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Analysis of Social and Behavioral Impacts of Covid-19 Pandemic in Community-dwelling Older Adults Screened for Insomnia

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ABSTRACT
Objectives: This study sought to understand the impacts of the COVID-19 pandemic on older adults screened for the Nursing Diagnosis Insomnia (00095).
Methods: Secondary cross-sectional data analysis from a parent study on insomnia in older adults, using Bardin (2011) content analysis. Data from 77 older adults were collected from qualitative February to May 2021 in the pandemic period.
Results: Four thematic categories emerged: (1) Physical exercises; (2) Social impacts; (3) Physical and mental health; (4) Finances. The Physical and mental health category was most representative both in negative perceptions and in positive or neutral perceptions about the pandemic. The excess of bad news generates a negative perception. On the other hand, some older adults enjoyed benefits, such as improved sleep.
Discussion: The verbalized feelings are interconnected, and these spheres of life complement each other, interfering with each other. It is suggested to produce nursing strategies for older people and studies that address nursing interventions in pandemic periods.

KEYWORDS: Aged, COVID-19, Geriatric nursing, Nursing Diagnosis, Sleep Initiation and Maintenance Disorders.

INTRODUCTION

The COVID-19 pandemic has prompted a worldwide psychological burden due to family, financial, illness, and other issues. During the pandemic, older adults were mainly affected by fear and anxiety (Parlapani et al., 2020), expressing stress-related symptoms related to job loss, decreased income, and debt that impaired psychological well-being and reduced satisfaction with life (Rodrigues et al., 2022). In this context, insomnia emerged as a health concern associated with stress and fear among vulnerable older adults (Roy et al., 2020).

Older adults represent an active part of the workforce either as solely responsible or collaborators with the home income in Brazil. Hence, many of them are breadwinners who lost their jobs as a consequence of COVID-19. Moreover, in addition to work, senior citizens contribute to household income through social security. Thus, the increase in unemployment and its financial impact on pension, may increase vulnerability, and health concerns among older populations (Neto & Menacho, 2020; Hammerschmidt & Santana, 2020).

Additionally, social isolation can be a risk factor for mental disorders in older people. The pandemic negatively affected mood, social interaction, and quality of life (Lábadi et al., 2021). Social isolation during pandemic has intensified loneliness among older adults with chronic conditions and harm mental health (Prommas et al., 2023). However, individual experience may vary. For instance, individuals accustomed to low social support, seclusion, and experiencing high levels of psychological distress before the pandemic exhibited fewer negative impacts during the isolation when compared to those used to more social engagement (Hansen et al., 2021; Polenick et al., 2021).

Thus, older adults at risk for social isolation and loneliness before the pandemic were at worse odds during the COVID-19 lockdown (Lazzari & Rabottini, 2022). Then, sleep disturbances and mood disorders became a critical geriatric nursing, particularly for older adults living alone (Parlapani et al., 2020). Recent evidence suggested an increased prevalence of sleep disorders among individuals in need of psychological support during the pandemic; and the correlation between fear of COVID-19 and sleep disorders

was higher in those living alone (Gokseven et al., 2021). During social isolation, older adults identified a higher incidence of sleep problems such as shorter sleep duration and difficulty with mobility (Machón et al., 2021). Windowed and divorceds reported insufficient sleep and feelings of loneliness during the lockdown. In addition, living alone can be associated with symptoms of stress and depression (Robb et al., 2020).

Furthermore, aging is associated with a higher incidence of sleep disruptions that are generally associated with cognitive deterioration (Winer et al., 2021; Yaremchuk, 2018). According to the *American Psychiatric Association* (APA, 2013), insomnia may cause functional, structural, and cognitive impairments associated with changes in attention, concentration, spatial perception, memory, and performance of manual skills. In this context, nurses played a crucial role in patient care by adopting proactive strategies in health education for the elderly with COVID-19 (Semerci et al., 2021). The Nursing Process (NP) is used as a working instrument to guide their practice, applying Nursing Diagnoses (ND) as a tool for clinical judgment of human response to health conditions. The ND is the foundation for accurately selecting nursing interventions to achieve results (Herdman et al., 2021). Thus, nursing care through the NP with debiased strategies is essential for maintaining or improving health and its various aspects.

