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COVID-19 Survivors' Psychological Health: An Exploratory Study

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Abstract

Across the world, Coronavirus disease 2019 remains to spread. COVID-19 Survivors suffers from considerable mental distress. The purpose of current study is to discover about the likelihood of mental distress of survivors of COVID-19 all over the crises. Qualitative method specifically interpretative phenomenological analysis used in current study. Total Sample size was 6 and their age's ranges between 21 to 40 years. Semi-structure interviews were conducted with COVID-19 survivors. Two main themes were highlighted (1) COVID-19 Survivors psychological experiences in isolation ward; (2) Physical experiences of the survivors of COVID-19 in isolation ward. It is concluded that in this epidemic, in addition to fatiguing and bodily signs of the illness, COVID-19 patients experience psychological disturbances such as discomfort caused by COVID-19 symptoms, psychological distress of imminent death, psychological mindset of being carrier, psychologically confused and rejected, missing family members or others in isolation ward.

Keywords: exploration, COVID-19, survivors, psychological health

Introduction

COVID-19 epidemic initiated from City of Wuhan-China 2019 late December by Severe acute respiratory syndrome (SARS) coronavirus 2 has forced international health emergency all over the World. Beginning from Wuhan City, now it has spread across territories and, countries included Pakistan. The novel COVID-19 had recognized as a worldwide epidemic and, an emergency was started by World Health Organization (WHO) on January 30th, 2020 (WHO, <u>2020</u>).

Indications of Coronavirus 2019 range from cough, dyspnea and fever in minor cases to critical acute respiratory syndrome (SARS) and breathing failure in disapprovingly ill patients needing hospitalization. Respiratory indications might too remain accompanied by gastrointestinal, renal, cardiac, hepatic, hematological, neurological, olfactory, cutaneous, and

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gustatory appearances. COVID-19 sufferers can also experience bodily signs including cough, dyspnea, fever, and unfavorable drug reactions, and intellectual signs, consisting of fear of constricting an unconventional infection, aggression related to getting treatment in quarantine, anger, also put up-annoying strain. It reported that if COVID-19 sufferers have moderate symptoms or are asymptomatic, they might experience mental misery or fear of death due to quarantine. Moreover, Coronavirus-2019 sufferers who need unfolded the contamination toward others might also experience guilt. All through the initial days of the COVID-19 epidemic, numerous channels, consisting of cellular messengers and YouTube, often defined the disease as being quite risky, with a bad prediction and public media reporting of COVID-19 exaggerated the public's tension also worry (Xiong et al., 2020).

The coronavirus 2019 chosen center remains being accomplished through an essential team of Coronavirus 2019 containing from Interior Medication doctors, Pulmonic Medicine, Anesthesia, and management of hospitals. All through the first some days, it was realized maximum COVID-19 patients admitted by contagion consumed certain or else other psychological well-being problems like irritability, distress, extreme fears, feeling loneliness, frustration, low disposition etc. This directed to the contribution toward psychological wellbeing specialists toward offer psychological wellbeing support through telephonically video or conferencing. COVID-19 survivors experience more mental difficulties during this pandemic than other patients. There is a need to strongly essential to address psychological wellbeing as well as have a strong understanding of patient mental issues. Understanding and exploring the mental distress of Corona virus 2019 patients all over as well as after the illness disaster might be effective in increasing knowledge to better deal with future epidemics and overcome mental disturbance produced through same epidemics through gaining awareness into present state. A Pakistani study showed by Farhan et al. (2020) in which exposed that psychological support as well as medical care need remain delivered to the patients through health care staffs. Meanwhile media reports on the total of patients and deaths can be emotionally disturbing, period spent on the internet as well as TV must be restricted as well as checked. The experiences of survivors of the COVID-19 need be regularized through providing evidence around the responses to this kind of emotional worry as well as educating them that individuals can and do achieve even in grim conditions. The

mental effects like depression, worry, and anxiety of death of the COVID-19 patient must be reduced through mental health support so that their body fights this virus more efficiently. Older patients are more disposed to emotional suffering; they must frequently screen for mental difficulties. Wu et al. (2020) concluded that around 10% survivors of COVID-19 develop depression and anxiety, as of post-discharge remaining respiratory signs, infection to others, also worry about recurrence. Female survivors of COVID-19 are more vulnerable to depression and anxiety. Survivors of COVID-19 should not be excessively anxious about an infrequent event of reappearance.

