EXPERIENCES OF CONSTRAINTS ON COVID-19 VACCINATION AMONG ELDERLY PEOPLE

NIÑA MARIFE D. BULANG

TRISHIA ALENA B. CALATRAVA

DAWN AMBER E. DASOY

CHARRIZE DEANNE R. DELA PEÑA

MISAMIS UNIVERSITY

2024

EXPERIENCES OF CONSTRAINTS ON COVID-19 VACCINATION AMONG ELDERLY PEOPLE

An Undergraduate Thesis

Presented to the Faculty of the College of Nursing, Midwifery,

and Radiologic Technology

Misamis University

In Partial Fulfillment of the

Requirements for the Degree

Bachelor of Science in Nursing

NIÑA MARIFE D. BULANG

TRISHIA ALENA B. CALATRAVA

DAWN AMBER E. DASOY

CHARRIZE DEANNE R. DELA PEÑA

March 2023

UNIVERSITY PERMISSION

We hereby grant the Misamis University royalty-free license to reproduce, publish, and publicly distribute copies of this research output in whatever form subject to the provisions of applicable laws and the Misamis University Research Center (MURC) policy.

Specifically, I grant the following rights to the University:

a. To upload a copy of work in the thesis database of the college and any other database

   available on the public internet.

b. To publish the work in the college journal, both in print and electronic or digital

   format and online; and

c. To give open access to the above-mentioned work, thus allowing “fair use” of the

   work in accordance with the provisions of the Intellectual Property Code of the

   Philippines

(Republic Act No. 8293), especially for searching, scholarly, and research purposes.

NIÑA MARIFE D. BULANG **TRISHIA ALENA B. CALATRAVA**

DAWN AMBER E. DASOY **CHARRIZE DEANNE R. DELA PEÑA**

DECLARATION

We hereby declare that this research output is our original work, and it has been written by us in its entirety. We have duly acknowledged all the sources of information which have been used in this output.

NIÑA MARIFE D. BULANG

TRISHIA ALENA B. CALATRAVA

DAWN AMBER E. DASOY

CHARRIZE DEANNE R. DELA PEÑA

APPROVAL SHEET

This research study entitled "**EXPERIENCES OF CONSTRAINTS ON COVID-19 VACCINATION AMONG ELDERLY PEOPLE**" prepared and submitted by Bulang, Niña Marife D., Calatrava, Trishia Alena B., Dasoy, Dawn Amber E., Dela Peña, Charrize Deanne R. In partial fulfillment of the requirements for the degree of Bachelor of Science in Nursing, has been examined and recommended for acceptance and approval for the oral examination.

JESUS G. OCAPAN JR., PhD, RN, JD
Adviser

Approved by the committee on oral examination with the grade of _____.

SAMMY B. TAGHOY, PhD, RN

Chairman

ROJAIDA S. TABANAO, MAN, RN
Member

MARICAR MUTIA, MAN, RN
Member

Accepted and approved in partial fulfillment of the requirements for the degree of Bachelor of Science in Nursing.

JESUS G. OCAPAN JR., PhD, RN, JD
CNMRT Dean

ACKNOWLEDGEMENT

First of all, we would like to thank our Almighty God for giving us the determination to complete this study and to improve ourselves in a situation that we never imagined could surpass: the courage to make this work done with strength, time, and effort.

We would like to thank the clinical instructors from the College of Nursing, Midwifery and Radiologic Technology for supporting this study, who gave insights and knowledge that considerably aided this research.

We appreciate Dr. Sammy Taghoy, along with the research committee, for their assistance and valuable suggestions with the research and for reviewing the paper, which improved the manuscript.

This paper and the research behind it would not have been possible without the exceptional support of our adviser, Dr. Jesus G. Ocapan Jr. His enthusiasm, knowledge, and exacting attention to detail have been an inspiration and kept our work on track from our first encounter with the topic to the final draft of this paper.

We also would like to acknowledge the efforts of those who have directly and indirectly helped us complete this study successfully. It is the kindness of these acknowledged persons that this research sees the light of the day.

We submit this study with great humility and utmost regard.

Niña, Trishia, Dawn, Charrize

ABSTRACT

Coronavirus disease (COVID-19), caused by the SARS-CoV-2 virus, was affirmed a pandemic by the World Health Organization (WHO) in March 2020 (WHO, 2020), and the pandemic has had a significant impact on older persons worldwide. Vaccination against COVID-19 reduces symptomatic COVID-19 in the older adult population and promotes protection against the harsh disease. The research intended to determine the older adults' experiences with constraints on getting vaccinated with the COVID-19 vaccination that was administered to them. The researchers gathered information using qualitative methods, specifically the hermeneutic phenomenological approach described by Van Manen. The study was conducted within Ozamiz City. This study utilized elderly people using purposive snowball sampling; there were 8 participants. The researchers used guide questions as the tool for data collection. Max van Manen's Existential Life Worlds served as a direction in analyzing the data and drawing the essence of the experience of constraints among elderly recipients. These lived experiences include lived self-other or relationality, lived body or corporeality, lived space or spatiality, lived time or temporality, and lived things or materiality. The various iterative analyses of the phenomenon generated the following meanings. Thematic meaning developed the experience of constraints on COVID-19 vaccination among elderly adults. These include (1) Skepticism, (2) Conformity, (3) Flexile Attitude, (4) Resilience (5) Exuberant Contentment. Provide house-to-house vaccination services for elderly individuals who are unable to travel to vaccination centers due to mobility issues. Provide easily understandable information

about the vaccination process, including what to expect before, during, and after the vaccination, and offer assistance during emergencies or times of heightened stress.

Keywords*: constraints, elderly, resilience, skepticism, uplifted,*

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

Chapter 1

INTRODUCTION

Rationale of the Study

Coronavirus illness (COVID-19), caused by the SARS-CoV-2 virus, was declared a pandemic by the World Health Organization (WHO) in March 2020 (WHO, 2020), and it has had a substantial impact on the elderly globally. Over 565 million confirmed cases, with 6.3 million verified deaths. (WHO, 2020) as of late July 2022. The spread of COVID-19 has been controlled by implementing national limits on people's operations and immunization programs. As the COVID-19 global pandemic continues, many political leaders' messages are appropriately focused on encouraging people to engage in physical distancing while vaccination and antibodies are developed, because this practice would help stop the spread of the virus, which is especially important to protect older and immunocompromised people who are more vulnerable to the coronavirus's ravages (Armitage and Nellums, 2020). This message is typically framed around the idea that elderly people are valuable and that we must do everything necessary to protect their health and well-being during this critical period. This includes acknowledging that, while well-intended, self-isolation practices implemented to combat COVID-19 disproportionately affect older adults, and that immediate action is required to limit the mental and physical health consequences for isolated older people (Armitage and Nellums, 2020).

Protection against diseases and deaths caused by COVID-19 and limiting the emergence of new variants will be strongly dependent on people's acceptance and penetration of COVID-19 immunization. (WHO, 2022). Nonetheless, vaccine hesitancy

puts access concerns and the fall of COVID-19 vaccination at risk. (Hou et al., 2021). Vaccination penetration is guided by vaccination motivation and involvement. Vaccination motivation is influenced by people's thoughts and feelings regarding vaccine-preventable diseases, as well as social processes associated to vaccines (for example, a referral from a health practitioner), according to the Vaccination Framework's Behavioral and Social Drivers (BeSD) (WHO, 2022). Furthermore, reasonable factors (such as access to services and information about immunization) influence vaccine retention. The Australian Government's COVID-19 vaccine program focused on vaccination penetration among elderly persons aged 70 and up. COVID-19 vaccination decreases symptoms COVID-19 in older adults while also promoting protection against the disease. (Lopez Bernal et al. 2021). Widespread programs and efforts were launched to persuade elderly adults to get vaccinated against COVID-19. Vaccination in Singapore for 70-year-old and above elderly people started in late January 2021 and for those 60 years old and above in midMarch 2021 (Worldometer, 2022). The country’s four official languages and local dialects and COVID-19 vaccine promotional messages according to media articles were ysent to the older adult population by the Singapore government to elevate vaccination and advance vaccination using online links. Families were provided vouchers to inspire their older family members to get vaccinated (CNA, 2021).

This older adult population was categorized as a framework as increasing age is the dominant risk factor for complications and mortality from COVID-19 infection (WHO, 2022). Elderly people aged 70 and above continued to have the highest in commensurable deaths due to COVID-19 and between March 2020 and February 2021 of all deaths, older adult’s deaths cruised from 70% 5o 81 % (Office of National Statistics,

2021a). Older people were more likely to obtain the COVID-19 vaccine, particularly those who reported extraordinary trust in formal sources, moderate to low confidence in family and friends, and low trust in social media (Tan et al., 2022). Vaccine hesitancy has been studied in people over the age of 50, and it has been found that this population is concerned about the vaccine's potential side effects and effectiveness, as well as the fact that older people believe they are physically healthy and do not require the vaccine. Senior citizens, aged 60 and up, are particularly vulnerable due to weakening immune systems and pre-existing health issues. They are more likely to contract infections like pneumonia and influenza, which show symptoms like COVID-19. Even the elderly who are deemed healthy may be vulnerable to pneumonia and its complications. Yet, even with the high risk that attends non-vaccination of senior citizens, a large majority of the Philippines' ten million senior citizens are to be given access to tetanus, diphtheria, pertussis, shingles, measles, influenza virus, pneumococcal disease, and other similarly DOH approved vaccines that were deemed necessary for their protection and maintenance (House Bill 7858). In the context of a pandemic, older Filipinos' economic insecurity exacerbates their vulnerabilities, particularly their inability to obtain and pay for healthcare (Badana and Andel, 2018). Access to healthcare services is more challenging for older Filipinos living in rural regions compared to those living in cities. Even while physical separation is crucial for preventing viral spread, many elderly people have limited access to technology and resources, making them more isolated and unable to contact individuals outside the home. This absence of social engagement can create long-term sadness and a decline in mental wellness; this effect is particularly obvious in geriatrics who have poor proficiency with digital platforms. (Newman and Zainal, 2020).

In the Philippines, older people comprise 7.5% of the total population, or 7.5 million People (The Philippine Statistics Authority, 2016). Adults aged 65 and up, particularly those with underlying medical illnesses such as cardiovascular disease, hypertension, and diabetes, are more likely to suffer severe COVID-19 consequences (Applegate and Ouslander, 2020; Rocklov and Sjodin, 2020). People over 60 account for many deaths in the global pandemic (Comas-Herrera et al., 2020) and over half of deaths in the region (WHO Regional Office for Africa, 2020).

Several studies have been conducted about the experience of constraints on COVID-19 vaccination among the elderly in getting the vaccine. However, the lethality of COVID-19 was expected to result in high vaccination program participation rates (Ruiz & Bell, 2021). Unfortunately, various studies show that some people will refuse to receive the vaccine if it becomes available (Dodd et al., 2021; Neumann-Böhme et al., 2020). Despite the availability of these vaccinations, countries confront many obstacles, such as vaccination reluctance and anti-vaccination sentiments, restricted global supply, and inefficient vaccine deployment. (Agarwal, 2021; Forman, et.al., 2021). Older adults who are more fearful of COVID-19 are experiencing constraints causing them to believe that they are more likely to contract the disease, or if they believe that the disease is more severe, then they are more likely to be immunized against it. This outcome could be attributed to a variety of constraints, including doubts about the true need for vaccination and immune system overexposure, as well as perceptions about the safety and efficacy of vaccines or previous negative experiences with vaccination (Succi, 2018).

Theoretical Framework

This study utilized the following models and theories. First is the Health Belief Model (Hochbaum et. al., 1950) and the second is the Decision-Making Theory (Simon, 1947) which was utilized by defining the specific viewpoint that the researchers would take in understanding the concepts and variables and interpreting the data to be gathered.

