

“Living with Wisdom and Compassion”: A Grounded Theory of Enhancing Harmony in the Lives of Older Thai People During the COVID–19 Pandemic

Karnsunaphat Balthip, Sirimas Phoomchaiya,* Palida Nudla, Sarana Suwanruangsri, Tanika Lanwong, Pattaraporn Kitrenu, Pissamai Butimal, Praneed Songwathana

Abstract: Coronavirus disease 2019 (COVID-19) is a global pandemic that significantly affects all dimensions of older people's lives. They are vulnerable to the infection and face disharmony because of its impact. This grounded theory study aimed to describe the process of enhancing harmony in the lives of older Thai people when facing the COVID-19 pandemic. A purposive sampling technique was used to select a sample of 21 older people living in an urban area of a large city in southern Thailand. Data were collected from July 2020 to November 2021 through in-depth interviews and were analyzed based on Strauss and Corbin's grounded theory.

The core category, *Living with wisdom and compassion*, was identified as enhancing harmony in older people's lives when facing the COVID-19 pandemic. This comprised two categories. The first of these, *Strengthening the mind and living with wisdom*, incorporated three sub-categories: *Adhering to COVID-19 prevention to ensure safety without causing worry to others*, *Searching for new strategies and seeking support to survive*, and *Accepting and learning to let go*. The second category, *Attaining self-immunity and a secure life*, comprised three sub-categories: *Living with purpose*, *Appreciating friendship, generosity, and compassion*, and *Living with care and self-sufficiency*.

Understanding the process of enhancing harmony in the lives of Thai older people during the pandemic may assist nurses in developing holistic programs incorporated with their wisdom to prepare readiness and support older people in living well in daily life and dealing with new emerging crises in the future.

Keywords: Compassion, COVID-19, Grounded theory, Harmony, Purpose, Older people, Wisdom

Received 21 August 2024; Revised 3 November 2024; Accepted Date 4 November 2024

Author contributions:

KB: Conceptualization, method and design, data collection, data interpretation, drafting, revising, and editing the manuscript, and final approval of the submitted version

SP: Responding to the editor, method and design, data collection, data interpretation, drafting, revising, and editing the manuscript, and final approval of the submitted version

PN, SS, TL, PK, PB, PS: Data interpretation, revising and editing the manuscript

Karnsunaphat Balthip, RN, PhD, Associate Professor, Faculty of Nursing, Prince of Songkla University, Thailand. E-mail: quantar.b@psu.ac.th
Correspondence to: Sirimas Phoomchaiya,* RN, MNS, Assistant Professor, Faculty of Nursing, Prince of Songkla University, Thailand. E-mail: sirimas.p@psu.ac.th
Palida Nudla, RN, MNS, Assistant Professor, Faculty of Nursing, Prince of Songkla University, Thailand. E-mail: palida.n@psu.ac.th
Sarana Suwanruangsri, RN, MNS, Assistant Professor, Faculty of Nursing, Prince of Songkla University, Thailand. E-mail: sarana.s@psu.ac.th
Tanika Lanwong, RN, MNS, Assistant Professor, Faculty of Nursing, Prince of Songkla University, Thailand. E-mail: tanika.l@psu.ac.th
Pattaraporn Kitrenu, RN, MNS, Assistant Professor, Faculty of Nursing, Prince of Songkla University, Thailand. E-mail: pattaraporn.k@psu.ac.th
Pissamai Butimal, RN, MNS, Faculty of Nursing, Sisaket Rajabhat University, Thailand. E-mail: pissamai.butimal14@gmail.com
Praneed Songwathana, RN, PhD, Associate Professor, Faculty of Nursing, Prince of Songkla University, Thailand. E-mail: praneed.s@psu.ac.th

Introduction

The coronavirus disease 2019 (COVID-19) is a global pandemic that has significantly influenced people's daily living styles, social life, and family relationships. Since its emergence in December 2019 in China, it spread swiftly worldwide.¹ The outbreak of COVID-19 has had considerable direct and indirect effects on all segments of the population,² ranging from mild to fatal. The impacts of COVID-19 stem from the virus itself and its consequences, including social distancing and lockdown.³

Following the COVID-19 outbreak, many studies reported the impacts on older adults. A summary of 35 studies indicates that older patients faced higher COVID-19 mortality rates than younger individuals.⁴ They experienced psychological symptoms, including worry and a loss of appetite.⁵ Physical, mental, emotional, and social health declined noticeably, and financial concerns increased.⁶ The deterioration in spiritual health, especially in older individuals with co-morbidities such as hypertension, cardiovascular disease, diabetes, and frailty syndrome, resulted in increased infection and severe outcomes.⁷

Older adults often have weakened immune systems or pre-existing health conditions such as noncommunicable diseases, diabetes, and asthma, along with the overall deterioration of their health conditions. A systematic review and meta-analysis on clinical features and outcomes of COVID-19 in older adults, which included 46 studies of 13,624 older patients, found that more than 50% had a severe infection. In contrast, 22% were critically ill, and 11% died.⁸ The common comorbidities were hypertension, diabetes mellitus, and cardiovascular disease.⁸ These conditions were directly linked to heightened frailty among the older population,⁹ making them more susceptible to severe outcomes. Additionally, in terms of economic hardship, older adults continue to face compound challenges due to economic downturns.¹⁰

A set of deeper impacts on the health and well-being of older people was also found in the impact of lockdowns. Older people were particularly advised to isolate themselves because of their heightened vulnerability to COVID-19 and susceptibility to infection.¹¹ This isolation led to deteriorating health, especially mental health, delayed administrative procedures, financial difficulties, and an inability to see family and friends, travel, or take part in leisure activities.¹² Research indicates that older people experienced significant effects on their physical activity and lifestyle due to COVID-19 restrictions, quarantine and lockdowns,⁹ which induced anxiety and depression.¹³

However, there is some evidence that older adults in Eastern countries, including Thailand, may feel less stress, loneliness, and depression compared with those in Western countries.¹⁴ Generally speaking, many people in Western countries considered the pandemic-related restrictions of staying at home and social distancing infringements of their rights. In contrast, people in Eastern countries may see lockdowns or restrictions as a normal part of their daily routine. In addition, oriental cultures believe in searching for their souls and supreme power. People with strong faith in God and involved in religious activities often feel less stress under all kinds of circumstances.¹⁵ This may lessen the problem of social isolation and loneliness in older adults. Therefore, exploring the process of achieving harmony in life in older people is necessary to help them through uncertain situations due to the COVID-19 pandemic.

