

Understanding older adults' functioning and health-seeking behaviour during the COVID-19 pandemic in Ghana: A descriptive qualitative study

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Abstract

Little research has been conducted to explore the functional status of community-dwelling older adults in sub-Saharan Africa, including Ghana, especially during the COVID-19 pandemic. This study investigated the functional status and the health-seeking behaviour of older adults during the COVID-19 pandemic in Ghana. Utilising a descriptive qualitative approach, semi-structured interviews were used to collect data from 12 eligible older adults from southern Ghana. With the use of NVivo (v12), descriptive and focused coding techniques were employed to analyse the data. The following five themes were identified after the data analysis: (a) older adults' health status during COVID-19 pandemic, (b) feeling limited, (c) feeling of unhappiness for being inactive, (d) striving to be active and (e) seeking healthcare during COVID-19 pandemic. This study revealed the unique health and social-related needs of Ghanaian older adults during the COVID-19 pandemic. This study's findings draw attention to the urgent need for the state to devise practical health and social-related initiatives to support older adults during and after the COVID-19 pandemic.

KEYWORDS

COVID-19, functioning, Ghana, health status, health-seeking behaviour, older adults

1 | INTRODUCTION

Globally, evidence shows that no country is immune to population ageing and its related health and social challenges (World Health Organisation, 2012). This development has called for a reassignment of countries' resources towards developing a comprehensive healthcare and welfare system to address the needs of older adults (Guarino et al., 2020). In Ghana, available research shows that the population of people aged 60 years and above is growing, and this is due to the improvement made in healthcare provision that has subsequently decreased the level of mortality (Biritwum et al., 2013). Specifically, the proportion of older adults in Ghana has witnessed a significant increase from 213,477 in 1960 to 1,643,381 in 2010

(Ghana Statistical Service, 2013). The percentage of older adults in Ghana is further expected to increase to 9.8% by 2050 (HelpAge International, 2015). As people grow older, they may experience a deficit in their functional abilities. Such functional impairments may be associated with chronic non-communicable diseases (NCDs), such as hypertension, diabetes and heart problems (Ayernor, 2016), as well as some environmental deficits, such as the absence of walking aids (Nkansah et al., 2021).

The novel coronavirus disease (COVID-19) has afflicted more than 213 countries. This epidemic has presented health, social and mental problems to individuals, particularly older adults. Older adults' vulnerability to this disease is often associated with poor health and weak immune systems to fight infections (Armitage & Nellums, 2020).

As of August 2020, the global confirmed COVID-19 cases stood at 17,918,582, with 686,703 deaths (World Health Organisation, 2020). COVID-19 was first discovered in Wuhan, China, in December 2019. According to the World Health Organization (WHO), COVID-19 is an infection caused by severe acute respiratory syndrome coronavirus 2 (SARS-COV 2) (WHO, 2019). The disease was first confirmed in Ghana on 12 March 2020, with two confirmed cases being older adults with a mean age of 74 years (GhanaWeb, 2020). As of July 2020, the country's total confirmed cases stood at 37,812, with 191 deaths (Worldometer, 2020). Out of the total deaths, the older adults constituted about 68%, with 60% having underlying medical conditions, such as hypertension, diabetes and chronic kidney infections (Ghana Priorities, 2020). Despite the rareness of data on the number of older adults who have been adversely affected by the COVID-19, a substantial proportion of this vulnerable population could experience detrimental effects (Ghana Priorities, 2020). Following the WHO's recommendations, Ghana introduced social distancing measures and partial lockdowns to slow the spread of the COVID-19. However, the impacts of the COVID-19 on older adults' functioning and health-seeking behaviour are primarily unknown in the country.