The Health Belief Model (HBM) is a theoretical framework that can be used to direct health promotion and disease prevention efforts. The concept is based on the premise that a person's willingness to change their health habits is largely determined by their health perceptions (Boskey, 2022). The Health Belief Model includes numerous primary dimensions, such as perceived susceptibility, perceived severity, perceived advantages, perceived barriers, self-efficacy to engage in a behavior, and cues to action (Boskey, 2023). Perceived susceptibility refers to ideas about infection vulnerability, whereas perceived severity refers to thoughts about the harmful effects of contracting the infection (LaMorte, 2022). In the context of vaccination, perceived benefits are an individual's beliefs about being vaccinated, whereas perceived obstacles are the notion that being vaccinated is limited owing to psychosocial, physical, or financial issues. (Zampetakis, L. A., & Melas, C., 2021). Cues to action include information, people, and events that urge people to get immunized. Exploring major Health Belief Model constructs that influence COVID-19 vaccination may thus be critical for targeted interventions to promote vaccine acceptability (AbuBakar et al. 2020).

According to the Health Belief Model, a person's belief in a personal threat of illness or disease, together with their belief in the efficacy of the recommended health

activity or action, predicts their chance of adopting the practice (LaMorte, 2019). The Health Belief Model is one of the most extensively utilized models for studying COVID-19 vaccination behavior. In this vein, constraints as a phenomenon of interest in this research study can include widespread misinformation, conspiracy beliefs, and superstitions about the COVID-19 vaccine and its potential health risks, all of which have been shown to reduce public trust and must be addressed through proper communication. Constraints are delays in accepting or refusing safe vaccines, notwithstanding the availability of immunization services. (MacDonald, 2015). Various factors can influence constraints in vaccination including socio-economic, psychological, and informational aspects. This research focused on how the elderly people's health perceptions have influenced their decisions in whether to take the vaccine, and this model aided in understanding their behaviors towards the COVID-19 vaccine. The Health Belief Model served as a guide in our study to understand the different constraints in vaccination among the elderly, their perceptions of the vaccine's efficacy, and how these factors can influence their behaviors. The model provided insights into individuals' perceptions and beliefs, which influenced their health-related decisions and actions. By applying the Health Belief Model to the study of the experiences of constraints on COVID-19 vaccination among elderly people, the researchers gained valuable insights into the factors influencing health-related decisions. Therefore, decisions must be made so that their previous beliefs be changed towards taking the vaccine.

To further discuss the experience of constraints based on a theory, Decision-Making Theory in nursing care requires a progression of many compound factors and these are the personal characteristics of nurses, organizational factors, patient

characteristics, and environmental factors are among these domains (Ham et. al., 2017). Decision-making is commonly defined as a process or sequence of activities that involves steps such as problem recognition, information search, alternative definition, and the selection of an actor from two or more alternatives that meet the ranking preferences. The Decision-Making Theory, based on Herbert A. Simon's research (Simon, 1978), defines how rational people should behave in the presence of risk and uncertainty. It is founded on a series of axioms about how rational individuals behave, which have been extensively empirically and theoretically tested.

Decision-making provides a platform for further investigation into decision-making in nursing care practice. According to the theory, decision-making is adopting and applying rational choices to efficiently run a private, business, or governmental organization. Herbert A. Simon (Simon, 1978) proposed that decisions were crucial because if not made on time, they would have a detrimental influence on an organization's goals. He also noted that deciding entail choosing between possible courses of action, which may be divided into two parts: the decision itself and the process or acts taken (Simon, 1978). In other words, implementing a choice is equally vital as making it. Decision-making is crucial to any organization's smooth operation, achievements, and failures. However, the decision-making process must be exact in order to produce the greatest results (Quain and Seidel 2019). In the words of Kreitner (1966), "Decision-making is a process of identifying and choosing an alternative course of action in a manner appropriate to the demand of the situation."

This theory helped develop confidence and participation to establish vital common goals that are in line with our purpose, through decision-making. This research focused

on how elderly decisions eased the decisional process demoting uncertainty; specifically, it covered an exploration of their experiences that triggered the need to decide, then focused on experiences linked to decision-making. The Decision-making Theory guided our research because the vaccination process contradicted the health values to which the participants had previously been exposed. Aside from that, there was concern about discrimination against those who choose not to be vaccinated, notably the elderly. The participants chose vaccination based on principles, feelings, traditions, and an unintentional assessment of the personal, as well as the benefit of vaccination, with the latter being the most prevalent among the researched sample. As a result, this study demonstrates that deciding to get vaccinated against COVID-19 is a nuanced process, and the elderly cannot be easily classified as pro-vaccine or anti-vaccine based on their vaccination decision.

Conceptual Framework

A constraint is something that limits or controls what you can do by keeping you within limits. It can be anything that hinders something, requiring a person to function in a different and specific way. The unwillingness of elderly individuals to get safe and recommended vaccines, known as vaccine hesitancy, was already a major concern prior to the COVID-19 pandemic. Only after promoting vaccine uptake, understanding whether participants were willing to be vaccinated, the reasons for their willingness or unwillingness, and the most trusted sources of information in their decision-making did the researchers delve deeper into and understand their experiences with constraints. It was primarily highlighted that concerns about side effects were the most prominent causes for reluctance or increased immunization risk. Sources of constraint include "beliefs, attitudes,

documents, facts, tradition, image, interests, motives, and the like," (Bitzer 1968).

The constrained elderly experienced the following five themes: ‘skepticism’, ‘conformity’, ‘flexile attitude’, ‘resilience’, and ‘exuberant contentment’. Older people's exposure to COVID19 constraints influenced how they interacted with scientific information to make decisions about vaccination (Yang et. al., 2023).

It may seem odd for elderly people to say that they have been thinking about the end of an era quite often. Many of them were busy talking about their skeptical claims about their persistent fears, suspicions of vaccines or confusion, or if they can fall into conceit. That said, the possibility of confusion and misperception, they were left to sort through that information in an increasingly fractured mindset. They were worried that their quality of life would come at a personal emotional cost. Given that people with anxiety disorders overestimate the possibility of threat and harm (Ferreri et al., 2011), it stands to reason that a stressor like COVID-19, which poses a real and imminent threat to one's health and the health of those around them, would be especially stressful. Intolerance of uncertainty is defined by a desire for predictability, which is frequently accompanied by excessive information searching and difficulties making decisions (Birrell et al., 2011).

Intolerance of uncertainty is also associated with the amount of time people spend seeking health-related information about potential threats (Rosen et al., 2007), which is especially problematic given that increased exposure to COVID-19-related news is directly associated with negative psychological outcomes (Chao et al., 2020). Furthermore, the difficulty of acquiring absolute knowledge that harm has been avoided might exacerbate emotions of anxiety (Rachman 2002). As a result, it is understandable

that COVID-19 stress is higher among patients with anxiety disorders (Asmundson et al., 2020).

The unwillingness or delay in accepting vaccines despite their availability is known as vaccine hesitancy. However, if ideally, 20% of the general population has already taken the vaccination, people are considerably more likely to accept it (Leong et. al., 2022). The pressure or expectation to meet society's or others' regulations for vaccination is referred to as having a constrained understanding of vaccination. Without considering individual concerns or anxieties regarding the vaccination, there may be a sense of obligation to receive the shot because of societal or peer pressure.

Vaccine uptake among older persons is especially important. Older persons are more likely to develop severe illnesses and experience potentially fatal complications due to weakened immunity (immunosenescence) and a higher incidence of pre-existing chronic ailments (McElhaney et al, 2019). The main reasons for vaccine refusal among older persons in this study were "fear of severe side effects" and "safety and efficacy concerns," which is consistent with previous research (Reno et al., 2021).

The prevailing public policy approach has been to urge widespread vaccinations to restore healthcare systems and economies to normalcy. Previous study has demonstrated that social conformity can help overcome hesitation to vaccinations, and this has practical implications for using conformity as a motivator to make tough decisions (Leong & Lebel, 2020).

Simply put, reluctance is increased by the unfamiliarity of the vaccination, but it is decreased by societal conformity. The immunization initiative can originate from a few pioneering individuals (Leong et.). al., 2022).

Being adaptable in a crisis requires elderly individuals to adjust their perceptions and actions in response to new or unexpected occurrences. It enabled them to adapt more easily without being overburdened for extended durations. However, the scope of this rapidly evolving pandemic required them to think and respond flexibly. Preserving and improving a flexible mentality has been a critical skill for them to think clearly and completely rather than succumbing to depression and anxiety. Furthermore, adhering to rigid beliefs about conducting life as usual has been unjust. One technique is psychological flexibility, which refers to cognitive processes' adaptability while dealing with unpleasant ideas and sensations (Hayes et al., 2006). The definitions of 'flexible thinking', which is used interchangeably with the phrase 'cognitive flexibility', vary. Spiro and Jehng (1990) defined cognitive flexibility as "the ability to spontaneously restructure one's knowledge, in many ways, in adaptive response to radically changing situational demands" (Spiro and Jehng, 1990).

There is no question that people were living through a period of acute discomfort, and it has been a global experiment for discomfort. However, the adaptability to learn to be comfortable through being uncomfortable was what made them get through. Signature strengths are favorable characteristics that an individual possesses, promotes, and consistently demonstrates (Peterson, 2006).

There was a tendency that led them to be more efficient and productive in handling problems that arise due to certain crises along with demonstrating being more creative and open-minded. While it was a challenging time during the crisis to pull relevant information for informed conversations about the new and growing risks, it was ultimately more valuable to rely on unprepared decision-making in the rapidly changing circumstances. It was critical to focus on what mattered most. Compliance was called upon to make

decisions quickly and needed to be flexible to frame precautionary measures. Studies emphasize strengths and human flourishing that empower individuals to thrive (Peterson, 2006). Pleasant techniques aim to tip the scales in favor of pleasant experiences over negative ones. Understanding trademark strengths enables people to live more abundant lives by giving them the courage to handle the challenges and tasks of their everyday lives in the most effective way for them (Peterson, 2006). Because pleasant occurrences cannot always be relied on to make you happy, savoring is an excellent strategy to cultivate a consistent stream of positive thoughts and feelings (Davis, 2019).

Elderly people often had several different characteristics that helped them weather life's challenges. Humans have felt the psychological effects of a wide range of disasters, including the COVID19 epidemic, since the beginning of history. Resilience helped them get through and overcome adversity. Resilience appears to be sensitive to the impact of certain events (Hayman et al. 2017), such as unique stressors (Jex et al. 2013), such as war and other circumstances (Besser et al. 2014).

Resilience was something they had built over time as the experiences they had interacted with. It was a balanced scale where their negative experiences tipped the scale toward good outcomes. Furthermore, older persons who are more resilient have better health outcomes, such as effective aging, lower levels of depression, and longer life (MacLeod, Musich, Hawkins, Alsgaard, & Wicker, 2016).

According to Wells (2010), strong social links are the most important element of resilience, which can be improved by suitable intervention activities (Meléndez, Fortuna, Sales, & Mayordomo, 2015). Daily uplifts and conducive phases of everyday life centered around their social relationships which found enduring purposes to create the maintenance of their everyday life routines which appeared to be essential for their well-being.

Public perceptions toward vaccination acceptance were influenced by specific COVID-19 vaccine properties. A complex interaction of several social, cultural, political, and individual factors, such as uncertainty and reluctance about vaccination, affects attitudes toward vaccines (Opel et. al., 2011). According to one study, participants' refusal or postponement of the booster dosage was due to their lack of confidence in its efficacy or their conviction that the basic vaccination schedule provides enough and long-lasting protection (Babicki & Mastalerz-Migas, 2022).

One can conclude that the older population must be protected if the novel coronavirus pneumonia epidemic is to be prevented and controlled. The effective implementation of vaccination campaigns, particularly among those who are more likely to be afflicted, is crucial for the prevention of COVID-19. The most common reasons for vaccine resistance or reluctance were poor health and concerns about vaccine side effects creating consequences. Although older people with poor health (e.g., more chronic conditions) urgently require vaccination, multivariate regression analysis revealed that vaccine resistance and constraints were significantly associated with older age, more chronic conditions, lower self-rated health status, living alone, and using fewer types of social media (Zhang et al., 2022).