This manuscript is a secondary cross-sectional analysis from the study "Nursing Diagnosis Insomnia in elderly people in a community center: Clinical validation". This study sought to understand the impacts of the COVID-19 pandemic on older adults who participated in the Nursing Diagnosis Insomnia (00095) prevalence study. Here, we explored the participants' perception of the pandemic, alongside with sociodemographic data the Diagnostic Indicators from ND Insomnia. Thus, this study aims to investigate the elderly's perception of their lives during the COVID-19 pandemic.

METHODS

A. Design

A secondary cross-sectional analysis using Bardin's Content Analysis (2011). The study was approved by the Institutional Review Board for Ethics in Research at the Federal University of the State of Rio de Janeiro (UNIRIO), declaration number [details omitted for double-anonymized peer review], guided by the Resolution 466/2012 and 510/2016 from the National Counsel of Health Plenary (CNS) for research with human subjects, respecting the "Orientation for Remote or Virtual Research Procedures".

The study followed the Standards for Reporting Qualitative Research (SRQR) guideline (O'Brien et al., 2014).

B. Sample, Setting and Recruitment

The sample was composed of male and female older adults aged 60 years or older at the time of sampling, enrolled in the program "Promotion of health and quality of life for the aged individuals", at the Federal University, in Rio de Janeiro – Brazil. This community-based program promotes physical, social, and intellectual activities for approximately 200 participants. Ninety older adults agreed to participate in the study. Individuals who did not answer the calls, did not wish to participate, or did not meet the inclusion criteria were excluded.

Due to social distancing and respecting the contingency plan to control COVID-19, data collection was conducted remotely via telephone calls. Phone calls and the interview audio recorded started with informed verbal consent followed by the interviews. The researcher sought to respect the interviewee's response time, establishing comfortable interactions, and emphasizing that participation was voluntary. A recording system via mobile app and a protected cloud storage to keep de-identified interviews according to the applicable standards to research in Human and Social Sciences for protection of subjects in research were used.

Data were derived from master thesis "Nursing Diagnosis Insomnia in community-dwelling older adults in a community center: Clinical validation", that is a clinical accuracy study about diagnostic indicators - defining characteristics (DC) and related factors (RF) - from ND Insomnia, present in NANDA-I 2021-2023. This research, with cross-sectional study design, sought the clinical validation of mentioned ND among geriatric population in Brazil. Data were collected between February to May 2021.

C. Inclusion and exclusion criteria

The sample consisted of individuals: (1) aged 60 years and older; (2) registered the Interdisciplinary Program; (3) had access to a telephone and/or cell phone. Participants were screened over the phone with the instruments Word Evocation Test (WET) and Instrumental Activities of Daily Living Scale (IADL) and were considered eligible when: (4) mentioned (at least) 12 animals, with a maximum of 1 repetition in the WET; (5) scores between 15 to 21 points on the IADL. In Brazil, the older individuals are aged over 60 years old (Brazil, 2019).

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Individuals were ineligible if they: (1) were hospitalized; (2) exhibited hearing impairment that affected assessment during phone calls; (3) demonstrated cognitive impairment during telephone conversations; (4) were previously diagnosed with cognitive and hearing deficit during nursing appointments held at the Community Center.

D. Data Collection

The interviews were conducted from February to May 2021. Phone calls were scheduled according to participant's preferences and interviews lasted for approximately 60 minutes. Interviews were transcribed into a *Google Forms* online and an Excel file was generated for qualitative analysis. Participants were encouraged to describe their perceptions of social and behavioral impacts of the pandemic with reflection on potentially relevant life issues. The researcher sought to promote a positive relationship with the elderly throughout the interview through active listening and keeping a calming tone as needed. Participants would be referrer for in-person assistance if a serious health-concern or severe insomnia was observed during the data collection, however, no health-related problem demanding immediate intervention was identified during the interviews.

