



Erasmus+

ROUTINE FOR HEALTHY LIFE

2021-1-IT02-KA210-ADU-000034004

THE IMPACT OF COVID-19 ON ADULT POPULATION

Comparative analysis of the current situation
in Italy, Czech Republic, Greece and Spain



Co-funded by
the European Union



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This document was created in September 2022, in the framework of the Erasmus+ project **Routine for Healthy Life**, a Small-scale partnership in Adult Education (2021-1-IT02-KA210-ADU-000034004).

Project created and coordinated by Travelogue APS (Marsciano, Italy), co-funded by the European Union.

Partner organisations:

- Travelogue Associazione di promozione sociale, ITALY
- Asociación Iniciativa Internacional Joven, SPAIN
- EurOperativa, GREECE
- GLAFKA s.r.o., CZECH REPUBLIC

Participants, professionals, volunteers, local partners and population of the organisations of the project "Routine for a Healthy Life".

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Education and Culture Executive Agency (EACEA). Neither the European Union nor EACEA can be held responsible for them.





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1. Introduction

The outbreak of the emergency and the lockdown measures have generated a widespread feeling of precariousness and uncertainty for the future, as well as a strong concern for health. Precariousness for the future, strong concern for one's health, difficulty in finding gratifications and in many cases depressive shades, according to the picture that emerges from the first studies on the changes in the quality of life following the coronavirus emergency. This is why, the first activity at local level of this project was to analyse the situation after the pandemic experience of the target group (adults – all ages) in each partner country involved. The implementation period of this activity was from April to July of 2022.

The methodology used for this activity, to have a direct contact with this painful experience, listening to the voice of those who, perhaps, have suffered it the most (over 50, lonely people, adults at risk of social exclusion) is useful and, in some way therapeutic, above all because it allows you to share feelings, fears, uncertainties but also a common condition, a desire to react and overcome difficulties.

All the participant organizations gathered information organising **interviews and surveys, through focus groups, questionnaires and using storytelling techniques** with adults and seniors to collect information on the problems faced during the pandemic and the needs arisen from it.

The target groups also had the opportunity to share their experiences through online tools with the participants of other countries and to compare the problems, difficulties and restrictions faced in the various countries, to face the pandemic that has unexpectedly affected all European countries and the whole world.

Objectives

The activity was intended to empower and fortify adults who have experienced the pandemic with fears and uncertainties, undergoing isolation, distance from loved ones, radical change in habits, social and working methods of contact through storytelling and sharing with other peers who have shared similar emotions. From the results of the analysis of their experiences and needs the partner organisations will be able to define tailor-made training initiatives for participants in order to offer them the opportunity to feel included, prepared to face the changes that the digital transition requires, acquire greater know-how on the preservation of one's health and psycho-physical balance.





Target group

The activity was addressed to the adult population (all ages) of the participating countries, in particular to adults at risk of social exclusion residing in the territories of the partner organisations (seniors, lonely people, long term unemployed, etc.). They took part in interviews and focus group through a story telling activity and a survey (questionnaire), to analyse their experience during the pandemic crisis. Each partner country involved at least 15 participants in the research.

Results

The results of this activity are a series of report from all partner organisation collecting all the results from the story telling activity and the survey (questionnaires) results carried out in each country with adults and seniors to gather information of the problems faced during the pandemic, with special attention to the needs arisen from it. In this booklet you can find a consolidation of the analysis results from all countries.

Structure

- **Interviews/focus groups and Storytelling activity**
- **Questionnaire - paper/google forms**





2. Storytelling activity

2.1. Description of the activity

The first activity of the Analysis phase, was a storytelling activity and focus group (adult population of the participating countries, in particular to adults at risk of social exclusion residing in the territories of the partner organizations - seniors, lonely people, long term unemployed, etc.), in each country with the objective of making the **project public**, increase its **visibility** and offer them the opportunity to feel included, prepared to face the changes that the digital transition requires, acquire greater know-how on the preservation of one's health and psycho-physical balance.

The partner countries had the choice of carrying out this meeting either in person or online with at least 15 participants. A common tool was created to describe the implementation of the STORYTELLING ACTIVITY for this phase, in order to have a standardized template and set of results from all countries.

The activity started with a presentation of the project "**R4HL**", mentioning the support of the European Union, followed by the storytelling activity below called "Life Story". For this, a methodological sheet was created as a guideline for the implementation of the activity. If possible, partners were asked to try to establish some collaborations for the project or for other activities of their organisation. Each partner also took photos of the meeting and filled in a meeting report with the results of the activity.






Methodological sheet of the storytelling activity implemented in each country:

Title of the activity:	Life story
Purpose:	To establish and/or create a group bond
Learning objectives:	<ul style="list-style-type: none"> • To create greater knowledge of the participants among themselves. • To identify one's own feelings and situations according to the marked life stages.
Instructions for the development (methodology and content, methods, techniques and steps of the implementation):	<p>The facilitator will explain what this activity consists of.</p> <p>Each member will be given coloured posits, each colour will be a stage of life in regards to the COVID-19 pandemic they have been through: before the pandemic (2019 and before), during (2020), and “after” (now).</p> <p>Each stage will be made up of two post-its. In these two post-its they will have to write down:</p> <ol style="list-style-type: none"> 1. Main challenges/worries during the stage (before, during, after) 2. How they faced them and what they learnt <p>Once we all have this, we will go out and put our post-it notes on a chronological order in the lifeline. Each participant will come forward, stick their post-its, and make a brief description of each stage.</p> <p>Once they have done this, they will have to tell the rest of the group about the main challenges / worries of that period and the turning points after (How they faced them and what they learnt).</p> <p>Then the facilitator will start a discussion within the group about the competences acquired thanks to them having faced these challenges.</p> <p>This activity can be used as a personal exercise of introspection and self-knowledge in order to recognise all the competences gained from difficulties and the capacity for resilience that we all have.</p>