Harmony, which refers to balancing and flexibility in harmonizing different aspects of life, is related to well-being.¹⁶ This is consistent with previous studies in the Thai context, both in people living with HIV¹⁷ and older people,¹⁸ which describe harmony associated with a peaceful life and spiritual development.^{17,18} Several aspects are involved in maintaining harmony among older adults, including their perspective, positive frame of mind, courage and hope, intrinsic motivation, and

perception toward a new role.¹⁹ The COVID-19 pandemic may impact the harmony in the lives of older adults.²⁰ Thus, this study aimed to explore the process of enhancing harmony in the lives of older people facing the COVID-19 pandemic in the Thai context, where most of the population is Buddhist or Muslim. Spiritual beliefs and religious practices inspire older people to deal with difficulties in life.²¹ The study findings may provide understanding and insight to benefit nurses in developing holistic interventions. They may create important substantial theories to prepare and support older people in living well, both in daily life and when facing new emerging crises in the future.

Aim

This study aimed to explore the process of enhancing harmony in the lives of older Thai people when facing the COVID-19 pandemic.

Methods

Design: This grounded theory (GT) study is part of a larger research project, “Enhancing New Harmony in the Life Processes of Vulnerable People after Experiencing the COVID-19 Pandemic.” Strauss and Corbin’s grounded theory, which provides practical procedures for studying social processes and relationships among several types of social interactions,²² was chosen as an appropriate research methodology to develop a substantive theory using an inductive approach to knowledge generation. In GT, constant comparison continues until a substantive theory with sufficient detail is generated.^{23,24} In addition, the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist was employed to direct the writing of this study.²⁵

Sample and Setting: Data were collected from 21 older people living in the urban area of a large city in southern Thailand with a population of approximately 400,000 people. This study used two sampling techniques, purposive sampling and theoretical sampling. In the

initial stage of data collection, purposive sampling was employed through gatekeepers (community leaders and healthcare volunteers), who arranged times and places for the researchers to talk about the study to older people who met the study’s criteria.

Criteria for inclusion were that participants had the following characteristics: 1) both directly and indirectly affected by the COVID-19 situation, such as experiencing distress, economic problems, and health conditions, or neighbors infected with COVID-19, 2) aged 60 years or older, 3) being able to describe their experience, and 4) being willing to participate in this study. At the onset of the study, 29 older people were informed about the study. Some of them did not meet the inclusion criteria, such as being unable to describe their experience.

During the data collection and analysis process, it was found that the data were about to be saturated after being collected with 18 participants. However, in grounded theory, data collection is influenced by an emerging theory.^{22,24} In the next stage of data collection, theoretical sampling was employed. The researchers continued recruitment and searched for additional participants by asking gatekeepers to suggest people who could be approached based on the emerging data. For example, the researcher searched further to recruit participants living alone or with a partner. In this way, 21 participants were recruited for the study. No participant refused to participate or dropped out.

Ethical Considerations: This study was approved by the Center for Social and Behavioural Sciences’ Institutional Review Board, Prince of Songkla University, [PSU IRB 2021 – LL – Nur 008 (Internal)]. A consent form was obtained from each participant. Each participant received a detailed explanation, verbally and in writing, outlining the research aims, participant involvement, data collection methods, assurance about confidentiality, and the right to withdraw from the study at any time. Their rights were protected throughout the study, and identifying information was removed from research reports. Participants received a travel allowance of 300 baht (approximately 8 USD) for participating in the research.

Data Collection: After receiving ethical approval, the researchers approached eligible participants who met the inclusion criteria. Three experts examined our interview guide for content validity. It included broad, open-ended questions followed by probing questions related to experiences of facing the pandemic. For example, participants were asked, “How do you feel about the COVID-19 outbreak situation?”; “How has the COVID-19 outbreak affected you?”; “How have you managed in the face of the COVID-19 outbreak?”; and “What were the consequences of facing the COVID-19 outbreak?” Data were collected from those who consented to participate through face-to-face, in-depth interviews between July 2020 and November 2021 in a private place at various locations, such as at home or in a park with no one else present beside the participant and researchers. Each interview was digitally recorded. Field notes were made during and after each interview. The length of the interviews ranged from 40 to 60 minutes. This was to explore issues that needed clarifying from interviews with prior participants. Each participant was interviewed once.

Data Analysis: Data analysis was guided by Strauss and Corbin’s grounded theory.^{22,24} the researchers moved back and forth between open, axial, and selective coding during the coding process. The data were named, categorized, and compared in open coding according to their properties and dimensions. Axial coding is the second coding step of GT, in which the researchers draw connections between the codes or categories developed in open coding under the paradigm model.²² Selective coding aims to identify a core category and establish links between the core category, sub-categories, and themes. The process of constant comparison continued until a substantive theory with a suitable feature was generated, and the core category “Living with wisdom and compassion” was created. More than 45 codes for each participant were generated.

Establishing Trustworthiness: The strategies to enhance trustworthiness and credibility included recruiting and interviewing participants who could

describe their experiences. Investigator triangulation, member checking, and prolonged engagement were employed.²⁶ For example, interviews were audiotaped and transcribed verbatim. The data collection and analysis duration was eight months, from July 2020 to November 2021. Eight researchers who were trained in qualitative research were involved in this study. The first author and the corresponding author mainly conducted the interviews, and all researchers analyzed the data. Member checking with ten participants was also carried out. Dependability was accounted for and is discussed in the methods and results parts. Confirmability was verified by adequately describing participant quotations and showing that the findings were grounded in data. Transferability is assured since the researchers provided essential descriptive data from 21 participants so that readers can evaluate the applicability of the data to other contexts.