E. Data Analysis

Sociodemographic characteristics were analyzed with R programming language statistical software - version 4.0.2. Data analysis was performed according to Bardin (2011) and entailed the steps: (1) Pre-analysis, (2) Material Exploration, and (3) Inference and Interpretation. Each step is described in detail as follows:

(i) 1) Pre-analysis

Verbatim transcription started after each interview, followed by analysis, selection, and interpretation of findings. Records were listened more than once to ensure accuracy and reliability during interpretation (Adam, 2016). Afterwards, the hypothesis and objective were formulated using text clippings from the analysis. Finally, the content was organized to systematize the initial ideas (Bardin, 2011). A qualitative analysis took place simultaneously with the transcription. The analysis was enriched by the evaluation of emotional state observed during the interview, including tone of voice, pauses and laughter in response to each question.

(i) 2) Material Exploration

Two hundred and eight Registry Units (RU) emerged from the data. The RU are words and terms referring the pandemic including "pandemic", "epidemic", "COVID", "this situation", "this disease". After this analysis, 19 Units of Meaning emerged, that is, the DC and RF, and a color coding was created to classify each category after the pre-analysis. The transcripts were organized according to the DC or RF related to the RU identified, for better data treatment, thus showing the level of significance of these diagnostic indicators in face of the responses related to COVID-19. Transcripts unrelated to RU, that is, ones that did not mention the pandemic, were excluded.

(i) ***3) Inference and Interpretation***

Transcripts were transcribed observing all the elements that constituted the corpus of the analysis to ensure accuracy during interpretation. After processing of the results, inference and reflective analysis were performed from the grouping of signification units. Later, four thematic axes emerged ensuing four categories: Physical exercises; Social impacts; Physical and Mental health; Finances.

RESULTS

A. Sociodemographic Data

The sample comprised predominantly female (85%) participants, age distribution 63-92, with a mean age of 77.5 years ± 20.5, with high school education level (30.5%), widowed (41.8%), with children (65%), who lived alone or with 1 person (66.6%), and retired (86%).

B. Response to the pandemic

Seventy-seven participants (85,6%) expressed a negative, positive, or neutral perception of the pandemic, in relation to themselves, their relatives and society.

C. Thematic Categories

Table 1 shows the thematic categories, diagnostic indicators of the ND Insomnia and speeches that approach the losses and harms brought about by the pandemic, in the lives of the participants themselves or their families.

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Table 1. Diagnostic Indicators and their negative and harms perceptions.