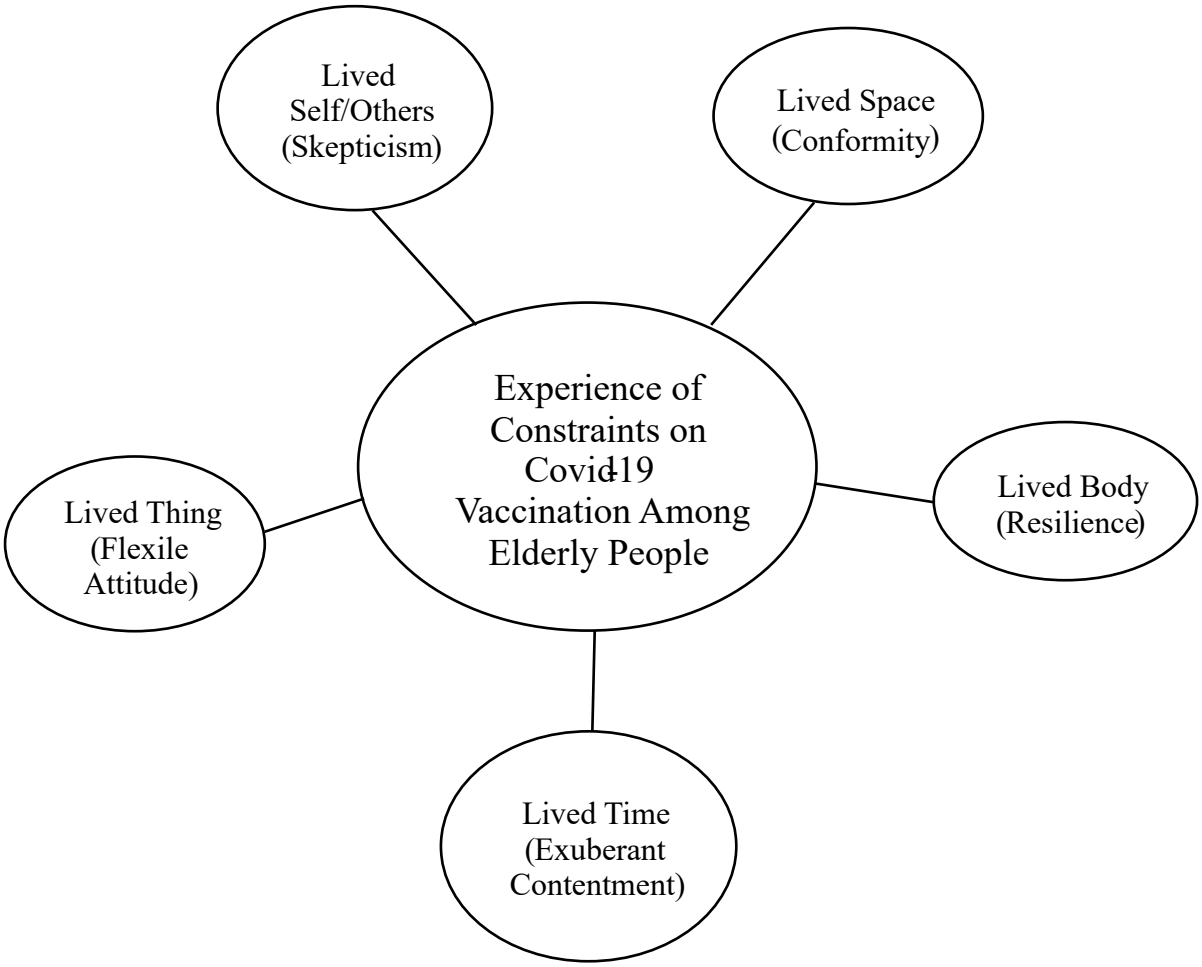


Figure 1. Experience of Constraints on COVID-19 Vaccination Among Elderly People

Objective of the Study

The study's objective was to explore more about the elderly's experiences with being constrained from receiving the COVID-19 vaccine.

Research Question

The research study answered the question, “What is it like to experience being constrained upon receiving the COVID-19 vaccination?”.

Chapter 2

RESEARCH METHODOLOGY

This chapter explains various methodologies used in gathering data and analysis relevant to the research. The methodologies included areas such as the research design, setting, participants, instruments, data gathering procedure, design, and data analysis.

Design

The researchers utilized qualitative research methodology. Qualitative research claims to describe life worlds "from the inside out," from the perspective of those who participate in them (Flick, 2014). It aims to contribute to a better understanding of social realities by focusing on processes, meaning patterns, and structural features.

The study utilized qualitative research specifically the hermeneutic phenomenological approach described by Van Manen (2017), which can make interpretative sense of everyday lived experiences. The main themes were guided by Van Manen's five lived world: lived time, lived space, self/others, lived thing and lived body (Van Manen, 1990). Van Manen's approach is especially interesting because, in addition to contributing to the body to the body of knowledge of experiences, it provides a special kind of knowledge that allows the participants to act in a more reflective manner, and in certain situations that arise in their daily experiences. The purpose of Van Manen's Lifeworld's in this study is to provide a method for identifying, interpreting, and describing the various interconnected facets that contribute to the composition of a

particular lived experience, specifically the experience of constraints on COVID-19 vaccination among elderly people.

Setting

The study was conducted in 2 of the 51 barangays in Ozamiz City, Misamis Occidental. The two barangays have a population of approximately 12, 780 as determined by the 2020 Census.

Participants of the Study

This study utilized eight (8) elderly people using purposive snowball sampling. In snowball sampling, the number of participants was determined after data saturation was achieved. Purposive snowball sampling was used to choose participants that were most likely to yield appropriate and useful information and was a method of identifying and selecting cases that would make the best use of limited research resources (Palinkas et al., 2015). Purposive snowball sampling strategies differ from random sampling in that they ensure that specific types of cases from those who could potentially be included are included in the final sample in the research study. The reasons for using a purposive snowball strategy assumed that, given the study's goals and objectives, certain types of people may have differed and important perspectives on the ideas and issues under consideration, and thus must be included. The criteria for selecting participants were: 1. elderly 60 years old and above; 2.) who experienced constraints; 3.) able to describe their experiences in Cebuano, Tagalog, and English; 4.) no hearing and cognitive impairments and 5.) consented to participate in the study.

Instrument

The researchers used guide questions as the tool for data collection because it provided participants the opportunity to fully describe their experiences. They were asked specific questions that answered the guide question, “What is it like to experience being constrained upon receiving the COVID-19 vaccination?”. Guide questions were not structured or "closed," meaning they were open-ended and invited the participants to provide information in their own words. Guide questions asked for specific kinds of information based on the research question. Thus, they were written ahead of time, although they can be used flexibly, making up what was often called a semi structured interview.

Data Gathering Procedure

A permission letter was given to the College Dean in a request for the gathering of data for research conducted in our field of interest. The researchers collected adequate and relevant data to address the research questions of this study. The procedure for data gathering was subjected to validity and reliability tests to ensure that the quality of data gathered from participants was accurate. The researchers collected data from elderly participants from a specific barangay that was recommended by the Senior Citizens Office.

Following the approval of the letter to the Dean of the College of Nursing to conduct an interview, a letter was sent to the appropriate authorities, such as the president of the senior citizen group, requesting permission to conduct the research. The letter also included a set of guide questions for the administrators to recognize for the study to be approved or modified. The researchers requested the number of senior citizens in the selected barangay and how many of them were vaccinated. The leader helped identify

which senior citizens had been vaccinated but was initially constrained at first for the researchers to formulate their list of possible participants. The researchers then chose participants that fit the criteria for the interview. The interview was conducted within 40 minutes to 1 hour, but before it started, they were told about the guide questions they would answer, including the study's purpose. The researchers also emphasized that their identity and privacy would be protected, and their responses to the questionnaire would be kept private from others to ensure the data's credibility, dependability, and overall trustworthiness. In case the participants experience physical and psychological stress during the interview, the researchers will immediately expedite referral to an appropriate professional counselor for psychological assessment and management. The procedure for gathering data was subjected to validity and reliability tests to ensure that the quality of data gathered from respondents was accurate.

The interview method was one method for obtaining the study's objectives. Face-to-face interview was used to collect research data containing written questions prepared for the interviewees. Structured interview protocols in this context asked specific objective questions in a predetermined sequence. Furthermore, the guide questions were planned and organized by Van Manen's Lifeworld. The guide questions were written in English, but the interview was also conducted in the participant's native language (Cebuano/Bisaya/Tagalog) to ensure correct responses. The responses were recorded, transcribed, and translated into English. Individuals who were unable to understand English were able to contribute relevant information about the topic under study by using their mother tongue language.

Ethical Considerations

A copy of the research proposal was sent to the research panelists, including the dean of the College of Nursing, for formal permission and ethical approval. Once this was briefly explained, the paper proceeded to justify why ethical considerations are an essential part of the research. Potential participants were approached face-to-face and informed about the study's goal and data gathering process. Verbal information outlined the contents of the research project, including the goal and relevance of the investigation, as well as the freely supplied consent, which allowed them to sign the form before to the interview to indicate their approval to participate in the study. The participants knew what was expected of them, and the individuals involved were competent to agree. They were given adequate time to ask questions and resolve any concerns. They were adequately informed about the research, understood the facts, and had the authority or freedom of choice to choose whether to participate or decline. The principle of autonomy was implemented. It further stated that while their participation had been verified, refusing to participate or withdrawing from the study while it was still in process would have no effect on any of their personal problems. The participants' privacy and confidentiality were protected by not disclosing their names or identities; instead, a pseudonym was used in data collection, analysis, and publishing of study findings. The privacy and confidentiality of the interview were rigorously managed throughout the face-to-face interactions, interview sessions, data processing, and dissemination of the results. After a detailed description of the research process, participants agreed to participate in this study.

Data Analysis

Van Manen's six-step method for hermeneutic phenomenology was used to evaluate the transcriptions of the responses, which are as follows: 1.) Turning to the nature of lived experience; 2.) Investigating experience as we live it; 3.) Reflecting on essential themes; 4.) The art of writing and re-writing; 5.) Maintaining a strong and oriented relation to lived experience; 6.) Balancing the research context by considering parts and whole (Molley, 2018). The procedure was initiated by the researchers, who independently examined the transcripts and underlined specific sections that described the human lived experience of constraints on COVID-19 vaccination among elderly people. Van Manen (2017) thematically organized the main themes of human experience into an existential lived experience for a better presentation and easy grasp for the readers. Van Manen suggests that many experiences can be understood as corresponding to these five lifeworld existentials; as such, they present helpful guides through which to explore a phenomenon under investigation. These lived experiences include: 1.) lived self-other or relationality, 2.) lived body or corporeality, 3.) lived space or spatiality, 4.) lived time or temporality, and 5.) lived things or materiality.

Relationality—Lived Self-Other

The theme of relationality serves as a framework for reflecting how the self and others are experienced concerning the phenomenon of interest which is constraint. To relate this theme to constraint, it explored the significant relational experiences of constraints on COVID-19 vaccination among elderly people.

Corporeality—Lived Body

The theme of corporeality also serves as a framework for reflecting on how the body experienced the phenomenon being considered in the research. The phenomenon of interest would be explored particularly on how constraints affect the body; and the way constraint touches, perceives, and senses the body. While the body is still engaged in the world, these things can be experienced. Such thing's cheerfulness, desires, anxieties, and fears embody the elderly people in the lifeworld.

Spatiality—Lived Space

The spatiality theme guides the researcher in reflecting on space experienced about constraints. The elderly people would differently experience internalities and exteriorities. The lived space focuses on the experiences of space and the place where the elderly people are. This includes pointing out differences while the recipients are still healthy, and now sick.

Temporality—Lived Time

The theme of temporality also guides the researcher in reflecting on the time that is experienced about the phenomenon of constraints that is being studied. Every person is conscious of the difference between objective time and subjective time, the phenomenological time and the clock time. Everyone has experienced the time of waiting which is different from actively doing something.