Findings

Participants’ characteristics

The participants comprised 17 females and four males, all in the young-old (60–74 years) and old-old groups (75–84 years). All 21 participants had direct and indirect experiences affected by COVID-19, such as distress and economic problems. Eighteen were Buddhist, and three were Muslim. Regarding marital status, 15 were married, and six were widowed or separated. Regarding residency, 14 participants lived with partners and other family members, such as children; four lived with other family members, such as children; two lived alone, and one lived with a partner. Sixteen participants were working. Of their occupations, six were laborers, four were farmers, four were sellers of various goods, one was a company employee, and one was a tour guide. The average income per household was 13,861 baht (approximately 369.63 USD) per month. Fifteen participants received enough money to cover their expenses, two received enough money to cover their expenses and had savings,

while four did not receive enough money to cover their expenses. Fifteen participants had chronic diseases, which included hypertension, diabetes, asthma, cardiac issues, and lipid disorders. One participant had a history of cardiac surgery related to heart disease. Nineteen participants perceived having a source of support from family or community members. Regarding their experiences with COVID-19, all participants were affected by the situation and faced challenges such as distress, economic problems, and health issues.

Core Category

The findings revealed that *Living with Wisdom and Compassion* was a social process of enhancing

harmony in the lives of older Thai people facing the COVID-19 pandemic. When faced with several waves of the pandemic, the participants must strengthen their minds and learn to live with wisdom, including adhering to COVID-19 prevention, searching for new strategies and seeking support to survive, and learning to accept and let go of the suffering. As a result, they obtained self-immunity and a secure life which included living purposefully, appreciating friendship and compassion, and living with self-sufficiency.

This core category comprised two categories:

1) the strategies: *Strengthening the mind and living with wisdom*, and 2) the consequences: *Attaining self-immunity and a secure life*.

Table 1. The process of enhancing harmony in the lives of older Thai people when facing the COVID-19 pandemic (N = 21)

Core category	Strategies	Consequences
Living with wisdom and compassion	Category 1: Strengthening the mind and living with wisdom	Category 2: Attaining self-immunity and secure life
	Sub-category 1: Adhering to COVID-19 prevention to ensure safety without causing worry to others	Sub-category 1: Living with purpose
	Sub-category 2: Searching for new strategies and seeking support to survive	Sub-category 2: Appreciating friendship, generosity and compassion
	Sub-category 3: Accepting and learning to let go	Sub-category 3: Living with care and self-sufficiency

Category 1: Strengthening the mind and living with wisdom

This study revealed that the strategy for coping with the COVID-19 pandemic was *Strengthening the mind and living with wisdom*. Under this strategy, there are three key themes: 1) adhering to COVID-19 prevention to ensure safety without causing worry in others, 2) searching for new strategies and seeking support to survive, and 3) accepting and learning to let go.

Sub-category 1: Adhering to COVID-19 prevention to ensure safety without worry from others

This sub-category focuses on adhering to COVID-19 prevention principles as part of daily life, especially for individuals with chronic diseases and those whose neighbors were infected with COVID-19.

This strategy emerged from three main factors. First, participants, particularly those with chronic conditions, perceived they were more susceptible to COVID-19, leading to heightened concern about prevention.

I must be careful because I have had cardiac surgery... I take medicine to dissolve blood clots. When I go anywhere, I must be careful. When I leave the house, if I forget the mask, I must come back and get it, although I may go halfway... In the past, when I went to see the doctor, I took a minibus, but now I don't take a minibus anymore. I called my son to pick me up ... if my son didn't have time, sometimes I called to reschedule the appointment. (Aunt King)

Second, all participants realized the negative impacts of COVID-19. They knew that being infected with COVID-19 causes an abundance of issues, including stigmatization, severe illness, and death. People felt scared to be close to a person infected with COVID-19. When someone got infected, they had to be sent to quarantine as they required isolation from others. Most importantly, when people die from COVID-19, they must die alone.

I feel afraid of getting infected. When you get infected, you don't know how to treat it. My friend feels scared to come close. You can't go anywhere. Wherever we go, others are disgusted. Like the other day, when one person in the village was infected with COVID-19, no one wanted to be close to him. (Uncle Nun)

Lastly, they cared for themselves and their loved ones or felt connected and compassionate, especially toward their children. Some participants avoided contracting COVID-19 because they did not want to become a burden to their children. One participant, who felt a deep sense of compassion for her children, took extra precautions to care for herself and avoided getting infected.

I must stay at home... I'm okay to stay home. I must take care of myself first...I don't want my children to feel worried because I love them. I don't want to be a burden on my children... I don't want to get myself in trouble either. If I get sick, I must be separated and be alone for 14 days. I may feel worried because I miss my children and grandchildren, and my children must be worried about me [their mother] too... I don't want them to worry. (Aunt Sa)

Therefore, participants desired to change their ways of living and made behavioral adjustments, prioritizing strict COVID-19 prevention measures. They became more cautious, especially those with underlying health conditions. These adjustments

included always wearing masks and avoiding public transportation. Participants expressed fear of contracting COVID-19 and the stigma associated with infection, leading them to take extra precautions to protect themselves and their loved ones. Their strict preventive measures stemmed from a deep sense of responsibility to avoid burdening their children and to maintain their family's well-being. Additionally, participants took measures to protect themselves from being infected by others. For example, below:

No one was allowed to enter my house if they didn't wear a mask. If someone comes to my house and I see that they are not wearing a mask, I asked them to return home and get one. I did not allow them to enter the house. (Uncle Tat)

In the Muslim context, they changed their way of greeting each other to avoid touching and being close to others. Instead of touching hands as was previously customary, they greeted each other verbally with the Islamic phrase *Assalamu 'alaikum warahmatullahi wa barakatuh*, or simply *As-salamu alaykum* (meaning "Peace be upon you." It is a religious and cultural greeting among Muslims, symbolizing a wish for peace and goodwill.) Normally, a handshake or hug would show more love and warmth. However, they refrained from physical contact due to the risk of spreading COVID-19 through touch and breathing. They understood the danger and, instead, greeted each other verbally, respecting the situation and prioritizing safety.

Sub-category 2: Searching for new strategies and seeking support to survive

With the introduction of COVID-19 pandemic restrictions, every participant had the experience of altering their lifestyle and seeking new ways to live. They addressed new strategies and sources of support in various forms. Three main strategies and forms of support were identified to deal with COVID-19. First, finding new ways to earn money. Some participants who worked unskilled jobs, such as selling food, groceries, and other local goods, found they had less

income because their customers were losing their jobs. So, they tried to find additional work to earn extra income.

