

**ADDIS ABABA UNIVERSITY COLLEGE OF HEALTH SCIENCES, SCHOOL OF  
MEDICINE, DEPARTMENT OF PSYCHIATRY**



**The Psychological Experience of Covid-19 Tested Positive People in Eka Kotebe Hospital,  
Addis Ababa, Ethiopia: Coping and Resilience.**

**Research paper submitted to the department of psychiatry,  
in partial fulfillment of the requirements for the  
specialty certificate in psychiatry.**

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**Study title:**

The Psychological Experience of Covid-19 tested Positive People in Eka Kotebe Hospital, Addis Ababa, Ethiopia: Coping and Resilience: A qualitative study.

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## **Abbreviations:**

AAU- Addis Ababa University

CHS-college of health sciences

CDC-central disease control

Cov-19-corona virus 2019

MERS-middle eastern respiratory syndrome

MD- Medical doctor

MOH-Ministry of health

SARS- severe acute respiratory syndrome

WHO-world health organization

# **Abstract**

## **Introduction:**

It has been seven and half months since the first Novel Corona Virus case was reported in Ethiopia. The number of infected people has been rapidly expanding globally and nationally. In Ethiopia, as of October 26, 2020, it has reached to 93,343 infected and 1,426 deaths. There are few studies that have explored the lived experiences of previous epidemic outbreaks of emerging infectious diseases including Ebola, Severe acute respiratory syndrome (SARS), Influenza A (H1N1) and Middle East respiratory syndrome (MERS). Except one Study from China, there is a dearth of research on the psychological experience of COVID-19 hospitalized patients and there is no such study conducted in Ethiopia.

## **Objective**

To explore and describe the psychological experience and the coping and resilience of COVID-19 hospitalized patients in Eka Kotebe hospital Addis Ababa, Ethiopia.

## **Method**

A phenomenological qualitative study design was used. Participants were recruited using non-probabilistic heterogeneous purposive sampling technique from the hospital referred above. Participants were those who are confirmed cases of COVID-19 infection, consented to take part, speak Amharic language fluently and on stable medical condition. Sampling proceeded until theoretical saturation was achieved. Eleven in-depth telephone interviews were conducted and seven were included in the results. The in-depth interviews were audio recorded, transcribed and translated into English. Thematic analysis was used to identify key themes.

## **Results**

There major themes were identified describing the initial emotional reaction, daily life in hospital and stressors as well as resilience and ways of coping. Initial response towards the disease included fright, denial and anger during the early stages, which dissolved into acceptance in the later stages and mix of positive and negative emotions towards the end of hospitalization. The primary sources of stress were the inadequacy of information about the disease, health and economical stability of family, concern about long term sequela of the disease and stigma. Despite these, all the study subjects displayed strong resilience and coping mechanisms whereby they engaged themselves in some form of coping mechanisms which included taking advantage of the social support by engaging themselves in group and pair conversations and practicing spiritual rituals together. Different contributing factors were considered for their resilience which encompasses the role of having a cognitive capability to understanding the disease, lessons learned from wisdom of their role models in life or adverse experiences during early life and most importantly having a faith.

Finally, most participants expressed the moral lessons gained from their experience with COVID- 19 and reflected on their positive outlooks.

**Conclusion** The COVID-19 pandemic has caused emotional distress among the patients. The findings in this study also have some unique elements of the perceived stressors and coping strategies. The main features centered upon the stigma and discrimination, safety of family, economic stability, role of culture, religious believe and ritual practices. These results promote understanding of the language and behavior of patients, enhance communication, inspire to denote interventions targets and pave the way for future researches studying the long-term psychological experience from COVID-19.

**Keywords:**

Coronavirus disease 2019

Copping and Resilience

Pandemic

Emergencies

Patients

Psychological experience

Qualitative study

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## 1. Introduction:

The 2019 novel coronavirus (2019-nCoV, COVID-19) has been established to be the pathogen behind the pneumonia outbreak in Wuhan City, Hubei Province, China, on December 8, 2019 (Jung & Jun, 2020). The infection, soon after its emergence not only caused a number of deaths in China but quickly spread to other countries (Khan et al., 2020).

The coronavirus disease 2019 (COVID-19) outbreak was announced a public health emergency of international concern by the World Health Organization (WHO) on 30<sup>th</sup> January 2020 with an up-to-date number of 43,043,686 Confirmed cases, 1,154,532 Confirmed deaths and 215 Countries, areas or territories with cases. (World Health Organization, 2020, Oct 26).

In Ethiopia, the earliest coronavirus case was reported on 13<sup>th</sup> March 2020 and the victim later identified was a Japanese citizen. (Wikipedia, 2020, March 13). Thereafter, the number of infected cases has been steadily rising and reached to the current number of 93,343 infected and 1,426 deaths. (Ministry Of Health, 2020, Oct 26).

The aftermath of such outbreaks not only afflict physical but mental health as well, hence it is necessary to identify mental health abnormalities and to properly utilize effective therapies (Khan et al., 2020).

The rapid spread of the COVID-19 will cause increased probability of mental distress and psychiatric morbidities in different sub-populations, not only just because of persistent quarantine and massive negative news portrayal, but also influenced by the rising number of confirmed and suspected cases and death all around the globe on a daily basis. (Li et al., 2020).

Confirmed and suspected cases of the COVID-19 may be subjected to fear of severe disease consequences and the contagion. Consequently, they may experience lonesome, denial, anxiety, depression, insomnia, and despair, which may reduce treatment adherence. Some of these cases may even have increased risk of irritability, aggression and suicide. Quarantined cases may be succumb to anxiety due to uncertainty about their health status and develop obsessive-compulsive symptoms, such as excessive temperature check and sterilization. (Li et al., 2020).

Quarantine and isolation of those suspected of contracting or carrying the virus could result in significant mental health problems; and these situations are known to be associated with conditions like acute stress disorder, depression, post-traumatic stress disorder, insomnia, irritability, anger, and emotional exhaustion (Jung & Jun, 2020).

