

Fear and its Effects on the Quality of Life of Older Adults during the Covid-19 Pandemic Treated in a Basic Hospital in the Province of El Oro

Licenia Vanessa Becerra-Cruz¹, Isabel Cristina Mesa-Cano^{1,2},
Andrés Alexis Ramírez-Coronel^{1,2,3}

¹Master's Degree in Postgraduate Care Management of the Catholic University of Cuenca, Ecuador.

²Nursing Career of the Catholic University of Cuenca, Ecuador.

³Laboratory of Psychometry, Comparative Psychology and Ethology of the Center for Research, Innovation and Technology Transfer (CIITT) of the Catholic University of Cuenca, Ecuador.

*Correspondence: Mesa Cano Isabel Cristina

Affiliation: Master in Postgraduate Care Management, Universidad Católica de Cuenca, Ecuador.

Abstract: The appearance of COVID-19 and the way it is infected has exacerbated fear in the elderly population, affecting their quality of life. Objective to analyze the effects of fear on the quality of life of adults during the Covid-19 pandemic treated in a Basic Hospital of the Province of El Oro. Methodology: a quantitative, non-experimental, descriptive cross-sectional study was carried out. The sample was 131 older adults, the Fear of COVID-19 Scale -FCV-19S instruments and the WHOQOL scale were applied. The data were analyzed in the SPSS v.26 program. Results: allowed the development of an educational program with strategies for coping with fear to improve the quality of life. Conclusions: the population is between 65 to 70 years of age, whose predominant sex is female, when applying the Fear of COVID-19 Scale -FCV-19S, 82.82% said they were afraid, when applying the WHOQOL scale 43.2 % presented alterations in the physical, psychological, social relationships and environment, so the quality of life has been detrimental, with a positive correlation of $r = 0.787$ with positive values, which indicates that the variables increase or decrease over time since it is significant at the 0.01 level.

Keywords:-Afraid; Adults; Lifetime; Pandemic; Covid-19.

I. INTRODUCTION

Undoubtedly, the general population has been affected, but with greater incidence and affection the elderly by the appearance, expansion and declaration of the disease produced by a new strain of coronavirus appeared in December 2019, which was declared a Pandemic on March 11, 2020, a disease that initially infected thousands of the inhabitants of Wuhan, a city belonging to the province of Hubei, in the largest country of the Asian continent as is the People's Republic of China, which began with an epidemic outbreak, linked to the wholesale market of that city, its rapid spread gave rise to the current pandemic that has affected more than 150 countries worldwide, reporting to

date more than 9 million cases by virus infection and for which about 800,000 people have lost their lives, according to official reports from the World Health Organization (1).

For these reasons, infection with the virus causing COVID-19 is confirmed by the presence of viral RNA detected by molecular tests, usually the Reverse Transcriptase Polymerase Chain Reverse Transcriptase (RT-PCR) test (2). Similarly, the detection of viral RNA does not necessarily mean that a person is infected and can transmit the virus to another person since factors that determine the risk of transmission include the fact that a virus may still be able to replicate, that the patient may have symptoms such as cough, which can spread infectious droplets, and behavioral and environmental factors associated with the infected person (3). In general, five to 10 days after infection with SARS-CoV-2, the infected person gradually begins to produce neutralizing antibodies, and the binding of these neutralizing antibodies to the virus is expected to reduce the risk of disease transmission (4,5).

In that sense, due to the spread of the COVID-19 disease, also known as SARS-CoV2 responsible for severe acute respiratory syndrome, where the first cases of Covid-19 in Europe were reported in countries such as France, Germany, Italy, Spain and the United Kingdom, among others, until last year, the number of infected people in the world already reached one million, doubling a few days later. Once the global coronavirus pandemic was declared, a state of alarm was generated in the different states of government throughout the territories worldwide, as a strategy that sought to curb the spread of the coronavirus and the health emergency that arose, which was being spread in all continents and countries of the world, a strategy that also aimed at mandatory confinement, permanent use of masks, hand washing, social distancing and even economic measures that generated large economic losses, unemployment, shortages and the collapse of health services (6).

Likewise, many of the affected countries adopted as a strategy the measures of social confinement to avoid massive contagion, generating social isolation, loneliness, stress, anxiety and other adverse psychological symptoms for the physical and mental health of the elderly, educating about the symptoms caused by the virus in humans, which include fever, fatigue, dry cough, myalgia and dyspnea, which can occur in the period of 2 to 14 days (7,8).

Despite these measures, the number of infections and deaths due to Covid-19 increased exponentially in Italy, Spain and the United Kingdom, which were news for the media and social networks, where all kinds of news and speculations about the new coronavirus circulated generating phobia crown, since according to official reports from the WHO, the most affected are the elderly, where the mortality rate grows exponentially from 65 years of age, the most affected are the elderly, where the mortality rate grows exponentially from 65 years of age onwards, with older adults with cardiovascular diseases, diabetes, arterial hypertension, cancer, chronic respiratory diseases and autoimmune diseases being the most vulnerable group (1,9).

On the other hand, in Ecuador the first reported case of Covid-19 was presented on February 14, 2020, and it turned out to be an imported case, due to the arrival in the country of a national coming from the city of Madrid, Spain, who subsequently presented the characteristic signs and symptoms of the disease, but it was not until February 29 when the Ministry of Public Health announced the first confirmed case of Covid-19 in this country. Soon after, provinces such as Pichincha, Guayas, El Oro, among others, began to present high rates of confirmed cases of Covid-19 (4).

It is worth mentioning that as the days went by, this disease spread throughout the country causing more than 45,000 cases and more than 4,000 deaths. This disease brought with it adversities never before faced, such as economic collapse, collapse of the public health system, lifestyle changes, confinement, development of new ways of subsistence and, even worse, possible psychological effects resulting from the impact of the pandemic. The impact of the pandemic is mostly negative due directly to the restrictive conditions to which older adults are subjected, as well as to the characteristics of the pandemic and the myriad of risk factors associated with confinement coupled with high psychosocial stress due to events that threaten the health and lives of people in general, in addition to worries, fear and anxiety (6).