Is there any occupation that I have never done, I tried to do it... I went out fishing. I had a trial and error because I have never fished before. I went fishing by myself. At least I got fish to eat. If there were fish left over from eating, I was able to sell some. (Uncle Man)

Secondly, the participants learned the value of good family assets, including support from their children, savings, own land, debt-free status, and the knowledge and ability to pursue an extra career, which are important resources in handling and maintaining harmony in life.

Children can help a lot. The youngest son gives me two hundred baht [approximately 5.4 USD] every day. The eldest son gave me five thousand baht to pay for renting a house every month.

I have palm plantations, rubber plantations, and some coconut plantations. I picked some young coconuts to sell. At night, my job is as a repairman. I would stay up late until 11 p.m. Before going to bed, I repaired the fan and refrigerator to sell to people who had little money. I am selling them for one hundred or two hundred baht each. It's enough to survive. (Uncle Wut)

Another strategy was attaining support from a variety of sources. Three important sources of support were timely information from reliable sources such as healthcare volunteers and news media, assistance from friends and neighbors and assistance from the government. This support enhanced their determination to deal with their struggle and well-being and maintained their self-value and dignity.

The government gives 5,000 three times... I have another welfare card that receives 300 baht per month. I also received 700 baht from the older allowance. It is enough to live. I bought

some milk, rice, and whatever I wanted to eat. I kept some of the rest. I feel very good that I received support from the government because I don't want to ask for help from other people. (Aunt Gim)

Sub-category 3: Accepting and learning to let go

Even though the participants had been affected by the COVID-19 outbreak for more than two years, they have tried several ways to deal with the virus and reclaim their normal lives, leading to acceptance of the new circumstances. Accepting and learning to let go was one of the main strategies that the participants adopted for their daily lives. This strategy is associated with religious beliefs and practices. Some participants perceived that having COVID-19 is a designation of God that no one can avoid. This strategy assisted them in having a calm mind, finding a new strategy to deal with COVID-19, and achieving harmony in life.

Buddha taught us that no matter what happens, we must accept it. We must overcome obstacles. I learned the words that he taught us, which gave me the idea of accepting and letting go. (Aunt Sa)

I think that if I am infected with COVID-19, it is God's command. I won't feel too sorry. I think like this. God has given me happiness for a long time throughout my lifetime; I have never been sick. So, if something happened like this [if I am infected with COVID-19], I consider it okay. Our lives depend on God. (Uncle Man)

Category 2: Attaining self-immunity and a secure life

Although the COVID-19 outbreak affected all participants, through various strategies they could live in harmony and with a calm mind. The consequences represent *Attaining self-immunity and a secure life*,

which is composed of: 1) living with purpose, 2) appreciating friendship, generosity and compassion, and 3) living with care and self-sufficiency.

Sub-category 1: Living with purpose

As it affects everyday life, the COVID-19 situation made the participants aware of the uncertainty and insecurity of life. They knew that they needed to have a plan for dealing with changes that would occur in the future. Each day, they had to set goals and be determined to live. The increasing isolation allowed participants to think and review their lives consciously. For the first time, they asked themselves, "What is my purpose of living?" This question is the starting point for finding life's purpose and recognizing that having a purpose must be a principle in living life. They had a clear direction in life associated with hope and security.

COVID has made us learn that, from now on, we can't live carelessly like in the past... From now on, we can't live carelessly like before. We must have a plan for how we will live. (Aunt Pin)

I see this [being faced with COVID-19] as human nature. Don't let the day pass by and gain nothing. It can't be like that. We need to have a goal. I set my goal each day. Today, I must sell everything that I have. So tomorrow I will set up a new stand. If we still breathe, we can't just let the day go by and be uncertain. We cannot live life drifting day by day. No matter whether you are older or younger, you must have a goal, something you can hold on to. (Aunt Ta)

Sub-category 2: Appreciating friendship, generosity, and compassion

Although the spread of COVID-19 caused individuals to struggle for survival, there were still friends who provided support, which made them realize the generosity of others. Friendships create a society of generosity that is essential in overcoming crises. In addition, a person who presents a sense of kindness

can bring back a sense of fulfillment in life. The friendship that is started can last long into the future and contribute to improving society. Furthermore, once older people realize the value of support and loving kindness, it encourages them to do more.

Friends at the market help each other out. We did a project "Friends are helping friends." If we assume that someone is in quarantine or someone is infected with COVID, we will raise 20 baht per person to buy rice, noodles, canned fish, or some fresh food and money to give to them. (Aunt Pla)

Giving, generosity and sharing are very important. We must always have these things in our mind... Having a sense of compassion makes us feel satisfied and fulfilled. Having kindness and compassion will bring good things to our lives. Sharing good things makes me feel fulfilled and happy. (Aunt Wi)

Sub-category 3: Living with careful and self-sufficiency

Some participants who lived continuously with sufficiency, care, and awareness perceived that this way of living supported them in overcoming the challenges brought by the COVID-19 outbreak. Living self-sufficiently helped them acquire life assets and savings for a secure life and reduced the burden when facing life changes. This way of living helped them perceive that COVID-19 had little impact and reinforced their appreciation for living with self-sufficiency and care. When they recognized that the COVID-19 pandemic had affected them less than others, they realized that living with care and self-sufficiency led to strengthening the mind and living with wisdom.

I am never extravagant. It's like the King teaches us to be sufficient. I did it that way. So, we're not in trouble; we have food and money to spend. It's about saving money; I've always been

saving money. Especially when it's [COVID-19 pandemic] like this, we must save more because we don't know how long it will be in the future. COVID-19 makes us understand that life cannot be careless. We must live our lives carefully. We cannot be careless about anything. There must be some kind of backup career... Just like the Buddha taught “self-reliance” can be used in this situation. (Aunt Som)

Naturally, I spend only what is necessary. Because my mother taught me that [laughs]. (Aunt Mai)

Discussion

This grounded theory study illustrated the core category of *Living with wisdom and compassion*, which comprised the two categories,

Category 1: Strengthening the mind and living with wisdom,

This strategy can lead to the attainment of self-immunity and a secure life. Although COVID-19 was disruptive to the participants' lives, through self-sufficiency and support within the new environment, they all could achieve harmony through several ways of strengthening their minds and living life with wisdom.

