumors in the society respectively. Furthermore, the study subjects reported higher mean percent score of positive social aspects of covid-19, 53.07± 20.03 than negative social aspect 49.80± 20.65.

Table 6: shows distribution of the study subjects according to their views about the spiritual and technological outcomes of covid-19. The table shows that the highest percentage of study subjects reported strong agreement that covid-19 had positive spiritual gains on them as follows; increasing the state of faith 91.2%, appreciation of life and death 87.1%, recognizing the value of the blessing they had 85.3%, and learning the value of patience and tolerance of others 80.6%. In contrast, 98.2% of the study subjects reported feeling sad when watching the closure of mosques/churches due to pandemic. The reported mean percent score of spiritual positive outcomes of covid-19 by the study subjects 87.55± 13.05 was greater than the negative outcomes 60.49± 17.84.

The table indicates that 66.5% of the study subjects strongly agreed that covid-19 increased their appreciation of scientific research and technology role in reaching to vaccine production. Also, 61.8% of the studied subjects slightly agreed that invention and appearance of new technological skills in social communication was one of the covid-19 benefits. However, 63.5% & 65.3% of the study subjects reported slight agreement that the inability to use the new technological tools and the slow internet speed were main negative consequences of covid-19 respectively. The reported mean percent score of positive technological consequences of covid-19 by the study subjects 50.24± 20.18 was greater than the reported negative aspects 47.25± 26.19.

Table 7: demonstrates distribution of the study subjects according to 6 dimension overall levels and mean percent scores of perceived positive and negative consequences of covid-19. The table reveals that the study subjects showed different levels of covid-19 related positives. For instance, those who perceived low positives of covid-19 presented by 19.4%, moderate positives 75.9% and high positives 4.7%. It is also observed from the table that the study subjects reported the greatest mean percent score of covid-19 related positives in relation to spiritual consequences 87.55± 13.05, while, the least mean percent score of perceived benefits was related to the financial consequences 24.51± 31.20.

From the covid-19 related negative consequences perspective, the table shows that 68.2% of the study subjects perceived low negatives, 29.4% perceived moderate negatives and 2.4% perceived high negative outcomes of covid-19. The table reveals that the study subjects viewed that the main negative consequences of covid-19 was related to their spirituality with the mean percent score of 60.49± 17.84. However, the least negative consequences of covid-19 were related to the health outcomes with the mean percent score of 34.75± 21.28. Also, the table indicates that in total, the study subjects viewed greater positives of covid-19 with the mean percent score, 58.0± 14.32 more than the negatives 44.15± 14. 21.

Table 8: the table shows the relationship between perceived covid-19 related positives and negatives overall mean scores and personal characteristics of the study subjects. The table demonstrates that the highest mean scores of perceived covid-19 related positives were significantly associated with male sex, 63.31± 10.02, being employee prior retirement , 62.95± 10.67, were having current work 61.41± 13.08, and had no history of covid-19 infection, 65.13± 8.92 and the differences were highly statistically significant, P< 0.001. On the other hand, highest mean scores of perceived covid-19 related negatives were significantly associated with female sex 50.18± 12.61, with a highly significant difference, P< 0.001 and illiteracy 53.58± 14.05,

P= 0.003. Also, study subjects who are housewives and those who had no current work reported greater mean scores of negative consequences of covid-19, 51.91± 12.43, 48.78± 11.96 respectively with highly significant differences, P< 0.001. Also, inadequate monthly income among the study subjects was significantly associated with higher mean score of perceived COVID-19 related negatives 52.63± 13.35, P = 0.005. In the same context, higher mean scores of perceived covid-19 related negatives reported by study subjects who live alone 50.0± 15.23, P= 0.022 who had past history of covid-19 46.10± 9.94, P=0.013 and those who had history of other family members' infection with covid-19, 48.75± 14.52, P =0.048.