While enormous research exists in developed countries regarding the functional abilities of older adults (Aida et al., 2013; Saito et al., 2014), little research exist in Africa, including Ghana. A study conducted in Botswana involving participants with musculoskeletal disorders (20–97 years) reported that though they feel losing their traditional roles due to functional impairment, they still attached importance to having greater independence (Hondras et al., 2016, 2015). In Ghana, available quantitative research has reported that some older adults experience poor health, difficulty in participating in household activities, and limited social gathering participation (Amosun et al., 2013; Debpuur et al., 2010). A recent study also reported that about 26% of older adults experience toileting difficulty (Awuviry-Newton et al., 2019; Awuviry-Newton, Wales, et al., 2021), and about 31% experience transportation difficulty (Awuviry-Newton, Ofori-Dua, et al., 2021). The prevalence of the aforementioned functional difficulties is higher among older women than among older men (Awuviry-Newton, Ofori-Dua, et al., 2021; Awuviry-Newton et al., 2020; Debpuur et al., 2010). Awuviry-Newton, Tavener, et al. (2020) reiterated that older adults' increasing functional difficulties are often due to poor health, intrinsic incapability, body impairment or environmental impediments. Furthermore, Awuviry-Newton, Tavener, et al. (2020) reported that older adults feel anxious and restricted, admit difficulty and strive to be healthy and productive. The current study is relevant because Awuviry-Newton, Tavener, et al. (2020) study sampled older adult in-patients and was also conducted before the COVID-19 pandemic first occurred in Ghana; hence, it does not provide any information on how the functional ability of community-dwelling older adults have been affected during the COVID-19 pandemic.

Health-seeking behaviour is particularly a public health concern in many countries, including Ghana. Evidence in Ghana indicates that vulnerable people, including older adults (Abekah-Carter & Oti, 2020; Amegbor, 2017), and people living in poorly resourced communities are less likely to seek healthcare than people living in

What is known about this topic

- The functional abilities of older adults are generally understood.
- Poor people and rural dwellers, including older adults, prefer traditional medical care to modern medicine.
- Hospitalised older adults strive to be healthy and maintain independence.

What this paper adds

- Older adults seek healthcare during the COVID-19 pandemic.
- Unfavourable attitudes of some healthcare professionals are impediments for older adults to seek healthcare during the COVID-19 pandemic.
- Although older adults' health is generally poor during the COVID-19 pandemic, they still strive to be healthy and active.

resourced vicinities (Kuire et al., 2016). It is expected that older adults who are faced with both communicable and NCDs would seek medical attention even during this pandemic. Nonetheless, it is suggested that the outbreak of this pandemic has put fear in some Ghanaian older adults (Gyasi, 2020); hence, most of them may change their health-seeking behaviours and opt for traditional therapies and self-treatment (Arthur-Holmes & Agyemang-Duah, 2020). This change in health-seeking behaviour is likely to be influenced by the known fact that older adults have high mortality rates when they get infected by the virus (Arthur-Holmes & Agyemang-Duah, 2020).

Moreover, the perceived adverse effects, availability, neutrality and efficacy of traditional medicine (Gyasi et al., 2011; Peparah et al., 2019) deter some older adults from visiting the health centre for fear of getting infected by the virus. However, there is barely any empirical evidence to substantiate older adults' health-seeking behaviour during a pandemic such as the COVID-19. Thus, the current study will provide evidence on older adults' health-seeking behaviour during Ghana's COVID-19 pandemic. We believe that conducting a study such as this during this crucial time is significant as the findings will prompt mandated state institutions to develop innovative strategies and programmes to enhance older people's functional capabilities.

2 | METHODS

2.1 | Study design

A descriptive qualitative research design was adopted for this study. Using semi-structured interviews, data were gathered from

12 eligible older adults from southern Ghana. The researchers' intent was not to oppose, observe, measure, predict or generalize but to explore and provide a descriptive report based on participants' assertions. Qualitative description is a label used in qualitative research for descriptive studies, particularly examining healthcare and nursing-related phenomena (Polit & Beck, 2004, 2009). Utilising a qualitative descriptive approach paves the way for a detailed understanding of research participants' narratives on relevant issues (Lambert & Lambert, 2012; Sandelowski, 2000). Specifically, this research design was used because the study focuses on gaining insights from participants regarding a poorly understood phenomenon (Neergaard et al., 2009; Sullivan-Bolyai et al., 2005), functioning ability and health-seeking behaviour among older adults during the COVID-19 pandemic. As permissible by the qualitative approach, the authors decided to enquire the phenomenon with the understanding from the literature review with no prior theoretical underpinnings to allow for an in-depth exploration of participants' experiences (Sandelowski, 2010).