For these reasons, the Ecuadorian government has taken decisive measures at all levels of the economy, education, health and society of the nation, affecting abruptly and irreversibly in the short or medium term the quality of life of people, especially the elderly with associated comorbidities, adding one more element to the pandemic, which is reflected in the psychological sphere of the elderly, This is the fear of the imminent threat of the disease and in the worst cases even the threat of death, which is unprecedented, bringing as a consequence changes

in the life and work styles of all sectors of the global economy and of the society where the population referred to in this study is immersed (17,19).

Thus, older adults express a spectrum of feelings through their lived experience, ranging from fear of contracting and spreading the virus to anger, conflict, frustration, and anxiety that causes them to isolate themselves, and lack effective coping strategies in the face of the covid-19 pandemic (9).

Worldwide, according to a WHO study, the pandemic is causing a 60% increase in the demand for mental health services in adults with different pathologies (1).

In addition to the above, it is important to mention the fragility of older adults who, due to the course of life and natural aging and the biological changes suffered, have a weakened immune system, a decrease in cellular and functional regeneration capabilities, in addition to the health problems that may be due to aging itself, the threat of contracting the infection by the virus causing COVID-19, has drastically generated changes in their emotional and psychological state, which has developed in them the fear of suffering the disease, as well as being subjected to constant stress, which can be said to be lasting or chronic, since the disease has been present for a little more than a year (10).

In addition, the chronically ill and dependent elderly are a particularly vulnerable group with a poor prognosis in relation to COVID-19, and are a priority population for confinement and social distancing initiatives to prevent SARS-CoV-2 infection, although there is still no scientific evidence as to the best interventions for these pandemic and post-coronavirus times (11,12). These measures may include activities aimed at coping and reducing fear, such as the promotion of physical activity or cognitive stimulation, health education, encouragement of reading and spending time, as well as emerging social prescription measures for loneliness and emotional distress (13).

It should be emphasized that fear is a determining factor for health, even more so in adults with different types of diseases, the fear that a young relative or one without comorbidities may acquire the virus and that the most vulnerable are those affected, generates anguish, uneasiness, restlessness and even sleep and rest disorders in older adults (14,10,15).

Psychological distress is widespread among the population; many older adults are distressed by the immediate health effects of the virus and the consequences of physical isolation, so the vast majority are afraid of becoming infected, dying and/or losing family members, friends and loved ones as a result of COVID-19 (16).

In that sense, the covid-19 disease causes severe acute respiratory syndrome in humans, as well as psychological disorders that lead to social isolation, since through observations and the survey conducted it was found that most older adults report being afraid of contracting the

coronavirus infection. Also, according to the exploration carried out, older adults feel isolated from their family and social group, stress and even difficulty in falling asleep due to the prevention policies used during quarantine and the mandatory confinement to which they are subjected (11,12).

Undoubtedly, the fear generated by the coronavirus pandemic in the population of older adults has led to the development of changes not only psychological, but also in their lifestyle, so it is also important to study as another line of research the quality of life of this population in times of pandemic (25).

Now, quality of life has been conceptualized and defined in multiple ways and in different areas of knowledge with disciplinary competence on the subject; one of the most widely accepted definitions is the one that defines quality of life as the perception that the individual has of his position in life, in the cultural context and values in which he lives and in relation to his goals, expectations, standards, and concerns (17).

Quality of life has elements that make it difficult to approach it in a real way, since there is a subjective approach, i.e. the perception of the state or situation that is not observable, which is acquired directly from individuals in terms of satisfaction, where different aspects converge such as social life, health status, housing adequacy, economic situation, among others; at the same time, the objective approach is present, which is focused on the assessment of the living situation, with respect to the indicators that in turn show the accessibility to services, among which are mentioned the level of education, home conditions and access to health services (18).

In other words, the quality of life of older adults should correspond to a satisfactory life, with subjective and psychological well-being, personal development and various representations of what constitutes a good life, but there are also other factors that influence the quality of life of the elderly, such as age, education, chronic diseases, mental health and sleep quality (19). At present, the quality of life is being affected due to the pandemic po covid-19 which in Ecuador has left thousands of elderly people dead, a fact that highlights the uncertainty, restlessness, psychological and biological disorders in older adults (18,19).

It is therefore necessary to know and intervene in all the factors that are determinants of quality of life, such as subjective health, autonomy, physical activity, social satisfaction, social support, life satisfaction, income level, physical health, social services available, cultural resources, quality of housing, among others. Therefore, health interventions aimed at the population for self-care purposes suggest that good programs are those that are well focused and targeted to specific groups, and are able to adapt to their needs, since they are generally more effective those that have interventions of multiple categories, those that allocate resources over the long term and those that involve all stakeholders (20).

Currently, the covid-19 disease has generated different reactions from the economic, social, health and even psychological point of view in all areas and people of society, but nevertheless, it is the elderly who represent the highest incidence rate of morbidity and mortality worldwide, especially in those who have an underlying chronic, degenerative, immunological and even metabolic disease that makes them prone to become infected more easily and to present much more serious complications than the rest of the people (10).

On the other hand, taking into account mainly the psychosocial sphere of older adults, the present research study is based on the fact of analyzing the factors associated with fear in older adults with comorbidities during the pandemic, since several studies have shown the importance of addressing mental health in times of pandemic, where symptoms of psychological origin are manifested in different ways, such as stress, anxiety, fear, social isolation and even characteristic signs of post-traumatic stress (12,16,17).

In that sense, the relationship that maintains the morbidity and mortality of COVID-19 triggers damages in the individual; such as fear in different vulnerable groups, psychosocial challenges such as stigmatization, discrimination and loss (17). Therefore, fear can increase so that people may not think clearly and rationally in the face of the pandemic. However, the psychosocial aspect has not been thoroughly considered, and the lack of experimental studies in our country is one reason why the current treatment of COVID-19 pays little attention to fear in the face of the pandemic (21).