Table (1): Distribution of the study subjects according to their sociodemographic characteristics

Sociodemographic characteristics	No.(170)	%
Sex		
Male	86	50.6
Female	84	49.4
Age in years		
60<75	163	95.9
75 ≤85	7	4.1
Min. – Max.	60.0 – 79.0	
Mean ± SD.	66.09 ± 4.20	
Median	65.0	
Social status		
Married	108	63.5
Widow	53	31.2
Divorced	9	5.3
Educational level		
Illiterate	20	11.8
Read and Writer	53	31.2
Basic Education	61	35.9
Secondary	11	6. 4
University	25	14.7
Occupation prior to retirement		
Employee	73	42.9
House Wife	62	36.5
Skilled Worker	32	18.8
Unskilled worker	3	1.8
Current work status		
No	113	66.5
Yes	57	33.5
Monthly income		
Adequate	151	88.8
Inadequate	19	11.2
Place of residence		
Urban	95	55.9
Rural	75	44.1
Living style		
With family	139	81.8
Alone	31	18.2

Table (2): Distribution of the study subjects according to their health profile

Health profile	No.(170)	%
History of infection with COVID-19		
Yes	100	58.8
No	70	41.2
History of other family member 's infection		
Yes	140	82.4
No	30	17.6
Chronis illnesses #		
Hypertension	105	61.8
Diabetes Mellitus	60	35.3
Osteoarthritis	48	28. 2
Respiratory disorders	24	14.1
Heart diseases	23	13.5
Gastrointestinal disorders	21	12.4
Renal disorders	13	7.6

 # More than one answer

Table (3): Distribution of the study subjects according to their perceived positive and negative health perspectives of COVID-19

Positives (n = 170) COVID-19 helped to	Disagree		Slightly agree		Strongly agree		Negatives (n = 170) COVID-19 led to	Disagree		Slightly agree		Strongly agree	
	No.	%	No.	%	No.	%		No.	%	No.	%	No.	%
1-Health positives							**1-Health negatives**						
1.Maintain regular medical follow-up	46	27.1	77	45.3	47	27.6	1.having respiratory symptoms due to infection with Covid-19	86	50.6	49	28.8	35	20.6
2. Practice of new preventive heathy measures such as:							2. increase sleeping hours than before	93	54.7	61	35.9	16	9.4
2.a. Wearing of face mask	64	37.6	77	45.3	29	17.1	**3. Lack of activity while staying at home that caused:**						
2.b.Taking the recommended vaccines	57	33.5	35	20.6	78	45.9	3.a. Dependence on others for outdoor activities	40	23.5	88	51.8	42	24.7
2.c. Use of disinfectants	20	11.8	101	59.4	49	28.8	3.b. Decrease date and time orientation	110	64.7	46	27.1	14	8.2
2.d. Maintain of social distancing	46	27.1	103	60.6	21	12.4	3.c.Unwanted weight gain	136	80.0	19	11.2	15	8.8
2.e. Wash hands with soap and water	4	2.4	70	41.2	96	56.5	4. Use of hypnotics and sedatives	125	73.5	36	21.2	9	5.3
3. Reduce the incidence of seasonal infections due to Covid-19 related precautions	30	17.6	79	46.5	61	35.9	5. Eat large amount foods	123	72.4	36	21.2	11	6.5
4. Increase attention to the personal general health	5	2.9	81	47.6	84	49.4	6. Smoking	128	75.3	33	19.4	9	5.3
5. Maintain medication compliance	4	2.4	49	28.8	117	68.8	7. Irregular medical follow-up due to fear of infection at the medical centers	55	32.4	61	35.9	54	31.8
6. Increase concern of eating healthy foods	2	1.2	96	56.5	72	42.4	8. Refrain of seeking medical help due to social stigma of the disease	57	33.5	65	38.2	48	28.2
7. Increase concern of drinking enough fluids daily	1	0.6	103	60.6	66	38.8	9. Take non prescribed medicines due to fear of acquiring infection at the medical centers.	55	32.4	60	35.3	55	32.4
8. Maintain adequate amount of daily sleep.	2	1.2	103	60.6	65	38.2							
9. Seek medical help immediately without delay in the case of unusual symptoms	63	37.1	76	44.7	31	18.2							
10. Exercise regularly	117	68.8	44	25.9	9	5.3							
11. Moderate the consumption of caffeinated beverages	46	27.1	98	57.6	26	15.3							
12. Quit or reduce smoking	31	18.2	18	10.6	121	71.2							
13. Have fixed schedule for sleep and rest	6	3.5	137	80.6	27	15.9							
14. Refrain from taking non prescribed medicines	18	10.6	113	66.5	39	22.9							
Mean % score	**58.72 ± 18.43**						**34.75 ± 21.28**						