Sahoo et al. (2020) studied in which they revealed that numerous patients with Coronavirus 2019 contagion have slight signs or asymptomatic. Danger of contaminating others, people with Coronavirus 2019 is admitted in quarantine. For the reason that of the loneliness, the death fear, also related stigma, several patients with COVID-19 go through psychological suffering. The latest qualitative study turned into carried out through Moradi et al. (2020), in which he revealed that during the coronavirus epidemic, in adding to bodily and laborious signs of the illness, patients experience instabilities consisting of alive in limbo, mental misery behind wall, and mental load of being provider. Therefore, understanding troubles may beneficial in applying suitable mental treatments.

Cai et al. (2020) studied that incidence degree of mental distress amongst survivors of COVID-19 in initial recovery was high, highlighting an essential for all COVID-19 survivors to be screened for mental suffering frequently for timely treatment. The forecasters showed by the present study might assistance to recognize those at high danger. Also, these outcomes showed the older survivors suffered fewer stress response symptoms and less emotional reactivity from transferable diseases than the younger ones. Olufadewa et al. (2020), revealed that the mental experience of many Corona virus 2019 survivors throughout recovery remained more noticeable than their physical experience. Conclusions would allow use of an additional broad healthcare policy, recover psychological wellbeing care throughout medical management of patients of COVID-19 and update public health strategy to safeguard stigma and discrimination of survivors of COVID-19 are immediately talked. Yuan et al. (2021) conducted a study and revealed that PTSS were more severe in survivors of COVID-19 associated with healthy controls in the post-COVID-19 era. Considering

their adverse influence on functional outcomes and everyday life, appropriate treatments and regular assessment of PTSS would be conducted in survivors of COVID-19. Another study was conducted by Mazza et al. (2020) discovered that theories were supported by existing consequences based on a unit of 402 patients. Expected, survivors of Coronavirus 2019 presented high incidence of developing psychiatric sequelae, by 55% of the sample giving pathological score for at minimum one syndrome. Greater than average occurrence of Post-Traumatic Stress Disorder, nervousness, as well as depression overall high load non communicable circumstances linked by centuries of lived lifetime by incapacity, remains predictable in survivors. This will allow examining in what way immune provocative reaction interprets into mental disease refining information in an etiopathogenesis of illnesses.

Study was accompanied by Liu et al. (2020) shown that the COVID-19 effects spread outside the (frequently quite serious) bodily affliction. Half of the participants reported minor levels of anxiety, depression, and large minorities reported clinically noteworthy symptoms PTSD and moderate to severe levels of depression and anxiety. Some of these were associated to the severity of the physical disease and to recurrent signs afterward discharge (death as well as illness of household members), and current there is no way to stop persons. Though, we too found that feeling oneself to be target of discrimination as well as stigma based on one's having COVID-19 was strongly linked with all three adverse outcomes. Certain efforts to community education to decrease discrimination also stigma may be necessary to decrease the secondary distress related with the epidemic. Survivors of COVID-19 would be observed as persons at high danger for suicide. The single most important forecaster of suicide is the presence of depression. COVID-19 survivors need to be screened for suicidality as well as depression. Numerous coronavirus 2019 illness survivors will need lasting mental treatment. There would be precise plans toward improve the mental disorder of survivors of COVID-19 as well as decrease suicidality in this population. We need to observe what kind of early treatments in coronavirus illness survivors may reduction psychiatric morbidity and suicidality in the future (Sher, 2020). The aim of current study was to explore mental distress of survivors of Coronavirus 2019 throughout the epidemic by a realistic view.



Objective

Aim of this study was to find out the likelihood of mental distress of survivors of COVID-19 throughout crises.