	 <p>After having explained all of the above, the facilitator will try to gather as much information as possible from this activity and try to present it to see if there is any common ground between the participants, which can create an initial point of empathy within the group.</p>
<p>Duration:</p>	<p>Approximately 1 hour (depending on the number of participants).</p>
<p>Size and characteristics of the group:</p>	<p>15 people or more.</p>
<p>Tools and materials – Environment and context:</p>	<ul style="list-style-type: none"> • Coloured post it notes • Pencils and pens • Mural of the stages
<p>Observations:</p>	<p>The facilitator will have to be alert so that there is no confusion in the explanation due to the possible language barrier.</p> <p>Also, at the end of the development of the activity they should know that they have to make a collection of the different experiences, which will serve for the whole group to have a personal knowledge of the vital development of the rest of the participants.</p> <p>Give a final message where the participants understand that the difficulties and conflicts that we live in our lives can be opportunities for learning and development if we accept it.</p>



2.2. Results of the activity

Italy:

In Italy, the storytelling activity was carried out online.

One online event was implemented by Travelogue APS, with the participation of some adult volunteers and learners of the association, some members of other local associations and stakeholders and some local citizens.

The event was divided in two parts: at the beginning the coordinator of Travelogue APS presented an overview of the project, the partnership, its duration, objectives, activities and expected results. Then, an online workshop (storytelling activity) was carried out through the platform **Padlet**.

The participants could directly access to the Padlet or simply brainstorming and discuss directly with the other participants.

The Padlet was divided in **three sections, before, during and after the Covid-19 pandemic**. For each section the participants should list the main weaknesses, problems and difficulties faced during that period and comment on how they faced those difficulties and what they have learned from them.

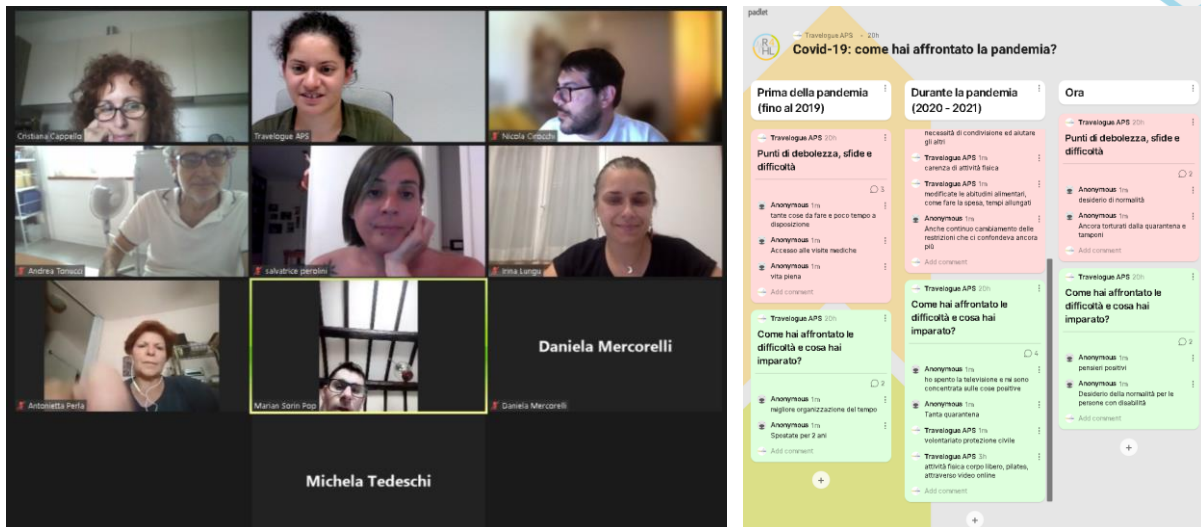
The participants were adult and senior volunteers and learners of Travelogue APS, some members of other local associations and stakeholders (AVI Umbria APS, UNITRE Marsciano) and some local citizens. Some participants were connected from the office of Travelogue APS, some others were connected through Zoom.

The objectives of the activity have been accomplished. Visibility to the project was given, presenting it to the local community, volunteers, learners and stakeholders.

During the meeting, some difficulties faced by the participants and some needs that we can address with the project activities were identified. The activity helped the participants to reflect on the difficulties faced, sharing them with their peers.

All participants were interested in the project topics. Most of them have shown their interest in being kept informed about the future project activities and opportunities.





Greece:

In Greece, the storytelling activity was carried in person in the city of Volos.

The first part of the presentation was to describe the programme and to point out the goals of the R4HL project which was done by the project coordinator, followed by the presentation of a psychologist that would lead the workshop and mentioned the main points of the activity that followed in order to capture their attention and slowly introduce the participants into the activities.

After this, the psychologist, started her presentation that was about the most basic challenges that we all faced during the pandemic in Greece. She mentioned the first period of the lockdown that happened in the first months of 2020. All the measures that were enforced to the Greek people and how they managed to cope with them. The factors that lead to the isolation of many people that belong to the vulnerable population and all the other difficulties that people delt with during and after the pandemic. She eventually explained to the participants that they would take part in an interactive activity about the challenges we all faced before, during and after the covid pandemic.

The presenters together gave the guidelines of the story telling activity to the audience. Then they gave the coloured post-it to everyone and showed them the white board that they were about to stick them after filling them. The majority of the participants participated actively. They all wrote and stuck their post-it to the board and shared their experience with everyone else. At the end, all the participants filled up the questionnaires we gave them.

