

Preliminary results on the ongoing study: 63.2% of the participants were women and 58.2% were married. 89.1% had been infected by COVID-19, 1.7% had been hospitalized, 15.6% had lost a loved one and 17.2% have had a relative hospitalized because of COVID-19. Women ($M = 56.77$; $SD = 18.00$) showed higher levels of PTG than men ($M = 52.41$; $SD = 17.84$) ($t = -2.19$; $p < .05$). Differences in the outcome variables based on direct or indirect COVID-19 affection were not found. The path analysis showed that the effect of COVID-19 symptoms on PTG was mainly mediated by life purpose, and anxiety to a lesser extent. We also confirmed two indirect effects: (1) the negative effect of depression on PTG through resilience and life purpose assessed simultaneously; (2) the positive effect of resilience on PTG through life purpose. Results showed an excellent model fit to this model ($\chi^2 = 3.759$; $\chi^2/df = 5$; $p = .585$; $GFI = .997$; $CFI = .999$; $RMSEA = .001$).

Conclusion: The identification of protective and vulnerability variables is essential to protect older adults from mental disorders. This study highlights the need for developing interventions that aim to increase PTG by promoting life purpose and resilience.

Older adults and digital skills

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Background: New technologies have many benefits for the quality of life of older people, but their use also carries risks and can transform older people in potential victims of cyber-attacks. The increase of ICT use has caused many older adults to be displaced from these social advances, resulting in greater isolation, negative feelings related to ICTs and less access to services.

Due to the absence of extensive and generalisable studies in this area with this population, we consider it necessary to analyse older people's behaviour in relation to ICT and the psychosocial variables that are related to their adaptation.

Objective: To determine the effect of different psychosocial variables that may be related to the adaptation to TIC and protection measures used in cyberspace in older adults.

Method: We have used a mixed research methodology: Firstly, a quantitative pilot study, analysing the variables descriptively; secondly, using qualitative interviews and an exploratory analysis. The next step is to design and validate a questionnaire that will include the 4 factors that we found relevant: victimisation, use of new technologies, fear of cybercrime and use of online protection barriers.

Preliminary results on the ongoing study: The 84% of the sample uses ICT more than one hour per day and 77% had not received training in TIC and their perception of online vulnerability is low. The need for social support for the management of these tools was observed. Older people who use ICT less are those who are not digitally literate, perceive themselves as more vulnerable in their use of ICTs and have no one to help them with these tools.

Conclusion: The identification of variables related to the use of TIC, the perception of vulnerability and the online protection of older adults is fundamental for the development of effective interventions. It would be desirable not only to offer them training in digitalisation but also to provide them with the social support they demand.