Research Questions

- 1. What were the general perceptions of COVID-19 survivors toward COVID-19?
- 2. What were the experiences of psychological disturbances while having COVID-19?
- 3. What Challenges did they face while having COVID -19 diseases?

Method

Study Design

Exploratory research design was used in this research. This study attempts toward explore and deliver information into in what way specific individuals explore the phenomenon in the certain setting. According to Tuffour (2017), IPA has become the leading qualitative research method. Its emphasis is on the divergence, convergence of experiences and task to discover the complex study of small numbers of respondents' experiences. By way of it includes a comprehensive examination of the respondents, the method is phenomenological. It attempts to examine the individual experience and anxieties the perception of a phenomenon or entity by an individual rather than an attempt to make an objective declaration of the item or event himself.

Demographic characteristics

Demographic information was collected by participants of their cooperation.

Table 1

Participants	1	2	3	4	5	6
Age	28	24	29	34	31	38
Religion	Muslim	Muslim	Muslim	Muslim	Muslim	Muslim
Gender	Male	Male	Female	Female	Female	Female
Birth Order	3 rd born	2 nd born	2 nd born	2 nd born	1 st born	4th

Summary of Demographic Characteristics



Participants	1	2	3	4	5	6
Education	MBBS,FCPS	FSC	MSC	BS, CS	MSC	NIL
Current locations	Peshawar	Peshawar	Mardan	Peshawar	Peshawar	Mardan
Occupation	Doctor	Nil	Lecturer	Nil	Project manager	Nil
Income	5-7 lac	40,000	36,000	54,000	90,000	70,000
Marital Rank	unmarried	Single	unmarried	Married	Married	Married
No of siblings	3	10	4	5	5	9
No of Children	Nil	Nil	Nil	4	2	6
Socioeconomic status	Middle	Middle	Middle	Middle	Middle	Middle
Medical Problems	No	No	No	No	No	No
Psychological Issues	Nil	Nil	Nil	Nil	Nil	Nil
Knowledge of COVID-19 pandemic	Yes	Yes	Yes	Yes	Yes	Yes
Presence of COVID-19 disease in family members	8	0	1	3	1	0
Days of hospitalization	17	13	15	12	11	16

The goal of current study was to discover about likelihood of mental distress of survivors of COVID-19 throughout the crises. The impact of COVID-19 survivor's personal experience on their opinions of COVID-19 pandemic has been investigated.

Participants and Settings

Six survivors of COVID -19 in Peshawar and Mardan, KPK using Purposive sampling were selected. Age ranges was 21 to 40. Investigator first referred toward the healthcare facility admission; discharge office also organized a list of the features of all patients had been discharged with good overall situation after the start of August 2021 toward finish of November

2021. Then, the researcher initiated the sampling process. To attain varied variety of experiences, respondents were designated with a max change of demographic characteristics like gender as well as age. and the criteria were the following: 1) Those who were COVID 19 survivors were included in this study, (2) Those who were hospitalized, (3) People between age ranges 21 to 40 was included in this study, (4) Both men and woman was included, (5) must not be person with disability, (6) Willingness to participate in study and share their experiences.

Instrument

The study used a semi-structured interview protocol to gathering the data as well as responses of the participants. Likewise, on explanation of ethical considerations, study used a consent letter that was sent to the respondents and observed earlier. The questions from the interview guide were checked through content validation to confirm their reliability. Before interviewing (6) respondents, the verification, the revision and adjustment of the tool take place. Demographic sheet included age, gender, education, occupation, marital status, B/O, Current Location, No of Siblings, No of Children, socioeconomic status, Medical issues, Psychological Issues and knowledge of COVID-19. Semi Structure interview consisted of open-ended questions which was based on previous literature.

Interpretative Phenomenological Analysis

The process of interpretative phenomenological analysis (IPA) explains how people make sense of personal and outer world, as well as values that specific event and experiences have for it (Smith & Osborne, 2008). Phenomenology, symbolic interactionism, hermeneutics, and ideography are the philosophical foundations (Smith, et al, 2009).