The majority of the participants was highly educated. By that, we mean that they had at least a bachelor degree (university graduates). Some of them had also a master degree and few of them a Phd. More than 50% were women and only 12 men took



part. There is a significant percentage of participants that were working at the education sector. Some of them were teachers or headmasters of a school or professors. Another point to be made is that the majority of the group is working at the present day even though they were not in the past. The group consisted of some students. As we already know, the participants were older than 18 (eighteen) years old. That means that they were studying at a university and not in the school. Only 3 (three) were above 65 years old and all of them were men. Another important observation is the fact that almost all of the participants had obtained further training through participation in specialized trainings. Last but not least, a lot of them were parents.

The objectives of the workshop were accomplished. The group of participants perfectly understood the instructions given to them and they actively participated during the available time. All the participants discussed about the challenges they had to face before, during and after the pandemic, they exchanged views and opinions regarding the similarities and differences between their shared experience as well as regarding the ways that they coped depending on the diversified context they found themselves. It is very important to mention that at the end of the activity, the majority of then participants seemed more relieved and relatively optimistic despite the acknowledgement that the pandemic is still not completely over. Yet it seems that the sharing and expression of troubles and hardships with each other brought to the fore the realization that they are not alone in this but that actually we all faced and face problems that are more similar than they are different. Special attention was also drawn to the contextualization of the individual experience and the importance of personal social advantage or disadvantage as well as the high importance that personal family and friends networks played to the whole affair and the importance of living in a relatively small city as opposed to a metropolitan area. The digital element was also discussed and many seemed to have found it rather helpful that they could maintain a semblance of social interaction with their loved ones through the use of various social media platforms. Others mentioned that although they are quite proficient with the use of such digital tools, they do not find such social interaction to be especially meaningful to them but that they did indeed make more use of them due to the special circumstances arising from the enforced quarantine.

Overall, the participants were satisfied from the story-telling activity and it seemed that they enjoyed it. In the beginning they were a bit reserved but they gradually opened up and they particularly appreciated the opportunity to talk about themselves and express in an open, safe and understanding environment their fears and obstacles that they faced in relation to the pandemic but not only. They also found the post-it activity to be rather fun and imaginative. Some were especially enthusiastic about the workshop and expressed their dismay that not many such opportunities are available to them in our city in a more regular and structured basis.





Czech Republic:

The activity was carried out at the end on June with participation of 15 participants who were adults – learners of GLAFKA’s training programme dedicated to storytelling and stories.

The event was divided into 4 parts:

- 1) Introduction – project overview, aims and planned activities
- 2) Discussion about the challenges/difficulties/obstacles before the pandemic
- 3) Discussion about the challenges/difficulties/obstacles during the pandemic

Discussion about the challenges/difficulties/obstacles after the pandemic.

Participants are mostly engaged in a field of education (elementary schools, high schools, universities, alternative schools and special schools), training and social work (social workers - excluded youth and children, immigrants).

Objectives of the meeting were achieved and accomplished. All participants were very open and communicative. They shared their experienced before the pandemic started, during the pandemic as well what is the situation now.

We discussed what are their current needs after the pandemic and how they faced difficulty of lockdown.

Participants as a group decided to discuss about topics instead of writing on post in as they wanted to share among the others their own experience. We also used Dixit cards to open the discussion in more unformal way and give participants some clue to start talking about their experience. At the end participants in groups listed all challenged/difficulties.

Participants were divided also into groups so they could talk face to face.

The feedback was generally positive. Our participants faced very specific challenges during the pandemic and now. They all work with students, youth, children and during the pandemic it was complicated to deliver particular activities. Especially for social workers and teachers it was difficult time. Therefore, they welcome the possibility to share experience with other and exchange tips, ideas, suggestions how to manage similar situation.



Spain:

In Spain, the activity was carried out in person, starting with the presentation of the project, its aims and planned activities, followed by the explanation of the “Life Story” activity according to the guidelines provided. The participants were given the post-it notes and were asked to reflect about the challenges/difficulties/obstacles they faced before, during and after the pandemic. When asked to share their introspective findings, most of the participants were engaging and wanted to share their experiences.

The main profile of the participants in this activity were young adults between 20 and 35 years old, in their majority University students, volunteers in the Association and youth workers.

The objectives of the meeting were achieved as most participants were very open and eager to share their experiences. During the group reflection, their current needs regarding the aftermath of the pandemic and some of the difficulties faced during lockdown were identified and discussed.

The feedback was mainly positive, the participants enjoyed the storytelling activity and found it to be an easy way to identify and share the challenges they faced during the pandemic and how it has impacted their lives and still does now. They also welcomed the possibility to share experience and hearing the experiences of their peers made them feel less alone. They mentioned that it was a great way of exchanging ideas and ways to overcome similar situations. The admiration of each one of the students was evident when recognizing the what some had to overcome, as well as the new challenges to be faced as a result of lockdown.





3. Diagnosis of learning needs

3.1. Description of the activity

The purpose of a **diagnosis** is to reflect on the current situation of a group for being able to carry out an anticipated action or to decide further actions based on the results.

Social diagnosis is a link between research and programming. It is a “hinge” between the two phases of the methodological process. Without previous investigation, there cannot be a real diagnosis and without relying on a diagnosis, there cannot be a good programming.

A **learning need** is defined as a gap in knowledge that exists between desired level of performance and the actual level of performance (HealthCare Education Association, 1989). In the framework of our project, it means a **gap** or **deficiency** in his/her competences (knowledge, attitudes and skills) arisen from problems faced during the pandemic

To collect the needed information to define **learning needs** of adults and senior population derived from difficulties faced during the COVID-19 pandemic, we designed a simple **questionnaire** that should have been filled in by at least **15 participants** from each country of the consortium. The questionnaire was translated in all languages and small adjustments to the questionnaire were made according to each reality.