Therefore, from the practical and methodological support, a survey will be developed to be applied to older adults with comorbidities who are treated at Hospital Santa Teresita through the application of the COVID-19 Fear Scale (FCV-19S), whose result will allow the elaboration of an educational instructive to provide coping strategies to older adults with comorbidities in times of pandemic, in order to facilitate public health initiatives to dispel their fears.

In this sense, the research questions that contribute to the successful development of the study were established, where the following questions were formulated:

How is fear and its effects on the quality of life of older adults during the Covid-19 pandemic attended in a basic hospital in the province of El Oro?

What are fear, quality of life and sociodemographic characteristics in older adults during the COVID 19 pandemic attended in a basic hospital in the province of El Oro?

How is the relationship of fear, quality of life and sociodemographic characteristics of older adults during the Covid-19 pandemic attended in a Basic Hospital in the Province of El Oro?

Will an educational program with coping strategies for fear improve the quality of life of older adults during the pandemic by COVID attended in a Basic Hospital of the Province of El Oro?

In this sense, since the emergence of the pandemic, the different governments of the Americas and the world have implemented various measures to contain Covid-19, many of them, such as quarantine, isolation or physical distancing, not only implied a discontinuity in the usual patterns of social interaction of older adults but also a change in individual and collective behavioral habits, which has generated various consequences at the psychosocial and mental health level in the entire population, especially in older adults (22).

The constant changes, the emergence of information and the increasing and unstoppable mortality rate have caused many people to try to channel their fears and concerns through different behaviors and it is likely that irrational behaviors are presented as a response to the perceived demands in the environment (23). However, these types of reactions are not adequate psychological responses to cope with the situation we live in, and this is where psychosocial coping strategies and pro-social behavior should be implemented in older adults (24).

Based on this premise, older adults need to have the feeling that they live in a safe and controlled environment, since the insecurity and uncertainty associated with the pandemic, coupled with the lack of clarity about the disease, make possible the emergence of behaviors of fear, anxiety, phobia, depression and even personality disorders that can lead to egocentric behaviors, isolation and individual search for individual solutions based on cultural values and beliefs. Therefore, it is important to promote solidarity, understanding and family support to reduce fear of the threats to which older adults feel exposed (25).

Now, biologically, human beings are designed to experience feelings and emotions that make them alert to possible threats, in this sense, anxiety is a normal emotion that fulfills an adaptive function in many situations, since every living organism needs to have some surveillance mechanism to ensure its survival and anxiety fulfills this role in many situations, thus, it is normal and desirable for a human being to be afraid when a real danger is looming, in fact, our body is prepared to learn to feel fear and anxiety in certain circumstances as a way to prevent greater evils (26).

With respect to the above, fear is a set of attention and development to give a response to potential threatening events, however it can be chronic or irrational and can develop various psychiatric disorders, which are natural in times like the present where the pandemic by the new coronavirus has wreaked havoc (27).

In this sense, fear is the main emotion of the human being and the unknown is the fundamental fear. Fear is considered an evolutionary tool that continues to be useful until today, being a response, both conscious and

unconscious, to the absence of information, that feeling of anxiety and fear avoids doing something dangerous without knowing how to face it, in this case, facing covid-19 without knowing how to do it, which often brings with it, uncertainty, retraction, isolation and even depression (28).

On the other hand, fear is directly associated with its rapid and invisible transmission rate and milieu, as well as its morbidity and mortality, leading to other psychosocial challenges such as stigmatization, discrimination, and loss of reason (17). As a consequence of high levels of fear, individuals may not think clearly and rationally when reacting to COVID-19, however, current treatment for COVID-19 worldwide has focused primarily on controlling infection, developing an effective vaccine, and increasing the cure rate of treatment (18,29).

It should be noted that the elderly is considered individuals between 60 and 74 years of age, and are also subjects of law, socially active, with guarantees and responsibilities with respect to themselves, their family and society, their immediate environment and future generations (30).

Now, it is detailed how the covid-19 pandemic has affected the world population and especially the fears and fears that are reflected in the behavioral changes of older adults, mostly in those who have a chronic, degenerative, metabolic, systemic and immunological disease, so that changes in lifestyle and quality of life, confinement and any other measure that has been implemented as a strategy to break the chain of community transmission has made these people live with the fear of complicating their health status and even death.

In this sense, older adults may respond differently to the health crisis they are experiencing, due to the fear of corona virus infection, which in them is considered potentially fatal, so it is important to generate positive attitudes towards covid-19 that allow them to cope with stress, fear and even fear in a balanced way through coping strategies, such as recognizing the stressful situation, favoring acceptance, overcoming, reduction and tolerance of internal and external demands arising from the threat that covid-19 represents in them (29,30).

Likewise, within the objectives of the research, the general objective was established as well as the specific objectives that served as a guide for the theoretical and methodological development of the research, the general objective was oriented to analyze the effects of fear in the quality of life of older adults during the pandemic by Covid-19 attended in a basic hospital in the province of El Oro, so as specific objectives were to determine fear, quality of life and sociodemographic characteristics in older adults during the pandemic by Covid-19 attended in a basic hospital in the province of El Oro, to relate fear, quality of life and sociodemographic characteristics in older adults during the pandemic by Covid-19 attended in a basic hospital in the province of El Oro, quality of life and sociodemographic characteristics in older adults during the COVID 19

pandemic attended in a basic hospital in the province of El Oro, to relate fear, quality of life and sociodemographic characteristics of older adults and to carry out an educational intervention that provides coping strategies to deal with fear in order to improve the quality of life of older adults during the COVID 19 pandemic.

II. METHODOLOGY

➤ Type of research

According to the nature and the context in which the study will be developed, referred to analyze the psychological factors associated to the fear of the elderly with comorbidities during the Covid-19 pandemic attended in a Basic Hospital of the Province of El Oro, a positivist research will be developed; that is, it has a predominantly quantitative approach so it will be descriptive with an analytical, field level and with a non-experimental and cross-sectional design.

Research methods are tools put into practice by the researcher to collect data, formulate and answer questions to arrive directly at conclusions through a systematic and theoretical analysis applied to the study variables. In this sense, each research method to be used will depend on the characteristics of the situation to be studied and its requirements in order to select the procedure that best suits the objectives set out in the research (31).