Materiality—Lived Things

The theme of materiality serves as a framework for reflecting things experienced about constraints and the phenomenon of interest. Overestimating the significance of "things" in life is difficult to consider. In reality, this is a material thing in the world. Knowing how things are experienced can be perceived through material reflection. Material things are objects and personal items as well that are hidden. Things that are hidden are events, experiences, discoveries, thoughts, and deeds.

Chapter 3

RESULTS AND DISCUSSIONS

This chapter presents the findings of the study. The research question used to explore the experience of constraint on COVID-19 Vaccination among Elderly People was “What is it like to experience being constrained upon receiving the COVID-19 vaccination?”. This study aimed to explore and understand the experience of constraints through a phenomenological study among Elderly people.

The findings of the hermeneutic phenomenological inquiry are organized according to (a) Description of the Participants; (b) Formulated Initial codes as Meanings, Sub-themes, and Main Themes of the Phenomenon; (c) The Thematic Meanings of the Phenomenon.

Description of the Participants

These eight participants were all residents of Ozamiz City, Misamis Occidental who voluntarily participated in the study. To ensure the anonymity of the participants' identities and the confidentiality of the participants, their names were replaced with aliases.

Lisa, a 62-year-old widowed housewife, lives in a compound with her 2 children, their families, and her husband’s mother. In 2016, the year her husband died, she developed hypertension; 5 years later she was diagnosed with a heart disease. Because of her condition, she did not want to get vaccinated, fearful of the vaccine’s effects. Despite her adamant refusal out of fear of the vaccine, her doctor and children kept encouraging

her until she decided to take the vaccine rather than regretting and falling into a more severe illness. She was grateful that despite her feeling of constraint by the vaccine and her present condition, she eventually got vaccinated and was healthy.

Mary, 64 years old, lives with her husband and has 5 kids, and has had a stroke for 7 years now. She experiences numbness in her legs and drinks her maintenance medication every day to be able to walk. She experienced constraints in the COVID-19 vaccine after her close friend and neighbor died from COVID-19 despite being vaccinated. According to her, what use does the vaccine have if the vaccinated still died from COVID-19? However, after a check-up, her doctor fully convinced her to get vaccinated stating that contracting COVID together with her current condition is life-threatening. She doesn't believe that vaccine boosters are necessary and has no plans to get other doses.

Boy, a 68-year-old father of 4 children, is a businessman, runs a local mini restaurant, and enjoys an active lifestyle. Despite considerable enthusiasm for the COVID-19 vaccination, the elderly, including him, refused to accept it. Concerns about safety and efficacy, distrust of government and institutions, and a perception that personal rights are being infringed are all valid reasons for concern. Constraints had an affect on his mental health, forcing him to feel sad and nervous.

Estrella is a 68-year-old gardener at Naomi’s Botanical Garden, married, lives with her 2 children, and maintains a balanced diet. The participant’s perceptions and constraints toward vaccination demonstrated a convergence of factors including trust and confidence. Her experiences of constraints have reflected the

interaction of factors at different layers of social levels and the ongoing pandemic has shown an impact on her physical, mental, and cognitive health.

Nancy, an 89-year-old elderly who lives with her son's family, didn't want to get the vaccine because she had asthma and hypertension, and these constrained her from fully committing to get vaccinated. Before the vaccine, she was afraid of the side effects on her frail body, however, after the vaccination, she reported that she felt no major side effects and realized that the vaccine was a big help and would be in the future for everyone. Although she doubted the effectiveness of the vaccine at first, she became thankful for the people who convinced her to get vaccinated because she can now socialize and roam freely.

Salda, a 76-year-old married woman lives in a close-knit community along with some of her grandchildren. The growth of mandatory vaccination led to the elderly's involvement in their own health decisions and has also contributed to some extent to constraint in the vaccine leading to constraints and this was one of her major concerns. The decision to receive the vaccine was a complex consideration since this issue poses a pressing concern to her since older adults are particularly vulnerable to vaccine infection and its effects.

Seding, a 75-year-old elderly woman lives in a two-story house with her daughter and grandchildren. An active individual, she participates in church activities. In her experience of deciding whether to take the vaccine, she sincerely prayed. Her indecision was associated with the severity of the vaccine which made her anxious due to hearsay of becoming a zombie or even people being hospitalized with severe diseases, the side effects, and the effectiveness of the vaccine.

Krissa, a 78-year-old mother with 4 kids, lives with her husband and her oldest son's family. She was constrained by fear that she would not be able to handle the vaccine's side effects or that it would worsen her pneumonia. However, she was compelled to get the vaccine one day because they had low stocks left. Afterward, she kept overthinking what it would get worse or if she would develop a seizure or die like the hearsay, but after a while, she realized that nothing was bad except the stories that people told. She recalled that before the vaccine, her presumptions were all negative and that overall, it was better to be vaccinated to not catch COVID-19 also if there was another vaccine, she would take it because now she is not scared.

Discussion of Themes in relation to the Five Lifeworlds of Van Manen

Table 1. Initial Codes, Sub-themes, and Main Themes of the Phenomenon

Encountering of Negative Information	Doubting Subsequent Situation	Skepticism (Lived-Self-Other)
Fear of Virus		
Feeling Unfamiliarity		
Fear of the Unknown		
Feeling Afraid	Feeling Apprehensiveness	
Feeling Anxious		
Depression		
Fear of being alone	Social Anxiety	Conformity (Lived Body)
Feeling Stress		
Lack of trust		
Avoiding People	Isolation	
Fear to Socialize		
Physical and Mental Exhaustion		
Feeling Obligated	Obligation-Driven	Flexile Attitude (Lived Thing)
For compliance		
Recognizing Varying Result	Adapting Mindset	
Thinking of Positive		
Avoiding Regrets		
Facing Struggles	Enduring Purpose	Resilience (Lived Body)
Turning to Familiarity		
Taking Risk for a Reason		
Feeling Encouraged	Uplifted	
Emboldened		
Persuaded		
Feeling Relieved	Elated	Exuberant Contentment (Lived Time)
Feeling of Freedom		
Freedom of Fear		
Feeling Confident		
Feeling Safe	Flourishing	
Living with no Additional Health Issues		

Table 2. Thematic Categorization in the Five (5) Lifeworlds of Van Manen

Main Theme	Lifeworlds
Skepticism	Lived Self/Others (Relationality)
Conformity	Lived Space (Spatiality)
Flexile Attitude	Lived Thing (Materiality)
Resilience	Lived Body (Corporeality)
Exuberant Contentment	Lived Time (Temporality)

The Thematic Meanings of the Phenomenon

The various iterative analyses of the phenomenon generated the following meanings. Thematic meaning developed the experience of constraints on COVID-19 vaccination among elderly adults. These include (1) Skepticism (2) Conformity (3) Flexile Attitude (4) Resilience (5) Exuberant Contentment.

Lived Self-Other (Relationality)

The lived self refers to the limitations and restrictions that individuals experience about being vaccinated. Some people may be afraid to get vaccinated for a variety of reasons, including negative side effects, misinformation, and personal views that have influenced their decision-making process. It depicts their emotions, thoughts, and social context, emphasizing the importance of understanding and addressing these types of constraints to vaccination acceptance in public health.

Skepticism. Skepticism about vaccine constraints refers to doubting or questioning the vaccine's effectiveness and implementation. Constraints on the COVID-

19 vaccination can be defined as an individual's feelings towards the vaccine. This refers to a critical attitude or doubt caused by numerous factors such as misinformation, uncertainty about the efficacy and safety of the vaccine, or concerns about personal autonomy and choice. It acknowledges that skepticism may arise from a complex interplay of social, cultural, and personal factors, leading people to question the necessity, trustworthiness, and potential risks of COVID-19 vaccination. Vaccine hesitation is complicated and multifactorial, including views about the pandemic in general and immunization efforts in a range of populations. (Beleche T, Ruhter J, Kolbe A, et al.). Skeptics are concerned about the vaccine's safety, efficacy, potential side effects and implications, as well as the circumstances surrounding its production and distribution.

The idea that immunizations are dangerous is known as vaccine skepticism. It also suggests incorrect assessments of the danger and likelihood of immunizations (LaCour & Davis, 2020). When a vaccination is associated with no (or fewer) risks, uncertainties, or false information, people are more likely to take it. Conversely, vaccination refusal occurs when a widespread negative belief system, including high-risk probabilities, misinformation, and misjudgments regarding vaccines, is in place. Essentially, vaccine reluctance is predicted by skepticism (MacDonald, 2015). Fisk (2021) identifies two categories of hurdles that impede vaccine uptake: structural and attitudinal. They include attitudes toward vaccinations, contagious diseases, and trust issues with government and healthcare institutions, in addition to contentment with the services received. The most important barrier to changing attitudes is public trust.

Doubting Subsequent Situation. Even though the vaccine has already been tested and verified before being approved, the misinformation that has been circulating about the vaccine has raised a lot of concerns among most people. These concerns may cause some people to be hesitant to receive a vaccine. Amid the COVID-19 pandemic, many people are grappling with doubts about the subsequent situation surrounding the vaccine. They are constantly bombarded with negative information, and they are terrified of the virus's unpredictable nature and potential for harm.

> **Lisa.** *Naay mga nadunggan ang among mga silingan anang epekto sa vaccine unya kami pud kay isig kamustahay ra og unsa ba kaha ang epekto jud aning vaccine sa among kalawasan.* (Our neighbors have heard a lot of negative information about vaccines from other people, so I'm going to ask them what they've heard so that I can figure out what the vaccine's effects are in our body.)

> **Mary.** *Mahadlok man ko sa ako nadungog bahin anang gipang COVID oy unya mahadlok jud pud ko magka COVID mismo.* (I'm afraid of what I've heard about the COVID virus, and I'm also afraid of acquiring it.)

> **Seding.** *Naa jud koy kahadlok tungod anang akoang mga nadunggan nga negative, like wala ka kaya sa vaccine maong nangamatay…* (I am afraid of the vaccine because I have heard that many people have died as the result of the side effects.) *Nakadungog ko didto nga naa pud daw wala nagpa vaccine kay kana kuno daw gepa inject kay gipang kuha daw na inunlan sa mga bata.* (I've heard that some people refused to be vaccinated because the vaccine is made from a placenta.)

Salda. *Tungod sa akong mga nadungog na naay mga kaila nga nangamatay tungod nagpa vaccine mao ang rason nga nag duha-duha jud ko og pa vaccine.*

In line with Seding and Salda's concerns, although some citizens had previously been vaccinated, they held different effects of the COVID-19 vaccine, and fear induced by reports of death after COVID-19 vaccination was another barrier that has been a pressing concern and is among several factors that affected their confidence in the vaccine. Furthermore, Mary and Lisa both vaccine hesitants were worried and both were not sure what would happen to them if they got vaccinated as the side effects being dangerous worried them including their safety since not everyone is suited to receiving the vaccine. As expressed by Selding and Salda during our interview, they doubted the efficacy of the vaccine due to fear-induced reports of death after COVID-19 vaccination, and this is among several factors that affected their confidence in the vaccine. In the same vein, vaccine hesitants Mary and Lisa were anxious about what would happen to them if they got vaccinated since not everyone is suited to receiving the vaccine. The participants faced the dilemma of risking their lives in hopes of not contracting the virus. Concerning the sub-theme of doubting subsequent situations, the individuals have a motive in making a decision that may result in action or inaction, and doubts would continue to confront the individual who risks uncertain outcomes. Doubt is characterized as a lack of trust and clarity in our experiences or feelings (Lazarov et al., 2012). The majority or all of the following are likely to occur when we feel doubt (Baek, 2010).

Feeling Apprehensiveness. A person feels apprehensive when they feel constrained by the vaccine, which causes them discomfort, or when they have increasing doubts about

the limitations or restrictions on receiving it. Concerns about the COVID-19 vaccine were a combination of fear, anxiety, and depression. The people were anxious, being afraid of the needle's prick and the possibility of the reactions on their bodies. Furthermore, the challenges that the pandemic has given have resulted in depression, which has led to people doubting the vaccine's efficacy. Amid this turmoil, it must be sympathized with the difficult feelings that were expressed, acknowledging their concerns while emphasizing the scientific evidence and potential benefits of vaccination.