Table (4): Distribution of the study subjects according to their perceived positive and negative psychological and financial outcomes of COVID-19 (n = 170)

Positives COVID-19 helped to	Disagree		Slightly agree		Strongly agree		Negatives COVID-19 led to	Disagree		Slightly agree		Strongly agree	
	No.	%	No.	%	No.	%		No.	%	No.	%	No.	%
2-Psychological Positives							**2-Psychological Negatives**						
1. Re-prioritizing of needs during problem solving	111	65.3	38	22.4	21	12.4	1. Feeling of panic from the pandemic	9	5.3	94	55.3	67	39.4
2. See life in a larger frame	92	54.1	62	36.5	16	9.4	2. Feeling of helplessness	15	8.8	142	83.5	13	7.6
3. Learn compassion for the sick and the poor	31	18.2	64	37.6	75	44.1	3. Feeling afraid of the future	56	32.9	97	57.1	17	10.0
4. Increase the feeling of hope in life when seeing people helping each other during the pandemic	2	1.2	35	20.6	133	78.2	4. Frequent bouts of sadness	9	5.3	143	84.1	18	10.6
5. Learn to derive facts and judge things more logically and realistically while tracking the developments of the virus	12	7.1	96	56.5	62	36.5	5.Denial the existence of the pandemic as if it hadn't happened	101	59.4	59	34.7	10	5.9
6. Increase the internal power and motivation to defeat the virus	3	1.8	75	44.1	92	54.1	6. Feeling worry about the family	5	2.9	111	65.3	54	31.8
7. Learn self-control and avoidance of panic in dealing with the pandemic events	25	14.7	105	61.8	40	23.5	7. Fear of death	115	67.6	40	23.5	15	8.8
							8. having nightmares and scary dreams	91	53.5	74	43.5	5	2.9
							9. Strange and disturbing thoughts and images	66	38.8	97	57.1	7	4.1
							10. Feeling of insecurity	11	6.5	63	37.1	96	56.5
							11. Feeling of being lonely	54	31.8	101	59.4	15	8.8
							12. Loss of interest in usual hobbies	38	22.4	96	56.5	36	21.2
Mean % score	56.85 ± 18.96						**Mean % score**	44.68 ± 15.50					
3- Financial Positives							**3- Financial Negatives**						
1. Decrease shopping expenses than before due to stay at home	103	60.6	55	32.4	12	7.1	1. Increase expenditures on healthy nutrition to prevent the virus infection	14	8.2	104	61.2	52	30.6
2. Learning to save money	106	62.4	45	26.5	19	11.2	2. Increase expenses due to infection with Covid-19 or other family member	13	7.6	105	61.8	52	30.6
3. Learn to rationalize and prioritize spending.	100	58.8	52	30.6	18	10.6	3. Increase expenditures on disinfectants, masks	37	21.8	75	44.1	58	34.1
							4. loss of one's job or one of children lost his job because of the pandemic	160	94.1	5	2.9	5	2.9
Mean % score	24.51 ± 31.20						**Mean % score**	45.81 ± 21.88					

Table (5): Distribution of the study subjects according to their perceived positive and negative social aspects of COVID-19 (n = 170)

Positives COVID-19 helped to	Disagree		Slightly agree		Strongly agree		Negatives COVID-19 led to	Disagree		Slightly agree		Strongly agree	
	No.	%	No.	%	No.	%		No.	%	No.	%	No.	%
4- Social Positives							**4- Social Negatives**						
1. Decrease crowds in the streets	49	28.8	100	58.8	21	12.4	1. Lack of family support	87	51.2	69	40.6	14	8.2
2. The spread of social solidarity concept and cooperation	45	26.5	108	63.5	17	10.0	2. Lack of friends' meeting and support from them	79	46.5	82	48.2	9	5.3
3. Easy traffic	43	25.3	105	61.8	22	12.9	3. Lack of participation and interaction in various social activities	37	21.8	114	67.1	19	11.2
4. Strengthening family ties	29	17.1	87	51.2	54	31.8	4. Few of social visits exchanges	23	13.5	120	70.6	27	15.9
5. Practicing new hobbies at home	77	45.3	83	48.8	10	5.9	5. Less going out for leisure and picnics	9	5.3	112	65.9	49	28.8
6. Appreciation of scientists and health care team	7	4.1	45	26.5	118	69.4	6. Increasing family disputes	87	51.2	78	45.9	5	2.9
7. Strengthening relationships with friends through calling	7	4.1	130	76.5	33	19.4	7. Change of daily routine	31	18.2	75	44.1	64	37.6
8. Increase interest in recreational activities such as playing games and watching TV.	67	39.4	50	29.4	53	31.2	8. False news that pervades society that resulted in a state of panic and intimidation.	22	12.9	43	25.3	105	61.8
9. Showing concern and attention to the current events and general news	5	2.9	70	41.2	95	55.9	9. Negative and frustrating view of the disease and the patient	31	18.2	31	18.2	108	63.5
Mean % score	**53.07± 20.03**						**49.80 ± 20.65**						