It is for this reason that a process of inquiry, which involves exploring, describing, explaining and proposing alternatives for change, leads to the elaboration and development of a proposal for a viable operational model to solve problems, requirements or needs of the organization or social groups; it may refer to the formulation of policies, programs, technologies, methods or processes (32).

In this sense, based on the results obtained after the application of the data collection instrument, an educational program will be designed with fear coping strategies aimed at older adults with comorbidities during the COVID 19 pandemic attended in a Basic Hospital in the Province of El Oro, with the ultimate goal of contributing as a researcher in the solution of the phenomenon studied.

Inclusion criteria.

- a) Older adults aged 65 to 85 years old.
- b) Men and women.
- c) Suffering from a basic illness.
- d) Have been treated in a Basic Hospital of the Province of El Oro.

Exclusion criteria.

- a) Adults under 65 and over 85 years of age.
- b) Do not have a basic illness.
- c) Not having been treated in a Basic Hospital in the Province of El Oro.
- d) Little or no collaboration of the patient (terminally ill or with a low level of consciousness).

➤ Instruments

The data collection instruments represent the tool with which the information will be collected, filtered, and codified, and should be in correspondence with the techniques and the selection of the techniques to be used by the researcher, these can be checklists, scales or questionnaires among others, these can already be elaborated and even standardized (32).

The first section describes the ethical aspects, gender and date of birth of the participants, to ensure their inclusion criteria. Section two corresponds to the questionnaire itself, which was carried out taking into consideration the Fear of COVID-19 Scale (FCV-19S), which is a scale adapted to the Ecuadorian context (CRIMEA Project). This questionnaire is made up of 17 closed, dichotomous, single-choice questions, and will also be self-administered by e-mail, where the participant will be able to respond according to his/her opinions, criteria and emotions, which will allow for greater ease at the time of tabulation and analysis of the data collected.

On the other hand, the WHOQOL - BREF (33) - Within the desire to know the existing repercussions within the perception of the quality of life in general within a given cultural context, the World Health Organization developed the instrument called WHOQOL, which initially consisted of 100 items distributed to collect information concerning health in basic aspects such as physical, psychological, social and environmental health (34). However, it was adjusted to the context of the present study by asking 26 questions on a modified Likert-type scale ranging from not very satisfied to very satisfied.

➤ Processing, analysis, summary and presentation of information

It is important to emphasize that after obtaining the data, it will be necessary to analyze them in order to discover their meaning in terms of the objectives of this research. In this sense, the analysis of quantitative data is an intuitive, flexible process, oriented to find meaning in the data, since the analysis of the data will lead to the redefinition of the problem, since it starts from a provisional definition (32).

Therefore, the analysis and interpretation of the results will be used to complement the statistical treatment, which allows summarizing and synthesizing the achievements obtained in order to provide greater clarity to the answers and conclusions through the use of a software called SPSS version 26 in Spanish, which will cover the elementary needs for obtaining descriptive statistics and for the exploratory analysis as advanced methods of statistical modeling, applying as a statistical complement the correlation analysis of the Rho Spearman coefficient.

Within the ethical procedure and scientific rigor of the research, the use of an informed consent is proposed, based on compliance with the Helsinki protocol, which is the most important document of ethical and investigative nature when it refers to the regulation of research on human beings. The

informed consent will be provided to the 200 older adults who comprise the significant sample for the study, in order to inform about their desire to participate in the study being conducted, in which the patient may accept or deny their participation in it, prior to the collection of the data. Likewise, the participants of the study are notified that the information collected will be confidential and will only be used in a generalized way, so that their data will be completely safeguarded.

In this way, it is expected to analyze the fear and its effects on the quality of life of older adults during the pandemic of Covid-19 attended in a basic hospital in the province of El Oro, so that being in development of this project, the population mentioned above, will benefit from the results obtained, because it will be possible to determine the effects of fear in the quality of life of adults during the pandemic of Covid-19.

The different research studies seek to extend their scope and benefits to the community in general, so the results obtained will be beneficial to maintain a better quality of life in older adults, within the health context caused by COVID-19, which undoubtedly, the physical, psychological, social and environmental spheres have been seriously affected.

This research was conducted in accordance with the international ethical guidelines for health-related research involving human subjects, developed by the Council for International Organizations of Medical Sciences (CIOMS). The ethical justification for conducting this type of health-related research on human subjects lies in its social and scientific value: the prospect of generating the knowledge and means necessary to protect and promote people's health.

The research planned by the researcher is validated under the Code of Ethics for Research on Human Beings of the University of UTE, truthful information, and with its due correction and authorship of the documents delivered, that is, the entire context of the present information is approved by the code: *IMP-SIC-LLA-CUIO 1408 20*.

Scientific knowledge must go hand in hand with respect for the rights of the participants, in this sense, scientific research cannot exceed these fundamental limits, which is why the confidentiality of the information provided by the participants will be guaranteed, in order to obtain truthful answers that allow objective results of scientific application, since informed consent is an ethical and legal element of all research that must be provided to the participants who accept and comply with the established inclusion criteria.

III. RESULTS

The following section presents the results obtained through the application of the data collection instrument; as a result of the theoretical and methodological work carried out in this research, likewise, the findings are presented based on the values given by the older adults attended in a

basic hospital in the province of El Oro, showing their position on the problem under study, in tables showing the results obtained with percentages, with the corresponding category according to the contrast scale, thus allowing the analysis of the results obtained after the statistical treatment, for which the statistical program info-stat version updated in 2020 was used.

In order to achieve this, the data obtained with the frequency distribution of the rigorous process of analysis is organized with the support of descriptive statistics, then the percentages in each of the items are identified and the meaning of these results is explained. Finally, the summary tables of the variables are presented with the same elements described above, then the results of the study are presented in the following tables corresponding to Fear of COVID-19 Scale-FCV-19S followed by the questionnaire for the measurement of the quality of life.