The following was the analytic process: (a) transcript of interview read again and again and read many time until it understands; (b) the detailed were noted and emergent factors have been noted and arranged; (c) Themes were describe in detail and inter-relationships were recognized; and (d) the themes were grouped to form a reliable collection of themes (Smith et al., 2009).

Ethical Considerations

All processes done in studies including participants were in accordance with ethical standards of an institutional research committee. Through use

of an informed consent form participants were informed of overall nature of study and in reasonable boundaries and their role in terms of time and effort.

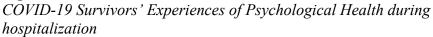
Procedure

For the data collection, COVID-19 survivors were approached. Informed consent was taken from the participants. Participants were assured that the data was kept confidential and the information collected from them was used only for research purpose and nobody can access their data except the researcher. Selected participants were debriefed about the purpose of the study before conducting semi-structured interview. For data collection interviews was conducted with the help of demographic sheet, semistructured interview guide, and audio recording. Demographic sheet was filled with the cooperation of participants. The Six participants for this study were obtained. Interview's length ranged from 45 minutes to 1 hour. Interviews were audio recorded with short notes of verbal cues noted on separate blank sheet. All the recorded interviews were transcribed, and were listened variety of time to get real meanings. Later on, themes were generated by using interpretative phenomenological analysis to comprehend statements and get meanings.

Results

Two main themes were highlighted in current study (1) Psychological experiences of fighters of COVID-19 in isolation ward; (2) Physiological experiences of survivors of Coronavirus 2019 in isolation ward.

Figure 1



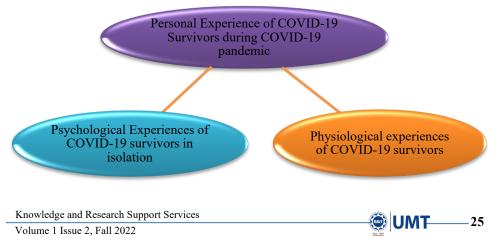


Figure 2

Psychological Effects of COVID-19 Survivors' Experiences during hospitalization



Theme 1: Psychological Effects of COVID-19 Survivors in Isolation Ward

Discomfort Caused by COVID-19 Symptoms

Participants shared their views on how they felt when they heard that they were COVID19 positive. Majority of the COVID-19 patient's experiences discomfort caused by symptoms of the COVID-19. Most common psychological symptoms experienced by PT1, PT2, P3, P4, P5, P6 during hospitalization was anxiety, depression, fear, stress, tension, low mood, aggression, weeping spells, overthinking, obsessions, confusion, and panic.

COVID-19 has psychological effect on individuals I was also sleep deprivation, anxiety, stress and depression. In the same way I heard voices of someone saying that you are just about to die in this room if I closed my eyes there appeared the faces of people I felt that it might be the angel of death, I am about to die. (Male Patient, PT1).

Psychological Mindset of Being Carrier

All the COVID-19 survivors talked about the emotions and feelings of fear, anxiety and guilt experienced due to possibility of transmitting of disease to other people. COVID-19 has imposed stress on patients regarding fear of infecting family members as well as other people. During hospitalization, they experienced anxiety, fear and depression regarding spreading the illness toward their family associates, others and this worry troubled their mind completely. Patients reported that their friends and relatives did not come to visit, they were afraid that they would get the disease. People were stigmatizing us that we would get this disease.

"I'm always very worried that my daughter and son would not get this disease from me because they used to come to the hospital for me. This fear was in my mind all the time" (Female patient, P6)

Psychological Distress of Imminent Death

All the survivors of COVID-19 mentioned fear of death. COVID-19 Survivors experienced feelings of death as well as feelings of being in a death and life condition. Participants (P1, P2, and P3) explained their experiences as follow in this regard.