Table (6): Distribution of the study subjects according to their perceived spiritual and technological positive and negative aspects of COVID-19 (n = 170)

Positives (n = 170) COVID-19 helped to	Disagree		Slightly agree		Strongly agree		Negatives (n = 170) COVID-19 led to	Disagree		Slightly agree		Strongly agree	
	No.	%	No.	%	No.	%		No.	%	No.	%	No.	%
5- Spiritual Positives							**5- Spiritual Negatives**						
1. Increase the time for the worship, closer to God and supplication	1	0.6	70	41.2	99	58.2	1. Closure of mosques	0	0.0	3	1.8	167	98.2
2. Know the value of the blessings we have such as health.	0	0.0	25	14.7	145	85.3	2. Inability to go to the places of worship	35	20.6	78	45.9	57	33.5
3. Practice of religious rites with the family inside the house	1	0.6	84	49.4	85	50.0	3. Not practicing some religious rites	93	54.7	66	38.8	11	6.5
4. Appreciate life and death	1	0.6	21	12.4	148	87.1							
5. Learn the value of patience and tolerance of others	0	0.0	33	19.4	137	80.6							
6. Increase the state of faith	0	0.0	15	8.8	155	91.2							
Mean % score	87.55 ± 13.05							60.49 ± 17.84					
6- Technological Positives							**6- Technological Negatives**						
1. Increase the access to electronic services during the pandemic	67	39.4	77	45.3	26	15.3	1. The necessity of using difficult new technology tools	33	19.4	108	63.5	29	17.1
2. Appreciate of scientific research and technology roles in reaching to the vaccine production	8	4.7	49	28.8	113	66.5	2. Increase the need for using technology under slow internet speed	29	17.1	111	65.3	30	17.6
3. Appearance and invention of new technological skills in social communication with others	21	12.4	105	61.8	44	25.9	3.Use of modern technology which increases the financial burden	58	34.1	79	46.5	33	19.4
4. Communicate with the medical health staff through new tools based on technology	70	41.2	77	45.3	23	13.5							
5. Increase time for self-learning and online research	60	35.3	86	50.6	24	14.1							
Mean % score	50.24 ± 20.18							47.25 ± 26.19					

Table (7): Distribution of the study subjects according to six dimensions` overall levels and mean percent sores of positive and negative perspectives towards COVID-19 (n = 170)

Perceived positives and negatives dimensions	Positives (n = 170)						Mean % score	Negatives (n = 170)						Mean % score
	Low		Moderate		High			Low		Moderate		High		
	No.	%	No.	%	No.	%		No.	%	No.	%	No.	%	
1-Health	55	32.4	85	50.0	30	17.6	58.72±18.43	121	71.2	43	25.3	6	3.5	34.75±21.28
2-Psychological	57	33.5	76	44.7	37	21.8	56.85±18.96	118	69.4	43	25.3	9	5.3	44.68±15.50
3-Financial	109	64.1	47	27.6	14	8.2	24.51±31.20	105	61.8	25	14.7	40	23.5	45.81±21.88
4-Social	42	24.7	113	66.5	15	8.8	53.07±20.03	59	34.7	105	61.8	6	3.5	49.80±20.65
5-Spiritual	0	0.0	9	5.3	161	94.7	87.55±13.05	26	15.3	111	65.3	33	19.4	60.49±17.84
6-Technological	71	41.8	80	47.1	19	11.2	50.24±20.18	52	30.6	96	56.5	22	12.9	47.25±26.19
Overall	33	19.4	129	75.9	8	4.7	58.0±14.32	116	68.2	50	29.4	4	2.4	44.15±14.21