The first sub-category is adhering to the COVID-19 prevention measures to ensure safety without causing others to worry. With the advent of the pandemic, people were suddenly forced to adapt to a 'new normal,' with lockdowns, quarantines and the mandatory wearing of face masks and face shields in public.²⁷ Although the participants experienced physical distancing and home quarantine, which can exacerbate social isolation and thus impact their physical, mental, cognitive and spiritual well-being,¹¹ they all preferred to adhere to the principles of COVID-19 infection prevention as part of their lives. This may be due to several reasons.

First, participants, especially those with chronic disease, were more susceptible to COVID-19; therefore,

they were more concerned about preventing it.⁵ Second, they realized the negative impacts of COVID-19. They knew that being infected with the virus causes an abundance of issues, including stigmatization and death. They had a sense of connectedness and compassion for themselves and their children. Some participants avoided getting COVID-19 because they did not want to be a burden to their children, as previously mentioned. Lastly, they had a sense of love for themselves and their significant others or a sense of connectedness and compassion for their children.

The second sub-category is searching for support and a new strategy to survive. The COVID-19 outbreak, lasting more than two years, has continuously affected the lives of participants of all genders, ages, and statuses and produced a variety of problems for those already at risk of financial hardship in times of recession. However, most participants felt fortunate and acknowledged receiving support from various sources, such as family, friends and government. But, reliance on social and financial support alone is insufficient, especially during a crisis.¹⁰ Participants searched for new strategies to earn enough income to stabilize their economic and financial status. Approaches included learning a new job and working longer hours to maintain their self-reliance, dignity, and well-being.¹¹

The last sub-category is accepting and learning to let go. As Buddhists and Muslims, the participants followed religious teachings that helped them to reclaim their peace of mind. According to Buddhist teaching,²⁸ when people have a calm mind, they can understand suffering, uncertainty and the impermanence of life. This leads to accepting and learning to let go, thereby gaining peace.²⁹ Buddhism focuses on teaching people to train and develop their minds, a concept presented in the first Buddhist doctrines of the Four Noble Truths.²⁹ This is consistent with Muslim teaching. In the Hadith teachings of Prophet Muhammad (PBUH), it is said, “A Mu'min should live with mindfulness and adhere to reality, not allowing dreams or fantasies to lead them. When faced with obstacles, they should accept them

with unwavering faith in the will of Allah.” In this way, Islam is a religion of steadfastness, never succumbing to any weakness.³⁰

Category 2: Attaining self-immunity and a secure life

This category represents the consequence of enhancing harmony in the lives of older adults facing the COVID-19 pandemic. Harmony in life is the state in which participants feel secure and can deal with their current and future changing situations. Having security stems from having life capital and a strategy to strengthen the mind and live with wisdom to achieve holistic health and well-being. The benefits of this include security, self-immunity, safety and stability in daily life, and being prepared to deal with crises that may occur in the future.

To achieve self-immunity and secure life, the participants lived a life based on patience, perseverance, diligence, wisdom and prudence. This is crucial to achieving balance and coping with challenges arising from extensive socioeconomic, environmental and cultural changes in the world, especially during the pandemic era. They realized their self-worth, recognized the power of their abilities, and established a strong foundation that would enable them to be self-reliant. This awareness brings with it the meaning of living and fulfilling humanity.³¹

Living with purpose is the first sub-category of Category 2, emanating the consequence that contributed to participants' positive well-being³² while facing the threatening events of the pandemic. An important result of creating harmony during this crisis was that the participants learned to live life purposefully. They had the opportunity to reflect on themselves, find goals and discover their purpose in life. A person who discovers their life purpose will understand their reason for living by knowing who they will live life for, what they are living for, and how to live. They will be determined to achieve important life goals for themselves and the benefit of others.³³ Purpose in life has been defined as having goals and a sense of directedness, holding a belief that gives life purpose, and having aims and objectives for living.³³

A purpose was established when the participants acknowledged the change in life, uncertainty and impermanence. They realized the significance of living purposefully and the contentment that brings hope and a sustainable life.³⁴ Purpose in life is also identified as one of the resources for inner strength associated with better social integration and health among older people.³⁵ Additionally, due to COVID-19, people had restrictions on travel and spending time outside their homes.³⁶ As a result, the participants had more time at home and with family, resulting in more interaction and stronger bonds among family members. Likewise, having purpose is nurturing when the participants have a connection to their children, reflecting the sense of loving kindness and compassion that motivates their purpose in life to achieve holistic health and wellness.³⁷⁻³⁸

Although a systematic review illustrated that purpose in life tends to reduce with old age³⁵ because of unemployment and lack of social integration and identity, the participants in this study gained purpose in life. This may be because they understood the truth about their lives and found connectedness through religious values and self-reliance. This made them feel proud of themselves and helped them overcome crises and gain harmony in life. These aspects indicate a successful life and give rise to a perception that their life has been meaningful.³⁵

The second sub-category is appreciating friendship, generosity and compassion. Friends and neighbors play a significant role in providing financial and emotional support. Such support encompasses a variety of social interactions between friends, family members, neighbors and others. It is usually defined as the existence or availability of people we can rely on and those who let us know that they care about, value and love us.³⁹ In addition, among our participants was a group of friends who shared the same occupation of selling goods at the market. They supported each other by donating money when one was infected with COVID-19. The support from friends and the government, especially during the critical lockdown period, was crucial for

the participants to augment their hope. Social integration imparts a sense of belonging, a feeling of being wanted, respected and loved, which will intrinsically motivate individuals to engage in social relationships that add purpose to their lives. Social relationships are suggested to benefit older adults by enabling them to engage in various activities that will contribute to their purpose in life. Such interactions also have long-term effects on health and influence healthy behaviors.³⁵

The last sub-category is living with care and self-sufficiency. The Sufficiency Economy Philosophy (SEP) was developed based on Buddhist principles that stress the ‘middle path’ as an overriding principle for appropriate conduct by the populace at all levels. It emphasizes moderation, responsible consumption, resilience and self-immunity to internal and external challenges, including the COVID-19 pandemic. To achieve self-sufficiency, applying knowledge with due consideration and prudence is essential. In addition, a way of life based on patience, perseverance, diligence, wisdom, and prudence is indispensable in creating balance and coping appropriately with critical challenges arising from extensive and rapid socioeconomic, environmental and cultural changes in the world.⁴⁰

This study found that the participants recognized the value of self-sufficiency and learned to live based on this philosophy. Living self-sufficiently not only helped them have life assets for a secure life but also helps them be less burdened when something changes in their lives. This way of living made them further acknowledge the value of living with self-sufficiency and care. The participants were learning the SEP philosophy, guiding them to live life in the middle path, leading to real happiness.³⁷

Limitations

This study only focuses on older people living in southern Thai urban areas who lived at home independently during COVID-19. The findings are unique to older Thai people, that is, people whose background, religion

and culture are Thai and who live in urban areas. Therefore, further studies should explore more diverse groups of older people in various contexts.

