

A Qualitative Study on Improving Resilience Levels Among the Survivors of COVID-19: The Way Forward

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Abstract

The COVID-19 pandemic has had a great implication on the level of socio-economic and psychological status of survivors. Many forms of psychological disruptions have taken place among the COVID 19 survivors. This study, attempts to understand the psychological problems faced by them and also analyse the level of resilience among survivors of COVID 19. The study recruited the (n = 21) COVID 19 survivors using snowball sampling. The study adopted Colizzi's phenomenological method of qualitative research design. The study results showed that the survivors of COVID 19 received very minimal social support, developed psychological distress and the level of self-resilience was found to be high. The study concludes that social workers working with COVID 19 should identify and promote healthy coping skills and self-resilience among COVID 19 survivors.

Key words: COVID19 survivors, experiences, resilience

Introduction:

The COVID-19 pandemic has posed many psycho-social challenges to individual's infected and non-infected with COVID-19. Infected people are quarantined and isolated to prevent the spread of the virus. Studies show that isolated and self-quarantined people experienced various psycho-social problems such as depression, stress, anxiety, insomnia, sleep disturbances and feelings of anger, during out breaks of Middle East respiratory syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS) (Jeong et al., 2016), (Sprang & Silman, 2013), (Rehman et al., 2020), (Gupta et al., 2020), (Grover et al., 2020). Employment status, binge drinking, increased anxiety are all associated with mental health status of COVID-19 survivors (Verma & Mishra, 2020). In addition, many studies have focused on

understanding the mental health status and resilience levels and emphasized the need for mental health intervention for frontline workers during COVID-19, more than the COVID-19 survivors (Lai et al., 2020), (Ayanian, 2020), (Santarone et al., 2020), (Du et al., 2020), (Yang et al., 2020). Evidence depicted that previous studies failed to capture the subjective experiences of COVID-19 survivors; how they coped during isolation and quarantine; and what psycho-social interventions were needed for them. To fill this literature gap, the present study aimed to explore the psycho-social problems of COVID-19 survivors and identify the psycho-social support interventions required by them.

Methodology:

The study used the qualitative research of Cloaizzi's phenomenological method. The purpose of the phenomenological method is to uncover the genuine experience of the phenomenon under investigation. It enables the researchers to put aside their perceptions of a phenomenon and give meaning to the participant's experiences. This method was applied in the earlier qualitative studies conducted on COVID-19 caregivers (Wirihana et al., 2018). A total of 30 respondents responded, of which only 21 respondents agreed to answer an in-depth interview over the phone. Study participants were selected with inclusion criteria, such as respondents who could speak English and were willing to give their consent. Respondents who did not give consent were excluded from the study. The data was collected between 1st June 20 to 10th August 2020 and a total of 21 adults confirmed with 2019-nCoV infection were contacted through snow balling sampling technique. Following which an online consent form and invitation were sent to participate in the study. The in-depth interview was conducted with help of open ended questions. The questions were as follows;

1. Please tell us your feelings after coming to know about the diagnosis of COVID-19
2. How did you cope with your negative thoughts?
3. What kind of counseling services, would you suggest for yourself and your fellow survivors?

Each interview was conducted 15 to 20 minutes over phone. The interviews were conducted as per the respondents' convenience. In the process of the interview the researcher introduced himself and explained the purpose of the study. Oral consent was received to record the phone interviews. The interviews were conducted in English. The audio records

were transcribed in text form. The seven-step Colaizzi's phenomenological method was used to analyse the data (Morrow et al., 2015). Within 24 hours of each interview, the recording was transcribed with the help of Colaizzi's phenomenological analysis method. Two researchers independently reviewed the codes and categorized and converted them into themes. Psychological and emotional support was provided by the researcher for the severely distressed patients after the interview and appropriate referrals were made.

Results:

The results showed that majority of respondents were male 71.4% (n = 15) and the female respondents were 28.6% (n = 6). Of which majority were unmarried 52.4% (n = 11), and 47.6% were married. The results also showed that majority of respondents were working 85.75% (n = 18) and only few 14.3% (n = 3) had lost their job. Table 1 depicts the demographic details of the participants.

Table 1: Socio-demographic details of respondents:

Variable	Category	N (%)
Gender	Female	6 (28.6)
	Male	15 (71.4)
Marital status	Married	10 (47.6)
	Unmarried	11 (52.4)
Education	PUC	3 (14.3)
	Degree	10 (47.6)
	Post-graduation	8 (38.1)
Lost job	Yes	3 (14.3)
	No	18 (85.7)
Family status	Above poverty line	17 (81)
	Below poverty line	4 (19)
Type of family	Nuclear	4 (19)
	Joint family	17 (81)
Religion	Hindu	10 (47.6)
	Muslim	3 (14.3)
	Christian	8 (38.1)
Current covid 19 status	Recovered	4 (19.1)
	Under treatment at home	17 (80.9)

From the qualitative data there were four themes that were derived:

Table 2: Major themes that arrived from the qualitative data

Questions asked	Categories	Major Themes
1. Please tell us your feelings after coming to know about diagnosis of COVID-19	Lack of social support from family Lack of social support from friends Lack of social support from relatives Lack of support from government	Lack of social support
	Avoidance Not talking	Social stigma
	Feelings of stress Feelings of sadness Feelings of anxiety Feeling of uncertainty	Psychological distress
2. How did you cope with your negative thoughts?	Having will power Believing in god / supernatural power Talking to close friend Listening music Take it easy attitude Sharing emotional burden with trusted friends and family members Cooking your own food,	Resilience
3. What kind of counseling services, would you suggest for your fellow survivors?	Personal counseling Emotional support Self-awareness Yoga Meditation	Need for mental health support

