



Comparative Study of Well-Being between COVID Positive and Non-COVID Older Persons

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An attempt has been made to study the comparison of well-being between Covid and Non-Covid older persons. For this purpose, a well-being scale by Dr. Taresh Bhatia and Dr. Harendra Singh Prajapati was administered on 300 Covid Positive and 300 Non-Covid old persons aged 60 (+) in Kanpur city, selected through stratified random sampling technique. The Mean, Standard Deviation, and Critical Ratio were calculated. The results show that the Non-Covid older persons have significantly good well-being compared to Covid Positive older persons at the level of 0.01. The Non-Covid Positive older persons have significantly better well-being in Autonomy, Physical well-being, Mental well-being, Life Satisfaction, Emotional well-being, Efficiency, and Social well-being than Covid Positive older persons.

Keywords: Well-Being, Covid-19, Older Adults, Mental Health, Comparative Study.



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1. INTRODUCTION

Well-being is a multifaceted concept encompassing an individual's emotional, psychological, physical, and social health. It refers to a positive state in which people are able to function effectively, experience life satisfaction, and cope with the normal stresses of life. Subjective well-being, often defined by feelings of happiness, fulfilment, and purpose, plays a crucial role in healthy aging and mental resilience. According to [Ryan and Deci \(2008\)](#), well-being is

not merely the absence of negative experiences, but the capacity to live fully and reach one's full potential. [Naci and Ioannidis \(2015\)](#) also emphasize that wellness incorporates various interconnected elements of health that go beyond traditional medical definitions and involve emotional, psychological, and social balance.

The World Health Organization describes mental well-being as a state in which an individual recognizes their own abilities, can manage the normal stresses of life, work productively, and

contribute to their community. **Clinebell (1995)** expanded this definition by suggesting that spiritual well-being and personal values form a fundamental part of an individual's sense of overall wellness.

The emergence of the COVID-19 pandemic in late 2019 brought significant disruption to health systems and societies globally. Among those most vulnerable to the health, psychological, and social impacts of the pandemic are older adults. The virus itself posed a higher mortality risk for the elderly population, especially those with pre-existing medical conditions such as cardiovascular diseases, diabetes, chronic respiratory diseases, and cancer. However, beyond physical health vulnerabilities, older individuals also faced unique mental health challenges. These included heightened levels of anxiety, depression, stress, and fear due to increased isolation, uncertainty, and the widespread media portrayal of older people as the most at-risk group.

The impact of the pandemic on the mental and social well-being of elderly populations has been profound. Social isolation, often intensified by lockdowns and quarantine protocols, exacerbated feelings of loneliness and helplessness, especially among older adults living alone or in care homes. Cognitive impairments and pre-existing mental health issues further worsened the psychological impact of the pandemic on this age group.

In contrast, older adults who were not infected by COVID-19 but lived through the same stressful circumstances might have had different coping mechanisms, support systems, or protective factors influencing their overall well-being. Hence, there is a pressing need to explore how well-being differs between older adults who

tested positive for COVID-19 and those who remained uninfected during the pandemic period.

This study aims to compare the levels of well-being across various dimensions—such as autonomy, physical and mental health, emotional stability, social engagement, life satisfaction, and personal efficiency—between Covid-positive and Non-Covid older individuals. By using a scientifically validated well-being scale, the study seeks to provide empirical insights into how the direct experience of the disease influences the psychological and emotional state of the elderly, and to suggest interventions that can promote better health outcomes in similar future crises.

2. OBJECTIVE OF THE STUDY

- To find out the difference in well-being between corona positive and non-corona positive elder people.

3. HYPOTHESIS OF THE STUDY

- **H₀:** There is no significant difference in well-being between corona positive and non-Covid elder people.

4. RESEARCH METHODOLOGY

Sample: In the present study, 300 Covid positive and 300 Non-Covid older people from Kanpur area of Uttar Pradesh were selected through stratified random sampling technique.

Tool: The General Well-being Scale (G.W. for adults) by Dr. Taresh Bhatia and Dr. Harendra Singh Prajapati was used in the present study. For the comparison of different areas of well-being between corona positive and non-corona positive elder people, the mean, standard deviation, and critical ratio were calculated.

5. RESULTS AND FINDINGS

Table-1: Showing comparison of different areas of well-being between Covid positive and Non-Covid older people

Areas of General Well-being	Mean (Covid Positive)	S.D. (Covid Positive)	Mean (Non-Covid)	S.D. (Non-Covid)	Critical Ratio
Autonomy	35.15	5.01	38.63	4.26	9.16 < .01
Physical Well-being	32.57	5.95	37.54	4.96	11.04 < .01
Mental Well-	33.17	5.40	38.90	5.02	12.26 < .01

being					
Life Satisfaction	33.17	5.74	38.51	4.53	12.71 < .01
Emotional Well-being	31.78	6.35	37.66	5.02	12.51 < .01
Efficiency	32.54	5.35	37.81	4.75	12.85 < .01
Social Well-being	33.07	5.39	38.04	5.00	11.83 < .01
Total	232.03	28.87	267.05	24.82	15.92 < .01