Diagnostic Indicators	Dialogues and participants code
Category: **Physical exercises**	
DC: Impaired health status	"It got a little worse. 'Why? Because my week (schedule) was totally taken away. I didn't have time (before the pandemic.) I'd sew, go to the computer, find out something to do (during the pandemic). It was like this, I wasn't lazy. But just now, with this pandemic there, gee, everything that comes from the street, you have to wash, ok? Then I do it at home, but it's not the same as having that commitment and doing it." (P61).
DC: Increased absenteeism	"I used to go for a walk and now I can't go anymore" (P137)
RF: Average daily physical activity is less than recommended for age and gender	"Oh, the (ability to do) exercises decreased a lot! Now I'm not going out for a walk down the street. So, I'm walking a lot less and for less time too, because I used to do 50 minutes every day. Now, I can't! I do 30 minutes, and it's not every day" (P183)
Category: **Social impacts**	
DC: Increased absenteeism	"Activities outside of the house, I'm totally away, because, first, I was working on a church in Rio de Janeiro. This year I haven't been there once. Why? (Because the Church) 'doesn't make adjustments for older people. Everything (has changed) ... you better stay indoors, so you don't have to worry.'" (P171).
DC: Altered mood	"I'm not in the cool mood, no, because I'm not doing what I used to do before. I can't do anything! I'm feeling useless, because of the pandemic, do you understand? I used to go dancing, Zumba classes... I had a normal life. (The pandemic) interfered a lot with my life and mainly because I don't see the people in my group, the way I used to do" (P05).
DC: Altered affect	"We can't hug and kiss people anymore, we can't hang out with people like before. It seems that life has stopped" (P195)
RF: Stressors	"I was feeling really bad because I was using the internet a lot, which has a little bit of everything a little, and has a lot about COVID. And I watched a lot of TV too. So, I stopped and now I'm feeling better. Watching the news kills us. We feel half-dead! "(P153).
RF: Discomfort	"I (get distressed) with these bad news, because it affects me. But I'm trying to get better with time, because we can't run away from these things"(P05)
Category: **Physical and mental health**	
DC: Expresses dissatisfaction with quality of life	"Being trapped indoors, that's punishment. I used to do a lot of cool things; you know. So, I'm not happy with this. I really miss doing things out of the house. When's this going to end? So, it messes up with us a little bit" (P134).
DC: Expresses forgetfulness	"I'm forgetful! I have sewing to do but right now I can't. I got eye surgery right before this terrible pandemic and now it's hard to get a doctor appointment for my follow up and there's not a lot of treatments right now..." (P150).
DC: Altered attention	"I've been feeling like I don't pay as much attention as I did before. This has happened to me a lot during the pandemic, with all the things that are happening (the pandemic). It is already bad. So, I believe it (the pandemic) makes me more unfocused" (P161).
RF: Obesity	"A lot! I am SO overweight. And with COVID, I had to take too much corticosteroid! So, no changes as much as I try... I'm eating rice, vegetables, but still nothing happened" (P26).
RF: Anxiety	"I'm now having anxiety with these little problems of politics, anxiety with treatments (for COVID) that we see on TV. Actually, anyone who is not anxious about this pandemic, is crazy." (P22).
RF: Consumption of sugar-sweetened beverages	"I'm eating more sweet foods, yeah. Because I'm for more time at home. We get more gluttonous staying at home" (P179).

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RF: Low psychological resilience	"The answer to this question depends of the circumstance. For example, I'm elderly and I've already lost a lot of relatives. I'll be sad and feel strongly about anything that I'll lose in future. (In the current pandemic) you are lonely and more isolated. There's (nobody around) for conversations, you don't exchange experiences and don't receive knowledge by other people"(P32)
Category: **Finances**	
DC: Expresses dissatisfaction with quality of life	"It could be better, you know! The pandemic is making the whole world disoriented. I'm retired, I get one retirement salary, but I continued to work. With only one salary, I get a discount from a personal loan, the salary is cut short, it gets very, very complicated (financially). Now, I have nowhere to make extra money to complement my income" (P155).
RF: Depressive symptoms	"So, I'd like to be active on something. Even working for god's sake! I've always worked, so... The slightest thing, a small little thing would be better, because now I feel useless. I used to sell jewelry, but I can't do it anymore! Anything would be good, so that I could be out and about outside of this house!" (P193).
RF: Fear	"Yes, in a certain way. but the way things are right now, nobody can say that they don't have it… fear of the pandemic and of lack of money. I'm sad because I have a niece with serious financial problems, and I would like to help her" (P192).
RF: Discomfort	"I think about the pandemic, right, because everyone gets unemployed, then its worrisome" (P189).
RF: Stressors	"The pandemic is annoying me. I could be doing some laundry service (to have extra money). But in pandemic, there's no way that I can do that" (P161).

Notes: DC = Defining characteristic, RF = Related factor

Some participants experienced positive changes, such as improved sleep caused by the silence due the absence of parties and other loud noises in their neighborhoods, characterizing a positive or neutral perception about COVID-19. From the participant's point of view, the social isolation imposed as a measure of virological control did not bring harm or damage to their routine or feelings (Table 2).