Conclusion

This grounded theory study illustrated the core category of *Living with wisdom and compassion*. The participants achieved harmony by using the main strategies of adhering to COVID-19 prevention to ensure safety without causing worry in others, searching for a new strategy to survive with some support, and accepting and learning to let go. This helped participants achieve self-immunity and secure life by living purposefully, appreciating friendship, generosity and compassion, and living with care and self-sufficiency. This study found that all participants could achieve harmony through having life capital and engaging in ways to strengthen the mind and live life with wisdom.

Recommendations and Implications for Practice

In summary, this study highlights the importance of enhancing harmony in the lives of older Thai adults during the COVID-19 pandemic, pointing to developing interventions that can promote harmony, ensure active aging and improve well-being. This study provides evidence to support nurses and other health care professionals in understanding how to develop strategies to enhance harmony in life in Thai older adults when facing other emerging diseases or life-threatening situations in the future. In addition, more research to create purpose in life or harmony of life among older adults must focus on religious beliefs and family relationships. The knowledge gained can be used to develop programs to promote harmony in life.

These findings can help nurses develop a holistic program that focuses on strengthening the mind, fostering resilience and promoting self-sufficiency. For example, such a program could include purpose-driven activities, such as volunteer work, hobbies, or community roles that align with older adults’ abilities. Additionally, purpose-in-life workshops could be implemented,

where older adults set meaningful personal or social goals, helping them cultivate a sense of purpose.

Acknowledgments

We acknowledge the willingness of all participants to engage in this study. We thank the Prince of Songkla University, who provided financial support for this research. We would also like to express our gratitude to Frederick Charles Dawkins for his support throughout the preparation of this manuscript.

Disclosures

We do not have any conflict of interest, either real or perceived. This work has not been, and will not be, submitted to any other journal. The role of the study sponsor was reported by the authors. The sponsor was not involved in the above matters.

References

1. Cucinotta D, Vanelli M. WHO declares COVID-19 a pandemic. *Acta Biomed.* 2020; 91(1): 157–60. doi: 10.23750/abm.v91i1.9397.
2. Rosenthal DM, Ucci M, Heys M, Hayward A, Lakhapaul M. Impacts of COVID-19 on vulnerable children in temporary accommodation in the UK. *Lancet Public Health.* 2020; 5(5):e241–2. doi: 10.1016/S2468-2667(20)30080-3.
3. Crouzet L, Scarlett H, Colleville A-C, Pourtau L, Melchior M, Ducarroz S. Impact of the COVID-19 pandemic on vulnerable groups, including homeless persons and migrants, in France: a qualitative study. *Prev Med Rep.* 2022;26: 101727. doi: 10.1016/j.pmedr.2022.101727.
4. Dadras O, SeyedAlinaghi S, Karimi A, Shamsabadi A, Qaderi K, Ramezani M, et al. COVID-19 mortality and its predictors in the elderly: a systematic review. *Health Sci Rep.* 2022;5(3):e657. doi: 10.1002/hsr2.657. Erratum in: *Health Sci Rep.* 2022;21;5(4):e723. doi: 10.1002/hsr2.723.
5. United Nations, Department of Economic and Social Affairs. Issue brief: older persons and COVID-19 [Internet]. 2020 Apr [cited 2024 Nov 13]. Available from: <https://social.desa.un.org/sites/default/files/files/POLICY-BRIEF-ON-COVID19-AND-OLDER-PERSONS.pdf>
6. Cocuzzo B, Wrench A, O'Malley C. Effects of COVID-19 on older adults: physical, mental, emotional, social, and financial problems seen and unseen. *Cureus.* 2022;14(9): e29493. doi: 10.7759/cureus.29493.
7. Gadó K, Kovács AK, Domján G, Nagy ZZ, Bednárík GD. COVID-19 and the elderly. *Physiol Int.* 2022;109(2): 177–85. doi: 10.1556/2060.2022.00203.
8. Singhal S, Kumar P, Singh S, Saha S, Dey AB. Clinical features and outcomes of COVID-19 in older adults: a systematic review and meta-analysis. *BMC Geriatr.* 2021; 21(1): 321. doi: 10.1186/s12877-021-02261-3.
9. Oliveira MR, Sudati IP, Konzen VM, de Campos AC, Wibelinger LM, Correa C, et al. Covid-19 and the impact on the physical activity level of elderly people: a systematic review. *Exp Gerontol.* 2022;159:111675. doi: 10.1016/j.exger.2021.111675.
10. Miller EA. Older adults and COVID-19 implications for aging policy and practice. London: Routledge; 2021. doi: 10.4324/9781003118695.
11. Pant S, Subedi M. Impact of COVID-19 on the elderly. *JPAHS.* 2020;7(2):32–8. doi: 10.3126/jpahs.v7i2.31104.
12. The British Academy. The COVID decade: understanding the long-term societal impacts of COVID-19 [Internet]. 2021 [cited 2024 Nov 13]. Available from: <https://www.thebritishacademy.ac.uk/publications/COVID-decade-understanding-the-long-term-societal-impacts-of-COVID-19/>
13. Yildirim H, Işık K, Aylaz R. The effect of anxiety levels of elderly people in quarantine on depression during covid-19 pandemic. *Soc Work Public Health.* 2021;36(2): 194–204. doi: 10.1080/19371918.2020.1868372.
14. Maral P, Punetha D. Older adult life in COVID-19 pandemic: focus on social isolation, loneliness, and minimization of risks. *Ind Psychiatry J.* 2022;31(1):168–71. doi: 10.4103/ipj.ipj_219_20.
15. Butcher JN, Hooley JM. Introduction to understanding psychopathology. In: Butcher JN, Hooley JM, editors. *APA handbook of psychopathology: psychopathology, understanding, assessing, and treating adult mental disorders.* American Psychological Association; 2018. pp. 3–11. doi: 10.1037/0000064-001.