Table 1 : Age of older adults El Oro Province Hospital March 2021

Age	F	%
65 to70	79	61.3
71 to75	22	16.8
76 to 80	10	6.0
81 to 85	20	15.9
Total	131	100

Table 1 refers to the age of older adults in a hospital in the province of El Oro, which represents the sample under study of 131 older adults between 65 and 85 years of age out of a total of 200 people. It is observed that 61.3% of the surveyed population is between 65 and 70 years of age, in this sense, the older adults who come to the health center where the scale of fear of covid-19 is being applied; that is, these adults are in the initial stage of what is considered to be people of the third age.

Table 2. Sex of older adults

Gender	F	%
Male	50	38.2
Female	81	61.8
Total	131	100

In Table 2, which describes the sex of the older adults in the hospital surveyed, it can be seen that the predominant sex (61.8%) is female, while 38.2% corresponds to the male sex. This can be explained by the fact that women are more likely to attend consultations at the public hospital in the province of El Oro, so it is assumed that they spend more time caring for their health, as opposed to men who spend more time at work.

Table 3. Scale-FCV-19S of the elderly

Scale	Yes		No	
	F	%	F	%
Scale adapted to the Ecuadorian context (CRIMEA Project)	107	82	24	18
Total	107	82	24	18

In Table 3 scale of fear of covid-19 in the elderly, it can be observed that once this scale adapted to the Ecuadorian context was applied according to the Crimea project, it was determined that 82.82% of the population, corresponding to 107 people, affirmed that they are afraid of the covid-19 pandemic, which could have an effect on the quality of life of the older adult who is attended in a basic hospital in the province of El Oro. This quality of life could be affected due to the dissatisfaction of the resources and

needs that the older adult has, so their concern is mainly focused on maintaining an optimal state of health and adopting socially oriented measures to prevent the disease, which increases the difficulties to meet the needs and maintain a quality of life according to the needs is becoming increasingly difficult since people cannot cover in full the basic needs, since it has adapted new ways of life, such as social isolation, confinement and any other measure that allows you to continue with health in this time of pandemic.

Table 4. Measuring the quality of life of the older adult

Domain	N		P		LN		BS		MS	
	F	%	F	%	F	%	F	%	F	%
Physical	4	2.7	56	43.1	51	39	17	12.7	3	2.5
Psychological	2	1.7	51	38.6	52	39.5	21	16	5	4.2
Social Relationships	13	10.2	57	43.7	45	34.4	11	8.1	5	3.6
Environment	2	1.3	62	47.5	53	40.5	11	8.3	3	2.4
Total	5	4.0	57	43.2	50	38.4	15	11.3	4	3.2

In Table 4 referring to the measurement of the quality of life of the older adult it can be observed that in relation to the physical domain 43.1% feel little satisfied with their quality of life since they have difficulties in acquiring medical treatment, resting and even working; on the other hand, 39.5% state that their psychological domain is normally satisfied since they enjoy life and generally do not feel negative feelings such as sadness, hopelessness and depression. On the other hand, 39.5% state that their psychological domain is normally satisfied, since they enjoy life and generally do not feel negative feelings such as sadness, hopelessness and depression; consequently, 43.7%

of the older adults surveyed expressed that the domain of social relations is not very satisfied, so that interpersonal relationships, their sexual life and even their relationship with family and friends have been interfered with. Finally, 47.5% of the respondents also stated that the domain of the environment is not very satisfied, since their quality of life in relation to the environment does not allow them to develop opportunities for leisure activities, enjoyment of the outdoors, enjoyment of transportation and other elements related to this dimension, so they are described as unsatisfactory, which directly affects the quality of life of older adults.

Table 5. Correlation of fear, quality of life and sociodemographic characteristics of older adults sociodemographic characteristics of older adults.

Correlations	Correlation coefficient		Fear		Quality of life	
Rho de Spearman	Fear	Sig. (bilateral)	1,000		,787**	
			.		,000	
		N	64		64	
	Correlation coefficient					
	Quality of life	Sig. (bilateral)	,787**		1,000	
			,000		.	
		N	64		64	

Table 5, which refers to the correlation of the variables studied, shows that the correlation coefficient is $r= 0.787$ with positive values, which indicates that the two variables increase or decrease over time, that is, that there is a significant bilateral linear correlation at the 0.01 level. For a better and more correct interpretation, the coefficient of determination r^2 was applied, which indicates that 62% of the variations in the fear of the elderly are explained by the variations in the quality of life of the elderly during the Covid-19 pandemic attended in a basic hospital in the province of El Oro.

IV. DISCUSSION

Based on the results obtained, it is identified that 61.3% of the surveyed population is between 65 and 70 years of age, whose predominant sex is female with 61.8%, which allows us to describe that the population under study is mostly female, so that their genetic and psychological characteristics may influence the fear they experience during the covid-19 pandemic, and that they are also a population that feels greater responsibility for their health status than men.

Consequently, when applying the scale of measurement of means to the covid-19 adapted to the Ecuadorian context according to the Crimea project, it was determined that 82.82% of the population, corresponding to 107 people, claim to be afraid of the pandemic, in this sense, it is consistent with the postulate that holds that biologically human beings are designed to experience feelings and emotions that make them alert to potential threats, in this sense, anxiety is a normal emotion that serves an adaptive function in many situations, since every living organism needs to have some surveillance mechanism to ensure its survival and anxiety fulfills this role in many situations, thus, it is normal, and desirable, for a human being to be afraid when a real danger is looming, in fact, our organism is prepared to learn to feel fear and anxiety in certain circumstances as a way to prevent greater evils (26).

When applying the WHOQOL - BREF quality of life scale of the World Health Organization, it was detected that the population under study refers that the physical domain is little satisfied in 43.1% of the respondents, on the other hand, 39.5% stated that their psychological domain is normally satisfied, while 43.7% of the older adults surveyed expressed that the domain of social relations is little satisfied, and 47. These elements demonstrate that the covid-19 pandemic has affected the quality of life of all age groups, and not only this group of people who are considered vulnerable due to their state of health and biologically natural wear and tear.