Recent litterateurs have drawn attention to the consequences of a pandemic of this magnitude, on the mental health of general population. Health anxiety, fear of death, worry of losing loved ones, concern to provide for family, loss of social interaction, loss of employment and homelessness are among the social stressors that may even trigger serious mental disorders like depression or anxiety in previously healthy persons and likewise contribute to added burden in the mentally ill. The role of psychiatrists in identifying short-term effects, providing integrated health care and preventing the long-term sequela on mental health is distinctive and valuable. Some of the proposed interventions are education and management of

common symptoms of stress (sleep hygiene, relaxation techniques and others), promoting precautionary actions, limiting exposure to media-related misinformation, promoting self-efficacy by problem solving and advocating against stigmatization and marginalization.(Kavoor, 2020).

Given all these previous evidences and experiences, this study aimed at creating insight on psychological conditions and identifying coping and resilience of COVID-19 positive hospitalized patients in the current Ethiopian setting.

## **2. Statement of the problem:**

The current knowledge on COVID-19 is a limited and the overwhelming news may lead to anxiety and fear in the public resulting in sense of paranoia and stress related to being COVID-19 positive and being isolated or admitted to hospital amongst the general population.

The conventional importance given to the physical health that includes therapies and treatment to pneumonic symptoms by ignoring the profound importance of psychological health, ensued by the viral infection, isolation, restricted movement and social activities, sleep difficulties, lockdown and forged news is culminating into stress, anxiety, and episodes of depressive reactions. Beyond the pandemic, the infodemic also poses serious problems for public health that may further increase the risk of mental illnesses.(Zarocostas, 2020). Therefore, contemporary mental health care for the COVID-19 outbreak is urgently needed.(Liu et al., 2020)

There are only few studies available currently which focus on the experience of mental health impact of COVID-19 on healthcare workers, mental health risks of COVID-19 in vulnerable populations and mental health effect of COVID-19 on the general population. Majority of published articles were from Chinese centers, two publications each from Iran and Canada, one each from Brazil, Singapore, India and Japan; and two publications with no specified country of origin.

To the researcher's knowledge, currently there is one recent similar study from China but no qualitative study done in Ethiopia describing the psychological experience of COVID-19 tested positive people's lived experience while in hospital or afterwards. Thus this study aimed on exploring the participant's perception about being COVID-19 positive before admission to the hospital, the experience during the admission period and the encountered psychological stressors. It is aimed to convey insight about the lived reality for the community in general and to show possible areas of focus in the treatment.

The study has focused on exploring the risks for psychological stress associated with novel coronavirus outbreak, and its effective communication to build psychological resilience among those infected or quarantined, emergency health workers and the public.

In summary, this study has attempted to answer the question "what it meant to be COVID-19 positive and being hospitalized in Ethiopian setting?" and tried to convey information about the lived experience of being COVID-19 positive, hospitalized, the coping and resilience from the patient's perspective through their voices.

## **3. Research Aim:**

The research aims at exploring and describing the psychological experience of confirmed and hospitalized COVID-19 cases in Ethiopian setting.

## 4. Objectives:

### 4.1. General objective:

To explore and describe the psychological experience of COVID-19 tested positive people in Eka Kotebe hospital.

### 4.2. Specific objectives:

- Describe the immediate psychological impact of being COVID-19 tested positive
- Describe psychological experience of being hospitalized and day to day life in isolation.
- Explore perceived resilience and ways of coping with challenges of being infected with contagious deadly virus, COVID -19.

5. **Research question:** What is the psychological experience of COVID-19 positive and hospitalized patients?

## 6. Methods

### 6.1. Research design and sampling

The study applied qualitative phenomenological research design. This approach was chosen as it is concerned with the lived experience of individuals and aims to describe and explore the meaning of the experience guided by semi structured in-depth interviews.

Participants were recruited using non-probabilistic heterogeneous purposive sampling technique from the records in the hospital. Study subjects are those who are confirmed cases of COVID-19 infection, admitted to the hospital, consented to take part in the research, speak Amharic language fluently and on stable medical condition.

### 6.2. Study area:

The study was conducted in Eka Kotebe General Hospital; Addis Ababa.

Inaugurated on October 1, 2019, the hospital was a psychiatric treatment centre with over 100 inpatients. This recently built facility was hurriedly transformed through significant reconstruction into a place where individuals suspected of having symptoms are quarantined and those with confirmed cases are treated. The Hospital has currently 54 medical doctors and 150 nurse staff.

As of the writing of this thesis, more than 3000 infected and suspected patients have entered the facility. Most patients have recovered and returned home. So far, close to 100 patients have lost their lives (<http://www.moh.gov.et/>).

### **6.3. Data collection:**

Data collection took place from July to mid-August. Due to COVID-19 protocol requirements for prevention control of the epidemic, interviews were conducted by telephone. An assistant who is a staff working in the hospital was communicated to forward patient's data records and to take appointments on their convenient time for the interview. Semi structured qualitative individual phone interviews were conducted guided by topic guides which were prepared in advance. Meanwhile, participants were encouraged to speak freely and initiate discussion about those issues most pertinent to them. Each Interview took 40 to 80 minutes and was recorded using smart phone application after securing permission from the participants.

### **6.4. Data analysis:**

Analysis commenced in a month through data collection. From a total of 11 participants four of the interviews were not included in the result due to the poor quality of the recorded audio in the two and the two further interviewees were data repeats added to ensure no new information appeared after theoretical saturation was achieved.

The audio recorded in-depth interviews were transcribed in Amharic and translated into English. Selected translations were compared with the original Amharic text by a colleague who is fluent in both Amharic and English languages. A total of 96 pages of translated material resulted from the in-depth phone interviews. Transcripts were coded and analyzed using thematic analysis.(Jack Caulfield, 2019,September 6). Line by line manual coding was conducted and the main topics covered by the interview guide have also contributed in the process of data analysis and developing themes. Three major themes emerged with 9 sub-themes and 1 sub-sub-theme.

