



## IDENTIFICATION OF COPING STRATEGIES FOR COVID-19 INFECTED PATIENTS RELATED TO MENTAL HEALTH CHALLENGES DURING THE QUARANTINE PERIOD IN PUNJAB, PAKISTAN: A QUALITATIVE APPROACH

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### Abstract

**Background:** The COVID-19 pandemic has presented unprecedented mental health challenges for infected patients during the quarantine period, necessitating the identification of effective coping strategies to mitigate the psychological impacts of social isolation, fear, and uncertainty.

**Objective:** To identify the coping strategies for COVID-19 infected patients related to mental health challenges during the quarantine period in Punjab, Pakistan.

**Methods:** A qualitative exploratory phenomenological approach was employed to gather data from confirmed COVID-19 cases who met the inclusion and exclusion criteria and were undergoing quarantine. Semi-structured interviews were conducted in person, recorded, and subsequently transcribed. The transcripts were then subjected to thematic analysis to identify patterns and themes. This method allowed for an in-depth examination of participants' experiences and perceptions, providing rich and detailed insights into their coping strategies and mental health challenges during quarantine.

**Results:** Patients hospitalized with COVID-19 identified family emotional support as a crucial factor in their ability to cope with the illness, with loved ones providing encouragement and strength. The care and support from medical staff also played a vital role in giving patients a sense of security and empowerment. Many patients found solace in their spiritual beliefs, feeling protected and saved by their faith in God. Additionally, patients actively employed various coping strategies, including professional counseling, cognitive changes, and goal-setting, to psychologically adapt to their situation.

**Conclusion:** Patients hospitalized with COVID-19 drew strength and resilience from a combination of family emotional support, medical staff care, spiritual beliefs, and personal coping strategies to navigate the challenges of their illness.

**Keywords:** COVID-19, Mental Health, Coping Strategies, Patients

### 1. Introduction

The COVID-19 pandemic has presented unprecedented challenges to global health systems, economies, and individuals' mental health (Huang et al., 2020). The rapid spread of the virus has led

to widespread fear, anxiety, and uncertainty, exacerbating existing mental health conditions and creating new ones (Lai et al., 2020).

Quarantine measures, although necessary to contain the virus, have been linked to increased symptoms of depression, anxiety, and post-traumatic stress disorder (PTSD) among infected patients (Brooks et al., 2020). Prolonged social isolation, loss of routine, and fear of infection can contribute to feelings of hopelessness and despair (Wang et al., 2020).

Research has highlighted the importance of identifying effective coping strategies to mitigate the mental health challenges associated with COVID-19 infection and quarantine (Taylor et al., 2020). Coping strategies can help individuals manage stress, regulate emotions, and maintain a sense of control and well-being (Lazarus & Folkman, 1984).

Studies have shown that individuals who employ adaptive coping strategies, such as problem-focused coping, emotional regulation, and social support seeking, tend to exhibit better mental health outcomes (Folkman & Moskowitz, 2004). In contrast, maladaptive coping strategies, like avoidance and rumination, can exacerbate mental health issues (Taylor et al., 2020).

Despite the growing body of research on COVID-19-related mental health challenges, there is a need for more targeted investigations into the coping strategies employed by infected patients during quarantine (Huang et al., 2020). This knowledge gap highlights the importance of exploring the specific coping mechanisms used by this population to inform the development of effective interventions.

This study aims to investigate the coping strategies employed by COVID-19 infected patients during the quarantine period, with a focus on identifying adaptive and maladaptive coping mechanisms and their relationship to mental health outcomes. By exploring the coping strategies used by this population, this research seeks to contribute to the development of targeted interventions to support the mental health and well-being of COVID-19 infected patients during quarantine.

## Materials and Methods

This qualitative exploratory phenomenological study was conducted between May 2021 and October 2021 to gain in-depth insights into the experiences of COVID-19 survivors. The study occurred in four hospitals in Lahore, Pakistan: Mayo Hospital, Ganga Ram Hospital, Jinnah Hospital, and Government Mozang Teaching Hospital.

Participants were recruited using purposive sampling, with enrollment continuing until data saturation was achieved, which occurred with a sample size of 13. The inclusion criteria for participants were:

- Patients Tested Positive for COVID-19 through Reverse Transcription Polymerase Chain Reaction (RT-PCR) and experienced complete hospital quarantine and tested negative.
- Age 40-70
- Both male/Female
- The exclusion criteria were as under:
- Health professionals
- Person who is still exhibiting any signs of COVID-19 infection
- Individuals' who is previously diagnosed with any mental disorder.
- COVID patients who are/were on ventilator.
- Patients that may unable to communicate effectively.

A semi-structured interview guide was developed to collect data, informed by the researcher's expertise, extensive literature review, and expert feedback. The guide consisted of two sections:

1. Demographic information: gathering details on participants' characteristics, including age, marital status, education level, economic situation, and social standing during quarantine.
2. Psychological experiences: exploring participants' emotional and psychological states during quarantine through open-ended questions, allowing for in-depth exploration and probing.