V. CONCLUSIONS

After carrying out the investigation Fear and its effects on the quality of life of older adults during the Covid-19 pandemic in a basic hospital in the province of El Oro, with the objective of Analyzing the effects of fear on the quality of life of older adults during the Covid-19 pandemic in a basic hospital in the province of El Oro, which involved a quantitative process to respond to the stated objectives and after the statistical analysis that contributes to a greater understanding of the findings obtained, the following conclusions can be drawn:

When determining fear, quality of life and sociodemographic characteristics in older adults during the Covid 19 pandemic attended in a Basic Hospital in the Province of El Oro, it can be concluded that the population under study is mostly between 65 and 70 years of age, whose predominant sex is female. When relating fear, quality of life and sociodemographic characteristics of older adults during the Covid-19 pandemic attended in a Basic Hospital in the Province of El Oro, it can be concluded that there is a positive correlation as shown by the correlation coefficient whose value is $r= 0.787$ with positive values, which indicates that the two variables increase or decrease over time and is therefore significant at the 0.01 level. The educational intervention provided strategies for coping with fear that improved the quality of life of older adults, even though the COVID 19 pandemic continues globally, since

new variants have been identified whose epidemiological importance for society in general.

REFERENCES

- [1]. OMS. Coronavirus disease outbreak (COVID-19). Geneva. 2020 [cited 2020 Dec. 27];10-14 Available from:
<https://www.who.int/es/emergencies/diseases/novel-coronavirus-2019>
- [2]. Wang, J; Zhou, M; F., Liu. Reasons for healthcare workers becoming infected with novel coronavirus disease 2019 (COVID-19). 2020 [cited 2020 Nov 19]; 2(2). Available from:
<https://pubmed.ncbi.nlm.nih.gov/32147406/&ved=2ahUKEwjMlc68u8buAhXmSjABHXjwA1EQFjAAegQIAxAC&usg=AOvVaw1P3nan5P-ZfLzNx75KHJEC>
- [3]. Wolfel R, Corman V. Virological assessment of hospitalized patients with COVID-19 en China. Nature. 20 [citado 2020 dic 16]; 1(1): 465-469. Disponible en:
https://www.nature.com/articles/s41586-020-2196-x&ved=2ahUKEwixrfmzvMbuAhXVRTABHYwaA1EQFjABegQIARAB&usg=AOvVaw0ENwLHQvPyeoDSIILT4E_
- [4]. Kampen J, Vijner D, Fraaij P. Shedding of infectious virus in hospitalized patients with coronavirus disease 2019 (COVID-19). Unknown City. 2020 [cited 2020 Nov 07] 1(1) 24-30.
- [5]. Fawaz M, Samaha A. The psychosocial effects of being quarantined following exposure to COVID-19: A qualitative study of Lebanese health care workers. International Journal of Social Psychiatry. 2020 [cited 2020 Nov 07]; 1 (1): 17-25. Available from:
<https://www.google.com/url?sa=t&source=web&rct=j&url=https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7270571/&ved=2ahUKEwjz6f7PvcbuAhXSRzABHYyMA1EQFjAAegQIBB&usg=AOvVaw1VY4lpjO0l5LjMUiBfkCw>
- [6]. Chen N, Zhou M, Dong X, Qu J, Gong F, Han Y. The Lancet. 2020 [cited 2021 Jan 20]; 2 (1) 507-513. Available from:
https://www.thelancet.com/journals/lancet/article/PIIS0140-67362030211-7/fulltext&ved=2ahUKEwjQ6vSXvsbuAhWrRzABHWkgAE8QFjAAegQIBhAC&usg=AOvVaw3_5k6N9SuGRhK4YUIIXkxP
- [7]. Guan W, Ni Z, Hu YLW, Ou C, He J, Du B. Clinical characteristics of coronavirus disease 2019 in China. journal of medicine. 2020; 382(18); 1708-1720. Available in:
https://pubmed.ncbi.nlm.nih.gov/32109013/&ved=2ahUKEwjGzI_avsbuAhVAQzABHfUHA1EQFjAAegQIBBAC&usg=AOvVaw2bG2DaBEPl2_XxbLBjW1-g
- [8]. Greenberg N, Docherty M, Gnanapragasam S, Wessely S. Managing mental health challenges faced by healthcare workers during covid-19 pandemic. BMJ. 2020 [cited 2020 Nov 08]; 368-373. Available from:
<https://www.bmjjournals.org/content/368/bmj.m1211/rapid-responses&ved=2ahUKEwj3s->