## **7. Ethical considerations:**

Before data collection ethical clearance was obtained from Department of Psychiatry College of Health Science, Addis Ababa University. In addition, ethical approval from Eka Kotebe General Hospital was sought and granted. Participants were informed the purpose and nature of the study, confidentiality, the freedom to opt-out of the study at any stage. Verbal consent was sought and secured. Participants are denoted by a letter and numerical representation in the research. Confidentiality was kept at all levels. During data collection, there was no acute medical or psychiatric condition encountered.

## 8. Results:

Baseline characteristics of the study participants:	
Number of participants	11
Number of participants included in the results	7
Sex	4 Females 3 Males
Religion	1 Islam 6 Christianity
The age range	26-45 years
Marital status	5 married 1 divorced 1 single
Level of education	5 <sup>th</sup> grade - Medical Specialist.
Address	6 from Addis Ababa 1 from Hawassa city
Duration since declared positive	12 days - 4 months.
Status at time of interview	5 at home after discharge 2 still in the hospital.

- In general, the results fall into three major categories that illustrate patient's knowledge and understanding of the disease, their individual subjective experience, coping strategies and resilience during psychological challenges encountered.

## **8.1. General understanding regarding the disease**

### **8.1.1. What COVID-19 (Corona) meant:**

Most of the participants seemed to have ample understanding of what it is and how it is transmitted where they replied more or less similarly describing that it is a disease caused by a virus transmitted from person to person by physical contact or via air droplets, by not keeping personal hygiene, not wearing masks, not keeping social distancing with people of unknown COVID-19 status.

In parallel to this, there was an expression where its effect as a disease can be fought against through boosting the immunity by drinking alcoholic beverages and eating some types of food or vegetables.

*“I am not sure, but last time I heard on the radio that they think when you eat some spicy food, garlic, ginger and the like, it gets better, that is what I heard. And when you eat hot things its power is reduced”* (P4, 26 years old female, level of education 7<sup>th</sup> grade)

### **8.1.2. Spiritual perspective:**

Most of the expressions reflect that it was religiously predestined to occur.

One of the expressions goes like this *“...but it was written that everything is possible to God so there was both the power and strength but then it is because it was mandatory that God be praised by this that it happened. It is hard for me to say I was infected; it is also hard for me to say I didn't have it. So even with that, we don't just believe a Christ that we see; there is also what is not seen. It happened to me so that I could be closer to God more than I was, because he wanted to strengthen my faith”* (P4, 26 years old female, level of education 7<sup>th</sup> grade)

Another statement deems it as a bad spirit *“what can I say, forgive me but I think corona is a spirit not a disease, it is a spirit, and a spirit is something when you think it is somewhere, it won't be there, when you think it is here, it is there, when you think it is there, it is here, I don't even believe it when they say it can be seen with the eye through the microscope, and when I look at it from my religious view, it is a spirit.”* (P6, 37 years old female, level of education 10+1)

## **8.2. The individual experiences**

### **8.2.1. What it meant to hear the news:**

Most of the respondents had initial denial and uncertainty about the result when they were told of being tested positive for COVID-19.

Telling about her feelings by the time she was told the bad news, one participant stated *“...of course for many people there is a kind of fear but when I heard it for the first time, I couldn't believe it, I didn't accept that I had it”* (P6, 37 years old female, level of education 10+1)

Another participant expressed her refusal to accept the fact *“By then, I didn’t think that I had it to begin with and since we were told not to get re-infected there, I take my own caution in the quarantine”* (P2, 31 years old female, level of education BSc degree)

Similarly here is what another respondent had to say *“I didn’t expect I would be positive, so I was a little startled, and I had difficulty believing the result, I had denial, I was asking to repeat the test”* (P7, 31 years old male, level of education Medical specialist)

On the other hand, one patient didn’t believe the news because she has not noticed any symptoms

*“They told me I have it, that my blood isn’t good, I didn’t think of corona, there is nothing that I felt, I had nothing”* (P4, 26 years old female, level of education 7<sup>th</sup> grade)

### **8.2.2. Emotions and reactions:**

All except two patients expressed emotions of fear, anger, and anxiety after knowing their status as illustrated below by one of the participants

*“I was waiting in fear before the ambulance came and took me with the wailing siren on. I used to look at my body. I lift up my trousers and looked at my legs, I touched my abdomen. I was thinking of me being rushed in the hospital and then oxygen, glucose and stuff being put on me right up on arrival. Because you will think you will die, you will be touching your body and looking around thinking that you are going to death, it disturbs you inside and although you are not alone, there isn’t at least a doctor who would tell you not to worry, they will just let you in the ambulance and the driver gets in an that’s it. There was one another patient who has lung disease and it gets me mad that I went with him, he was sick and in bed, he coughs and we were in the same ambulance...I was sweating a lot and my tongue was dry and when we asked for water via the window into the front sit, they shut the window and said “it’s when you arrive, sit properly. How dare are you to open the window?” I was soaking in sweat coming out of my body from my legs to my head. I was sweeping it with my hands. You would think that you are going to death but well thank God and God bless the doctors, it is a different story when you get in there”* (P1, 45 years old male, level of education 10<sup>th</sup> grade)

One woman expressed her stress and disappointment about the situation when she was taken to the quarantine. *“I was very scared when he told me and since I have family and kids and I had close contact with them. So that was even scarier....they came to my work place to take me, they were so many and I was just one person. The noise they made, the way they handled the people there and stuff was very disturbing.”* (P2, 31 years old female, level of education BSc degree)

Another patient said *“When I was about to go into operation, they told me that I can’t because I have got corona. I panicked a lot, I felt like was going to die right there, I didn’t even think that I would be able to go back home”* (P4, 26 years old female, level of education 7<sup>th</sup> grade)