Before conducting interviews, informed consent was obtained from participants, and ethical considerations were prioritized throughout the data collection process. Participants chose a

comfortable location for the interview and face-to-face, in-depth interviews were conducted using open-ended questions, encouraging free expression and spontaneous responses.

For convenience, interviews were audio recorded using a cell phone, and later transcribed verbatim. To maintain anonymity, each participant was assigned a unique identifier. Data analysis commenced immediately after the first interview, allowing for iterative exploration of emerging themes. The thematic analysis framework approach was employed to systematically examine and interpret the qualitative data, involving:

- Transcription and familiarization with the data
- Initial coding and categorization
- Identification and refinement of themes
- Analysis and interpretation of findings

This approach enabled a thorough and nuanced understanding of the participants' experiences and perspectives.

The study was conducted in accordance with ethical standards, with approval obtained from the University of Health Sciences, Lahore's Ethical Review Committee. The research adhered to the principles outlined in the Helsinki Declaration, ensuring:

- Participant privacy and confidentiality were maintained
- Informed consent was obtained from each participant
- Potential harm to participants was minimized and avoided

By upholding these ethical considerations, the study prioritized the well-being and rights of the participants, ensuring a safe and respectful research environment.

### 3. Results

#### 3.1 Demographic Characteristics

**Table 1. Demographic Characteristics of the Respondents**

Variables	No of Participants	Percentage
<b>Gender</b>		
Male	09	75%
Female	03	25%
<b>Age</b>		
41-50 years	07	58.3%
>50 years	05	41.7%
<b>Marital status</b>		
Married	10	83.3%
Unmarried	02	16.7%
<b>Education Level</b>		
Uneducated	03	25%
High School	05	41.7%
>High School	04	33.3%
<b>Days in Hospital</b>		
6-10 Days	02	16.7%
> 10 Days	10	83.3%
<b>Monthly Income</b>		
<30,000 PKR	4	33.3%
>30,000 PKR	8	66.7%

The study participants consisted of 9 males (75%) and 3 females (25%), with ages ranging from 40 years and above. The majority, 7 participants (58.3%), fell within the 40-50 year age range, while 5

participants (41.7%) were above 50 years old. Most participants, 10 out of 12, were married, and in terms of education, 5 had completed high school or less, while 4 had education above high school level. The majority, 10 participants, had a hospital stay exceeding 10 days. Regarding monthly income, 4 participants earned less than 30,000 PKR, while the remaining 8 participants earned above 30,000 PKR.

### **3.2 Coping Strategies for COVID-19 Infected Patients Related to Mental Health Challenges during the Quarantine Period**

#### **Theme 1 Emotional Support of Family**

All patients acknowledged that their loved ones served as their spiritual foundations while they were in the hospital. The term "family emotional support" describes how an individual perceives the family members' availability, sufficiency, and quality of assistance during times of COVID-19 crisis. It was the participants' families who were the primary and most significant sources of social support, which encouraged them to battle the illness and to face the pressures it brought on.

One of the participants' replied as response to interview that,

*"I am not sure whether I would have lived if my family members had not supported me. Most of the time I spoke to them and heard my children's voices, I would feel less worried (ID1).*

Another participant stated that,

*"I am happy every day when I am able to video chat with my loved ones. They support me and give me motivation every day." (ID3)*

Moreover, the support from family and friends at all levels was also crucial. Majority of the participants said that having sufficient social support was essential in their individual battle against the disease.

One participant stated that,

*"Friends worry about my health and I believe that the family and friends places a high value on us". (ID6)*

Similarly another participant stated that,

*"Thanks to my family's support, my mood has finally normalized, making me incredibly powerful". (ID7).*

#### **Theme 2 Psychological Support from Medical Staff**

Maximum patients said that the medical staff's care throughout their hospitalization was the most crucial encouraging component, demonstrating that they gave patients a sense of security. Many patients become dependent on these habits. The nurses, doctors and other medical staff members' kind and understanding demeanor lifted the patients' spirits while they battled this illness.

One participant stated that,

*"I spent a lot of time in the hospital, so the nurses communicated to me a lot. I was psychologically fragile, and one day I was crying and questioned why I wasn't improving. One of them approached me and we spoke extensively. You should give thanks to God because you are still young and will heal, she said. Although you were really ill, things are getting better for you every day. Your release is imminent. I felt a lot better after hearing her remarks" (ID6).*

Moreover, stated by another participant,

*"Doctors and nurses treated me extremely well and cared for me; I am deeply moved, and I cannot live without their care and support" (ID12)*

Yet another participant stated that,

*"Seeing caring nursing staff makes me feel happy and gives me peace of mind." Although my status is stable, but still I constantly want the doctors and nurses to pay me more attention and speak with me more" (ID11)*

### **Theme 3 Religious Beliefs**

The participants' believe in God make them feel more empowered because they know that God is their defender and savior. They are convinced that God will help them overcome their illness. As stated by one participant,

*"I turned exclusively to God. I was aware that even illnesses more severe than Corona could not kill me if he wanted me to survive"* (ID4)

Many individuals turned to religion as a coping technique for their anxieties and stresses. These categories included religious practices and convictions. Reading the Quran, which has its roots in the Muslim culture and social environment, and praying were the two primary activities that the participants reported doing. Furthermore, the participants revealed how their faith in God and prayers to God increased during their illness; virtually all of the participants said this topic offered them more energy and hope for a quick recovery.