Table 2. Diagnostic Indicators and their positive or neutral perceptions.

Diagnostic Indicators	Dialogues and participants code
Category: **Physical exercises**	
RF: Average daily physical activity is less than recommended for age and gender	"I'm lazy... I was doing Pilates, so I took it and left, then I was walking, and I don't do it anymore because of laziness. Lazy because I don't like to wake up too early. But it's not about the pandemic, no. This was from before" (P166)
Category: **Social impacts**	
RF: Environmental disturbances	"Well... there was a time here when there was funk dancing. But the noise was so loud that my window shuddered. Then I'd say, "my god in heaven, but isn't anyone going to complain about this?" Thank God it stopped, and with the pandemic there hasn't been either. But it was too strong. My cousin said 'wow, I almost didn't sleep" (P129).
RF: Anxiety	*"*II had (anxiety) right at the beginning of the pandemic but thank god later I followed the normal pace. I was always, like, worried, and I also don't like to watch a lot of news on TV, a lot of things, no. Then later I calmed down. (In the beginning) We got a little anxious, right? But then I moved on*"* (P20)

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Category: **Physical and mental health**	
DC: Increased absenteeism	"I'm not talking about the pandemic. I like to go out, but I don't have a car. So, I can't do a lot of things (by walking) because the pain in my knee. But sometimes I go out despite the pain. But it's not because of the pandemic. I do everything I did before" (P107)
DC: Expresses need for frequent naps during the day	"I have always been this sleepy since I was 19. It's always been like this. It's not because of the pandemic, no. I'm the same" (P94)
DC: Expresses dissatisfaction with quality of life	"I'm always happy, thanks God. I have nothing to complain about. But I'm satisfied (with life) at this time. I am healthy, which is the most important thing, and God is there "holding" us not to "fall" in this pandemic" (P68)
DC: Expresses dissatisfaction with quality of life	"The pandemic brought a lot of bad stuff, didn't it? But on the one hand, it has taught us a lot. There's nothing much to do, it's like we are arrested. I think, for me, [the lockdown] 'opened' a door, because I see 'ah, this can be turned into something else from home. With that, you work your mindset in a positive direction"(P37).
DC: Insufficient physical endurance	"I have places to go (in the house), I have everything to do, but I don't feel like doing it. I have varicose veins that's been hurting a lot after I walk around the house. It's not the pandemic, there's room here. It's the pain of the legs even" (P32).
DC: Impaired health status	""This tiredness doesn't have relation with the pandemic. I don't know if my hormones changed in anything..." (P194)
DC: Altered Mood	"I laugh at myself. I don't like to deal with grumpy people, please God! I don't want to that on my life. Life is beautiful and wonderful; I don't want to ruin it with bad mood. It's not worthy to be moody, not even during the pandemic" (P170)
RF: Fear	"When I had COVID, I was afraid. I had to get it, I trusted him (God), it wasn't that bad. I'm not afraid anymore" (P17)
RF: Depressive symptoms	"Sometimes I feel useless because I can't help a lot of people. But it's not about the pandemic. It's the things... I can't even tell you" (P190)

Note. DC = Defining characteristic; RF = Related factor.

D. Diagnostic Indicators

Nine DC (figure 1) were representative among the statements in individual and family's lives as a result about by the pandemic, whether positive, neutral, or negative.

Figure 1. Representative DCs

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Ten RF (figure 2) were representative among the statements about by the pandemic, whether in the lives of the elderly themselves or their families, whether positive, neutral, or negative.