Table (8): Relationship between perceived Covid-19 related positives and negatives overall mean scores and personal characteristics of the studied subjects (n = 170)

Personal characteristics	Overall positives		Overall negatives	
	Mean ± SD.	Median	Mean ± SD.	Median
Sex				
Male	63.31 ± 10.02	53.0	38.27 ± 13.25	35.23
Female	52.81 ± 15.96	66.0	50.18 ± 12.61	45.45
U (p)	2069.0* (<0.001*)		1682.0* (<0.001*)	
Age				
60 < 75	57.98 ± 14.23	64.0	43.74 ± 14.16	40.91
75≤85	58.57 ± 17.61	66.0	53.73 ± 12.63	57.95
U (p)	535.0 (0.780)		354.0 (0.089)	
Social status				
Married	57.69 ± 14.91	63.50	42.62 ± 13.41	39.77
Widow	57.28 ± 13.85	64.0	45.75 ± 15.20	43.18
Divorced	65.89 ± 6.17	65.0	53.03 ± 14.82	56.82
H (p)	1.479 (0.477)		5.160 (0.076)	
Educational level				
Illiterate	61.70 ± 11.66	60.0	53.58 ± 14.05	52.84
Read and Writer	56.08 ± 15.80	64.0	45.58 ± 14.61	44.32
Basic Education	55.26 ± 16.09	63.0	43.18 ± 13.90	39.77
Secondary	60.45 ± 9.84	59.0	36.05 ± 18.05	32.95
University	64.72 ± 4.40	65.0	39.50 ± 7.16	39.77
H (p)	3.787 (0.436)		16.009* (0.003*)	
Occupation prior to retirement				
Employee	62.95 ± 10.67	63.0	39.94 ± 12.27	38.64
House Wife	55.70 ± 16.32	67.0	51.91 ± 12.43	50.57
Skilled Worker	55.94 ± 12.31	55.0	39.99 ± 15.81	38.64
Unskilled worker	33.36 ± 4.73	32.0	41.29 ± 10.50	35.23
H (p)	18.536* (<0.001*)		32.222* (<0.001*)	
Current work status				
Yes	61.41 ± 13.08	51.0	34.97 ± 13.94	35.23
No	51.25 ± 14.40	66.0	48.78 ± 11.96	45.45
U (p)	1802.50* (<0.001*)		1299.50* (<0.001*)	
Monthly income				
Adequate	58.05 ± 14.37	64.0	43.08 ± 14.0	39.77
Inadequate	57.58 ± 14.29	64.0	52.63 ± 13.35	53.41
U (p)	1421.0 (0.947)		869.50* (0.005*)	
Place of residence				
Urban	58.36 ± 14.29	64.0	42.33 ± 13.67	39.77
Rural	57.55 ± 14.45	61.0	46.45 ± 14.64	43.18
U (p)	3368.50 (0.542)		3028.50 (0.093)	
Living style				
With family	58.14 ± 14.36	64.0	42.85 ± 13.69	39.77
Alone	57.35 ± 14.38	61.0	50.0 ± 15.23	45.45
U (p)	2132.0 (0.928)		1586.50* (0.022*)	
History of COVID-19 infection				
Yes	53.01 ± 15.28	56.0	46.10 ± 9.94	36.36
No	65.13 ± 8.92	66.0	42.78 ± 16.47	44.32
U (p)	1954.50* (<0.001*)		2715.0* (0.013*)	
History of other family member infection				
Yes	57.01 ± 14.45	63.0	48.75 ± 14.52	39.77
No	62.63 ± 12.94	65.0	43.17 ± 14.0	53.41
U (p)	1726.0 (0.126)		1616.0* (0.048*)	

U: Mann Whitney test,   H: H for Kruskal Wallis test   *: Statistically significant at p ≤ 0.05

IV. Discussion:

COVID-19 has drastically changed the lives of countless members of the general population. Older adults are known to experience both physiological and pathological changes that put older adult at risk group in the face of covid-19. It is therefore reasonable to anticipate that they would experience greater changes and consequences during pandemic (Lebrasseur et al., 2021). The present study aimed to determine the covid-19 positives and negatives from the older adults' perspective.