2.2 | Participants and setting

The study's target population included all older adults aged 60 years and above who lived in Enyan-Denkyira. Enyan-Denkyira is a town in the Central Region of Ghana, with an aged population of about 10,000 as of 2010 (Ghana Statistical Service, 2013). This study area was selected because the first author, a native, had witnessed many older adults with mobility impairments begging for food on the street before the pandemic. We believe that the findings derived from this research would inform policymakers to consider laying down appropriate measures to enhance older adults' functional competency. The inclusion criteria set for this study allowed the researchers to purposively recruit 12 older adults who were aged 60 years or older, lived in the study area, were fluent in speaking Fante, Twi or English and were able to have a conversation with no hearing difficulty either with or without a hearing aid.

2.3 | Sampling procedure

Potential participants were contacted in some churches in the study area when the COVID-19 restrictions were eased in Ghana and a small number of people met for religious purposes. The number of participants sampled during this period was not enough; however, it was appropriate for a descriptive qualitative study. Upon contacting potential participants, the researchers provided verbal information concerning the research and sought their consent to take part in the study. The contact details of those who showed interest in participating in the study were taken and shortly contacted (between 24 and 48 hr) to affirm their decision to participate. Out of the over 20 older adults who were contacted, only 12 of them confirmed inclusion status. The primary caregivers of these older adults were then visited and briefed about the study and its relevance. They were also

assured that the study would not expose their older relative to any form of illness in any way.

2.4 | Data collection

The researchers used ten weeks (June–August 2020) to collect information from the participants. All interviews were conducted at the homes of the participants as they preferred to be engaged there. In adherence to the COVID-19 safety protocols, the researchers and the participants wore nose masks and maintained a 1.5-m distance throughout the individual interviews. The research instrument used to collect data for this study was an interview guide. This interview guide was devised to encourage participants to freely provide a vivid description of their day-to-day functioning and health-seeking behaviour during the COVID-19 pandemic and its associated social distancing measures. Questions on the interview guide explored broad domains of general health: older adults' general health, functioning and health-seeking behaviour during COVID-19. Each participant was interviewed once, with interviews lasting for an average of 90 min. With the permission of the participants, all interview sessions were audio-recorded.

2.5 | Ethical considerations

Ethical approval was received from the University of Education, Winneba Ethics Committee. Moreover, all participants gave verbal informed consent to take part in the study. Respect, concerns for privacy, a nonjudgmental attitude and a genuine interest in the participants were maintained.

2.6 | Data analysis

The audio-recorded data derived from the interviews were transcribed immediately after each session. The researchers employed a qualitative thematic analysis (TA) (Braun & Clarke, 2006) to analyse the interview transcripts. The appropriateness of TA for this study was in its ability to allow for a description of the participants' perspective with a minimal level of interpretations (Braun & Clarke, 2006; Holloway & Todres, 2003). N-Vivo (v12) served as a management tool meant to facilitate the analysis of the interviews.

Using TA, six steps were followed to analyse the research data. The first step entailed a thorough reading of all the transcribed data for familiarization. The second step comprised of the generation of initial codes. In the third phase of the thematic analysis, themes were constructed by examining all codes identified. These themes were further reviewed in the fourth stage, and the trustworthiness of the individual themes was verified against the individual transcript. The fifth step encompassed a definition and refinement of the constructed themes, and at the sixth and final stage, a report of the findings was written (Braun & Clarke, 2006).

2.7 | Trustworthiness of the study

Credibility, transferability, dependability and confirmability were the main criteria used to ensure the study's trustworthiness (Lincoln & Guba, 1986). To ensure credibility, follow-up questions were used during the interview to gather additional information on the participants' issues relevant to the study. The researchers also made ample time with the participants (about 45 min to 1 hr) to confirm the trustworthiness of the data collected after every interview session. To ensure transferability, the researchers provided a detailed description of the participants and the entire research process to facilitate the assessment of whether or not the findings can be transferred to other settings (Korstjens & Moser, 2018). Dependability and confirmability were also maintained in this research. Thus, the researchers ensured that this study's analysis phase was in line with the research approach's standards.