Figure 2. Representative RFs

DISCUSSION

1. Behavioral and physiological consequences

This study sought to understand the impacts of the COVID-19 pandemic on older adults diagnosed screened for ND Insomnia (00095) assisted by an interdisciplinary program in Rio de Janeiro. We identified beliefs, attitudes, thoughts, and feelings in response to COVID-19 pandemic. Results showed both positive, neutral, and negative reactions. There were still statements that showed uncertainty regarding what the individual was feeling, thus evidencing the complexity with which the pandemic affects a society. In addition to the sentimental scope, results indicated reduced physical activity outdoors that was tentatively compensated by a home exercise, in addition to online activities; financial crises, changing habits, in addition to faith.

Consequently, social distancing and "stay-at-home" mandates had imposed changes in schedules for older adults that lead to negative feelings during the pandemic. For instance, a study by Ng et al (2023) concluded that older adults who consume media frequently are at a high risk for declining mental health, negative COVID-19 news evoke negative feelings such as unhappiness. However, when they read positive news, they seemed to have a strong positivity bias for COVID-19 news, reporting feeling happy. Regarding the present study, many of the participants were independent and were living alone, which can heighten the feeling of loneliness. Other participants experience grief and had their loneliness experience emphasized by the death of family members due COVID-19.

A study on preventive perception and behavior demonstrated that participants who perceived social distancing an effective measure to reduce community transmission of COVID-19 were more likely to follow mitigation guidelines (Fuji et al., 2021). This perception may not be present in the older people who did not have their lives changed by the pandemic, that is, who leave their home to perform dispensable activities. In other words, it is possible that there is less tendency to adopt preventive behavior in relation to the contamination and dissemination of the COVID-19 virus. The feeling of belonging is altered by social distancing as evidenced by the participants.

Other physiological signs not investigated in this study may have been affected such as blood pressure and blood glucose level. In addition, the elderly participate in various activities of physical and cognitive scope in the mentioned community center, are active and many assume all the commitments of their lives and even live alone. For Tsapanou et al. (2021), the abrupt interruption of activities and routine for those who are active shows that it had a great physical and psychological effect. Also, regarding the routine of active individuals, Marashi et al. (2021) highlight that participants joined in-person recreational and physical activities at the community center before the pandemic. COVID-19 restrictions placed the program on hold, limiting the access to in-person

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activities. Decreased physical activity during the pandemic was correlated to worse mental health outcomes in previous studies. Psychological support may help people to maintain their activities even in stressful periods such as the pandemic.

Furthermore, themes regarding illness, death or personal experiences are present, which can evoke disturbing emotions in the interviewee. According to Johnco et al. (2021), many older people show negative feelings, such as sadness or discomfort when commenting on something. Symptoms of physical and mental impairment such as anxiety, periods of forgetfulness and weight change, and probably psychological, are present in the reports of the elderly. These feelings are intensified by the phenomenon of a hidden epidemic of "information" turning the COVID-19 pandemic into a "digital infodemic", associated with increased digitization, repeated newscasts addresses referring to death statistics, contamination and unemployment can lead to chronic stress and moments of emotional crisis (Banerjee & Meena, 2021). Participants (Table 1) evidenced such phenomenon in the **Social impacts** category.

Besides this, depression increased throughout the lockdown, suggesting that active, healthy older adults need mental health support during this time. Well-being is lower compared to the pre-pandemic period (Richardson et al, 2021). The speeches corroborate the study by Portegijs et al. (2021) when reporting that in the pre-COVID-19 phase, older adults performed various activities and, during the pandemic, the number of destinations decreased sharply and were located closer to home, limiting themselves to activities necessary for daily life, like trips to the marketplace.

Public health was directly impacted in 2020. The pandemic, emergency care for symptomatic patients and the lack of medication revealed in March 2021 in Brazil, postponed and canceled surgeries considered elective, in addition to routine consultations (Jaenisch et al., 2021). It was also observed the anguish in relation to the suspended health treatments, or that had already started and were interrupted. The participants referred to this scenario not only in the public health system, but in the private system, where some are privileged to attend.