> **Seding**. *Nahadlok ko pagka dungog nako nga naa me kaila na gi-COVID unya wala diay siya nakapa vaccine maong namatay siya.* (I was afraid after hearing that someone died because he was infected with the COVIDand was not vaccinated.)
>
> **Mary.** *Ang akong kumare nga nagpa vaccine paghuman niyag pa inject namatay mana siya moa ng usa na sa ako mga rason na dili jud ko ganahan magpa vaccine kay wala biya to siyay sakit akong kumare unya ngano man namatay siya anang human na vaccine-an*. (My friend was vaccinated and died shortly afterward, which is why I don't like getting vaccinated because my friend died because of it, knowing that she had no existing disease.)
>
> **Krissa**. *Nag overthink jud ko anang ako mga nadungog oy mura kog mo aksyon og kagool anang moingon sila na mamatay daw pagkahuman sa vaccine*. (I've been overthinking about what I've heard about the vaccine and how people are going to die after receiving it.)

Lisa. *Ma stress jud ko mag huna-huna anang vaccine samot na kay highblood ko unya naa pajud koy sakit sa kasing-kasing.* (I felt stressed thinking about the vaccine since I have a hypertension and heart disease.)

Salda. *Mahadlok ko na ako ra usa, bisan sa kwarto ganahn ko na naa koy makauban og makastorya paghuman nako og pa vaccine.* (I'm afraid to be alone now that I've been vaccinated; I want to be with someone I can talk to even if I'm only in my room.)

Boy. *Bothered jud kaayo ko aning COVID grabe jud kaayo akong pag huna-huna about ana, makaingon jud ko na murag depress najud ko ato mga panahona tungod anang ako curiousity.* (I am very bothered about the COVID I've been thinking about it, and I must admit that my curiosity about the virus causes me depression at times.)

Seding, Mary, and Krissa's perceptions of vaccination as something that has to do with other people's deaths was a common motivator for them in their experiences of constraints. On the other hand, Boy, verbalized his concerns of anxiety and depression increasing the risk for not wanting to get vaccinated and feeding his curiosity of the thought that his mental health was getting affected and has become unacceptable to him as it were more likely to show local and systemic adverse reactions. During the interview, Boy expressed feeling depressed as his mind was clouded with curiosity and uncertainty towards the vaccine which eventually led to him not feeling physically well such as lacking energy to perform daily tasks. Lisa claimed to be stressed with overthinking what the vaccine side effects would be to her hypertension and heart disease. Seding, Mary,

and Krissa share the same sentiments wherein they experienced a fear of dying because of what they've heard from former vaccinations. This feeling of constraint hindered them from totally committing to the vaccine. The constant flow of fresh information on symptoms, severity, and mortality caused confusion and fluctuation in people's perceptions of the risks, resulting in ambiguity about the efficacy of established vaccines (Chadwick et al., 2021).

Lived Space (Spatiality)

People may feel restricted in their living space as a result of various factors such as public health measures, social distancing guidelines, and constraints on the vaccine. Individuals negotiate their personal beliefs, values, and fears about vaccination in the lived space, influenced by societal narratives, personal experiences, and the complex interplay of power dynamics.

Conformity. Constrained feeling about vaccines refers to the pressure or expectation to live up to the standards of society or others' expectations regarding vaccines. It could be a sense of obligation to have the vaccine due to social or peer pressure, without considering personal doubts or anxieties about it. Conformity on individuals' inclination to align their beliefs and behaviors with those of the larger social group is referred to as conformity. Conformity can result from a variety of factors, including social norms, peer pressure, or a desire to avoid judgment or exclusion. Individuals may feel compelled to conform even if they have doubts or concerns about the vaccine, which can lead to a sense of constraint. The fear of being shunned or labeled

as an outsider can make it difficult for them to express their true feelings or engage in open dialogue.

The specificity and relevance of reference groups, which differ between studies, are potential moderating variables since people tend to comply more strongly to the norms of groups with which they identify (Lees et al., 2020). While most data have not yet been peer-reviewed, multiple teams have indicated that norms are linked to distance and other health-protective behaviors (Farias & Pilati, 2020).

Social Anxiety. Social anxiety is characterized as a feeling of fear or discomfort in social situations, which is accompanied by a fear of being humiliated by others. It may present as a fear of meeting new people or participating in social activities caused by concerns about social interaction and judgment of others. Concerning receiving the COVID-19 vaccine, this condition may prevent a person struggling with social anxiety from seeking or receiving the vaccine.

This study looks at the anxiety levels of those who have elected to have COVID-19 vaccines. Anxiety disorders are the sixth biggest cause of disability worldwide (Baxter et al., 2014), and the COVID-19 pandemic has created an unprecedented degree of stress due to uncertainty and safety concerns. Although the specific symptoms of anxiety vary by diagnosis, there are important trans-diagnostic features that characterize anxiety disorders, such as overestimation of threat, intolerance of uncertainty (Ferreri et al., 2011), and underestimation of one's ability to cope (Schwartz & Maric, 2015).

Mary. *Naka experience ko anang wala jud ko nakig storya sa mga tawo, wala koy gana makig halubilo sa bisan kinsa kay mura ba og mahadlok ko matakdan (COVID virus), nagool jud kaayo ko ato nga balig isang tuig jud pud ko wala na naka simba.* (I hadn't talked to anyone at the time, and I didn't want to associate with anyone since I was frightened of becoming infected with the virus. I was so concerned about the virus during that time that it even took me a year to refrain from going to church for fear of possibly getting infected.)

Krissa. *Hadlok man jud ko bisan moadto og merkado kay hadlok biya jud ng matakdan ta og sakit.* (It's terrifying; simply going to the market is terrifying for me. Being infected with the virus is quite scary)

Pablo. *Nag likay jud ko sa mga tawo kay wala biya ko kabalo sa ilahang mga whereabouts, basin palang naa silay gi dala dala na virus, matakdan pako ana nila.* (I've avoided people because I don't have an idea about their whereabouts; they could be the ones who spread the virus, and I could be infected if I come into contact with them.)

Estrella. *Naa jud koy mga silingan na moingon mahimo daw zombie inig magpa* vaccine *mao ng wala nalang jud pud ko modool sa ilaha kay mahadlok matakdan anang zombie.* (I have some neighbors who think that if I get the vaccine, I will turn into a zombie, which is the reason why I have avoided them.)

Mary, Krissa, and Pablo were afraid to talk to people in case they had COVID-19. On the part of Mary, verbalized that she was not able to go to church for a year because

she was afraid to interact with people. Estrella was afraid to interact with her neighbors because of what she had heard about becoming a zombie after getting vaccinated. During the conducted interview, Boy stated to have a confused and troubled mind. He was full of stress and doubts. Although his understanding of COVID-19 has improved significantly since the World Health Organization declared the pandemic, the situation is constantly changing due to the emergence of new variants of concern and changing safety restrictions, and as a result, even seeking reliable and accurate information may fail to provide reassurance for him. Asmundson et al. (2020) discovered that people with pre-existing anxiety or mood problems experienced higher levels of COVID-19-related stress than those without mental disease. Given that people with anxiety disorders overestimate the possibility of threat and harm (Ferreri et al., 2011), it stands to reason that a stressor like COVID-19, which poses a real and imminent threat to one's health and the health of those around them, would be especially stressful. Furthermore, the difficulty to acquire absolute knowledge that harm has been avoided might exacerbate emotions of anxiety (Rachman 2002). As a result, it is understandable that COVID-19 stress is higher among patients with anxiety disorders (Asmundson et al., 2020).

Isolation. Individual isolation concerning the COVID-19 vaccination refers to the temporary separation of contact between individuals who have not received the vaccine and those who have. Given that these people believed it would reduce transmission risk and protect the unvaccinated person from infection. Aside from Anxiety, most participants shared about their experiences of feeling isolated at some point in their lives.

Anxiety, depression, and posttraumatic stress disorder have all increased worldwide since the COVID-19 pandemic began. It is predicted that about 4 billion people are living in social isolation as a result of the mother of all pandemics. Prolonged isolation can have a negative impact on both physical and emotional health, disrupting sleep and dietary patterns and limiting opportunities for mobility (Cacioppo and Hawkley 2003). As a result, the natural channels of human expression and enjoyment become depressed, which has an impact on mood and subjective.

> **Pablo.** *Nag likay jud ko sa mga tawo kay wala biya ko kabalo sa ilahang mga whereabouts, basin palang naa silay gi dala dala na virus, matakdan pako ana nila.* (I've avoided people because I don't have an idea about their whereabouts; they could be the ones who spread the virus, and I could be infected if I come into contact with them.) **Estrella.** *Naa jud koy mga silingan na moingon mahimo daw zombie inig magpa vaccine mao ng wala nalang jud pud ko modool sa ilaha kay mahadlok matakdan anang zombie.* (I have some neighbors who think that if I get the vaccine, I will turn into a zombie, which is the reason why I have avoided them.)

Estrella was afraid to interact with her neighbors because of what she had heard about becoming a zombie after getting vaccinated. Same sentiments with Pablo who is afraid to interact with other people just in case these people have the COVID-19 virus.

Lived Thing (Materiality)

Fear, mistrust, social pressure, and individual beliefs all play a role in the lived experience of feeling constrained concerning COVID-19 vaccination. It includes the emotional toll of navigating vaccination uncertainties, contending with conflicting information, and contending with the larger social dynamics that influence one's decision-making process.

Flexile Attitude. This indicates the person's willingness to modify strategies, policies, and/or requirements based on new information acquired. This also acknowledges the ability to maintain the overall goal of vaccine effectiveness. Flexile Attitude can be described as a dynamic and adaptable mindset that individuals develop in response to the vaccination process's constraints. The feeling of constraint is caused by a variety of factors, including logistical challenges, fear of side effects, and uncertainty about the vaccine's effectiveness. Individuals with a flexile attitude, on the other hand, demonstrate resilience and a willingness to navigate these constraints, adjusting their expectations and actions accordingly. They approach the vaccination experience with a degree of flexibility, acknowledging the process's necessity while actively seeking ways to mitigate the constraints they face. This adaptable mindset enables people to engage with the vaccination process in a way that acknowledges both the challenges and the potential benefits, ultimately shaping their overall experience and perspective.

The COVID-19 pandemic, as well as specific COVID-19-related restrictions, are expected to influence travelers' outdoor recreational activities. More specifically, the coronavirus pandemic may have a profound psychological impact on tourists' ideas,

sentiments, and emotions, impacting their outdoor decision-making processes. Subjective assessments of safety and hygiene considerations, social-peer pressure and responsibility, destination image, uncertainty, and local community behaviors may influence tourists' outdoor recreation behaviors (Kock et al., 2019a, 2019b; Baloglu, 2000). Destination-related constraints, such as facility closures, limited food, housing, and lodging alternatives, and a lack of interaction, may all limit outdoor recreation participation. Changes in time utilization patterns caused by working remotely or being unemployed may provide additional incentives for people to travel outside.

Obligation-Driven. This describes an individual who is legally and morally required to receive the COVID-19 vaccine. This implies that this is not a choice, but rather a requirement that these individuals must meet. A strong sense of obligation has emerged in the face of the global COVID-19 pandemic, driving individuals to vaccine compliance. People are becoming more aware of their obligation to protect themselves, their loved ones, and the people around them by getting vaccinated. This sense of obligation stems from a profound understanding that vaccination is not only a personal choice, but also a critical collective effort to halt the virus's spread and mitigate its devastating impact. Individuals who fulfill this obligation demonstrate their commitment to protecting public health, fostering unity, and ensuring a safer future for all.

> **Nancy.** *Ana man ang kapitan na pa vaccine na unya mao to napugos nalang pud ko og pa vaccine kay sige man og ingon si kapitam.* (The barangay captain told me to get the vaccine, and I was forced to do so because she kept reminding me.)