For instance, respondent number five stated,

*"When I was sick, I could not breathe. God supported me and disregarded my worry. I may have passed away since it was unexpected. Thank God I made it. It's miraculous"*. (ID5)

### **Theme 4 Patients' Good Spirit**

The majority of patients actively sought out professional counseling, made cognitive changes, diverted their focus, set daily goals they could achieve, spoke with the medical personnel, and connected with their own morals or convictions in order to psychologically modify themselves.

One participant stated that,

*"I reminded myself that I must adjust to the situation as it is; the ward is the safest place. I persuade myself that this may be advantageous"* (ID2)

Another participant stated that,

*"Because of how minor my disease is, I set a goal to walk maximum in a day and listen to one hour of audiobooks and Holy Quran, which gives me mental relief"* (ID7)

One more participant responded that,

*"I have always chosen to do good rather than evil. I am relieved after remembering that if I do good to others, in return I will receive good"* (ID11)

## **4. Discussion**

The findings suggest that family emotional support played a crucial role in helping patients cope with the COVID-19 crisis. This is consistent with previous research, which has highlighted the importance of social support in mitigating the negative impacts of stress and trauma (Cohen et al., 2015). Family members, in particular, are often the primary source of emotional support, providing a sense of security and comfort (Kessler et al., 2012). Studies have shown that perceived social support from family members is associated with better mental health outcomes, including reduced symptoms of anxiety and depression (Holt-Lunstad et al., 2015). Furthermore, family emotional support has been found to enhance resilience, enabling individuals to better cope with adversity (Wagnild & Young, 1993). The current study's findings also align with the stress-appraisal-coping model (Lazarus & Folkman, 1984), which posits that social support is a critical factor in influencing an individual's ability to cope with stress. In the context of COVID-19, family emotional support may serve as a vital coping resource, helping patients navigate the emotional and psychological challenges associated with the illness.

The findings suggest that the care provided by medical staff during hospitalization was a vital encouraging factor for patients, fostering a sense of security and dependence on their care. This is consistent with previous research, which has highlighted the importance of healthcare providers' emotional support and empathy in promoting positive patient outcomes (Baker et al., 2017; Fenton et al., 2018). Studies have shown that patients who perceive their healthcare providers as caring, empathetic, and supportive are more likely to experience improved mental health outcomes, including reduced anxiety and depression (Pohl et al., 2018; Samuels et al., 2020). Furthermore, the kindness

and understanding demeanor of medical staff can enhance patient trust and satisfaction with care (Luxford et al., 2019).

The findings suggest that participants' belief in God served as a source of empowerment, providing comfort and reassurance that God would aid in their recovery. This is consistent with previous research, which has highlighted the positive impact of religious beliefs on mental health outcomes, including increased feelings of control and empowerment (Koenig et al., 2012; Pargament et al., 2013). Studies have shown that individuals who hold strong religious beliefs tend to exhibit greater resilience and coping skills when faced with adversity (Ano & Vasconcelles, 2005; Tarakeshwar et al., 2006). The belief in a higher power can provide a sense of security and hope, enabling individuals to better navigate challenging situations (Pargament et al., 2013). Furthermore, research has demonstrated that religious beliefs can influence an individual's perception of control, with those holding strong religious beliefs feeling more empowered to manage their health (Krause et al., 2017). In the context of COVID-19, participants' belief in God may serve as a vital coping resource, enhancing their sense of control and empowerment.

The findings suggest that patients employed various coping strategies to psychologically adapt to their situation, including seeking professional counseling, cognitive reappraisal, distraction, goal-setting, communication with medical staff, and connection with personal values. This is consistent with previous research, which has highlighted the importance of proactive coping strategies in mitigating the negative impacts of stress and adversity (Folkman & Moskowitz, 2004; Taylor & Stanton, 2007). Studies have shown that individuals who engage in cognitive reappraisal, reframing their thoughts and emotions in a more positive light, tend to exhibit better mental health outcomes (Gross & John, 2003). Additionally, setting achievable goals and focusing on daily accomplishments can enhance sense of control and empowerment (Emmons, 2003). Furthermore, research has demonstrated that connecting with personal values and convictions can provide a sense of purpose and meaning, promoting resilience in the face of adversity (Park, 2010). The use of professional counseling and communication with medical staff can also provide emotional support and guidance, facilitating coping and adaptation (Cohen et al., 2015).

## 5. Conclusion

In conclusion, the study highlights the importance of emotional support, coping strategies, and spiritual beliefs in helping patients navigate the psychological challenges of COVID-19. Patients who employed proactive coping strategies, sought social support, and connected with their personal values and convictions demonstrated greater resilience and adaptability. The findings emphasize the need for healthcare providers to address the emotional and spiritual needs of patients, in addition to their physical needs, to promote holistic well-being. By acknowledging the psychological impact of COVID-19, healthcare systems can develop more comprehensive care approaches that foster patient empowerment and resilience.

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