Furthermore, this study's elucidations were grounded in the data and not based on the researchers' opinions and preferences (Korstjens & Moser, 2018). This assertion further means that the researchers employed reflectivity in this research. Thus, the researchers took note of all pre-conceived prejudices they had on the subject under study before data collection, during data transcription and data analysis and ensured that their subjective responses did not influence the research outcome.

3 | FINDINGS

3.1 | Demographic characteristics of participants

The majority of the participants were females, with their ages ranging from 60 to 100 years. Additionally, seven participants were married, four were widowed, and one had divorced. A detailed description of the characteristics of the participants has been presented in Table 1.

TABLE 1 Demographic information of participants

Pseudonyms	Gender	Age	Living arrangement	Marital status	Employment
1st	Female	73	Living with husband	Married	On pension
2nd	Male	77	Live with wife	Married	On pension
3rd	Male	86	Live alone	Widower	On pension
4th	Female	73	Living with daughter and grandchildren	widow	Not working
5th	Female	68	Live with daughter	divorce	Farming
6th	Female	70	Live with husband	Married	Not working
7th	Female	75	Live with children	Married	Seller
8th	Female	80	Live with daughter	widow	Not working
9th	Male	90	Live with wife and children	Married	Farmer
10th	Female	100	Living with daughter	widow	Not working
11th	Female	75	Live with husband and children	Married	Not working
12th	Male	66	Live with wife	Married	Involve in part-time computer work

3.1.1 | Organisation of findings

The following five broad themes were identified from the analysis of the data derived from this descriptive study: (a) older adults' health status during the COVID-19 pandemic; (b) feeling limited; (c) feeling of unhappiness for being inactive; (d) striving to be active; and (e) seeking healthcare during COVID-19 pandemic. The first theme provides a description of the participants' general health status and some aspects of their functional difficulties. The second, third and fourth themes provide information on the older adults' functional status, while the last theme gives insights to older adults' health-seeking behaviour. These themes have been presented below alongside the relevant responses provided by the participants.

Older adults' health status during the COVID-19 pandemic

This theme provides the narratives and feelings of older adults regarding their general health and functioning. It was found that many of the participants suffered health conditions, such as broken leg, knee, waist pain, catarrh, cold, prostate cancer, sight defect, swollen legs, malaria and hypertension. According to the participants, these health conditions had been present before the pandemic. Only one participant was unsure whether or not his catarrh was an indication of the COVID-19 infection. The 11th participant described her experience of living with knee pain and how that affects her life:

..... the only issue with me is my leg. I feel pain around my knee and my thighs whenever I sit. even when my leg is on the ground, I don't feel it.

Emotionally, the COVID-19 pandemic had a negative impact on the overall health of the participants and the way they viewed their existing health condition. The third participant, who had prostate cancer and poor eyesight, was concerned about the cause of his

catarrh during the COVID-19 period, as he found it problematic. He described his fight for relief from the sickness:

I have been experiencing catarrh, and I don't know whether the virus has infected me or not. Last night, for instance, I couldn't breathe, so I have to come and sit outside, and the dew was also falling on me.

Furthermore, the fourth participant explained that she made efforts to improve her health amid suffering from poor eyesight:

My physical health has not been that well (cold and poor eyesight), but I have been advised to exercise, so I have started with weeding around the compound.

Also, the seventh participant explained the cause of her broken leg and how she used a walking aid to assist her in being active:

I was very fine until a motorcycle knocked me down on my way from the farm. For the past 30 days, my health has not been good due to my broken leg. I have to use a walking stick before I can walk.