- 2Cv8buAhXyTDABHXKdB1EQFjAAegQIBBAC&usg=AOvVaw2uB28Uf_SWB-YJotZ1ler
- [9]. World Health Organization. Geneva; 2020 [cited 2020 Nov 09]; 52 (2) 45-49 Available from: <https://apps.who.int/iris/handle/10665/331478&ved=2ahUKEwinzrSyv8buAhXivTABHZFGAIEQFjAAegQIBBAC&usg=AOvVaw31xiZUeBooEdxB5PXpCzKa>
- [10]. Pinchak , C. Coronavirus pandemic (COVID-19); surprise, fear and the good management of uncertainty in the family. Archivos de Pediatría del Uruguay. [cited 2020 Nov 19]; 91(2) 76-77. Available from: http://www.scielo.edu.uy/pdf/adp/v91n2/1688-1249-adp-91-02-76.pdf&ved=2ahUKEwj5-fvRv8buAhXcTDABHS5ZCQEKFjAAegQIBBAC&usg=AOvVaw1gHpFOp-8-_rZAPJD0IUYU
- [11]. Pinazo S. Psychosocial impact of COVID-19 in the elderly: problems and challenges. Rev Esp Geriatr Gerontol. 2020 [cited 2020 Jan 19]. 2(1): 4-6. Available from: https://www.elsevier.es/es-revista-revista-espanola-geriatria-gerontologia-124-articulo-impacto-psicosocial-covid-19-personas-mayores-S0211139X20300664&ved=2ahUKEwjA7a_zv8buAhVhRTABHUM8A1EQFjAAegQIARAB&usg=AOvaw1ABaXICNrboAYnuVxeFw9e
- [12]. Baud D, Qi X, Nielsen-Saines K, Musso D, Pomar L, Favre G. Real estimates of mortality following COVID-19 infection. The Lancet Infectious Diseases. 2020. [cited 2020 Nov 19]; 3(8) 32-37. Available in: https://pubmed.ncbi.nlm.nih.gov/32171390/&ved=2ahUKEwiIsuuawMbuAhVxRTABHac_CVEKFjAAegQI BBAC&usg=AOvVaw3-wj5MPqD3vPxhL342SQq
- [13]. Du R, Liang L, YC, Wang W, Cao T, Li M, et al. Predictors of mortality for patients with COVID-19 pneumonia caused by SARS-CoV-2: a prospective cohort study. European Respiratory Journal. 2020 [cited 2020 Nov 19]; 55(5). Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7144257/&ved=2ahUKEwjZ3cPFwMbuAhXBTTABHR0DBVEKFjAAegQIBhAC&usg=AOvVaw22NUR7Sskc8zLwn8W5gleQ>
- [14]. Lin C. Social reaction toward the 2019 novel coronavirus (COVID-19). Social Health and Behavior. 2020; [cited 2020 Nov 19] 3(1): 1-2. Available in: <https://www.shbonweb.com/article.asp%3Fissn%3D2589-9767%3Byear%3D2020%3Bvolume%3D3%3Bissue%3D1%3Bspage%3D1%3Bepage%3D2%3Baulast%3DLin&ved=2ahUKEwiA2qTpwMbuAhVATDABHzs4CU8QFjAAegQIBBAC&usg=AOvVaw1na-b8WN0srU5iGtMLPgBB&cshid=1612107811997>
- [15]. 15 United Nations. Policy brief: Covid-19 and the need for action on mental health. NY. 2020. [cited 2021 Jan 18]. Available from: <https://www.un.org/sites/un2.un.org/files/policybriefs/2020/01/Policy-Brief-COVID-19-and-the-need-for-action-on-mental-health.pdf>
- [16]. Pappas G, Kiriazis I, Giannakis P, Falagas M. Psychosocial consequences of infectious diseases. Rev Clinical Microbiology and Infection. 2009 [cited 2020 Nov 19]; 15(8): 743-747. Available from: [https://www.clinicalmicrobiologyandinfection.com/article/S1198-743X\(14\)60461-4/fulltext&ved=2ahUKEwjoh-y3wcbuAhUWTTABHTFnAFeQFjAAegQIBhAC&usg=AOvVaw3Ky0ngGR9zote0GsdIJHYS](https://www.clinicalmicrobiologyandinfection.com/article/S1198-743X(14)60461-4/fulltext&ved=2ahUKEwjoh-y3wcbuAhUWTTABHTFnAFeQFjAAegQIBhAC&usg=AOvVaw3Ky0ngGR9zote0GsdIJHYS)
- [17]. Cardona D, Segura A, Garzón M, Segura A, Cano S. Health status of the elderly in Antioquia. Revista Brasileira de Geriatria e Gerontologia. 2016. [cited 2020 Nov 19]; 19(1) 71-86. Available from: https://www.google.com/url?sa=t&source=web&rct=j&url=https://www.scielo.br/scielo.php%3Fpid%3DS1809-98232016000100071%26script%3Dsci_arttext%26tlng%3Des&ved=2ahUKEwimlrzqwcbuAhWiSTABHQ4FCVEKFjAAegQIARAB&usg=AOvVaw2Sn10gvTEtrLFJhK7pIns8
- [18]. Urzúa A. Health-related quality of life: conceptual elements. Rev Med. 2010 [cited 2020 Dec 19]; 3(2). Available from: https://scielo.conicyt.cl/scielo.php%3Fscript%3Dsci_a rttext%26pid%3DS0034-98872010000300017&ved=2ahUKEwjh_f6jwsbuAhWsRzABHWk2CE8QFjAAegQIBBAC&usg=AOvVa w2Yjw5z53RowMLP3opVh3X8
- [19]. Varela P. Health and quality of life in the elderly. Peruvian Journal of Experimental Medicine and Public Health. 2016 [cited 2021 Jan 23]; 33(2) 199-201. Available from: https://rpmesp.ins.gob.pe/index.php/rpmesp/article/vie w/2196/2219&ved=2ahUKEwjX6a7awsbuAhUySDABHfNcBVEKFjAAegQIAhAB&usg=AOvVaw2s_5K3dF5VkbVsS4xTiXxg
- [20]. Flynn M, McNeil D, Maloff D, Mutasingwa D, Wu M, Ford C, et al. Reducing obesity and related chronic disease risk in children and youth: a synthesis of evidence with 'best practice' recommendations. Obes Rev. No 6;7 (Suppl. 1) 2016 [cited 2021 Jan 23]; 6(1) 44-52. Available from: https://pubmed.ncbi.nlm.nih.gov/16371076/&ved=2ahUKEwiVz6y_w8buAhXNSzABHWeJAE8QFjAAegQIARAB&usg=AOvVaw38jY7xB3ZuvL-9w2K2qx5R
- [21]. Association Psychological American. Pandemics. 2020 [cited 2021 Nov 16]; 1(5) 128-133. Available from: <https://www.apa.org/practice/programs/dmhi/research-information/pandemics>
- [22]. Colegio Oficial de la Psicología de Madrid. 2020 [cited 2020 Nov 19]; 3(2) 78-81. Available in: <https://www.copmadrid.org>
- [23]. Quezada-Schol V. Fear and psychopathology the threat hidden by Covid-19. Cuadernos de Neuropsicología/Panamerican Journal of Neuropsychology. 2020. [cited 2020 Nov 19]; 14(1): 19-23. Available from: <https://www.cnps.cl/index.php/cnps/article/view/394&ved=2ahUKEwiO5PqOxMbuAhUJTDAHYHaAFEQFjAAegQIARAB&usg=AOvVaw1WaKMeRG27fh n-EBYmB7V>
- [24]. Center for Disease Control and Prevention; 2020 [cited 2020 Nov 16]; 1 (2) 11-17. Available from: <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>
- [25]. Moreno P. Overcoming fear and anxiety: A step-by-step program. 8th ed. Seville: Desclée De Brouwer, S.A.; 2008. [cited 2020 Jan. 10]; 1(9) 69-85 Available