16. Kjell ONE, Daukantaitė D, Hefferon K, Sikström S. The harmony in life scale complements the satisfaction with life scale: expanding the conceptualization of the cognitive component of subjective well-being. *Soc Indic Res.* 2015; 126(2):893–919. doi: 10.1007/s11205-015-0903-z.
17. Balthip Q, Petchruschatachart U, Piriyaakontorn S, Boddy J. Achieving peace and harmony in life: Thai Buddhists living with HIV/AIDS. *Int J Nurs Pract.* 2013;19(Suppl 2):7–14. doi: 10.1111/ijn.12039.
18. Nilphat O, Sripichyakan K, Chintanawat R, Khampolsiri T. Living in harmony with the community’s nature and socio-culture: an ethnography of healthy older people in a northeastern Thai rural community. *Pacific Rim Int J Nurs Res.* 2023;27(4):753–66. Available from: <https://he02.tci-thaijo.org/index.php/PRIJNR/article/view/261325>
19. Komjakraphan P, Chansawang W. Maintaining harmony of life in skipped-generation households of the older adults. *Asian Pac Isl Nurs J.* 2015;1(1):1–7. doi: 10.1177/2373665815569505.
20. Carmona-González M, Flores-Garnica A, Sánchez-Ramos MÁ, Ortiz-Rodríguez MA, Arenas-Ocampo ML, García-Serrano LA, et al. Impact of the COVID-19 pandemic on the quality of life of older adults. *J Glob Health Rep.* 2022;6:e2022032. doi: 10.29392/001c.37468.
21. Tongprateep T. The essential elements of spirituality among rural Thai elders. *J Adv Nurs.* 2000;31(1):197–203. doi: 10.1046/j.1365-2648.2000.01212.x.
22. Strauss A, Corbin J. Basics of qualitative research: techniques and procedures for developing grounded theory. 2nd edition. Thousand Oaks (CA): Sage; 1998.
23. Chun Tie Y, Birks M, Francis K. Grounded theory research: a design framework for novice researchers. *SAGE Open Med.* 2019;7:2050312118822927. doi: 10.1177/2050312118822927.
24. Strauss AL. Qualitative analysis for social scientists. Cambridge: Cambridge University Press; 1987.
25. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *Int J Qual Health Care.* 2007;19(6):349–57. doi: 10.1093/intqhc/mzm042.
26. Lincoln YS, Guba EG. Naturalistic inquiry. Newbury Park (CA): Sage; 1985.
27. Corpuz JCG. Adapting to the culture of ‘new normal’: an emerging response to COVID-19. *J Public Health (Oxf).* 2021;43(2):e344–5. doi: 10.1093/pubmed/fdab057.
28. Dhammananda KS. What Buddhists believe. 4th edition. Kuala Lumpur, Malaysia: Buddhist Missionary Society Malaysia; 2002.
29. Hanh TN. The heart of the Buddha’s teaching: transforming suffering into peace, joy, and liberation. Chatsworth (CA): Harmony; 1999.
30. Prayatsap P. Islam: a religion of living [Internet]. 2018 Feb 23 [cited 2024 Nov 13]. Available from: <https://skthai.org/th/articles/112964> (in Thai).
31. Kaplin A, Anzaldi L. New movement in neuroscience: a purpose-driven life. *Cerebrum.* 2015;2015:7. PMID: 26380036.
32. Yuen M, Lee Q, Kam J, Lau P. Purpose in life: a brief review of the literature and its implications for school guidance programs. *J Psychol Couns Sch.* 2017;27(1):55–69. doi: 10.1017/jgc.2015.18.
33. Damon W, Menon J, Bronk KC. The development of purpose during adolescence. *App Dev Sci.* 2003;7(3):119–28. doi: 10.1207/S1532480XADS0703_2.
34. Balthip K, McSherry W, Petchruschatachart U, Piriyaakontorn S, Liamputtong P. Enhancing life purpose amongst Thai adolescents. *J Moral Educ.* 2017;46:295–307. doi: 10.1080/03057240.2017.1347089.
35. AshaRani PV, Lai D, Koh J, Subramaniam M. Purpose in life in older adults: a systematic review on conceptualization, measures, and determinants. *Int J Environ Res Public Health.* 2022;19(10):5860. doi: 10.3390/ijerph19105860.
36. Amirudin A, Syamsul M, Marnani C, Rahmah N, Wilopo. Positive impacts among the negative impacts of the COVID-19 pandemic for community life. *E3S Web of Conferences.* 2021;331:01008. doi: 10.1051/e3sconf/202133101008.
37. Balthip K, Petchruschatachart U, Piriyaakontorn S, Tiraphat N, Liamputtong P. Application of purpose in life and self-sufficient economic philosophy in enhancing the holistic health promotion of Thai adolescents. *JRN-MHS.* 2016;36(3): 111–30. Available from: <https://he02.tci-thaijo.org/index.php/nur-psu/article/view/73415> (in Thai).
38. Balthip K, McSherry W, Nilmanat K. Spirituality and dignity of Thai adolescents living with HIV. *Religions.* 2017;8(12):257. doi: 10.3390/rel8120257.
39. Mao Y, Chen J, Liu X, Dang J, Schiöth HB. Social support predicted subsequent subjective well-being during the COVID-19 pandemic: a prospective study. *BMC Public Health.* 2024; 24(1):943. doi: 10.1186/s12889-024-18473-2.
40. The Chaipattana Foundation. Philosophy of sufficiency economy [Internet]. 2017 [cited 2024 Nov 13]. Available from: <https://www.chaipat.or.th/eng/concepts-theories/sufficiency-economy-new-theory.html>.