We created the questionnaire using **Google Forms**, which is simpler to tabulate and for translating the results to English. However, it was sometimes printed and delivered directly to the target group.

After collecting all questionnaires, the coordinator of each partner organisation read, tabulated and analysed the obtained data, writing down the summary of the **results**, which you can find in the following pages.





3.2. Results of the activity

After having analysed all data obtained from the questionnaires, each partner was asked to write down the main **results** extrapolated. When highlighting the main **difficulties** that adult and senior population are facing and their **learning needs**, we took into account also the information provided in the first part of the questionnaire regarding their profile.

Here are the results for each partner country:

Italy:

The questionnaire to adult people, volunteers and learners of Travelogue APS and other local people, including members of other NGOs and our stakeholders.

17 answers were collected, mainly from women (76.5%) in the age range of 50-65 years old (41.2%) and 31-49 (35.3%). Most of the respondents has a high school diploma (58.8%), and the remaining 41.2% has a degree. The 47.1% also has a further education or qualification.

Regarding their employment situation, before the Covid-19 pandemic most of them (9) was employed at the workplace; during the pandemic 3 of them started to work remotely, (for a total of 5 people in smart working), while 1 person lost his job; currently 8 of them are working at the workplace, while some of them are still working remotely.

The main **social challenges and problems** faced during the pandemic were related to the communication with relatives and friends, social life and group activities in the free time (indicated by all participants); among these, the group activities were the most difficult to carry out.

Other difficulties that have been mentioned are: health situation; quality of the education; pregnancy and child care during the lockdown of public services; romantic relationships; relationships with strangers and acquaintances.

Concerning the main **digital challenges and problems** faced during the pandemic, all the respondents selected all the topics mentioned, stating that they faced problems in relation to the use of social networks, of administrative management platforms, of platforms for leisure and free time activities and of supply platforms. Among these, they indicated that they have more limited competences in the use of supply platforms (such as those for food delivery or for shopping).

Regarding the **psychological and emotional challenges and problems** faced during the pandemic, referring to mental health, the greatest difficulty was related to the adaptation to the new situation of lockdown, quarantine or isolation, followed by the mood and the general emotional state.

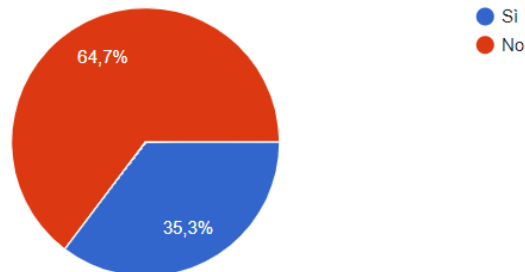
The 35.3% of the respondents had to receive **professional help or support** due to their psycho-emotional needs resulting from the pandemic.





Hai dovuto ricevere aiuto/sostegno professionale a causa dei tuoi bisogni psico-emotivi derivati dalla pandemia? (psicologo, psichiatra, ecc.)

17 risposte



Regarding the **physical health challenges and problems** faced during the pandemic, the main difficulties were related to the access to medical care, evaluated as terrible or very poor (with a score of 0 or 1) by 6 interviewees. 2 of them have also developed some new pathology or disease during the pandemic.

To the final question related to **how they faced the needs** that emerged during the pandemic (social, digital, psycho-emotional, physical), some answers collected were: “with the help of relatives and friends”; “with professional psychological help”; “on my own”; “trying to keep busy with DIY jobs”; “trying to get involved, even from a distance, with the association I belong to”.

Greece:

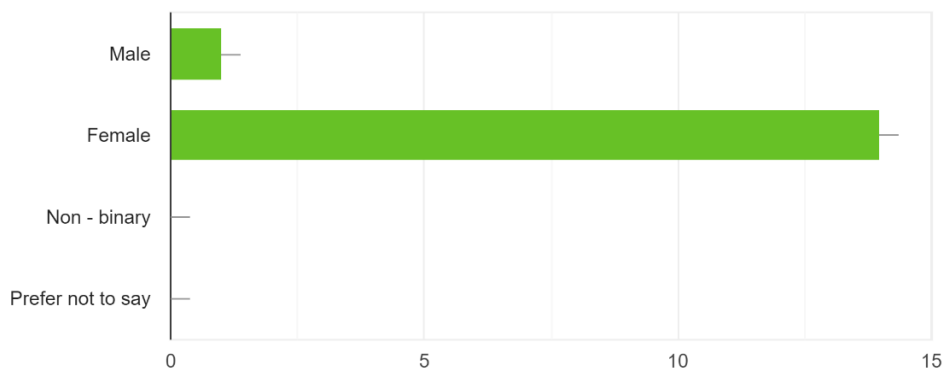
The most important social difficulty in each age range was the various aspects related to the continuation of their social life. Group activities were also a factor of challenge but on a much smaller scale. The group over-50 years old faced certain difficulties with entertainment and administrative platforms, while younger people appeared to have no digital challenge due to their advanced skills in this area. On a psycho-emotional level, the majority of participants did not face significant difficulties. To an average degree they all had difficulty in adapting to the new situation and to a very small degree in the collective psychosis and the general emotional mood. The biggest physical difficulty was accessing medical care on a timely and inexpensive manner as well as receiving adequate, precise and timely information regarding all aspects of the pandemic including the health risks that it entails and the adequacy and efficiency of the measures required to manage and prevent the spread of the virus. There was a consensus that these problems arose mainly because of the deficiencies of the governmental apparatus and the inertia of the mainstream media to disseminate information as well as the proliferation of fake news and disinformation through various social media platforms.