In addition to the troubles mentioned, the pandemic intensified the period of economic stagnation that Brazil had been going through. Household consumption and industrial production declined and, to this, is added the increase in the unemployment rate (Sott, Bender & Baum, 2022). The Brazilian government created an income transfer program aimed at a portion of the population, but it does not cover all people. Furthermore, the closing of businesses and leisure areas, and the negative news reported daily, brought up social issues such as the lack of relationships with people and previously routine commitments. These affirmations are corroborated in the **Finances** category, in which the feelings presented in the speeches are interconnected, and these spheres of life complement each other, interfering with each other. For example, the lack of extra income affects mood and causes concerns, as well as social isolation generates anguish for not being able to perform physical activities, which can lead to weight gain. Thus, we understand that there is a continuous connection between the perceptions perpetrated.

On the other hand, during the calls, some interviewees expressed happiness for receiving the call, and were happy that the research was part of the community center; this place that the volunteers said they missed (Table 2). Pleasant moments due to confinement were evidenced in the study by Pandey et al. (2021). Resilience emerges from experiences that make individuals thrive and adapt in times of stress and adversity (Lapum et al., 2021). Thus, such adaptive capacity can make individuals stronger when facing problems. Such information corroborates the study by Azuma et al. (2021) in which they observed an increase in happiness, and that, despite the negative effects of the pandemic, positive feelings are present. The tranquility regarding the consequences of the pandemic may be related to the lack of need to go out to work or study, which are mostly functions of young people, as observed by Mao et al. (2021).

Some statements highlighted moments of resilience and a positive perception of the pandemic (Table 2). Resilience was present, and it is possible to learn from the moment. This corroborated the study by Riehm et al. (2021), who found that older adults were more likely to have resilience compared to adults living below of the poverty line. Social support professionals are necessary to aid services in adapted formats, including the fact that health services cannot always provide the same quality during this period (Mao et al., 2021). In addition, we need to reflect on how social relations, new forms of behavior and individual perspectives will be; and how public education and health policies will be present in the future scenario. In addition, a new vision is probably being shaped about the normality of human coexistence.

Physical and mental health category was most representative both in negative perceptions (Table 1) and in positive or neutral perceptions (Table 2) about the pandemic. The Finances category was not represented in positive or neutral statements (Table 2). One participant reported that her niece has been working a lot at the time of the pandemic, which may be beneficial to the niece

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in financial terms, but there was no report that this fact benefited the participant. The absence of representation in the Finances category corroborates the global crisis, which stagnated the macroeconomic dynamic, increased unemployment and compromised consumption, which harmed several sectors (Ke & Hsiao, 2021), thus evidencing the lack of positive perspectives regarding financial aspect.

The DC "Expresses dissatisfaction with quality of life" and the RF "Average daily physical activity is less than recommended for age and gender", “Stressors”, “Discomfort”, “Anxiety”, “Fear”, and “Depressive symptoms” were most representative (Table 1 and Table 2). The interviews show that ND Insomnia can serve as a framework for identifying several clinical indicators related to health and disease processes. Older adults and individuals from economic disadvantaged backgrounds, as characterized in our sample, have a higher risk of insomnia.

1. Limitations of the study

An important limitation was the handling of the cell phone and the WhatsApp® dialog application by the older adults, who cannot even enjoy the activities provided by the mentioned community center. Some participants needed help from a family member during the cell phone interview. This fact can inhibit their speech, thoughts, and opinions, including about their relatives. Reactions, expressed by facial movements, help researcher in understanding the respondent's feelings; something that is not possible during a distance interview. Thus, we tried let the participant fell free yourself to choose the most relevant moment for an interview, in addition to offering the opportunity to speak on the home phone if that was their option. But it is noteworthy that, according to Due et al. (2021) and Martos-Pérez et al. (2021), in future pandemics, telephone and video consultations are likely to be valuable.