The present study result showed that the study subjects perceived positive health consequences of covid-19 mean score was more than negative one (table 3). This result can be justified by the fact that, the Egyptian society has taken quick and firm decisions to confront this disease. The widespread of the virus, announcing and emphasizing preventing measures through mass media contributed to all people`s knowledge of the virus and drew everyone`s attention. Everyone knew the relation between the risks of being infected with COVID-19 , prognosis of the virus, and the recovery from it to the health status of each individual, which differs from one to another. Older adults also realized the importance of maintaining better health status and strong immune system to resist the disease. As well as, they become aware with the health practices that were neglected for several years such as maintaining high personal hygiene, performance of preventive health behaviors, and following the precautionary measures to deal with others of infectious respiratory diseases. It has also become known to everyone the role of proper nutrition, adequate fluid intake, and adequate sleep hours to raise immunity and the value of avoiding risk behaviors such as smoking and taking non-prescribed medications. Not everyone, including older adults, would care about these matters except by seeing a reality in front of them that proves it. Although corona virus represents a painful reality, but it carried many benign and good effects on health awareness among members of society and attention to the health system by countries. This result is congruent with the study done by Ponce (2020) who reported that pandemic was also providing a unique window through which to view some positive health effects from major changes in human behavior. Also, the pandemic may lead to a public more willing to accept and act on health messages. Positive health effects of the abrupt shifts in human behavior in response to the covid-19 pandemic include; control of chronic diseases by following prescribed medical plans. In contrary with the present study result, the study carried out by Huang& Wu (2020) found negative health consequences attributable to COVID-19 and other serious illnesses.

The present result reveals that although study subjects perceived negative psychological aspects of covid-19, the perceived positives mean score was greater (table 4). This can be interpreted by that older adults, like the rest of the community, suffered from psychological feelings due to the intense stress, anxiety, fear and grief for those who lost loved one. Despite that, many behaviors appeared in the community that improved their psychological status. Such as, young people helped elderly and neighbors to meet their needs. As well as rich people supported poor and the sick during corona virus, that made elders to feel hope in life and social cohesion that has been affected by advancing age. Furthermore, the health sector in Egypt also directed to give vaccinations first to older adults in order to preserve their health and reduce the incidence of corona virus. This may induce elders to feel that they are still the focus of society`s attention. Therefore, corona virus had greater positive impacts on the elders. This result is supported by a research performed by Wang et al. (2020) which revealed that no negative changes in psychological conditions after the outbreak. It may be due to effective strategies of policy makers to fight against COVID-19 by providing appropriate supplies, vaccines, treatment of infected people that leads to stability of popular feelings and psychological condition. In contrary Losada-Baltar et al. (2020), their result showed that negative psychological status (e.g., anxiety, and depression) and sensitivity to social risks increased, while the feeling positive psychological status (e.g., happiness and life satisfaction) decreased, may be related to People were concerned more about their health and family, while less about leisure and friends.

Concerning the perceived financial consequences of covid-19 by the study subjects, the present result reveals that they perceived both positive and negative impact of covid-19 on their financial status, while the negative impacts mean score was greater (table 4). This may be due to increase spending on disinfectants, face masks, and taking healthy foods and necessary medications to raise immunity as vitamin C and Zinc during covid-19. At the same time, many older adults, like the rest of people, did not have the concept of saving money. In addition, the older adults may suffer from the increase in their expenses for examination, treatment and periodic follow-up. This result is consistent with what reported by McBryde et al. (2020) that the negative side effect of covid-19 on economic condition included; a rise in unemployment, and disruptions in the transportation, service, and manufacturing industries which leads to increase cost and price of the goods.

The present study result indicates that covid-19 has a greater positive social outcome mean score than negative one as perceived by the studied subjects (table 5). The reason for the present study result may be that older adults faced traumatic events, like death of close family member or friends from covid-19 and therefore older adults felt less close to their social networks, and here it appears the role of every member in the family to change the relationship and improve social tie and bonding. Also, the life rhythm began to slow down, most people sat at their homes, which gave more time to sit with older adults. It gave an opportunity for communication and social dialogue between older adults and their grandchildren. Everyone saw life differently due to covid-19. Although, the psychological pressure that older adults experienced, their social relations may be improved. This result is in line with the study performed by Usher et al. (2020) found that social distancing was necessary to reduce the spread of the disease and it should be implemented correctly to strength family tie and reduce factors that lead to increased social isolation of older adults.