Seding. *Kinahanglan man magpa vaccine jud mao naka decide nalang pud ko magpa vaccine kay samot na nga rampant naman kaayo ning COVID unya di pajud ta maka gawas bisag aha kung walay vaccine.* (I had to get the vaccine because the COVID was sorampant at the time, and I couldn't even go outside without it.)

Krissa. *Dili biya makasulod sa mall og walay vaccine unya nag sige man gud ko og adto sa Cebu unya taga sakay nako og barko pangitaan biya na og vaccine, bisan asa ko padulong sauna pangitaan jud ko og vaccine mao ng napugos nalang jud pud ko og pa vaccine.* (I can't go to the mall unless I have a vaccine, and everytime I go to Cebu, I am asked for a vaccine card, which is why I was forced to get one.)

Boy. *Dili jud unta ko magpa vaccine pero napugsan rako kay naa man gud ko kailangan ipasa nga papeles sa gobyerno unya ang number one requirement para ma process nako to kay dapat daw vaccinated ko.* (I really don't want to get vaccinated, but I was forced to because I have documents to submit to the government, and the number one requirement for it to be processed is that that I should be vaccinated.)

Dako jud kaayo og kalainan ang nahitabo sa ako lawas nga tungod ra anang business permit, napugos nalang jud ko og pa vaccine mao ng ang ako lawas apektado na hinoon. (There is a huge difference in what happened to my body because of the vaccine that I was forced to get for the business permit.)

Estrella. *Ang rason nga nagpa vaccine ko kay tungod anang pangayoan ko sa gobyerno og vaccine ayha ko maka travel2 og makakuha sa mga butang na ako angay makuha sa gobyerno.* (I got the vaccine because the government always asks for my vaccination card whenever I travel or get any documents from them.)

Nancy claimed that their barangay chairman had compelled her to get vaccinated. Seding, Krissa, Boy, and Estrella obtained the vaccine since it would be needed for their enterprises and when they go to the mall because the vaccine is now the most important or number one necessity they would ask for. Krissa and Boy claim that they were forced to take the vaccine because it was required. However, Boy reported that his body perception was altered after receiving the COVID vaccination. Krissa voices out that vaccinations enabled her to socialize with others safely without posing a threat to them unlike before. Boy explains that not getting vaccinated would restrict him from applying back to work as safety is the number one requirement for reapplication which is done through vaccination. It is the most effective means to fulfill one's commitment to preserve one's health and promote the common good, and it respects the dignity of all people, particularly those who are at a higher risk of serious sickness or death (Eberl, 2022).

Adapting Mindset. This is about a person who is willing and able to change their thoughts, attitudes, and behaviors about the vaccine's constraints and challenges, which entails taking a flexible approach and being open to new information about the vaccine and its guidelines. Changing our attitude toward the COVID-19 vaccine entails accepting the possibility of varying outcomes while maintaining a positive outlook. Recognizing

that everyone may react differently to the vaccine allows us to accept that efficacy rates and personal experiences may vary.

We can empower ourselves and others to make informed decisions while fostering a sense of unity and optimism in the face of this global challenge by adopting a perspective that emphasizes the collective effort in mitigating the pandemic.

Anticipating that participants would seek advice on how to deal with such situational stress, Dr. Yabut recognized adaptation - the ability to be flexible, adjust, and cope - as critical in managing the post-pandemic transition. He listed the ability to "reframe" or adjust one's attitude, manage one's emotional responses, and change one's conduct as critical components of adaptability. Adaptability is often seen as a personality trait (Sue L. Motulsky, 2020).

> **Mary.** *Dili man jud unta ko magpa vaccine unya kay mahadlok man jud pud ko magka COVID mao ng nagpa vaccine nalang ko kay basin mao ra ang hinungdan na maunsa unya ko kay wala ko nagpa vaccine anang COVID.* (I really don't want to get the vaccine, but I am also afraid of the COVID virus, which is why I decided to get it because it could be the cause of what happens to me if I don't get it.)

> **Nancy.** *Pa vaccine nalang ko oy kay kapoy ning mga storya sa uban tawo nga ako nga negatibo. Ang ako lang jud kay unta dili rako ma unsa aning vaccine, positibo ra unta ang resulta kay proteksyon man pud kaha ni para sa akoa, makatabang ra siguro ni.* (I decided to get the vaccine because I don't want to hear any negative feedback from other people. I just hope that the vaccine would

have a positive effect on myself since a vaccine protects against viruses, so this might help me.)

Krissa. *Dili man jud unta ko magpa vaccine pero kay mao man ang gi-payo pud sa akoa sa doctor, mao to nisunod nalang pud ko dala pang hinaot nga nindot og resulta ni sa akoa kalawasan.* (I really don't want to get the vaccine, but it was recommended by my doctor, so I just did it in the hopes that the outcome would be beneficial to my health.)

Mary, Nancy, and Krissa's statements revealed that they were not completely prepared to get vaccinated. They were terrified of what they had heard about COVID. Though they heard about negative information about vaccines they still took their first shot of the COVID vaccine after the following day. For these people, the feeling of constraint had a significant impact on their general state of mind. On the part of Krissa, she was told by her doctor to be vaccinated.

Lived Body (Corporeality)

When exploring the feeling of constraint associated with COVID-19 vaccination, the lived body can play an important role. Concerns about potential side effects, distrust in the medical system, fear of the unknown, or personal beliefs and values may cause these people to feel constrained. The lived body entails comprehending how the lived body perceives and interprets bodily experiences, as well as how these interpretations influence an individual's actions or reservations about receiving the COVID-19 vaccine.

Resilience. In this study, it refers to the ability to cope with difficult or challenging life situations, such as trauma, stress, tragedy, threats, and so on, and is commonly defined as resilience (Luthar, S.S.; Cicchetti, D.; Becker, B.). It represents the ability to recover, maintain well-being, and continue functioning in the face of adversity. The individuals have navigated the vaccination experience with a sense of purpose and hope, recognizing that this collective effort is critical for the well-being of society, and exhibit resilience. As people draw on their inner strength and fortitude to face the constraints inherent in the vaccination process, the lived body becomes a site of resilience, ultimately contributing to the broader goal of mitigating the impact of the pandemic.

Steger believes that having a direction in life, belonging to a cause larger than oneself, and serving a purpose greater than one's immediate needs all contribute to a sense of meaning. The invention of the vaccine was a source of hope for her, so she decided to get vaccinated because it was her only hope, praying that it would work well for them and be effective, that it would kill the virus because they said the vaccine's antibodies could destroy the virus. According to Fredrickson and Losada (2005), flourishing is living "within an optimal range of human functioning, one that connotes goodness, generativity, growth, and resilience." This definition suggests that resilience stems from flourishing.

Enduring Purpose. This points out the willingness to overcome barriers to achieve the goal of controlling a specific infection through vaccination. The individuals and communities have faced a lot of challenges during this challenging time starting from limited vaccine availability to the challenges and constraints on the vaccine. The enduring purpose has been realized by people all over the world as a sense of responsibility,

empathy, and solidarity, for everyone in reminding us of the importance of protecting ourselves and others in the face of times like this.

Krissa. *Mas maayo maayo kay og moabot na ang pipila ka tuig wala ta kabalo sa panghitabo basin diay makatabang raning vaccine sa atoa kay mao man pud advise sa doctor sa akoa mao ako nalang pud sundon.* (We don't know what would happen in the coming years, but maybe this vaccine would help us because that's what the doctor advised me to do, so I just did it.)

Boy. *Nagpa vaccine nalang jud ko bahala na og unsa man gani mahitabo kay ang ako lang jud makakuha ko anang business permit.* (I just got the vaccine; I don't care what happens to me anymore; all I want is to get the business permit.)

Nancy. *Pa vaccine nalang ko kay aron mahuman na, para makabalo ko og maunsa jud ko anang vaccine kaysa anang sige rako og agad sa storya sa mga silingan.* (Rather than thinking about the rumors I'd heard from our neighbors, I decided to get the vaccine to find out what would happen to me if I got vaccinated.)

Nancy's decision was somewhat a source of peer pressure, affecting her motivation to decide whether or not to take the vaccine as according to her, she doesn't want to linger on to other people's hearsay so she decided to grab the chance to get vaccinated although she didn't have a strong opinion on it but if it's fine to get vaccinated, then she'll go for it. For Boy and Krissa, the development of the vaccine was a source of hope for them. Getting vaccinated was their last shot because the vaccine is their only hope. Boy, having

the means to renew his business permit and was able to have the chance to continue his daily living, and Krissa's thoughts on the development of the vaccine and her trust in medical experts. The opinions of medical experts affected the participants' motivation for being vaccinated.

Uplifted. It is about addressing concerns and doubts about getting vaccinated by providing information, education, and support to encourage others to overcome their fears and get vaccinated. The elderly faced numerous challenges throughout the global pandemic, ranging from the challenges they have encountered, to constraints and misinformation. Through the efforts shown by the healthcare personnel, the constraints that once hampered progress were gradually dismantled, empowering individuals to uplift themselves and their communities, leading to a healthier future.

> **Lisa.** *Dili man jud unta ko magpa vaccine pero na dala rapud ko sa ako mga anak, ila man ko gi encourage magpa vaccine kay para lage maka likay ko sa sakit-sakit kay lage edaran na biya ko dali ra mataptan og sakit.* (I was not supposed to get the vaccine, but my children convinced me to do so because they said it would keep me from getting sick.)

> **Nancy.** *Nahikayat rapud ko magpa vaccine kay sige man ko og gi encourage ni kapitan na magpa vaccine na.* (I was encouraged to get the vaccine because the barangay captain constantly encouraged me to do so.)

Krissa. *Daghan man ko nakit-an na mga ka-edad nako nga senior na gapa vaccine mao to nadal ko gapa vaccine nalang pud ko uban sila.* (I'd seen a lot of senior citizens get the vaccine, so I decided to get vaccinated alongside them.)

Encouragement is the main analogy between their responses. Lisa was encouraged by her daughters, Nancy and by her Brgy. Captain, and Krissa by her fellow seniors who obtained the vaccine. They became evenhanded in receiving support from others and managed to dissolve their doubts about getting vaccinated.

Lived Time (Temporarily)

The feeling of time that people have felt in their daily lives during COVID-19 has generated a sense of confinement. The tension between the need for protection and challenges to getting the vaccination has been captured by sentiments of limitation with a range of factors such as its availability, eligibility, and personal concerns. As people proceed through the vaccination process, individuals' lived time experiences might range from impatience and frustration to relief and a recovered sense of control.

Exuberant Contentment. The sensation of being overwhelmed with joy and satisfaction in connection with receiving the vaccination, as this represents an immense sense of happiness and fulfillment of an individual to the vaccine process upon successful completion. Exuberant Contentment encapsulates the individual's happiness that arose from the relief of receiving the vaccine to the recognition of the positive outcomes it demonstrates, which has given a profound satisfaction with the realization that the

vaccination has reduced the virus's risks and given the future a healthier and brighter life ahead.

Elated. After receiving the vaccine, the individuals' doubts had been finally conquered, implying a sense of relief, indicating a positive emotional state associated with vaccination acceptance and its potential benefits. The COVID-19 outbreak brought about a lot of immense feelings, both happiness and relief, as it represents freedom and independence from the anxiety and doubt that had previously burdened the individuals' lives. People as well as the elderly have gained confidence and relief as a result of the vaccinations, as they value the vaccine for ensuring a secure and healthy future.

> **Lisa.** *Naka bati kog hayahay sa ako kaugalingon kay wala ra diay ko naunsa pagka human nako og pa vaccine. Atong wala pa ko na vaccinean kay naa ra jud ko sa balay permi ga pundo unya karon na vaccinated nako, maka-lakaw lakaw na jud ko, maka pang merkado nako.* (I feel better about myself now that I've been vaccinated. When I hadn't had the vaccine, I was always inside my house and couldn't leave, but now I can finally go to the market.)