There was expression of anger as well *“At that time I was very angry because I was waiting for long but what I finally got was being infected with the virus, I had been waiting with hope for a whole year for the*

*surgery... I am sure that I got infected there because I didn't have contact with anyone. I was admitted to Tikur Anbessa hospital for 1 month and 26 days waiting for surgery and undergoing different investigations and getting ready for surgery” (P6, 37 years old female, level of education 10+1)*

On the other hand, there were two respondents that expressed indifference “...Of course by the time they called and told me, I had a bit feeling of...of a concern. But apart from that, I felt nothing. There was my cousin with me though, and he was crying and stuff, he was disturbed. He was the one who was disturbed more than me” (P3, 28 years old male, level of education 5<sup>th</sup> grade)

“...Since I didn't experience any bad feeling, what can I say about it” (P5, 35 years old female, level of education 7<sup>th</sup> grade)

Almost all of the responders described about their worries and concerns with regard to the stigma and discrimination and feelings of abandonment and loneliness.

One respondent felt like he was betrayed by the community “...my friends, people whom I were very close to, who I considered like a family, people whom I thought would be concerned for me, with whom I have eaten and drunk together, grew up together, have been accusing me of concealing my status and spreading it to others deliberately. They said “he has paid for a month at a hotel and he stayed there and he has not met with his family” even though my family was tested negative on the 3rd day. ....my little kids when they go out to buy something from shops in the neighborhood, there were encounters were they were denied of services up to the level of being discriminated against. For me what made the disease a disease was the discrimination put out against my family, friends or even co-workers I spend time with” (P1, 45 years old male, level of education 10<sup>th</sup> grade)

Another respondent had to conceal her status in fear of stigma she had imagined to incur “...out there, there are people who are even scared of touching the metal we touched, and if they are scared of touching the metal, I am afraid what kind of reaction would they have if we told them we got infected... apart from my family and one of my neighbors, there is no one in the neighborhood who knows that I was infected and got out after recovery. Like I told you before, I had follow-up at a hospital. So their impression is that my stay at hospital was for the surgery and the surgery didn't take place.”(P6, 37 years old female, level of education 10+1)

Concerns regarding the long term health consequences and safety of family members were also among the mentioned stressors. “The disease never made me worry, maybe my family; my family is the one, I mean I am the one who works every day and does everything for the kids, if I don't work and do provide for them, and since we don't have any kind of potential support...so maybe their issue worries me.” (P3, 28 years old male, level of education 5<sup>th</sup> grade)

These are expressions of concern about the disease symptoms and the long term consequences “...because we don't have detail knowledge about the disease's long term complications, that used to worry me, I was scared of the long term consequence and complication of the disease” (P7, 31 years old male, level of education Medical specialist)

*“I read somewhere that people who have recovered may suffer from some form of brain problems latter in their life....I had a bit of a headache, I don’t know if it is the stress or not, but I didn’t have other illness. That had really got me concerned but there is nothing till now.”* (P2, 31 years old female, level of education BSc degree)

### **8.2.3. Perceived perception of others:**

A common observation was that patients were afraid of stigma, discrimination, and abandonment. *“Of course you will get uptight to get close to the one who has got it, you have to be uptight, you have to be careful, it is very scary to get close to someone who has corona”* (P5, 35 years old female, level of education 7<sup>th</sup> grade)

Here is what one has encountered while departing from the hotel he was at and his observation about peoples reaction over time. *“At the hotel where I was in, I remember people panicking and being fearful to touch my things, to even give me a hand to carry my luggage. I also saw people distance themselves and backing off from me... there were some physicians I know who work at the COVID center and they were telling me that people were asking them what kind of people those that got it were, as if they are different kinds of people, and sometimes from the inside we observed the reaction of people who pass by on the street outside and they were seeing us with a pity like someone who is going to die or as if we were very different kinds of humans...although now the disease is spreading, I think people’s reaction is getting less and less. I think the reaction in the community is changing over time.”* (P7, 31 years old male, level of education Medical specialist)

One participant mentioned how the community improvised on her COVID-19 status *“Well the society was first terrified of it due to the way it was told of its danger and its transmission, but since I was taken from my work place and the since neighborhood has not notified, there wasn’t much pressure that happened to my family or me from the community though there were rumors that I heard after I got out. They talked as if I had known it from the beginning and deliberately concealed the information.”* (P2, 31 years old female, level of education degree)

### **8.2.4. Experience in quarantine:**

Initially most patients expressed sense of relief up on arrival to the center as compared to their expectations

*“What I thought of quarantine before I got in was like an ICU. What I thought was that many things like glucose, ECG would be done and many different medications would be given to prevent the disease and if my condition got worsened and if I die there, the government will bury me immediately so that others won't get infected...after I got in there, how should I put it, it was like heaven. I stayed for 26 days and I wasn't even given a pill”* (P1, 45 years old male, level of education 10<sup>th</sup> grade)

There is a praise and gratitude for the health care providers as well

*“Here in Amanuel they are very nice; I haven’t expected it to be like this while I was outside. Before entering, I heard that they don’t even have water to drink. But it is not like that. The care that all the nurses provide is impressive; they even take those who are weak to the toilet.”* (P3, 28 years old male, level of education 5<sup>th</sup> grade)

There was another complementary expression *“Support in the center is very good, they really take care of you and the doctors are really good they visit you regularly”* (P4, 26 years old female, level of education 7<sup>th</sup> grade)

Expressing her impression up on arrival at the facility one respondent said *“At first I thought that it was a place where there is treatment and I thought I will be treated until I recover and leave. But what I understand after I got in there is that it is just a place to isolate people so that they won’t transmit it to others. It is only if you get to a severe level that you could be transferred to the ICU and get closely followed.”* (P2, 31 years old female, level of education BSc degree)

During the stay the majority of patients took the initiative to adjust themselves psychologically through socializing, connecting with their own morality or beliefs and diverting attention. *“I spent most of my time either reading books or watching movies, I also was trying to contact with people around me to socialize”* (P7, 31 years old male, level of education Medical specialist)