Lack of social support and social stigma:

Many of the respondents reported that they had very minimal social support from family members, relatives and the government. In addition to that, family members kept them aside due to the fear that nCOV 19 may spread and infect the other members in the family. This theme was derived from the following case illustration;

“I fear more about social stigma of this disease rather than the physical problem”

-Participant 4, 11, 14, 17

M Wasim Ghori (2020) mentioned in the article that the stigma is making the people feel isolated and abandoned. They may feel frustrated when the family members or friends avoid them. Stigmatized groups may also be deprived of resources.

Psychological distress:

Many respondents had increased fears, apprehensions, felt stressful and depressed. These were mainly associated with COVID-19 infection, lack of treatment for cure and uncertainty regarding the outcome of the infection. One of the participants reported that;

“I was anxious and worried that something bad will happen” - Participant 1, 5, 15, 21

Quin Guo (2020) concluded in their study that the associations between the severity of depressions and the level of C reactive Protein (CRP) are an indication that the virus affects the central nervous system and induces neuropsychiatric symptoms.

Resilience:

Results also showed that patients had psychological distress associated with nCoV19, yet the same time they had strong will power, a take it easy attitude, having faith in god, cooking their own food, and sharing the emotional burden with trusted friends and family members, following the daily routine, coping skills and building resilience to cope with psycho-social problems caused by nCoV19. This theme was derived from the following illustration;

“I felt depressed at very first, but immediately I gained confidence and decided to survive with COVID 19. I strongly believe in “self-help is the best help”.

-Participant 2, 3, 16, 19, 20,

Vinkers et al. (2020) suggested that resilience should not exist only with individual level but also at the community level. The authenticated information is to be provided by the government so that it will help reduce the psychological stress and the negative effects of the outbreak.

Need for mental health support:

The results further showed that participants preferred the psycho-social interventions such as need for personal counseling and emotional support, self-awareness through yoga and meditation. Table 2 describes the major themes that emerged from the qualitative data.

“I would say supportive counseling intervention and mental health support is important to cope up with infection”

-Participant 1, 4, 6, 9, 10, 11, 17, 20, 21

Discussion:

The current qualitative study was aimed to understand the psycho-social problems experienced and coping strategies used to cope with nCoV-19. There are many studies carried out on psycho-social problems experienced by front line workers. Very limited studies have focused on understanding the psycho-social problems experienced by nCoV-19 survivors. In this connection, the present study holds significance. The present study had found that nCoV-19 survivors had experienced lack of social support and stigma in the present pandemic situation. This could be because of the fact that people believe that nCoV-19 infection is a deadly disease, perceiving nCoV-19 survivors as victims of a strange disease, having an irrational fear leading to prejudices, lack of social support and stigma. This finding goes in line with earlier studies that report that social stigma is associated with negative consequences in an outbreak. Survivors are labeled, stereotyped, discriminated against, treated separately and experience the loss of self. This stigma can cause the hiding of the illness, prevent the people seeking immediate help and discourage those adopting healthy behavior. The experts believed that stigma is a serious health threat for covid-19 patients (Bagcchi, 2020). Another finding of the study was nCoV-19 survivors had undergone severe psychological distress. In addition they had fear, anxiety, apprehensions, uncertainty with regard to the availability of treatment and the outcome, lack of social support from family

members, relatives and sometimes even frontline workers; few had to deal with loss of jobs, income, resources and the worst of all -lack of timely emotional support causing severe distress. These were reported as reasons for psychological distress by many. The expert report shows that COVID-19 has had universal mental health impact on individuals. The literature also showed that depression 25%, anxiety 28% and stress levels 11.6% and self-harm behaviors are associated with COVID-19 (Verma & Mishra, 2020). In addition severe depression, anxiety, and post-traumatic stress disorders are likely to increase in the near future (Bhagat, 2020). The study results had showed that nCoV-19 survivors had reported that survivors had strong will power, coping skills and self-confidence to fight against the nCoV-19 infection. It has been recognized that resilience is pivotal to cope with stress and is the primary key to keep the balance in a pandemic situation (Vinkers et al., 2020). Further, nCoV-19 survivors were in need of psychological and mental health services. They identified that having a take it easy attitude, timely personal care, emotional support, psycho-education, ensuring social support, engaging survivors in the stress reduction activities such as yoga and meditation worked better in times of self-isolation, social isolation and quarantine days. However, accessibility of mental health services are scarce and far from satisfactory. They also suggested the same for other fellow workers. Hence, there is an urgent need to focus on enhancing the mental health services for the needy (Verma& Mishra, 2020).

Conclusion:

The unprecedented pandemic have created a range of severe psycho-social problems among COVID-19 survivors. Mental health services are far removed from the access of many COVID-19 survivors, yet are very essential to cope with their negative thoughts caused by COVID-19. Seeking professional psycho-social support helps victims to cope with the infection better. In order to do this, mental health workers in particular social workers must take the lead in this role and make efforts to improve the resilience levels among COVID-19 survivors. Hence, we recommend social workers be appointed in every hospital to provide timely psycho-social interventions, accurate information and thus enhance the resilience levels among patients and their families as a essential and viable way forward.

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