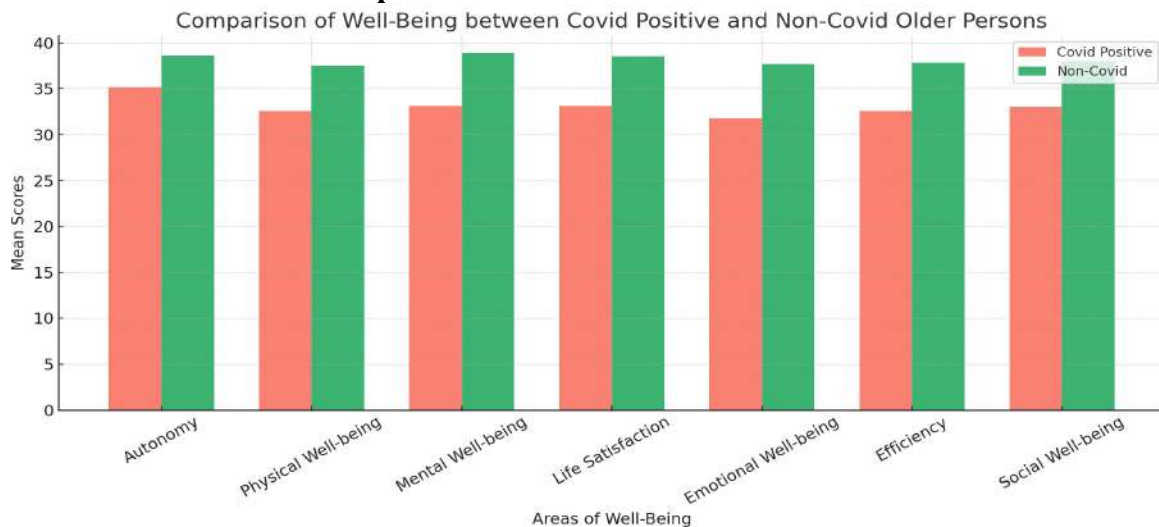
Significance levels:

0.05 = 1.96

0.01 = 2.58

The table shows that Non-Covid positive individuals have higher well-being (mean = 267.05) than Covid positive older persons (mean = 232.03). The Non-Covid positive group scored higher across all domains: Autonomy (38.67), Physical Well-being (37.54), Mental Well-being (38.90), Life Satisfaction (38.51), Emotional Well-being (37.66), Efficiency (37.81), and Social Well-being (38.04), while Covid-positive individuals had relatively lower scores in all areas.

Bar Diagram also showed similar differences between Covid positive and Non-Covid older persons across these domains.



Thus, the **null hypothesis**—"There is no significant difference of well-being between Covid positive and Non-Covid older people"—**is rejected**.

6. CONCLUSION

The findings of the present study highlight a significant difference in the well-being of Covid-positive and Non-Covid older persons, with the Non-Covid group demonstrating considerably higher levels of well-being across all measured domains. These domains included autonomy, physical well-being, mental well-being, life satisfaction, emotional stability, personal efficiency, and social well-being. The statistical analysis revealed that these differences were significant at the 0.01 level, indicating a robust

association between Covid-19 infection and a decline in overall well-being among the elderly.

Older individuals who contracted Covid-19 were more likely to experience a sense of vulnerability, isolation, and psychological distress, all of which contributed to a deterioration in their well-being. Physical symptoms, the fear of mortality, hospitalization experiences, and long recovery periods may have had both direct and indirect impacts on their emotional and mental state. Additionally, stigma or social distancing from family and community members may have further diminished their sense of social connection

and personal value. These findings are consistent with global literature suggesting that older adults, particularly those affected by infectious diseases like Covid-19, are at heightened risk for psychosocial challenges.

On the other hand, Non-Covid older adults, although equally exposed to the pandemic's societal impact, were likely protected from the physical trauma of the illness itself, allowing them to maintain relatively higher psychological and emotional equilibrium. Their well-being scores reflect better coping mechanisms, potentially due to continued social support, access to routines, and the absence of direct illness-related distress.

The implications of this study are significant for health professionals, caregivers, mental health workers, and policymakers. In the context of public health emergencies, it is vital to ensure that support systems for older populations include not only physical health care but also comprehensive mental health and psychosocial interventions. Interventions such as regular communication, emotional support, encouragement of physical activities, the provision of spiritual or recreational engagement, and digital literacy training can be crucial in helping older adults maintain their well-being during crises.

Furthermore, the study underscores the importance of early identification of mental health needs in older adults who have experienced illness, especially in post-recovery phases. Mental health services tailored specifically for geriatric populations should be integrated into community healthcare systems, ensuring accessibility and continuity of care.

In conclusion, this comparative analysis demonstrates that Covid-19 has a measurable and negative impact on the well-being of older adults. However, it also reinforces the resilience and capacity for recovery that older individuals possess when provided with adequate support. Proactive mental health strategies, community outreach, and caregiver engagement can play a pivotal role in safeguarding the well-being of older populations during and after pandemics. Future research can explore longitudinal changes in well-being among older adults post-Covid recovery and assess the effectiveness of various intervention programs in promoting psychological resilience.

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