*“I didn’t have anyone but I had water that was prayed up on and I used to drink that. I used to wake up in the morning and drink the water and I call up on God that he would help me and that was my routine”* (P4, 26 years old female, level of education 7<sup>th</sup> grade)

One patient emphasizes how socializing helped him ease the stay *“In my 26 days stay there, I don't think that I have spent a single day in depression. You make friends there, we were 5 in one room, one of them is from abroad, and one of them was from here in Addis, We became familiar with each other soon and started friendship. We used to joke and play around and it was at five or six o'clock that we used to even go to sleep because we were having good times.”* (P1, 45 years old male, level of education 10<sup>th</sup> grade)

Here is another statement complementing the role of socializing *“I spent most of my time not with critical patients at the 3<sup>rd</sup> floor where my bed at, but down at the 2<sup>nd</sup> floor. We had a good social relation with people there and I didn’t stay at a place for a long time, I used to move around as it was stressing to be with critical patients.”* (P6, 37 years old female, level of education 10+1)

There are some observations of emotional and behavioral change towards the end of the stay. These emotions were of mixed positive and negative types

Dysphoria and Irritability were among the observed emotions *“...meanwhile, people began to get frustrated and asking for discharge. I saw some people who were irritable and showing aggressive behavior like trying to fight with the physicians that were there.”*(P7, 31 years old male, level of education Medical specialist)

Others were hopeful and happy *“When I see people recover and leave, I felt very happy. I used to think and say “that will be me tomorrow””* (P4, 26 years old female, level of education 7<sup>th</sup> grade)

*“Watching people survive it and leave the place was a great relief for me. So I used to thank God, that was my greatest happiness...I relate it to myself with a kind of hope. Because I believe that if they leave, then God will help me leave too.”* (P6, 37 years old female, level of education 10+1)

There was social sharing of emotion *“...There was one guy whose hand was amputated here. When they told him saying “you have recovered, you will leave tomorrow”, I was very happy, It felt like it was told to me rather than to him”* (P3, 28 years old male, level of education 5<sup>th</sup> grade)

### **8.2.5. Expectations and uncertainty of the effect into the future:**

All of the respondents mentioned their worries about the possible impact of the disease on the finance, health, personal plans and social life

*“What I think is that it will be over after causing many negative impacts. I expect the pandemic to keep in increasing that many people may die. I expect more and more people are going to get infected and more will die...I have many plans but I have pushed my plans to after some time. But I think I will make it happen eventually”* (P7, 31 years old male, level of education Medical specialist)

Expressing a change in attitude, one respondent stated *“...well at first I wasn’t as much cautious as I am now. After it happened to me, I became very careful not to get into this kind of situation again.”* (P2, 31 years old female, level of education BSc degree)

Another respondent imagines how he might be impacted at his work

*“May be at the workplace my co-workers will be uncomfortable and vigilant and that will affect the work environment...in general, it has created a great pressure on our lives but even if that, we shouldn’t lose all our hope, you can still fulfill 25% or 50% of the things you thought you would do and achieve”*(P3, 28 years old male, level of education 5<sup>th</sup> grade)

Effect on the economy was also mentioned as one source of stress *“...but now because of COVID, medications aren’t abundant in public hospitals. So we buy it from private pharmacies. So I worry a lot about the economy. I still do.”* (P6, 37 years old female, level of education 10+1)

Providing family was also a source of dismay *“The concern is that it creates a constraint on our earnings and due to that it affects my family. The society may also discriminate us in an unprecedented level”.* (P1, 45 years old male, level of education 10<sup>th</sup> grade)

### 8.3. Coping and Resilience

#### 8.3.1. Sources of resilience:

The common observation is that all the respondents had a hope of getting past through it. There were mixtures of reasons put forth as a source of strength but faith was the prominent one among all.

Here is what one respondent stated during conversation about psychological strength. *“Yes, thank God. I am strong...God makes you strong. What can you do? It is God that gives you strength.”* (P4, 26 years old female, level of education 7<sup>th</sup> grade)

Emphasizing on the advantage of religion to withstand stress one respondent explains *“I think everyone will be saved by what they believe in accordance to their religion...Had it been like what was said by the science or the media, I wouldn't have survived till now. I really thank God. I have all the hope in my religion and I believe that no stumbling stone would touch me... Let me tell you my brother, I have no one except God. I mean it's the first that comes in my mind. What I used to ask God in my prayers is to first make peoples' heart compassionate so that they could help people like us who have concomitant disease and risk of being critical patient. In my case, I am suffering from cervical cancer. So after all, I don't believe it is because of the medical help or other peoples that I got out of that situation. I think it was due to God's will.”* (P6, 37 years old female, level of education 10+1)

Two respondents consider the role of cognitive capability as a source of strength. *“...knowledge, that is the first thing to begin with. When you have a good understanding of something, you will be less likely to tremble.”*(P7, 31 years old male, level of education Medical specialist)

One patient talks about benefits of having a positive mindset *“Thinking good things is helpful, do you understand? When we keep thinking bad things in our mind, things will always go to the bad and we can never think of good things. And that in my opinion, keeps on pushing us towards that negative state of mind. If you lose hope due to what has happened, then I think you have psychological problem.”* (P3, 28 years old male, level of education 5<sup>th</sup> grade)

Similarly he explained how he uses his background history and the challenges during his upbringing as a resource to cope *“most of the times things don't bother me much. I think that this has some relation with how I grew up as a child. I was not nurtured and raised by my family, I grew up alone and I have endured and learned from many problems that have happened to me and others. That has made me strong. You see, when you pass through though situations and when things challenged you, you will gain strength.”*

One respondent says it could be environmentally shaped and naturally determined for people to have a difference in resilience

*“There are those who can't withstand problems and there are those who can. For example; during my arrival to the hospital, there were people who cared and comforted us by saying very positive things, you know, peoples' hearts are not the same. There is a strong heart as well as those who lose hope easily ...there could be a problem during upbringing. I mean some people may be raised by frightening parents.”* (P4, 26 years old female, level of education 7<sup>th</sup> grade)