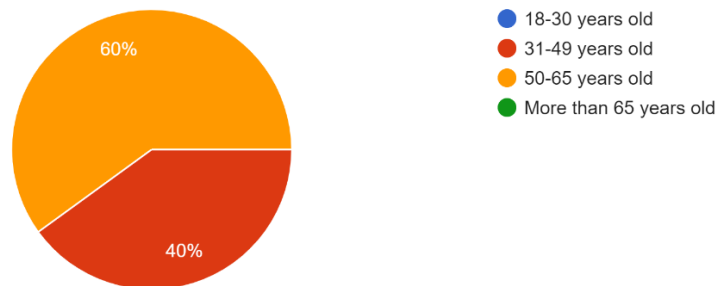
Czech Republic:

There were interviewed (via online questionnaire) 15 respondents (adults in age of 31 – 65 years old [6 in an age group of 31-49 years old, 9 in an age group of 50-65 years old]) where 14 were females and 1 was a male. This reflect the common situation when mainly females are taking part in group/social activities, further education, etc. All interviewed were from Czech Republic (all over the country).

Gender
15 odpovědí



Age:
15 odpovědí



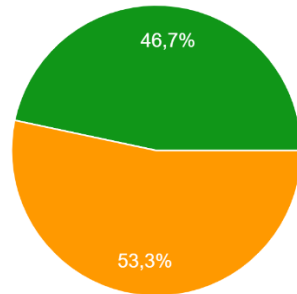
VET education has 8 respondents and university degree has 7 respondents. Additionally, 11 respondents have also other type of the training and education. All respondents were working before the pandemic, during the pandemic and are also currently working.





What is your academical level?

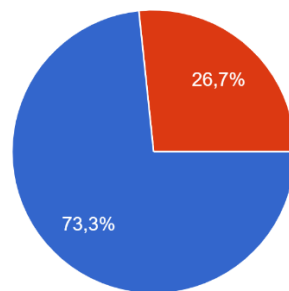
15 odpovědí



- Primary school
- Secondary school
- Vocational Educational Training
- Graduate and post-graduate studies (University)
- None

Do you have any other type of education or training?

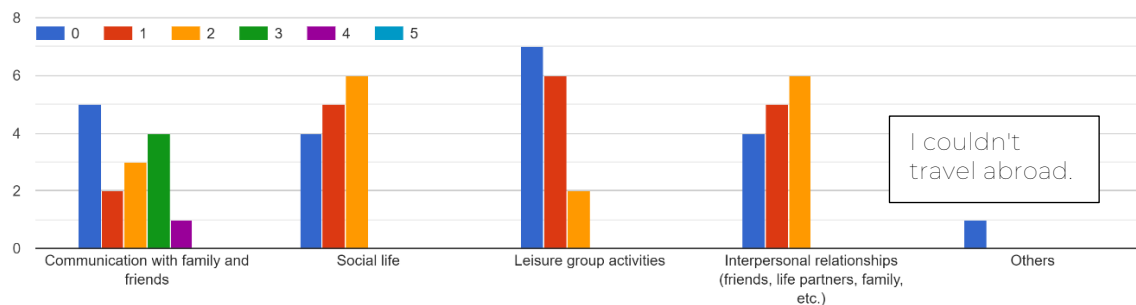
15 odpovědí



- Yes
- No
- I prefer not to answer

As main social difficulties or challenges respondents stated communication with family and friends, also their social life and interpersonal relationships were strongly affected by pandemic. Their participation to leisure group activities was very limited. The communication with family and friends was either terrible/bad-very bad for 10 respondents. Social life, Leisure group activities, Interpersonal relationships were terrible/bad-very bad for all respondents. One respondent also mentioned that it was terrible not being able to travel abroad.

What have been your main social difficulties/challenges during the pandemic?(0 = terrible / 1= very bad / 2 = bad / 3= regular / 4 = good / 5 = excellent)



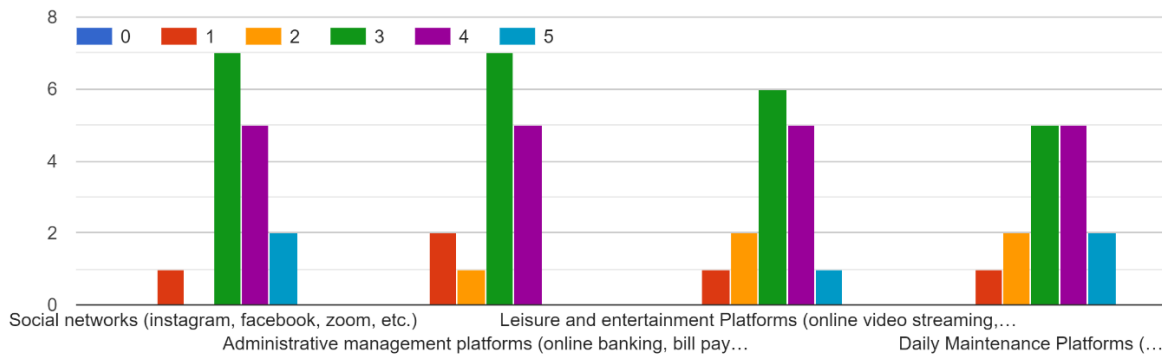
Most respondents didn't face significant digital difficulties or challenges. For most respondents the use of digital tools, platforms, social media and even daily





maintenance platform was regular or good. Only minority (1-3 out of 15) of respondents faced some difficulties.