With reference to the study subjects' perception of the covid-19' impact on their spirituality, the positives related mean score exceeded the negatives concerning this domain (table6). This can be interpreted by the fact that natural human beings tend to turn to prayers in a time of crisis. Unfortunately, religious places including mosques, churches, or temples were being closed. The weekly Friday prayers banned and rituals curtailed. People may turn hopeless: "Oh God, where do we go now". Getting through these testing times will require a lot of 'spiritual innovation'. Amid this situation, people are encouraged to stay back, pray from home, and pray with family members together in their homes. As well as, study subjects may have enough time to read Quraan and religious books. Also, by referring to the present study result, it was found that more than two thirds of the study subjects reported that covid-19 helped them appreciate the value of life, death and the blessings that they had (table 6). Covid-19 may have helped the community including older adults, to look at their good things (positive side) rather than focusing on the negatives. This result is supported by study done by Lucchetti et al. (2020) which revealed increased in the proportion of the elderly in praying, having spiritual conversations, thinking more about God and reading the bible book and thinking the mean of life during their experience of COVID-19. But there is a study showed that older adults perceived lower levels of spiritual well-being than the pre-pandemic situation (Coppola et al., 2021).

According to the present study result, the mean score of positive technological outcomes of covid-19 as perceived by the study subjects was greater than negative outcomes (table 6). This can be justified by that study subjects might not be accustomed to use technology in their work before retirement and did not find the reason to use it afterwards. But the pandemic has urged older adults to adopt new technologies to facilitate their tasks, as well as to provide them with an effective means against loneliness and social isolation caused by the confinement. With covid-19, they have to use it to communicate with their families or book doctors` appointments. In addition, they also may realize its importance in the education of their children and grandchildren. In the same frame Rikard et al.(2021) found that there was a statistically significant difference in older adults' ability to use technology between pre COVID-19 pandemic and during it. That means the older adults increased using the digital technology during the COVID-19 pandemic. Furthermore, Haase et al.(2021) reported that the

COVID-19 pandemic was the power of digital technology. They found that the most uses of digital technology among older adults were keeping themselves entertained watching old movies, listening to old music, doing shopping online for food and medicines, and keeping in touch with families and friends who were isolating through video call.

The Egyptian society has always been distinguished by the strength of religious scruples, its love for its religion and God, and recourse to it in times of affliction. Therefore, one of the important negatives mentioned by the study subjects was the spiritual aspect of closing mosques, churches and all places of worship. At the same time, the highest positive aspect was also the spiritual aspect among the covid-19 related positive outcomes (table 7). Where, they may found other meanings of affliction and benefited from it in general. Thus, the spiritual aspect was the strongest aspect a round which their view of corona revolved.

According to the present study result, males studied elders significantly reported higher mean scores of COVID-19 related positives in comparison to females and housewives who reported significant higher mean scores of covid-19 related negatives (table 8). This may be due to that females and housewives are considered the main caregivers of all family members, and responsible for household activities. With advancing age, they may become weaker and need assistance. With covid-19, their burdens may have increased especially the housework of disinfection and hygiene to protect their family members against the virus. These events and stressors may form their perception toward covid-19. In contrast to males studied elders, they may be relieved from certain responsibilities during covid-19 such as some of outdoor activities. This result is congruent with Griffiths et al. (2021), Rosenblum & Elimelech (2021) examined different responses toward COVID-19 between women and men, these studies showed gender differences in relation to the negative perception of COVID-19, with greater negative responses among older women than men.

The present study result indicates that perception mean score of greater negative aspects of covid-19 was significantly related with illiteracy among the study subjects. This may be

justified by the fact that study subjects with low literacy level may be subjected to inaccurate information, low health awareness, and unsatisfactory coping with stressors as covid-19. Illiteracy makes it difficult to deal with the pandemic or to take the correct action in correct time. In congruent with the present study result, Savci et al. (2021), reported that the negative aspects of COVID-19 were found to be higher among those who have low education level. In contrast, Ahorsu & Lin (2020) , found that perceived negative aspects of covid-19 associated with high level of education and it justified by that older adult with higher education made more search about the disease, its complication, deterioration and impact on older adults.