> **Mary.** *Dili na kaayo hadlok ako paminaw sukad nagka vaccine ko maka duol2 nako og bisan kinsa, maka lakaw nako sa ako mga gusto lakwon na walay kahadlok sa COVID.* (I'm not really scared anymore since I got the vaccine; I can finally socialize with other people and go wherever I want without fear of obtaining the virus.)

> **Estrella.** *Nagpa-salamat rapud ko na nakapa vaccine ko kay lahi ra jud sauna og sa karon kay murag gaan ako lawas, diperensya ra jud atong wala pako na*

vaccine-an. (I am grateful that I decided to get the vaccine because I am now much more at ease in the situation than I was before I was vaccinated.)

The same sentiments were shared by Lisa, Mary, and Estrella wherein they felt alleviated from the constraint of doubts about the vaccine. Unlike before when they felt constricted inside their homes, they now feel free and more open-minded about the vaccine's benefits. Furthermore, there has been great improvement in their now more positive emotional state towards the vaccine.

Flourishing. This represents an individual's feelings of empowerment, liberation, and being capable of making informed vaccination decisions, rather than a feeling of burden and limitation in the decision-making process caused by external pressures or limitations. Individuals have taken comfort in the guarantee of safety and the prospect of being free of additional health concerns. Individuals have established an environment in which communities can finally display delight and excitement in social interactions and look forward to the future without fear of their health difficulties controlling their future and daily lives.

Despite these pressing concerns and the difficulties faced by the participants throughout the pandemic, they have shown that they've managed to find positives in their experiences, especially maintaining good health. You don't get better than normal immunity by taking supplements or eating a special diet (Carl Lauter, MD, 2020).

Estrella. *Kompara sauna og karon ako huna huna kay bintaha jud nga naka vaccine ko kay murag kampante naman ko sa mga sakit, dili ra kaayo ko*

mahadlok na. Kanang ubhon ka or sip-onon ka hadlok na biya kaayo na sauna pero karon na naa nakoy vaccine wala naman koy kahadlok. (In comparison to before, my mind is really feeling secure, especially regarding diseases; I am no longer afraid. Unlike before, even when I get a cough or a cold, I am frightened but that is no longer the case.)

Seding. *Sukad nga na vaccine-an ko, wala na kaayo ko ma dali-dali og katakdan anang mga ubo og sip-on. Kaning vaccine makaingon ko na makaayo jud ni siya sa akong lawas, daghan og benefits ang nahatag niya sa akoa, murag akong feeling kay safe nako kay na vaccine-an nako. Naka tabang ug maka tabang rajud kay maka gawas2 rajud.* (I'm not as easily infected with diseases now that I've been vaccinated. I told myself that this vaccine was truly beneficial to my health, and I also felt safe. It also benefits me because I can now go outside.)

Boy. *Nalipay rapud ko aning na vaccine-an ko kay bisan pa man og dili jud kaning vaccine ang makapaabang nato aning sakit nga COVID, at least natabangan ko aning vaccine na makakuha sa ako mga angay kuhaonon na papeles sa gobyerno. Kontento nako ana nga benefits.* (I am glad that I was vaccinated, even though this vaccine would not protect us from diseases, but because it helped me with my government documents, and I am already satisfied with that benefit.)

The statements of both Estrella and Seding disclosed that the vaccine made them feel more protected, that despite exhibiting symptoms of cough and colds, they were guarded against COVID which gave them a sense of security. On the other hand, Boy

reported other, more important benefits of the vaccine such that it allowed him to gather his required government papers. Despite the uncertainty of the vaccine, he felt satisfied with that benefit.

Reflexivity

During the interview, we observed that they appeared blissful answering the questions, but noticing them, it seemed like they were afraid to give negative feedback about the vaccine, although there was a part of them that seemed to alter their say with the vaccine. We realized that constraints are an inevitable part of an elderly person's life, such as the loss of autonomy and independence when they reach the point of depending completely on the decisions of others. As we have observed, it was extremely difficult for them because they cannot make basic decisions, particularly when it comes to their health. Constraint has taken away their freedom, even in their personal choices about how they want to live their lives; it has made them feel powerless. While a sense of constraint may be necessary for their physical well-being, it is not a guarantee that it is healthy and beneficial for their mental health.

Following the investigation's end, we witnessed the elderly's hardships during the COVID-19 pandemic, as well as their tactics and resilience. The participant expressed their feelings on the COVID-19 vaccine and the side effects they encountered. During the interviews, we observed the similarities and differences in each participant's perspective on vaccination. As we reflect on this experience, society must prioritize the elderly's needs during crises, creating comprehensive support systems that address their physical, mental, and emotional well-being. We can ensure that the elderly are not left behind and that their

dignity, independence, and quality of life are safeguarded even in the face of enormous challenges by recognizing their situations and actively trying to engage them in decision-making processes.

Chapter 4

SUMMARY, FINDINGS, CONCLUSIONS, RECOMMENDATIONS, AND AESTHETIC EXPRESSION

Summary

Considering this, the study aimed to investigate how older adults are experiencing constraints on getting vaccinated with the COVID-19 vaccination that was administered to them. To fully understand COVID-19 vaccination behavior, the Health Belief Model and Decision-Making Theory were used as a foundation. Specifically, the researchers of the study focused on the experiences of the vaccinated elderly aged 60 years old and above living in Ozamiz City. Coronavirus illness (COVID-19), caused by the SARS-CoV-2 virus, was declared a pandemic by the World Health Organization (WHO) in March 2020 (WHO, 2020), and has had a substantial impact on the aged globally. Vaccination against COVID-19 reduced symptoms COVID-19 in older adults while also providing protection against the disease. The research intended to determine the older adults' experiences with constraints on getting vaccinated with the COVID-19 vaccination that was administered to them. Information was gathered using qualitative methods. Van Manen's hermeneutic phenomenological method provided an interpretive framework for everyday lived experiences. The concepts incorporated in this method are Van Manen's five lived world parameters: lived time, lived space, lived interactions, lived item, and lived body of participants.

The study was conducted within Ozamiz City. This study utilized elderly people using purposive snowball sampling, which included 8 participants. The researchers used guide questions as a tool for data collection. Max van Manen's Existential Life Worlds

served as a direction in analyzing the data and drawing the essence of the experience of constraints among elderly recipients. The various circular analyses of the phenomenon prompted the following meanings. Thematic meaning developed the experience of constraints on COVID-19 vaccination among elderly adults. These include (1) Skepticism (2) Conformity (3) Flexile Attitude (4) Resilience (5) Exuberant Contentment. Vaccination at Primary Care Clinics: Offer vaccines at primary care clinics or doctor's offices that elderly individuals are familiar with and trust. Clear Communication: Provide easily understandable information about the vaccination process, including what to expect before, during, and after the vaccination.

Further, the respondents were selected through a purposive snowball sampling strategy. A face-to-face interview was used to collect data for the research which contained questions prepared for the interviewees with the guide question, “What is it like to experience being constrained upon receiving the COVID-19 vaccination?”. To completely comprehend the lived experiences of the participants, Max van Manen’s Existential Life Worlds was employed as a phenomenological approach to make interpretative sense of their lived experiences.

Conclusion

The study's findings revealed that the elderly have concerns about getting the COVID-19 vaccine. The skepticism, conformity, flexile attitude, and exuberant contentment provide a concrete description of the elderly's lived experiences in terms of the issues they have faced because of being able to experience constraints during those times in their lives. The COVID outbreak has had a significant impact on people's lives,

particularly those of the elderly, as it has had a negative impact on their mental health, restrictions on the gatherings they used to attend, as well as other routines that have been disrupted because of the outbreak. False information, misleading claims, and conspiracy theories circulating have impacted vaccine trust, causing constraints to the vaccine in some, hampering herd immunity achievement, and prolonging the pandemic, given that these caused public confusion and panic. Understanding and addressing the constraints encountered are essential measures in optimizing vaccine distribution strategies and ensuring an effective pandemic response.

Recommendations

1. Provide house-to-house vaccination services for elderly individuals who are unable to travel to vaccination centers due to mobility issues.
2. Establish local community networks to check in on elderly residents, ensuring they have access to essentials like groceries and medications, and offering emotional support to alleviate feelings of loneliness.
3. Encourage family members to assist elderly relatives in the vaccination process and to help them monitor the health of the elderly by encouraging regular check-ups and follow-up assessments.
4. Provide easily understandable information about the vaccination process, including what to expect before, during, and after the vaccination, and offer assistance during emergencies or times of heightened stress.
5. Always keep updated with the elderly about vaccine availability, and vaccine advantages, and ensure they have easy access to vaccines to protect them from severe illness and promote a sense of safety.

Aesthetic Expression

Presented below is the poem we have articulated, a reflection of our understanding of the experiences of constraints by the elderly respondents. The poem includes perception into the constant cycle of elderly people staying hopeful, needing to know and see the finish line, to keep going amidst challenging times in different areas when people were feeling hopeless and clinging onto hope that started to feel fruitless. Eventually, Hope came at a different level for them, that everyone would emerge, knowing that their belief in a possible better future would carry the possibility of something satisfying and fulfilling.

Hope in the Midst of Hopelessness

T'was a normal day when a battle
waged,

Fighting enemies with anger and rage.

A virus vicious escalating a far,

Chasing lives and trembling bazaar.

Living in a realm of terror,

Ambition rose and drew closer.

A cover to withstand death,

Vaccines emerged to save from
bloodbath.

Communities revived, showing the warmest smile,

Immunity gained as it ended the trial.

Wounds have healed but scars
remained,

Leaving it a lesson and gain.

No need of forgetting the struggles

endured, Even the gallant the world has

offered.

Through unity we conquer the scrutiny

Then arise as triumphant euphony.

REFERENCES

Agarwal R, Gopinath G. (2021) A proposal to end the COVID-19 pandemic. International Monetary Fund; Retrieved May 28, 2022, from: https://doi.org/10.5089/9781513577609.006

Armitage, R., & Nellums, L. B. (2020). COVID-19 and the consequences of isolating the elderly. *The Lancet Public Health*, *5*(5), e256. Retrieved March 19, 2023, from https://www.thelancet.com/journals/lanpub/article/PIIS2468

Bandaranayake, T., Shaw, A.C., (2016). Host Resistance and Immune Aging. Clin. Geriatr. Med. 32, 415–432. Retrieved May 25, 2023, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6986475/

Babicki, M., & Mastalerz-Migas, A. (2022). Attitudes of Poles towards the COVID-19 Vaccine Booster Dose: An Online Survey in Poland. *Vaccines*, *10*(1), 68. Retrieved June 26, 2023 from https://doi.org/10.3390/vaccines10010068

Beleche T, Ruhter J, Kolbe A, et al., (2021). COVID-19 vaccine hesitancy: demographic factors, geographic patterns, and changes over time. Retrieved April 5, 2023, from https://aspe.hhs.gov/system/files/pdf/265341/aspe-ib-vaccine-hesitancy.pdf.