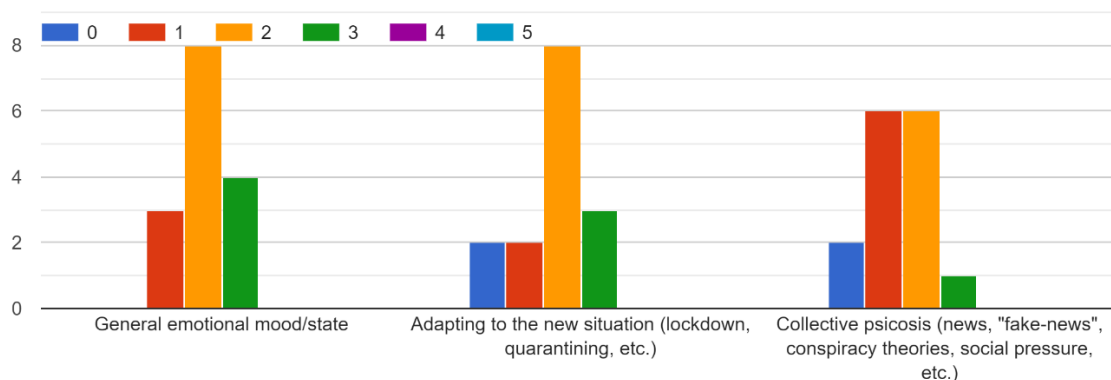
What have been your main digital difficulties/challenges during the pandemic?(0 = terrible / 1= very bad / 2 = bad / 3= regular / 4 = good / 5 = very good)



General emotional mood was for most respondents very bad or bad (11 respondents), whereas 4 participants stated their mood was as regular. For most respondents (12) was very bad/bad/terrible to adapt to new situation, whereas 3 participants were able adapt to situation related to pandemic as regular.

Majority of respondents (14) faced very strong challenge considering collective psychosis. This affected the mental health significantly, however most of the respondents (13) didn't need any professional help or support.

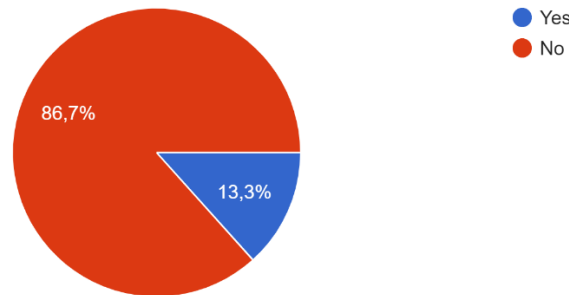
What have been your main psycho-emotional (mental health) difficulties/challenges during the pandemic?(0 = terrible / 1= very bad / 2 = bad / 3= regular / 4 = good / 5 = very good)





Did you have to get professional help/support due to your psycho-emotional needs derived from the pandemic? (psychologist, psychiatrist, etc.)

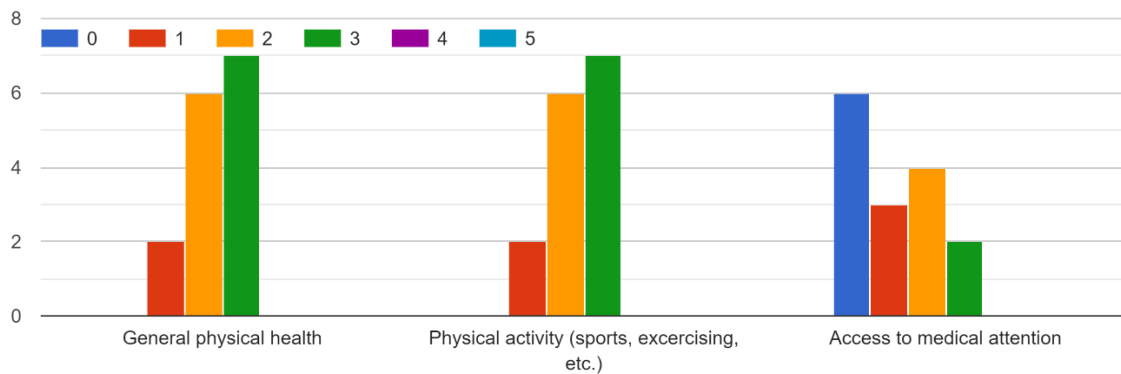
15 odpovědí



Half of the respondents faced challenges and difficulties connected to general physical health and activity (8), whereas 7 respondents didn't feel any difficulties or challenges. Different situation can be seen regarding the access to medical attention. For majority (13) it was difficult and only 2 respondents experienced regular access to medical attention.

However, 10 respondents didn't develop any new pathologies or illnesses, this refers only to 2 respondents and 3 respondents preferred not to answer this question.

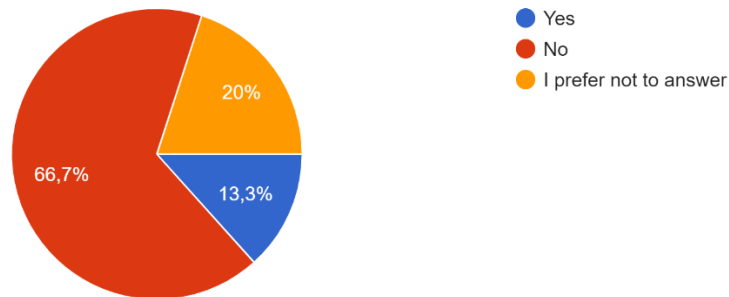
What have been your main health (physical) difficulties/challenges during the pandemic?(0 = terrible / 1= very bad / 2 = bad / 3= regular / 4 = good / 5 = very good)





Did you develop any new pathologies or illnesses during the pandemic?

15 odpovědí



Spain:

According to the results extracted from each of the questions of the questionnaire, the main profile of the 19 respondents are women (68,4%) young people between 18 and 30 years old (68,4%) and 31-49 years old (15,8%).

In terms of educational level, the vast majority of respondents have higher education (university) with 68.4% of affirmative answers, while 10.5% have secondary education and 21.1% have vocational training.

Most of the respondents (73.7%) live in Andalusia, with 8 from Malaga, 3 from Almuñecar and 3 from Seville, showing that the results will mainly reflect the regional situation.