- from:
<https://st1.ning.com/topology/rest/1.0/file/get/2187555?profile=original>
- [26]. National Institute of Statistics and Census. Vital Statistics Yearbook - Births and Deaths. Quito; 2014 [cited 2021 Jan 15]. 2-5 Available from: https://www.ecuadorencifras.gob.ec/nacimientos_y_de_funciones/&ved=2ahUKEwjWy4nQxMbuAhUEVTA BHYQaDVIQFjAAegQIBBAC&usg=AOvVaw1k7NCPELPxVDYJFFpgA92U
- [27]. Villalba, M; Cots, I; Romero, N. Do Religious Beliefs condition coping with illness and death of a family member? *Evidentia. Journal of Evidence-Based Nursing.* [cited 2020 Dec 02]; 9(39) 10. Available from: <https://dialnet.unirioja.es/servlet/articulo%3Fcodigo%3D4634211&ved=2ahUKEwiR6tOdxcbuAhXnRTAB HTQTD08QFjAAegQIARAB&usg=AOvVaw1pkud9fIBahH805xrv04a8>
- [28]. Dong L, Hu S, Gao J. Discovering drugs to treat coronavirus disease 2019 (COVID-19). [citado 2020 nov 26]. *Drug Discoveries & Therapeutics.* 2020; 14(1): 58-60. Available in: [https://scholar.google.co.ve/scholar?q=Dong+L,+Hu+S,+Gao+J.+Discovering+drugs+to+treat+coronavirus+disease+2019+\(COVID-19\)&hl=es&as_sdt=0&as_vis=1&oi=scholart#d=gs_qabs&u=%23p%3DBvcXDVER7tsJ](https://scholar.google.co.ve/scholar?q=Dong+L,+Hu+S,+Gao+J.+Discovering+drugs+to+treat+coronavirus+disease+2019+(COVID-19)&hl=es&as_sdt=0&as_vis=1&oi=scholart#d=gs_qabs&u=%23p%3DBvcXDVER7tsJ)
- [29]. Ahorsu D, Lin C, Imani V, Saffari M, Griffiths M, Pakpour A. The Fear of COVID-19 Scale: Development and Initial Validation. *International Journal of Mental Health and Addiction.* 2020. [cited 2020 Jan 16]; 12(3). Available from: https://link.springer.com/article/10.1007/s11469-020-00270-8&ved=2ahUKEwiov5ySxsbuAhUPRDABHUjuDVE QFjAAegQIARAB&usg=AOvVaw1_j9U8nKpwC3t oE8dkwTj
- [30]. Ávila F. Definition and objectives of geriatrics. *Rev Resident.* 2010 [cited 2020 Jan 13]; 5(2) 49-54. Available from: <https://www.medicgraphic.com/pdfs/residente/rr-2010/rr102b.pdf&ved=2ahUKEwjcg-XExsbuAhUy1lkKHZv8BdsQFjAAegQIAxAC&usg=AOvVaw1hl-2RC22UE-7KOZAoe9cl>
- [31]. Cruz, A; Jara, M; Rivera, D. Coping strategies used by older adults with depressive disorders. *Annals in Gerontology.* 2010 [cited 2020 Jan 19]; 31-49. Available from: <https://dialnet.unirioja.es/descarga/articulo/6140291.pdf&ved=2ahUKEwjh-930vczuAhXCp1kkHbhrAOvVaw3yhlFzA26KT77xl1AXGBQ>
- [32]. Hurtado J. The research project: holistic understanding of research methodology. 6th ed. Caracas: Quirón-Sypal; 2010. [cited 2020 Jan 21]; 22-31. Available from: <https://dariososafoula.files.wordpress.com/2017/01/hurtado-de-barrera-metodologicc81a-de-la-investigaciocc81n-guicc81a-para-la-comprensioicc81nholiccc81stica-de-la-ciencia.pdf>
- [33]. Hernández R, Fernández C, Baptista P. Research methodology Mexico: McGraw-Hill; 2008. [cited 2020 Jan 24]; 12-18. Available from: <http://www.pucesi.edu.ec/webs/wp-content/uploads/2018/03/Hern%C3%A1ndez-Sampieri-R.-Fern%C3%A1ndez-Collado-C.-y-Baptista-Lucio-P.-2003.-Metodolog%C3%ADa-de-la-investigaci%C3%B3n.-M%C3%A9tode-A9xico-McGraw-Hill-PDF.-Descarga-en-1%C3%ADA-Dne.pdf>
- [34]. Servicio Andaluz de Salud. 2010. WHOQOL-BREF quality of life scale; 2010 [cited 2021 Jan 23]; 1(1) 1-4. Available from: <https://www.scielosp.org/pdf/rcsp/2014.v40n2/175-189/es%23%3D%2520WHOQOL%2520DBRE%2520es%2520un,relaciones%2520sociales%2520y%2520medio%2520ambiente.&ved=2ahUKEwjUl931xsbuAhU1tTEKHfxDU8QFjABegQIBRAF&usg=A OvVaw1HK576ZL4AYxHYC15vnXk3>
- [35]. World Health Organization. Quality of Life Scale (WHOQOL). 1998 [cited 2021 Jan 23]; 1 (2) 3-7. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3395923/%23%3DThe%2520WHOQOL%2520DBRE%2520is%2520a,QOL%2520and%2520general%2520health%2520items.&ved=2ahUKEwjSiayRx8buAhWjQjABHaqjC1EQFjABegQIAhAE&usg=AOvVaw0t3OoTJNyctBYKEodeSTjR>
- [36]. Human Area. Clinical Center for Psychological Care. Psychological coping with coronavirus. 2020 [cited 2020 Dec 16]; 1(3) 8-15. Available from: <https://www.areahumana.es/afrontamiento-psicologico-coronavirus/#Lecturas-tiles-para-el-afrontamiento-psicologico>