Yes, COVID-19 has psychological effect on human mind. When I was the victim of this disease I thought that my condition is getting worse day by day and I couldn't sleep whole nighttime when i try to sleep i feel there is someone and fear that It was an angel of death and I was about to die. (Male patient, P1)

"During this time, I was so scared that I would die and I didn't do anything to please Allah and negative thoughts of the grave came to my mind. I couldn't sleep all night because of this fear." (Male patient, P2)

"When I was in isolation ward, I felt very lonely and feel suffocated, I was afraid that I was going to die and I felt myself between life and death. I was so stressed and I felt that life seemed to end." (Female patient, P3)

Missing Family Members or Others in Isolation Ward

Participants experienced feeling of missing their family members, friends and others during hospitalization. Participants (PT1 and PT4) explained their experiences this regard as follow;

I was in a lot pain. Whenever I was sick, I missed my parents. My parents live in Canada and I didn't tell my parents about my COVID-19 disease. When I got the disease, i thought that if I died then my parents would not see me. In isolation days I missed my parents and sisters a lot. (Male Patient, P1)

When I was in isolation ward. I was mostly worried about my husband because he was on the ventilator. I missed him and I always had my husband in my mind. I was worried that will my husband recover or not from COVID-19? I was not as worried about my COVID-19 disease as I was anxious about my husband. (Female patient, P4)

Psychologically Confused and Rejected

Participants reported that behaviors communication of medical staff and of others, because of terror of likelihood of being ill by the patient caused a sensation of being rejected and confused regarding serious of illness in patients. Patient explained their experiences in this concern as follows:

"It was strange situation. No one came to see me. From people and medical staff, I felt that they were rejecting me because of COVID-19 diseases. I was very confused and worried. All my relatives had left me alone." (Female Patient, P6)

This disease was so much prevue over my mind. I had a lot of weeping spells, when I used to call someone to come to hospital for me, when they did not come, I cried that why didn't they come to hospital for me, I used to cry because I thought that these people are ignoring me. I was in a bad condition. I used to call my cousins to come for me for God's sake. I was so scared that they would not come then I confused and thought that I was really so sick. (Male Patient, P1)

Theme 2: Physiological experiences of COVID-19 Survivors During Hospitalization

Precautions before COVID-19

According to Centers for Disease Control and Prevention (CDA), Coronavirus 2019 infection appears most commonly spread disease during close individual-to-individual contact through respiratory droplets. Participants have different views about precautions before having COVID-19 disease. Respondents describe their experiences about this regard as follow;

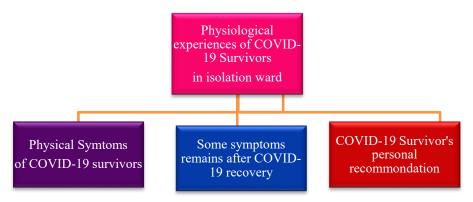
"Yes, I used mask and sanitizer daily before this disease. I used to wear mask and use sanitizer whenever I went out of the house. As much as possible I took precautions." (Female Patient, PT 5)

"No, I did not take any precautionary measures before this disease. Because in the beginning I used to take this COVID-19 disease as a joke. I thought it was just propaganda so I didn't take any precautions for this disease". (Female Patient, PT 3).

Yes, as I am a Doctor, whenever I went to the COVID-19 ward, I used two masks instead of one. I wore gloves and used sanitizer. But there were 8 to 9 COVID-19 patients in my family. I took care of all these patients so I guess I got this disease from my family members. (Male Patient, PT1)

Figure 3

Physiological Experiences of COVID-19 Survivors During Hospitalization



Physical Symptoms of COVID-19 Survivors

All the Participants reported physical symptoms. The most common physiological experiences mentioned by (PT1, PT2, PT3, PT4, PT5, PT6) were body aches, Severe dry coughing, fever, headaches, weakness in body, loss appetite, loss of taste and smell sensation, difficulty in breathing, chest pain, insomnia, stomach problem, fatigue, dizziness. Participants (PT1 and PT 5) describe their experiences in this regard as follow:

The physical symptoms were that I have body aches, dry coughing, weakness in body, low appetite, difficulty in breathing. I was so afraid I would fall if I got out of bed. The pain was excruciating all over the



body. I felt as someone had placed a huge rock on top of me. The headache was so severe that even an injection could not control it. (Male Patient, PT 1)