Perception mean scores of many negative impacts of covid-19 among the studied subjects significantly associated with not having current work and inadequate monthly income according to the present study result (table 8). This may be due to that those elders may have low financial resources that needed to meet covid-19 related requirement and ramifications such as treatment, nutrition, disinfectants and face masks. With referring to other finding of the present study, studied subjects reported that covid-19 mainly had greater negative consequences mean score on their financial status than positive one (table 4). This is in line with the study done by Jeehoon et al. (2020) Found the most of older adults lost their job and reported reduction in their income because of companies got into recession which leads to labor relief, also owners of companies think that older adults are risk group for easily acquired the disease then spread it to the other.

The present study result indicates that study subjects who lived alone reported higher negative impacts mean scores of covid-19 than those who lived with their family. This may be due to lack of available support for the study subjects who lived alone. During covid-19, study subjects may face multiple challenges; they may feel helpless and unable to deal with the pandemic alone that need others to support them. This result is consistent with the study done by Simard & Volicer (2020), in their study found loneliness was a serious risk that affected a significant portion of the older adults who lived alone that needed early intervention during the pandemic.

Mean scores of greater negative outcomes of covid-19 significantly perceived by the study subjects who had a history of covid-19 or other family members` acquired infection (table 8). This may be due to that study subjects who were infected with covid-19 have suffered from many severe symptoms that may leave a physiological and psychological impact on them after recovery from the disease. This experience may change their view of the disease negatively because of what they suffered during their period of disease. Perhaps the most difficult thing about this epidemic was its association with death and the feeling that death was near. There is a recent study which revealed that older adult who acquired covid-19 infection before, developed negative psychological consequences after that such as fear of getting infection again or fear of death (Sun et al., 2020).

V. Conclusion

Based on the results of the present study, it can be concluded that older adults perceived both the positives and negatives of COVID-19. For instance, the perceived positives of COVID-19 included reducing or stopping smoking, enhancing feelings of hope in life when seeing people help each other, appreciating scientists and health team members, increasing the state of faith, and the appearance of new communication tools based on technology.

In relation to the COVID-19 related negatives that had perceived by the study subjects, the present study concluded that the main reported negatives were as follows: increased dependence on others for outdoor activities; increased feelings of insecurity, sadness, and panic; few social visits and interactions; the closure of mosques and places of worship; and the inability to use new technology tools.

Although the study subjects perceived the positives and negatives of COVID-19, the reported positives perception mean scores were greater than the negatives. Also, the study subjects' perceptions of COVID-19 related consequences were related to their personal characteristics. For example, positive perspectives were significantly associated with male gender and better occupational status and monthly income. While COVID-19 related negatives were significantly associated with female gender,

illiteracy, low occupational status and inadequate monthly income. Also, study subjects who lived alone and those who had a past history of COVID-19 infection reported significantly higher negatives than others.

VI. Recommendations

Based on the results of the present study, the following recommendations are suggested:
1. Assessment and discovery of older adults' different perceptions of COVID-19 related negatives and positives should be done by gerontological nurses on a regular and continuous basis.
2. It's critical for gerontological nurses to provide extra support to study subjects who haven't been able to benefit from COVID-19 life changes in terms of seeing the positive aspects of the changes to help their coping.
3. Gerontological nurses should assist in learning from the study subjects' positive perspectives in order to improve the health of those who saw low COVID-19 gains.
4. Developing and conducting an educational program by the gerontological nurses for the health care members and older adults about the different aspects of COVID-19. The program should include appropriate strategies that help in dealing with the negatives as perceived by older adults.
5. Gerontological nurses should assist in controlling the variables that might affect the older adults' perception of COVID-19 related positives and negatives. This could help all mitigate COVID-19's and future global crises' negative impacts.

The further researches in this field could be:
1- Effect of nursing educational program related COVID-19 on the older adults' awareness and health practices.
2- Knowledge and attitude of older adults towards COVID-19 recommended vaccines.

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