In relation to their situation before, during and after (currently) the pandemic, out of the 19 people surveyed:

- 9 people were studying before the pandemic and continued studying during the confinement,
- 9 people were working on-site before the pandemic, while during the confinement only 3 continued to work on-site, and currently 7 have returned to face-to-face work.
- As for teleworking, only 2 people were teleworking before the pandemic, 6 during confinement, and currently 2 people are teleworking.
- No respondent answered having been on ERTE before, during or after the pandemic, but 1 respondent answered having been unemployed both during the confinement and currently, and 3 respondents preferred not to answer regarding their current situation.

Social difficulties during the pandemic



52,3% of the participants found it more or less to very difficult to communicate with friends and family.

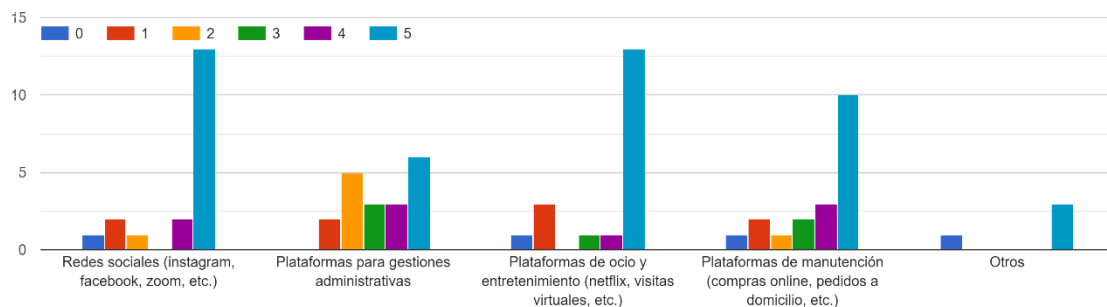
As far as social life is concerned, 13 participants (68,4%) responded that it was very to more or less difficult to maintain a social life during confinement, and only 6 persons claimed to have had little or no difficulty.

As for group leisure activities, 84.2% of the respondents found some level of difficulty between medium and very high in this category.

In the category of interpersonal relationships (friends, partner, family, etc.) 5 people mentioned having a lot of difficulty, 5 more or less difficult, 6 little difficulty, 1 very little difficulty, 2 no difficulty at all. In this result we can see that the degree of difficulty of managing interpersonal relationships during the pandemic was very varied, with half having medium/high degrees of difficulty (10) and the other half having medium, low degrees (9), suggesting that this category may be influenced by other factors and each person's relationship management skills.

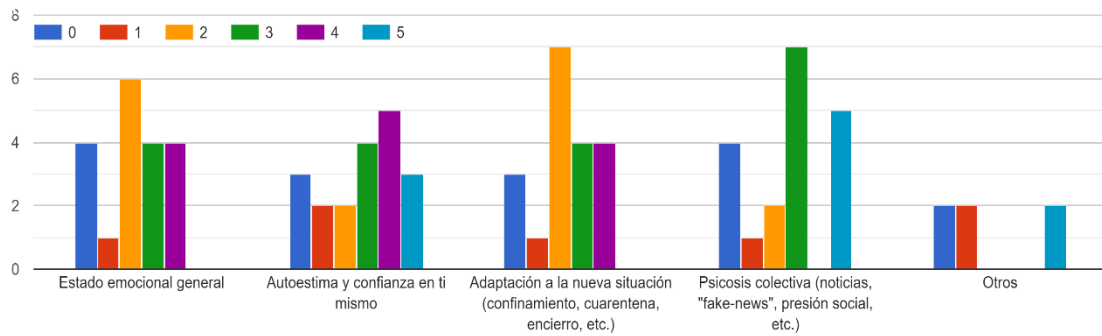
To this should be added the category of "other" social difficulties, to which one respondent added lack of art, dance and music in person.

Digital difficulties during the pandemic



As far as the use of digital tools is concerned, the vast majority of respondents did not have major difficulties in this area in general. Indeed, almost 80% reported little or no difficulty in the use of social networks and platforms for leisure and entertainment, as well as 63% in the use of platforms for administrative and maintenance tasks.

Psychological-emotional difficulties during the pandemic



The main psychological-emotional difficulties according to the results of this survey were the **general emotional state and the adaptation to the new situation**, with over half (58%) of participants claiming that they found this situation to be more or less to very difficult to deal with.

As for the category of self-esteem and self-confidence, the results were extremely various, with half of the respondents claiming some to severe difficulty (47,4%) and the remaining half little to no difficulty at all (52,6%)

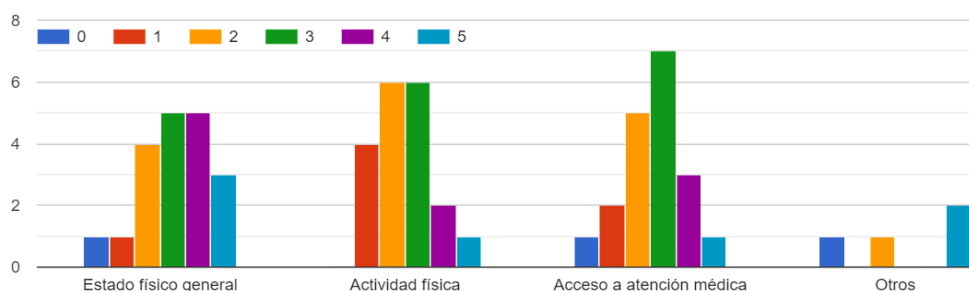
As for the last category of collective psychosis, 36,9% claimed that of was more or less difficult to very difficul, against 63,1 % that found almost no difficulty at all with this area.

According to the category of "others", 21% claimed to have had a lot of difficulty and the main reason mentioned was: not being able to travel or travel to visit close family (daughters, grandchildren, parents).