Feeling limited

This theme presents information on the relevant functional activities the older adults identified as challenging to complete. It also encapsulates those activities the older adults indicated that they needed some form of support to complete them. Irrespective of the limitations the older adults felt, they considered these activities as very important to complete. However, it appeared these limitations already existed before the outbreak of the pandemic, and COVID-19 pandemic barely had any influence on these limitations. Nonetheless, some participants also mentioned that the onset of COVID-19 exacerbated their functional limitations. The 10th participant explained that he encountered some difficulties in carrying out certain activities he used to complete in his youthful days with ease:

The activities I am unable to do without assistance include fetching water and drying clothes. These activities were very easy to complete when I was very young.

For some participants, some daily living activities were challenging to complete without the support of their spouses. The first participant described a specific functional difficulty and the support she received from her husband:

When I am going to the bath, I need someone (my husband) to help me carry a bucket of water to the bath bathroom. My husband also washes my clothes and does all the sweeping in the compound.

The seventh participant also described how COVID-19 and its associated lockdown measures intensified her functional limitations:

I can barely do anything on my own. I cannot bath, cook or clean. I need people to be around all the time. My children went to Accra for a short visit but they could not come back because a restriction of movement was enforced in the city. They were the ones helping me to carry out my daily tasks so their absence affected me a lot.

Additionally, the eighth participant pointed out how she had been limited to be active by poor health and old age. Despite this limitation, she found delight in receiving support from others:

At this stage, I can't do anything for myself apart from eating and sleeping. My daughter does everything for me.

Feeling of unhappiness for being inactive

For some participants, the state of inactivity due to poor health made them feel sad every day despite their efforts to regain their functional ability. Comparing their past youthful vigour to their current states brought the reason for their sadness to reality and offered a shock for most participants. Some participants further indicated that the onset of the COVID-19 pandemic had worsened their predicaments because the support they received from their caregivers to access their needs, especially medical care had either halted or was insufficient. This was mainly because either their caregivers had lost their jobs or their businesses had been adversely affected by the outbreak of the pandemic. The seventh participant indicated that her inability to walk brought her sorrow:

I always feel sorrowful for my inability to walk. During my youthful days, I used to walk around selling a popular local food called "Tubani", but now, I am weak, so I'm always seated inactive.

Some of the participants showed appreciation for the support they receive from their caregivers. For the eighth participant, she described the relevance of her daughter in her life:

I feel sad and helpless because if not for my daughter, who is supportive and caring, I would have died a long time.

For some older adults, especially those who do not receive care and support from their children like the ninth participant, the feeling of sadness was enormous:

It is very unpleasant for me because my son doesn't offer any support to me and it is excruciating. I always feel sad.

Striving to be active

This study revealed that irrespective of the poor health and functional limitations the older adults encountered, they still made efforts to remain active by engaging themselves in various basic activities. According to the participants, remaining inactive rather worsens one's health condition. The findings further revealed that some older adults between the ages of 66 and 75 had some form of employment that kept them active. The remaining participants (8) of which one was 75 years, and the remaining seven above this age, found it difficult to remain active. The reason is that they were battling with health conditions, such as hypertension, prostate cancer and sight defects. The 12th participant explained that he engaged in some activities that did not require the use of extreme strength to remain active:

I can take my bath, and I also offer typing services. The volume of work I do depends on how often the job comes. The only health problem I have now is that I cannot sit for long hours because I was involved in an accident some years ago.

It appeared that the perceived benefit of physical activity among older adults serves to engage in functional activities. For the fifth participant, although she is not expected to work, she chose to engage in functional activities:

I sometimes go to the farm, fetch water, and cook food for my grandchildren when my daughter goes to work. I cook, wash, sweep, fetch water and take care of my husband.

Similarly, the sixth participant revealed that she served as a caregiver for her partner and her grandchildren:

I cook, wash, sweep, fetch water and take care of my husband and grandchildren. I do all these house

chores by myself every day. There is nothing I cannot do myself.

This study's findings suggest that older adults are not just passive receivers of care and do not just accept the limitation they experience in life. Their narratives connote how they see those functional activities essential in their lives and wishing to complete them if they have the capacity. The first participant revealed this assumption with these statements:

Yes, those things are essential to me. I always wish I can perform those things myself because if my husband is not around, I have to wait for him to come.