A second limitation was the difficulty of the older adults in understanding the questions, even if they were simple and related to their routine. Occasionally the question was asked more than 1 time and with the addition of examples to clarify the question. However, even using these artifice, it was not known to what extent the participants understood the issues. In this sense, cognitive difficulties are common symptoms in the geriatric population, where impairment of attention, executive function, learning and memory, perceptual-motor function and social cognition may be present (Seraji-Bzorgzad et al., 2019).

Lastly, this was a secondary prospective study. While it, presents a greater wealth of information and less potential confounding factor compared to the retrospective one (Sironi et al., 2020) which may lead to a recall bias. However, we believe that this study did not suffer from a memory bias since the questions were about the current moment, although some recall past moments.

CLINICAL IMPLICATIONS

Such results can serve as a support to the production of strategies aimed at the geriatric group, which becomes more vulnerable in this pandemic and in future political and health crises. With this study, it is expected to encourage the scientific community to formulate social projects aimed at the older adult in a situation of deprivation, as occurs in this pandemic. This reflection is particularly important in countries where poverty and hunger have increased due to the pandemic and the older adults financially help their unemployed sons, such as in Brazil. It is also expected that the analyzes will contribute to research on how the older adults experience times of pandemic and social isolation, with interventions by health professionals to develop adequate coping strategies.

For research by gerontological nurses, it is suggested to seek to understand the sequelae in the older adult who have experienced the current pandemic, evaluating the degrees of dependence that affect them or will affect them. The study presents a proposal for investigating the perception of the in community-dwelling older people about living with the COVID-19 pandemic, highlighting the need to pay attention to the various aspects present in the participant's profile. In this sense, the implementation of the NP is important in the clinical practice of nurses in gerontology, where the implementation of nursing care through taxonomies that subsidize interventions in the bio-psycho-social spheres.

CONCLUSIONS

The study investigated older adults' perception of social and behavioral impacts of the COVID-19 pandemic. The ND Insomnia diagnostic indicators subsidized the secondary, cross- analysis in this study and provided insights about different ways in which it affected the older adult. Four categories emerged from the analysis: Physical exercises, Social impacts, Physical and Mental

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health, and Finances. Our findings are relevant for how to support older adults and their family's health and well-being, in order to mitigate the consequences of the pandemic until the moment. The importance of health policies for the prevention of situations perceived in this pandemic is also highlighted, as potential aggravating factors for the older adult, even if not institutionalized, such as the feeling of loneliness and anguish for not being able to support their close relatives.

Our findings suggest that coping strategies to improve physical and mental health, as well as attention to financial aspects are important for geriatric population amidst the pandemic. Thus, the study can contribute to the nurse's guidance in understanding and investigation of consequences that affected health conditions during a pandemic. Nurses should promote alternatives to preserve the physical and mental health of elder individuals amidst the pandemic, respecting their freedom and dignity, during social isolation. Thus, this study highlights the importance of conducting research to strengthen evidences, and demonstrates the need to organize strategies in the creation of a regional and national coalition to fulfill the legal precepts of the older adult with regard to human rights in relation to respecting, promoting and protecting the rights among older people, in addition to rethinking prevention strategies for future situations of social isolation.

ETHICS STATEMENT

This project was submitted to the Research Ethics Committee (CEP) from a Federal University from Brazil, via Plataforma Brasil website, which is a national and unified database for research with human subjects. The project and all data collection were approved in December 2020, under Opinion Consubstantiated number: 4.453.726 in first analysis, with no pending issues. Besides this, approval and authorization for research signed by the Ethics Committee and Coordinator of the Promotion of Health and Quality of Life for the Older Adult interdisciplinary Program where recruitment occurred.

At the beginning of the phone call, the Free and Informed Commitment Term (TCLE) was read. The consent and recording of the phone calls were verbally granted on this call and the consent form was sent via email, WhatsApp messaging app or home address. The virtual research was conducted in accordance with the principles of the National Research Ethics Commission (CONEP). The respondent chose how he wanted to receive the consent form, and some did not insist on receiving it.

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