Others put out the government or their role models in life as their inner source of hope and resilience

*“I think my mother can be a role model for this, she passed through many difficulties, she made us get here, and she has paid many sacrifices and passed through challenges not giving up early to struggle for something that she has held as a goal. I have learned these.”* (P2, 31 years old female, level of education BSc degree)

Counting on the support he receives at the hospital one respondent stated *“I don’t think I am a strong person. You know why; it’s because I am a kind of person who is afraid of illnesses. The only thing I had had a hope in at that time was the government, that’s it. It was only on the treatment and the doctors that I relied.”* (P1, 45 years old male, level of education 10<sup>th</sup> grade)

### **8.3.2. Ways of coping:**

The majority of patients took the initiative to adjust psychologically through diverting attention, *communicating with the medical staff, family members and other loved ones.*

*“To have emotional strength and stability; you have to share your feelings instead of being hidden. Saying I am feeling this and that what it is that you’re feeling and telling it to not just health professionals, but your friends, people close to you, your family...I was just used to ask the doctors and they tell information like “take care of yourself, do different exercises, get rid of stress from inside you, you don’t have concomitant illness, if you have concomitant illness we will give you medication.” On the 7<sup>th</sup> day, after a week, all the bad feeling disappeared”* (P1, 45 years old male, level of education 10<sup>th</sup> grade)

Another complementing statement reads *“...I benefited from the support we had to each other, saying hang on to each other, comforting and soothing each other during stress. People even used to tell me via phone that they are praying for me and that was so relieving for me.”* (P2, 31 years old female, level of education BSc degree)

She added saying *“...to cope up with the problems the first big thing is sharing your feelings with others. I tell my family and my mother. I talk to my mother most of the times. I pray and I do these kinds of things”.*

One respondent stated that he used to engage himself in activities like assisting health care providers there and that in a way has helped him to cope up with the situation there.

*“I spent most of the time either reading books or watching movies, I also was trying to contact with people around me to socialize. I also saw some ultrasounds and x-rays and tried to support the physicians.”* (P7, 31 years old male, level of education Medical specialist)

One patient describes how her stay looked like and how she was helped to bow

*“...when we make tea, we drink it together, some use social media, the pregnant woman reads books and we also used to talk about our past life experiences”* (P6, 37 years old female, level of education 10+1)

### **8.3.2.1. The moral lessons and opportunities:**

All the respondents expressed their take away from their experience with COVID- 19 and reflected on their outlooks “...if I was to face a bigger problem in the future, this would help me to go through it along with God. I think that I took experience from this.” (P6, 37 years old female, level of education 10+1)

One participant emphasized the significant impact of culture on psychological adjustments and the social support of patients

*“Aside from the narrative about the cooperation and kindness in our culture which would have been a very good thing, when it comes to diseases especially with corona, our culture is very much hurtful... nobody showed empathy at that time. At least up to the 7<sup>th</sup> day. They just ask who you were with, where you were, what it is like to be infected in order to just clear their doubts and to fill in their insecurities. Then they just will leave you as if you are already dead as if you are gone. There were only very few unexpected people who were concerned and tried to understand about what I was going through and tried to empathize.”* (P1, 45 years old male, level of education 10<sup>th</sup> grade)

As a corollary to this, concern about the social interaction and opinion to changes in cultural value was also noticed

*“...I think our culture and the social interaction we have like living together, eating together, going around together, doing many things together and the funerals, weddings and so many of our lifestyles would make us liable for these kinds of diseases...I think the biggest lesson I learned from COVID-19 is equality among human beings all over the world. I think this is a disease that equally treated us. It has equally affected both the developing and developed countries. And I think it will change our view of life to some extent, about life itself and about the way we live. In a way that my living is important for you to live and my mistakes, negligence or reluctance could hurt another person. It shows how interdependent we are...wearing mask; using sanitizer and the stuff might continue as a lifestyle into the future and may help us to reduce other diseases.”* (P7, 31 years old male, level of education Medical specialist)

Another participant put forth her opinion about exaggerated responses and deficit in the virtue of courage *“I think culturally we have deficits in the virtue of having a positive mind set as well. We panic and exacerbate things...I think there is a big lesson if we can learn from this and that is you may struggle on your own and could create something on your own but you can't win everything on our own. For that you need to thank God who could do things and guides us on how we live.”* (P2, 31 years old female, level of education BSc degree)

## **9. Discussion:**

This qualitative study explored the psychological experience together with coping and resilience of covid-19 tested positive people using phenomenological methods. The patients appeared to be comfortable during the conversation despite being interviewed through the phone. The findings are summarized into 3 themes: general understanding of the disease, the individual psychological experiences, coping and resilience.

In this study, a common observation was that most of the participants did have fair knowledge and understanding of the disease including its mode of transmission. Nonetheless, the findings also identified cultural description and spiritual beliefs of the disease entity.

As this study is assumed to be the first of its kind inquiring into psychological experience of people during a time of epidemic in the country, it was not possible to make direct comparisons with other local studies. However, a recent similar study in China shows experiencing of fear, denial, and stigma among Confirmed COVID-19 cases. (Sun et al., 2020)

The majority of respondents reacted with shock and disbelief to hearing the news initially. Subsequently, some individuals persisted with the denial pointing out different reasons for their disbelief. Not having any symptom is the primarily observed reason for the persistence of their denial. In addition, patients' had sense of unreliability on the test result which led them to confrontation but eventually to acceptance and even appreciation of their experience which reflected the patient's gradual course of adjustment.

The stressors of the patients noted in this study were the way they were told the news and the way they were approached during hospitalization, the disease itself and its possible long term consequence, concerns regarding family health and economic stability, worries about the diversion of stigma and discrimination that they have encountered towards their family, and possible risk of losing job security afterwards which led to changes in their mood and behavior. The emotional experience of patients during the early stages of the disease included fright, anger, anxiety, and concern.