Seeking healthcare during COVID-19 pandemic

This theme describes older adults' willingness and readiness to seeking healthcare during the COVID-19 pandemic. Generally, it was found that the older adults sought formal healthcare with the help of their caregivers, irrespective of the fact that they sometimes panicked for fear of COVID-19 infections. The first participant, for instance, had a swollen leg and still endeavoured to seek healthcare despite having fear for the COVID-19 infection. She described how she received help from her husband in accessing formal healthcare during the COVID-19 pandemic:

My swollen legs led to me experiencing severe pains.... Whenever it becomes serious, my husband always sends me to the hospital. Anytime I am sent to the hospital, they admit me for several days for treatment.

Some older adults altered the number of times they used to visit the hospital for healthcare. With the assistance of a health professional, the 12th participant avoids a frequent visit to the hospital for prevention of COVID-19 infections:

I used to go to Korle-Bu for review, but due to the COVID-19, I could not go there frequently. I have high blood pressure, so the doctors give me more drugs to take me for one month to reduce frequent reviews. I even take my drugs from Ejumako hospital.

Participants' persistence and hope in God appeared to fuel their desire to seek healthcare during the COVID-19 pandemic. Nonetheless, the 11th participant emphasised how some health professionals mistreated her when visiting a health facility. She also mentioned that her trust in God rekindled her desire to seek formal healthcare during this COVID-19 pandemic:

.... Some hospital staff attend to me nicely, but some of them, especially the female nurses, mistreat me. I am not afraid of going to the hospital to seek medical care during this period because God is guiding and protecting me, so I will not die by getting this illness (COVID-19).

The study also found that attitudes of some health professionals seemed to fuel older adults' health-seeking behaviour during this COVID-19 pandemic. The ninth participant reiterated a similar statement to suggest that some healthcare professionals were abusive:

An older man like me, I went to the hospital for treatment, and the nurses were maltreating me in the hospital. Why should it happen that way? They could have attended to me in a polite manner, but instead, they were shouting at me as if I was a small boy.

Some older adults talked about how they felt no need to seek healthcare because they believed they were medically fit. They felt indifferent about the impact of the social distancing measure around the COVID-19 period on their need to seek healthcare. The second participant had this to say:

For the past 30 days, my health condition has been okay. I can't remember the last time I went to the hospital.

4 | DISCUSSION

This descriptive qualitative study explored the functional ability and health-seeking behaviour of older adults during this COVID-19 pandemic. Generally, it was found that some older adults experienced certain health-related conditions that had subsequently increased their functional difficulties. There is also evidence in this study to suggest that these functional difficulties existed before the outbreak of the COVID-19 pandemic; hence, the pandemic had not influenced their health conditions in any way. This finding confirms available information suggesting that older people are liable to experience a deficit in their functioning, which may be influenced by the onset of ailments (Ayernor, 2016).

Nonetheless, there is a likelihood for some of these older adults to be adversely affected by this pandemic, especially when they get infected by the virus. Although not much research exists on the increasing cause of death in older adults infected with the COVID-19 pandemic, we know that pre-existing health conditions, such as hypertension, are part of the underlying factors associated with COVID-19 related deaths worldwide (Ashour et al., 2020). This

study's findings call for the state to urgently make older adults' health a priority, especially in this period. The state must devise emergency mechanisms and procure more technologically advanced medical equipment to address older adults' health needs, particularly those who eventually get infected with the virus. Unfavourably, only the costs of a few chronic conditions have been covered by the National Health Insurance Scheme (Government of Ghana, 2003). Therefore, it would also be useful if the coverage of chronic illnesses under the scheme is expanded to include all the chronic conditions that older people are likely to suffer from to enjoy free healthcare benefits.

The study also found that while some of the older adults were involved in relevant functional activities, many still found some difficulty completing activities, such as fetching water, sweeping, washing of clothes and cooking. This finding is consistent with Awuviry-Newton, Tavener, et al. (2020), which revealed that some older adults experience difficulty carrying out some household activities. The results imply that older adults may need some form of support from either the state or their caregivers to enhance their health conditions and functional abilities. The state should lay down innovative measures, such as intensifying efforts to provide water in all households to help older people to carry out basic activities in the face of their adversities.