Before and after the diagnosis of COVID-19, I suffered from severe fever, body aches, the sense of smell was completely loss, severe chest pain, when I was breathing if coughing started then it was not stop, there was continuous coughing for 3-4 min. There was also a lot of effect on eye sight, things started to blur and nothing was clearly seen. (Female Patient, PT 5)

Some Symptoms remain after COVID-19 Recovery

Most of the survivors claimed that they have physical symptoms remained after treatment. Participants (PT1, PT2, PT4, and PT5) reported having some problems after recovery. Participants (PT5 and PT4) share their experiences in this regard as follow;

The rest of the symptoms are fine now, but I still have breathing problem while walking and can't cover my face, every time I wear Hijab, I feel like I'm about to catch my breath and that's how I feel after this COVID-19 disease. (Female Patient, PT5).

"I feel like there are still some symptoms that I have despite recovering from this COVID-19 disease like sleep disturbance, low appetite, weakness in body." (Female Patient, PT4)

COVID-19 survivor's personal opinion regarding this illness:

Respondents (PT1, PT2, P3, P4, P5, and P6) share their personal opinion regarding COVID-19 disease.

My personal experience is that if there was one thing that affected me more than this COVID-19 disease, it was because of stress, fear, anxiety and depression. I had a lot of stress, tension and fear, I didn't have many physical complications but my condition got worse due to stress, tension and depression. This is my personal opinion that COVID-19 patients can recover faster if counseling therapy is provided. (Male Patient, PT 1).

"I would say, take care of yourself, take precautionary measures for COVID-19 illness and believe in Allah that what Allah does is good for all human beings." (Female Patient, PT 5).

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Life is beautiful. Appreciate them, take good care of yourself and help those who have this COVID-19 illness. I saw death before death, take precautions and take care of the lives of others. Hope for the best because Allah has tested man in the form of disease so be patience and pray that God heals all those who are affected by this COVID-19 disease. (Male Patient, PT 2)

Discussion

The goal of study was to explore about likelihood of psychological experiences of survivors COVID-19 psychological health throughout the crises. This study, how survivors in Pakistan who had COVID-19 perceives the disease as well as their feelings, thoughts and expectations were explored by process of interpretative phenomenological analysis (IPA).therefore the novelties and strengths of current study are to reveal not only COVID-19 survivors psychological opinions of the disease but also their views on physical symptoms too during quarantine. Six COVID-19 survivors were taken from KPK. This study discovered substantial number of psychological as well as physiological experiences of fighters of Coronavirus 2019. Examining the interviews and data revealed that psychological disturbances as well as Physiological experiences of COVID-19 Survivors during hospitalization included Discomfort Caused by COVID-19 Symptoms, Psychological Mindset of being carrier, Psychological distress of imminent death, Missing Family members or others in isolation ward, psychologically confused and rejected, Physical Symptoms of COVID-19 Survivors, Some Symptoms remain after COVID-19 recovery.

Theme 1: Psychological Effects of COVID-19 Survivors in Isolation Ward

Discomfort Caused by COVID-19 Symptoms

Majority of the COVID-19 survivors noted discomfort caused by COVID-19 disease. COVID-19 survivors shared their opinions on how they felt when they were COVID19 positive. Majority of the COVID-19 Survivor's experiences discomfort caused by symptoms of the COVID-19. Most common psychological symptoms experienced by participants during hospitalization was anxiety, weeping spells, depression, fear, stress, overthinking, obsessions, tension, low mood, aggression, confusion, and panic.



Psychological Mindset of being Carrier

All the Participants talked about the emotions and feelings of fear and guilt experienced due to fear of infecting of other people and family members. COVID-19 has imposed stress on patients regarding fear of transmitting of disease. During hospitalization, they experienced anxiety, fear and depression regarding spreading the illness toward their family associates, others and this worry troubled their mind completely.