Despite the imagined illness to incur in the quarantine, patients sighed in relief and quickly adapted to the situation given the healthcare support they received, objective observation of the progress of their condition with the reality inside, self-psychological adjustments and social interaction with family members and other patients within the quarantine. The nature of social interaction and support within the quarantine and level of restriction imposed on inpatients in this research may be attributable to the contrary findings of a recent similar research from China that indicated quarantine led loneliness, anxiety, helplessness, and depression (Sun et al., 2020.) and from other previous reports of other epidemic diseases (James, Wardle, Steel and Adams, 2020).

The favorable transformation of emotions up on arrival to the treatment center may indicate the importance of accurate health information in reducing stress, anxiety, depression, and the psychological impact of the illness (Wang et al., 2020a) and implies that emotional guidance by promoting acceptance of the disease at an early stage is critical. (Sun et al., 2020.)

Another astounding observation from this study is how deficit in dependable information may contribute to the added burden of the disease itself. All study subjects have either encountered stigma or are worried about the perceived perception of others. The level of stigma ranges from denying attention to their concerns up to cutting off ties, alienating and abandoning them and their loved ones. This has impacts rooting in to the extent of concealing their COVID-19 status.

Participants showed mixtures of emotion towards the end of quarantine stay which included anger, boredom and irritability towards the health care workers and others were at ease, hopeful and excited.

These emotions were mostly associated with missing loved ones at home, boredom due to staying long while having no disease symptom and urge to be discharged after seeing others leave the place after recovery. This is another distinguishable finding of this study from a research in China which shows predominantly positive emotions of patients before discharge. (Sun et al., 2020.)

Despite the aforementioned stressors and sour emotional experiences, all the study subjects displayed strong resilience and coping mechanisms. Participants considered different factors contributing for their resilience. These include the role of having a cognitive capability to understanding the disease and setting up a positive mindset, lessons learned from wisdom of their role models in life or adverse experiences during early life. For others resilience is naturally gifted and environmentally framed ability to endure life adversities. While for one participant the support they receive from the government via the health care providers was the reason to stay stable and strong. Amongst all these, the most prominent and inclusive for all the study participants to endure the psychological challenges is the major roles played by religious believe and practices which is rarely mentioned in other studies.

All the study subjects mentioned using some form of coping mechanisms which included taking advantage of the social support by engaging themselves in group and pair conversations and practicing spiritual rituals together. Others strive through Self-adjustment efforts by taking a role in the care provision, doing physical activity, reading books, watching movies, calling close people and sharing feelings as their routine in the quarantine. As such, the personalized psychological experience of each patient with their different characteristics should be monitored during the process of clinical diagnosis and treatment.

Most participants expressed the moral lessons gained from their experience with COVID- 19 and reflected on their outlooks. There are concerns about the exaggerated reaction and the rapid evaporation of the virtue philanthropy within the community. Yet there are also prospects of appreciating the disease for the opportunity its after effect entails in changing the culture and lifestyle. As such, personal precautions against COVID-19 remain to contribute in the reduction of other infectious diseases in the future. Likewise, it is cherished for the resilience gained and for creating an insight in realizing the equality among humanity.

## **10. Strength and limitation:**

The major strength of this study is its ability to provide firsthand insight into the psychological experience of being COVID-19 positive in Ethiopian setting.

Diverging from the existing most retrospective qualitative studies, this study is timely which reduces recall bias and collected the psychological experience data of the participants at different disease stages resulting in comprehensive and authentic data with deep understanding of their lived experience.

The results of the present study promote understanding of the language and behavior of patients with COVID, enhance communication and inspire to denote interventions targets.

Considering the telephone interview while observing the COVID protocol during data collection may hinder physical cues of the psychological experience.

## **11. Conclusion and recommendation:**

The COVID-19 pandemic has caused emotional distress among the patients. The majority of patients had heightened emotional reactions initially which subsided quickly after reaching and realizing the reality in the quarantine. Patients had mix of both positive and negative emotions toward the end of quarantine stay attributable to the excitement with the approaching due date of discharge and disappointment for staying long without any disease symptoms respectively. Thus timely psychological interventions can promote the positive transformation of attitudes and emotions. The findings in this study also have some unique elements of the perceived stressors and coping strategies. The main features centered upon the stigma and discrimination, safety of family, economic stability, role of culture, religious believe and ritual practices.

Due to the characteristics of qualitative researches, this study is subjected to the issues of generalizability. In addition, this research was a short-term study. The long-term psychological experience from COVID-19 would be a valuable avenue to explore in the future.

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# Appendix

## Appendix I

### የኤካ ኮተቤ አጠካላይ ሆስፒታል ፈቃድ መጠየቂያ ደብዳቤ ( ለኤካ ኮተቤ አጠካላይ ሆስፒታል )

የጥናቱ አላማ በኤካ ኮተቤ አጠካላይ ሆስፒታል ያሉ የኮቪድ-19 ተጠቂዎችን የስነ-ልቦና ተፅዕኖ ማጥናት ነው። በዚህም መሠረት በወረርሽኝ ምክኒያት ሆስፒታል ውስጥ እያሉ እና ከወጡ በኋላ የምያጋጥማቸውን የስነ-ልቦና ጫና ፣ የሚቋቋሙባቸው ዘዴዎች እና ብርታት ያጠናል። ምርምሩን በሆስፒታሉ ከሚኙት እና ከወጡት ሰዎች ጋር ጠለቅ ያለ መጥይቅ በማድረግ ለመስራት አቅደናል። ይህ ጥናት ተሳታፊዎች ያጋጠሟቸውን የስነ-ልቦና ችግሮች እና የተቋቋሙባቸውን መንግዶች በመመርመር ግንዛቤ በመፈጠር እነሱን ለምርዳት ለሚቀርጹ መፍትሄዎች እና ተቋሞች ግብዓት በመሆን አስተዋጺ ያደርጋል ተብሎ ይታሰባል። ከዚህም በተጨማሪ ወደፊት ለሚሰሩ ምርምሮች እንደ መረጃ ምንጭ ሆኖ ያገለግላል። በዚህ ጥናት ውስጥ አካልዊና የአዕምሮ ህክምና የሚያስፈልጋቸው ተሳታፊዎች ከተገኙ በሚመለከተው የህክምና ክፍል እንዲታዩ ይደረጋል። ይህንን ግንዛቤ ውስጥ በመከተት ተቋሙ ፈቃድ እንድዲሰጠን በትህትና እንጠይቃለን።