Additionally, home care services could be instituted in various communities to provide affordable salient support to older adults to aid their functioning. The findings of this study further suggest that older adults feel unhappy about being inactive. Their state of poor health and inactivity makes them feel sad, although they made some efforts to regain their ability. This finding implies that it would be useful if the government made available appropriate health and social support systems to help maximise older adults' functional abilities.

Surprisingly, the finding that connote that older adults strive to be active by engaging in basic activities could be an indication for the state to make available essential resources older adults need to remain active. The Ghana National Ageing Policy (Government of Ghana, 2010) states that older adults are entitled to have full access to healthcare and services, including preventive, curative and rehabilitative care. Investing in healthcare and rehabilitation services for older adults could extend their healthy years and enhance their functional ability. However, this has not been fully implemented. Swift action must be taken to put this intervention into effect. Furthermore, since some older adults want to remain active, it would be useful if occupational therapists are stationed in various vicinities by the state to assist the older adults identify the functional activities they can perform and then teach them ways to carry their daily tasks effectively.

It was also found that older adults prioritised their health and did not concentrate on the COVID-19 infection when seeking healthcare. This finding contradicts Woolf et al., (2020) report that people, including older adults, are afraid to visit the hospital for healthcare following the COVID-19 pandemic and its related social distancing measures. It further contradicts Arthur-Holmes and Agyemang-Duah (2020) assertion that the outbreak of the COVID-19 may put

fear in many older adults in visiting the hospital. The differing findings here may be contextual to their religious and cultural beliefs. In the present study, older adults reported having a strong faith in God that the virus has no power. This finding demonstrates the need to promote spirituality among religious older adults during and after the COVID-19 period because it could be used as a tool to improve older adult's health-seeking behaviour.

The mistreatment older adults experience from healthcare professionals during the COVID-19 pandemic confirm the known research findings indicating that older people are vulnerable to abuse when they visit the hospital to seek medical treatment (Naderi et al., 2019; Rosen et al., 2018). This event is unfortunate, and it is a severe infringement of older adults' inherent right to be treated with respect and courtesy. When this mistreatment continues to persist in our health facilities, it will deter many older adults from visiting these facilities, and they may opt for unapproved traditional therapies and self-medication, which may not intensively address their health needs. Looking at this finding, we suggest that the complex administrative procedures, the one-sided communication style of health professionals, long waiting times and disrespectful attitudes demonstrated by some health professionals at the various hospitals should be rectified by the state either by enacting laws or policies to boost the interest of the older adults to seek healthcare (Widayanti et al., 2020).

This study's major strength is that it is the first qualitative study to explore functional difficulties among community-dwelling older adults during this COVID-19 pandemic in Ghana. This study provides first-hand information to aid further research in this area. The limitation of this study is that we were unable to recruit many participants to participate in this study as it would have increased the depth of knowledge.



5 | CONCLUSION

Older adults are entitled to enjoy independence, good healthcare, respect, self-fulfilment, control and dignity (United Nations, 2002). The promotion and protection of these rights have become necessary and urgent in this COVID-19 pandemic period in Ghana. This study's findings suggest that community-dwelling older adults' functional difficulties had been persistent before the outbreak of the COVID-19. Although many older adults sought formal healthcare during the COVID-19 pandemic, some were inhibited due to their mistreatment from the healthcare workers. This study provides in-depth knowledge on older adults' health-seeking behaviour and functional abilities, paving the way for more research to enhance understanding in this research area. A quantitative study employing a large sample of older adults could improve the knowledge of their functional and health-seeking behaviour during the COVID-19 pandemic in Ghana. Furthermore, we recommend that implementing existing programs and strategies to maximise older adults' functional abilities should be intensified to offset the adverse emotional reactions in older adults and maximise their health-seeking behaviour during and after the COVID-19 pandemic.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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