Psychological Distress of Imminent Death

The face of stressors caused by COVID-19 pandemic, Patients experienced the feelings of life and death situation. Participants reported fear of death. Respondents reported that they feared from death and concerned regarding treatment. Participants reported that COVID-19 has psychological effect on human beings. They have sleep deprivation, depression, fear, death perception and stress. One of the survivors reported that he heard voices of someone saying that he is just about to die in this room if he closed his eyes there appeared the faces of people, he felt that it might be the angel of death, I am about to die.

Missing Family Members or Others in Isolation Ward

Participants experienced feeling of missing their family members, friends and others during hospitalization.

Psychologically Confused and Rejected

Most of the participants reported that they were ignored. Reactions of people when they face a COVID-19 patient are fear. Fear is an emotion which is necessary for survival, self-protection also it ameliorate persons to ignore patients of COVID-19. Same condition is for healthcare workers, who might keep interaction with patients of COVID-19 throughout care period and treatment to safeguard them.

Theme 2: Physiological experiences of COVID-19 Survivors during Hospitalization

Precautions before COVID-19

Participants have different opinions about precautions before having COVID-19 disease. Most of the participants said that They used to wear masks, cleans their hands, maintain safe distance before having COVID-19 disease.



Physical Symptoms of COVID-19 Survivors

Furthermore, the current study found that the breathing difficulty, headaches, body ache, fever, loss of appetite, sleep disturbances, coughing, loss of smell, loss of taste, pneumonia, Vomiting, chest pain, stomach problem and fatigue were among the symptoms that were reported by participants. Some respondents reported that when they were breathing if coughing started it was not then stop, there was continuously coughing for 3 or minutes. There was too much effect on smell and taste sensation they reported that they have lost their sense of smells and taste sensation during this illness.

Some Symptoms Remain after COVID-19 Recovery

Furthermore, participants reported that there were also some problems after recovery as well. Participants reported that they have still few symptoms remains after recovery. According to one of the participants that she still has breathing problem while walking and can't cover her face every time when she wears hijab. Some participants reported that despite recovering from COVID-19 disease they still have some symptoms remains like sleep problem, weakness in body. In this current study, COVID-19 survivors gave their personal options. Majority of the patients gives recommendation to take precautionary measures for COVID-19 illness and believe in Allah that what Allah does is good for all human beings. They recommended that COVID-19 patients can recover faster if psychotherapy and counseling session for the recovery from this COVID-19 disease.

Conclusion

It is concluded that during this epidemic like Coronavirus 2019 plague, in addition to exhausting as well as physical signs of an illness, patients of the COVID-19 experiences psychological disturbances such as Discomfort Caused by COVID-19 Symptoms, Psychological distress of imminent death, Psychological Mindset of being carrier, psychologically confused and rejected, Missing Family members or others in isolation ward. So, understanding these psychological distresses can useful in applying suitable mental intrusions.

Limitations

The current study explored the psychological experiences of healed Patients of coronavirus 2019 in two cities of Pakistan. The current study



was qualitative in nature. Mixed method studies continuing by the topic involvement can be appreciated technique to recognize mental instabilities of the survivors of Coronavirus 2019. Current little studies concerning psychological wellbeing difficulties of the Coronavirus survivor's incomplete the interpretation of the results that can show this study is an inventor to define the mental distress of the survivors of Coronavirus 2019 throughout epidemic.

Recommendations

In current epidemic, more studies are required to collect more information also recognize COVID-19 improved patients who are disposed to mental complaints that can upset their psychological wellbeing. Therefore, conducting longitudinal studies on huge scale can useful in identifying the mental influences of improved patients of Coronavirus 2019.

It is important to conduct studies on the application of productive as well as new psycho- educational intrusions to decrease mental instabilities like discomfort Caused by COVID-19 Symptoms, Psychological distress of imminent death, Psychological Mindset of being carrier, psychologically confused and rejected, Missing Family members or others in isolation ward.

Furthermore, educations interventions are necessary at public level to be implemented to increase empathy and alertness for the population groups at danger of psychological issues.

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