การดำเนินชีวิตด้วยปัญญาและความเมตตา : การวิจัยเชิงรากฐาน เพื่อการสร้างเสริมความสมดุลในชีวิตของผู้สูงอายุในช่วงการแพร่ระบาด ของโควิด-19

กาญจน์สุนภัส บาลทิพย์, ศิริมาศ ภูมิไชยา,* พลิดา หนูดหะ, สรณ สุวรรณเรืองศรี, ตาณิกา หลานวงศ์,
ภัทรพร กิจเรณู, พิศมัย บุติมาลย์, ประณีต ส่งวัฒนา

บทคัดย่อ: โรคติดเชื้อไวรัสโคโรนา 2019 หรือโควิด-19 (COVID-19) ถือเป็นโรคระบาดใหญ่ระดับโลก
ที่ส่งผลกระทบต่ออย่างมีนัยสำคัญต่อชีวิตของผู้สูงอายุในทุกมิติ ผู้สูงอายุผู้ซึ่งมีความเปราะบางจึงมีความเสี่ยง
ต่อการติดเชื้อและการเผชิญกับความไม่สมดุลของชีวิตที่เป็นผลกระทบจากโควิด-19 การวิจัยเชิงรากฐานนี้มี
วัตถุประสงค์เพื่ออธิบายกระบวนการการสร้างเสริมความสมดุลในชีวิตของผู้สูงอายุเมื่อเผชิญกับการแพร่ระบาด
ของโควิด-19 ผู้ให้ข้อมูลจำนวน 21 ราย เลือกแบบเฉพาะเจาะจงจากผู้สูงอายุที่อาศัยอยู่ในเขตเมือง
เมืองใหญ่แห่งหนึ่งทางภาคใต้ของประเทศไทย โดยเก็บรวบรวมข้อมูล ด้วยการสัมภาษณ์เชิงลึก ระหว่าง
เดือนกรกฎาคม 2563 ถึง พฤศจิกายน 2564 และวิเคราะห์ข้อมูลตามทฤษฎีรากฐานของสตราสส์และคอร์บิน
การศึกษานี้ได้ค้นพบประเด็นหลัก คือ “การดำเนินชีวิตด้วยปัญญาและความเมตตา” ซึ่งสะท้อน
ถึงกระบวนการการสร้างเสริมความสมดุลในชีวิตของผู้สูงอายุเมื่อเผชิญกับการแพร่ระบาดของโควิด-19
โดยประกอบด้วย 2 ประเด็นรอง ได้แก่ ประเด็นรองที่ 1 คือ การเสริมสร้างความเข้มแข็งของจิตใจและการ
ดำเนินชีวิตด้วยปัญญา ซึ่งประกอบด้วย 3 ประเด็นย่อย ได้แก่ การยึดหลักการป้องกันโควิด-19 อย่างเคร่งครัด
เพื่อความปลอดภัยและการไม่ทำให้ผู้อื่นกังวล การค้นหากลยุทธ์ใหม่และการแสวงหาความช่วยเหลือ
เพื่อความอยู่รอด และการยอมรับและเรียนรู้ที่จะปล่อยวาง ประเด็นรองที่ 2 คือ การมีภูมิคุ้มกันในตนเอง
และการมีชีวิตที่ปลอดภัย ซึ่งประกอบด้วย 3 ประเด็นย่อย ได้แก่ การดำเนินชีวิตอย่างมีเป้าหมาย การชื่นชม
มิตรภาพ ความมั่นใจ และความเมตตาระหว่างเพื่อน และการดำเนินชีวิตด้วยความเอาใจใส่และความพอเพียง
ความเข้าใจกระบวนการการสร้างเสริมความสมดุลในชีวิตของผู้สูงอายุเมื่อเผชิญกับการแพร่ระบาด
ของโควิด-19 ครั้งนี้ สามารถให้แนวทางแก่พยาบาลในการพัฒนาโปรแกรมการดูแลแบบองค์รวม ที่ผสมผสาน
กับภูมิปัญญาเพื่อเตรียมความพร้อมและสนับสนุนผู้สูงอายุในการดำเนินชีวิตที่ดีในชีวิตประจำวัน และรับมือ
กับวิกฤตการณ์ที่กำลังจะเกิดขึ้นในอนาคต

Pacific Rim Int J Nurs Res 2025; 29(2) 246-259

คำสำคัญ: ความเมตตา โควิด-19 ทฤษฎีรากฐาน สมดุลชีวิต เป้าหมายชีวิต ผู้สูงอายุ ภูมิปัญญา

กาญจน์สุนภัส บาลทิพย์ รองศาสตราจารย์ คณะพยาบาลศาสตร์ มหาวิทยาลัย
สงขลานครินทร์ E-mail: quantar.b@psu.ac.th
ติดต่อที่: ศิริมาศ ภูมิไชยา* ผู้ช่วยศาสตราจารย์ คณะพยาบาลศาสตร์ มหาวิทยาลัย
สงขลานครินทร์ E-mail: sirimas.p@psu.ac.th
พลิดา หนูดหะ ผู้ช่วยศาสตราจารย์ คณะพยาบาลศาสตร์ มหาวิทยาลัยสงขลานครินทร์
E-mail: palida.n@psu.ac.th
สรณ สุวรรณเรืองศรี ผู้ช่วยศาสตราจารย์ คณะพยาบาลศาสตร์ มหาวิทยาลัย
สงขลานครินทร์ E-mail: sarana.s@psu.ac.th

ตาณิกา หลานวงศ์ ผู้ช่วยศาสตราจารย์ คณะพยาบาลศาสตร์ มหาวิทยาลัย
สงขลานครินทร์ E-mail: tanika.l@psu.ac.th
ภัทรพร กิจเรณู ผู้ช่วยศาสตราจารย์ คณะพยาบาลศาสตร์ มหาวิทยาลัยสงขลานครินทร์
E-mail: pattaraporn.k@psu.ac.th
พิศมัย บุติมาลย์ อาจารย์ คณะพยาบาลศาสตร์ มหาวิทยาลัยราชภัฏศรีสะเกษ
E-mail: pissamai.butimal14@gmail.com
ประณีต ส่งวัฒนา รองศาสตราจารย์ คณะพยาบาลศาสตร์ มหาวิทยาลัยสงขลา
นครินทร์ E-mail: praneed.s@psu.ac.th