Chadwick, A., Kaiser, J., Vaccari, C., et. al., (2021). Online Social Endorsement and COVID-19 Vaccine Hesitancy in the United Kingdom. Social Media +Society,7(2). Retrieved 2022 from https://doi.org/10.1177/20563051211008817

Comas-Herrera, A., Zalakaín, J., Litwin, C., Hsu, A.T., Lane, N., Fernández, J.-L., (2020). Mortality associated with COVID-19 outbreaks in care homes: early international evidence 20. Retrieved February 1, 2023, from

https://ltccovid.org/wpcontent/uploads/2021/02/LTC_COVID_19_international_r eport_January-1-February-1-2.pdf

Davis, T. (2019, Oct. 2017). Four ways to savor the good things in your life [Blog File]. Shine. Retrieved June 26, 2023 from https://advice.shinetext.com/articles/4-ways-to-savor-the-good-things-in-your

Eberl, J. T. (2022, November 10). *Ph.D*. HCE USA. Retrieved June 1, 2023, from https://www.chausa.org/publications/health-care-ethics-usa/article/winter-spring

Fredrickson B.L. (2001). The role of positive emotions in positive psychology. The broaden-and-build theory of positive emotions. The American psychologist, 56(3), 218–226. Retrieved June 26, 2023 from https://doi.org/10.1037//0003-066x.56.3.218

Forman R, Shah S, Jeurissen P, Jit M, Mossialos E. (2021) COVID-19 vaccine challenges: what have we learned so far and what remains to be done? Health Policy;125: 553–567. Pmid:33820678. Retrieved May 4, 2022, from https://www.sciencedirect.com/science/article/pii/S0168851021000853

Kock et al., 2019 F. Kock, A. Josiassen, A.G. Assaf, I. Karpen, F. Farrelly Tourism ethnocentrism and its effects on tourist and resident behavior. Journal of Travel Research, 58 (3) (2019), pp. 427-439, 10.1177/0047287518755504. Retrieved June 1, 2023, from https://www.researchgate.net/publication/323428124_Tourism_Ethnocentrism_an d_Its_Effects_on_Tourist_and_Resident_Behavior

Leong, C. & Lebel, L. Can conformity overcome the yuck factor? Explaining the choice for recycled drinking water. *J. Clean. Prod.* **242**, 118196 (2020). Retrieved June 26, 2023 from

https://www.sciencedirect.com/science/article/pii/S0959652619330665?via%3Dih ub

Leong, C., Jin, L., Kim, D. *et al.* Assessing the impact of novelty and conformity on hesitancy towards COVID-19 vaccines using mRNA technology. *Commun Med* **2**, 61 (2022). Retrieved June 26, 2023 from https://doi.org/10.1038/s43856-022-00123-6

Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. Child development, 71(3), 543-562. Retrieved June 1, 2023, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1885202/

McElhaney J.E., Verschoor C., Pawelec G. Zoster Vaccination in Older Adults: Efficacy and Public Health Implications. J. Gerontol. Ser. A. 2019;74:1239–1243. doi: 10.1093/gerona/glz085. Retrieved June 26, 2023 from https://pubmed.ncbi.nlm.nih.gov/30945744/

Molley, S., Derochie, A., Teicher, J., Bhatt, V., Nauth, S., Cockburn, L., Langlois, S., (2018). Patient Experience in Health Professions Curriculum Development. Journal of Patient Experience. 5. 237437351876579. 10.1177/2374373518765795. Retrieved June 26, 2023 from https://www.researchgate.net/publication/325161817_Patient_Experience_in_Hea lth_Professions_Curriculum_Development

Opel, D. J., Mangione-Smith, R., Taylor, J. A., Korfiatis, C., Wiese, C., Catz, S., & Martin, D. P. (2011). Development of a survey to identify vaccine-hesitant parents: the parent attitudes about childhood vaccines survey. *Human vaccines*, *7*(4), 419-425. Retrieved June 26, 2023 from https://www.tandfonline.com/doi/full/10.4161/hv.7.4.14120

Petersen, M. B., Bor, A., Jørgensen, F., & Lindholt, M. F. (2021). Transparent communication about negative features of COVID-19 vaccines decreases acceptance but increases trust. *Proceedings of the National Academy of*

Sciences of the United States of America, *118*(29), e2024597118. Retrieved June 1, 2023, from https://doi.org/10.1073/pnas.2024597118

Reno C., Maietti E., Fantini M.P., Savoia E., Manzoli L., Montalti M., Gori D. Enhancing COVID-19 Vaccines Acceptance: Results from a Survey on Vaccine Hesitancy in Northern Italy. Vaccines. 2021;9:378. doi: 10.3390/vaccines9040378. Retrieved June 26, 2023 from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8070202/

Simon, H., (1991). Motivational and emotional controls of cognition. Psychological Review. 74(1), e29-39. Retrieved 2022, from https://psycnet.apa.org/doiLanding?doi=10.1037%2Fh0024127

Simon, H., (2022). SciHi Blog. Herbert A. Simon and the Science of Decision Making. 1(4). Retrieved June 15, 2022, from http://scihi.org/simon-decision-making/

World Health Organization, (2020). Decade of healthy ageing: baseline report. World Health Organization. Retrieved 2022, from https://apps.who.int/iris/bitstream/handle/10665/338677/9789240017900-eng.pdf

World Health Organization (5 October 2022) Coronavirus Disease (COVID-19): Weekly Epidemiological Update on COVID-19. Retrieved June 26, 2023, from https://www.who.int/publications/m/item/weekly-epidemiological-update-on

Van Manen, M. (1997). Researching Lived Experience: Human Science for an Action Sensitive Pedagogy (2nd ed.). Routledge. Retrieved November 14, 2023, from https://doi.org/10.4324/9781315421056

Van Manen, M. (2011*). Hermeneutic interview reflection.* Retrieved November 15, 2023, from http://www.phenomenologyonline.com/inquiry/methods

Yang Liuqing, Lili Ji, Qiang Wang, Guoping Yang, Shixin Xiu, Tingting Cui, Naiyang Shi, Lin Zhu, Xuepeng Xu, Hui Jin, Shiqi Zhen, Understanding Drivers of Vaccine Hesitancy During the COVID-19 Pandemic Among Older Adults in Jiangsu Province, China: Cross-sectional Survey, JMIR Formative Research, 10.2196/39994, **7**, (e39994), (2023). Retrieved June 26, 2023, from https://onlinelibrary.wiley.com/doi/10.1111/jan.15398

Zhang, D., Zhou, W., Poon, P. K., Kwok, K. O., Chui, T. W., Hung, P. H. Y., Ting, B. Y. T., Chan, D. C., & Wong, S. Y. (2022). Vaccine Resistance and Hesitancy among Older Adults Who Live Alone or Only with an Older Partner in Community in the Early Stage of the Fifth Wave of COVID-19 in Hong Kong. *Vaccines*, *10*(7), 1118. Retrieved June 26, 2023 from https://doi.org/10.3390/vaccines10071118

Appendix A: Guide Questions for Interview

Lived Self/Other - **Relationality**

1. Could you please describe to me the feeling of constraint when you were with other people?
2. What were the personal experiences of others that influenced you to decide whether or not to get the vaccine?

Lived Body - **Corporeality**

1. What were the effects of constraints on you both physically and mentally?
2. While experiencing constraints, what thoughts did you have relating to your physical body?

Lived Time - **Temporality**

1. Have constraints changed the way you perceive the future? Tell me more about it.
2. Given that COVID is still present, what can you say about the difference between when you haven't had the vaccine and when you have had the vaccine?

Lived Space - **Spatiality**

1. Does your current environment affect your experience of constraint? How are you handling it?
2. While you were experiencing constraints, have you ever had a time when you desired to have your own space?

Lived Things - **Materiality**

1. What do you think about the vaccination now that you've had one?

2. Could you relate an experience of how your material belongings have helped you in any way while facing the experience of constraints?

**These open-ended questions are based on Van Manen's five existential lifeworlds and may serve as a guide for sub-questions during the interview.*

APPENDIX B: Letter to the Dean

COLLEGE OF NURSING
MISAMIS UNIVERSITY

Sammy B. Taghoy, PhD, RN
Dean of the College of Nursing

Dear Sir;

Greetings of Peace!

In partial fulfillment of our requirements for our subject Nursing Research, we, the nursing students from Level 3 Block A namely: Nina Marife Bulang, Trishia Alena Calatrava, Dawn Amber Dasoy, and Charrize Deanne Dela Pena would like to ask for permission to conduct a research study entitled "Experience of Constraints on COVID-19 Vaccination Among the Elderly".

In this regard, we are requesting your permission to conduct this research in collaboration with senior citizen members in answering our questions, with the assistance of the senior citizen office in identifying those who meet our criteria. Rest assured that all information derived will be kept strictly confidential.

Your positive response is much appreciated. Thank you very much and God bless!

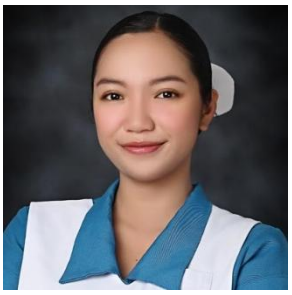
Respectfully yours,

Niña Marife D. Bulang
Trishia Alena B. Calatrava
Dawn Amber E. Dasoy
Charrize Deanne R. Dela Peña

Recommending Approval:

JESUS G. OCAPAN, PhD, RN, JD
Research Adviser

CURRICULUM VITAE



PERSONAL DATA

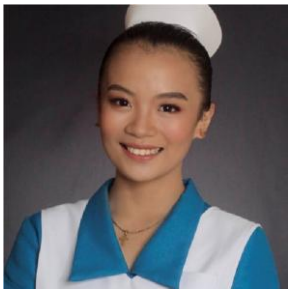
Name		Niña Marife D. Bulang
Age	:	22
Birthdate	:	October 15, 2001
Civil Status	:	Single
Religion	:	Roman Catholic
Home Address	:	Purok 7 Transville, Villaflor, Oroquieta City, Misamis Occidental
Contact Number	:	09770534074
Email	:	bulangninya@gmail.com
Parents	:	Edmar E. Bulang
		Memafe D. Bulang

EDUCATION

College	:	Bachelor of Science in Nursing Misamis University H.T Feliciano St. Aguada, Oz amiz City
Senior High School	:	Stella Maris College Independence St., Poblacion 1, Oroquieta City April 2020
Junior High School	:	Stella Maris College Independence St., Poblacion 1, Oroquieta City March 2018
Elementary School	:	Firm Foundation Christian Academy Bandala St., Poblacion 1, Oroquieta City March 2014

CURRICULUM VITAE

PERSONAL DATA



Name	:	Trishia Alena B. Calatrava
Age	:	21
Birthdate	:	August 22, 2002
Civil Status	:	Single
Religion	:	Iglesia Filipina Independiente (IFI)
Address	:	Purok Roses, Barangay Maloro, Tangub City, Misamis Occidental
Contact Number	:	09455895342
Email	:	trishia.alena@gmail.com
Parents	:	Alejandro H. Calatrava
		Rona B. Calatrava

EDUCATION

College	:	Bachelor of Science in Nursing
		Misamis University
		H.T Feliciano St. Aguada, Ozamiz City
Senior High School	:	La Salle University Integrated School
		La Salle St., Aguada, Ozamiz City
		May 2020
Junior High School	:	Tangub City National High School
		Barangay Mantic, Tangub City
		March 2018
Elementary School	:	Tangub City Central School
		Barangay Mantic, Tangub City
		March 2014

CURRICULUM VITAE

PERSONAL DATA

Name	:	Dawn Amber E. Dasoy
Age	:	31
Birthdate	:	September 04, 1992
Civil Status	:	Single
Religion	:	Seventh Day Adventist
Home Address	:	P-8, Brgy. Banadero, Ozamiz Misamis Occidental
Contact Number	:	09287012591
Email	:	dawnamberdasoy9@gmail.com
Parents	:	Fernando C. Biasca
		Shannelle D. Biasca

EDUCATION

College	:	Bachelor of Science in Nursing Misamis University HT. Feliciano St. Aguada St. Ozamiz City Misamis Occidental, Philippines
High School	:	Western Mindanao Adventist Academy Brgy. San Pablo, Dumingag, Zamboanga Del Sur Philippines March 2009
Elementary	:	Tabaco Adventist Multigrade School P-2, Brgy. San Ramon, Tabaco City, Albay Philippines March 2005

CURRICULUM VITAE

PERSONAL DATA

Name	:	Charrize Deanne R. Dela Peña
Age	:	22
Birthdate	:	July 13, 2001
Civil Status	:	Single
Religion	:	Roman Catholic
Home Address	:	Purok Riverside Kawit, Pagadian City Zds
Contact Number	:	09457067024
Email	:	charrize10@gmail.com
Parents	:	Charlie R. Dela Peña

EDUCATION

College:	:	Bachelor of Science in Nursing Misamis University H.T Feliciano St. Aguada, Ozamiz City
Senior High School	:	Saint Columban College San Francisco District Pagadian City March 2020
Junior High School	:	Saint Columban College Sto. Niño District Pagadian City March 2018
Elementary	:	Kawit Elementary School Purok Pagang Kawit Pagadian City March 2014