In addition to this, 10.5% of those who said that they had no psycho-emotional difficulties during confinement claimed it was due to their accommodation situation (university residences), they were always in contact with people and always found a way to socialise and make friends.

As for the request for professional help, 78.9% did not have to ask for professional help to attend to their psycho-emotional needs derived from the pandemic, while 21.1% did have to ask for it.

Health difficulties (physical) during the pandemic





Most participants claimed to have little to no difficulty at all with their overall physical health (68%).

Regarding physical activity, half had little to no difficulty against half with more or less to a lot of difficulty.

8 people claimed that they had more or less, to a lot of difficulty **accessing medical care**, against 11 with little to no difficulty.

Concerning the development of a new pathology and/or illness during the pandemic, 78.8% said that they had not developed any type of illness, while only 21.1% said that they had suffered from covid, anxiety, stress and anaemia. This contrasts a small number of people with respect to the majority.

Conclusion

In terms of how people coped with the needs that arose during the pandemic (social, digital, psycho-emotional, physical), most people indicate that they generally coped well as they discovered new facets of themselves during the pandemic, as well as the use of digital platforms (such as WhatsApp and Netflix) were helpful, and many reported learning to cook and relying on faith, family and friends. Added to this is the fundamental role of physical activity, as well as reading and faith.





3.3. Summary of learning needs

After gathering all the data from the storytelling activities and national surveys, each partner country obtained the following results for the learning needs of adult and senior population to tackle the challenges derived from the COVID-19 pandemic:

Italy

- Development of the digital competences, in particular for the use of platforms for leisure and free time activities and of supply platforms (such as those for food delivery or for shopping)
- How to carry out group activities at a distance
- How to cope with the lockdown, quarantine and isolation and preserving our mental health
- To lift one's mood and emotional state
- To improve the concentration and quality of study and remote work
- New ways and requirements for accessing public services

Greece

- New ways of exercising (walking in nature, exercising at home)
- More efficient communication through social network platforms
- Administrative management platforms (mainly those managed by the state)
- Psychological self-help and offering psychosocial support to others
- Managing the needs of their pets during a quarantine

Czech Republic

- Wellbeing – physical and mental training (relaxation/meditation, art and culture, walks/physical activities in nature, healthy lifestyle)
- Development of competences – digital (communication with friend and family, new tools), critical reading (fake news and disinformation), education.

Spain

- Teach and provide tools for stress and anxiety management
- Strategies for managing emotions





- Facilitate spaces and socializing strategies for young people, adults and old people
- Mental health support
- Provide healthy habits for the proper use of time and management of technological platforms, including apps and social media.





4. Comparative analysis

The **results of the storytelling activities** were similar in all 4 countries. The objectives were met, and most participants enjoyed the activity and found it to be an original and fun way to share some difficult experiences. In some cases, it was difficult for some of the participants to share within the group, but the fact that others were so open and vulnerable helped them feel more at ease. The activity helped the participants to reflect on the difficulties faced, sharing them with their peers. The fact that they had this space to share some of their hardships regarding the pandemic with their peers, facilitated the realization that they are not alone in this and that most of us face similar problems.

Regarding the results of the survey, for all the partner countries involved in the surveys (Italy, Greece, Czech Republic, and Spain) the general profile of the participants was very similar: women between 31 and 65, highly educated and employed. This suggests that it is mainly people who identify as women that are actively taking part in group/social activities.

Concerning the results for the **“Social difficulties during the pandemic”** category, it is interesting to note that in all surveyed countries, maintaining a “social life” in general was one of the main difficulties encountered in all 4 countries. However, in Italy and Czech Republic communication with family and friends was also at the top of their challenges, whereas in Greece and Spain it was more about missing group and leisure activities.

Regarding **digital difficulties** during the pandemic, Czech Republic, Greece and Spain were faced with little to no difficulties in this area, whereas participants generally claimed to have a good grasp on the mentioned digital tools, whereas Italian respondents mentioned having difficulties in all digital areas, specially supply platforms (such as those for food delivery or for shopping).

On a **psycho-emotional level**, all participating countries seemed to agree that one of the main difficulties faced during the pandemic were adapting to the new situation of lockdown and their general emotional mood. The two countries that seem to have been affected the most in this area are Italy and Czech Republic, however in Czech Republic only 13% sought professional help, against 35.3% in Italy, showing that there might be a reluctance to ask for help for emotional or psychological support in some countries.

Finally, regarding general **health (physical) difficulties** during the pandemic, Italy, Greece and Czech Republic all identified access to medical care as the main difficulty they encountered, whereas in Spain, there did not seem to be major difficulties in this area, but the most prominent challenge was to maintain physical activity. The fact that most countries identified “access to medical care” as a main difficulty during the





lockdown (and still today) shows that there might be a systemic problem regarding this issue and that the management of the situation has proven extremely complicated for public entities and governments.

Overall, we can say that most partners had very similar results in the survey conducted in their countries. However, if we take a closer look at the results, Greece and Spain seemed to have had less difficulties overall with their main concerns being their social life. In fact, in Spain, many respondents had a positive experience in certain aspects, claiming that the needs derived from the lockdown were an opportunity to develop new competences and rediscovering new priorities in life. Italy and Czech Republic seemed to have had more difficulties regarding their needs, which suggests that maybe the more “relaxed” or “easy going” nature often related to countries like Spain and Greece might have had an influence on how they faced the pandemic.

It is also important to bear in mind that the profile of most people that took part in this survey was similar, which can account for some of the similarities in the results.





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ROUTINE FOR HEALTHY LIFE

2021-1-IT02-KA210-ADU-000034004

A collaborative work of:



Co-funded by
the European Union