### Explanation for omission of Pretest:

Given the Semi structured nature of the individual phone interviews which will depend on individual's subjective response, there is no specific question to be replied by the participant and there is no need for validated questioner as it is a qualitative interview which will be guided by the topic guides. The sample size is determined based on the theoretical saturation which will be inferred while data collection and analysis is being conducted.

Due to the estimated small sample size, method of the data collection which is a phone interview and the qualitative nature of the research, doing a pretest is not considered.

## Appendix II

### PARTICIPANT INFORMATION SHEET

- Hello, my name is Dagim Alemu. I am a final year psychiatry resident at the Addis Ababa University (AAU). As part of my training, I am studying the psychological experience of COVID-19 tested positive people in Eka kotebe Hospital Addis Ababa.
- **Aim:** The study aims to study psychological experience of COVID-19 tested positive people in Eka kotebe Hospital, Addis Ababa, Ethiopia.
- **Benefits:** The study may not have any direct and/ or immediate benefit to you, but your participation is very important for the outcome of the study and the positive impact it aims to create.



## የአማራኛ የጥናት ተሳታፊ የፈቃድ መጠየቂያ ቅጽ

የጥናቱን አላማ, ደህንነትን የተመለከቱ ጉዳዮች, በጥናቱ ወቅት የሚሰሩ ስራዎችን እንዲሁም ጥናቱን ተከትለው ሊፈጠሩ የሚችሉ አደጋዎችንና የሚገኙ ጥቅሞችን በተመለከተ ተነግሮኝ ፤ተረድቼ፤ ያነሳሳቸው ጥያቄዎች በሙሉ ተመልሰውልኝ፤በዚህ ጥናት ለመሳተፍ ተስማምቻለሁ ትላለህ/ትያለሽ/ ይላሉ? አዎ አደለም

### Appendix III

#### Interview Topic Guides

##### A. Demographics

A1. What is your age?

A2. Which region do you come from?

B. A3. What is your highest level of education?

C. Meaning and understanding of the infection

C1. Please tell me what you know about COVID-19, what does COVID-19 positive mean to you?

C2. What does a hospital or quarantine mean to you?

D.Experience of the participant

D1. How long have you been since you were told to be infected?

D2. How do you think you come to acquire it? Probe: relationship with family members or significant others their occupational status? Travel history to affected country?

D3. What is it like to be told COVID-19 positive? Probe: What was your perception and your reaction hearing the news, how did you handle it?

D4. Please give me an idea of what you do in typical day at hospital?

D5. How do you think society see people like you hospitalized for contagious infection?

D6. What bothers you the most while in the hospital?

E.Experience of coping and survival

E1. How do you cope with conditions at hospital? Probe: What or who helps you to cope with the bad things and feelings that happen to you? Probe: do you think you are a strong person? If so what makes you strong?

E2. What do other people do to cope with the bad things that happen to them?

E3. What kind of resource do you rely on in the hospital or at home?

E4. What are the main challenges of being COVID-19 positive?

E5. Please give me examples of problems you have had and explain how you dealt with them?

E6. How does your culture help you to cope with difficult situations?

E7. Do you believe that things could change for the better?

E8. Do you think religion has a role to play in your life?

#### F. Resilience

F1. Have you heard of the concept resilience? If yes, what do you think the meaning it has to our own context?

F2. What do you think the relationship between coping and resilience? Do you think they are different or the same?

F3. Do you think people have the capacity to remain resilient to problems they face during epidemics?

F4. What do you think people would feel or face, if they lack resilience in times of epidemics like COVID-19?

F5. What are the unconventional tactics and resilience resource people at hospital use? Probe: calling to their loved ones, exercising, making friends, using substance to relief themselves any other ways?

F6. What pro-social, normative, resilience –promoting mechanisms contribute strongly to people rebound from adversity and distress? (Probe: such as reciprocating support, asking for help)

F7. What are the values that you think people are deficient in order cope with COVID-19? Probe: such as religiosity and purposeful regulation of behavior)

#### G. Psychological problems general

G1. Have you experienced any psychological problems? If yes what kind of problems? Probe: what bring about most of the problems?

G2. What are the common types of psychological problems you see on others and how do they differ from yours?

G3. Have you experienced trauma of any sort when hearing the news?

G4. Have you ever seen or heard of a patient to have died of COVID-19 in hospital? If yes please mention the situation and how you perceived it?

G5. What did it meant to you seeing people leaving the hospital recovered?

G6. Have you ever been disrespected, harassed or mistreated by the police, health care workers or others during hospitalization and afterwards? If yes, please mention the specifics

G7. What reason(s) is/are do you think for others to mistreat or harass you? Probe: because they consider people like you to be potentially dangerous to the public or you are responsible for the spread of the epidemic?

H. Psychological problems specific

H1. Have you experienced boredom, hopelessness, difficulty concentrating or guilt after knowing your status with COVI-19?

H2. Where there a point in time that you felt you better off dead? If yes, tell me more

H3. Have you encountered difficulty with sleeping? If yes, tell me more

H4. Have you experienced that your life is under threat to the extent that caused intense fear, helplessness, or horror to you with repeated, distressing memories, or dreams related to being COVID-19 infected and being hospitalized? Are you afraid of thinking or talking about it?

H5. Do you worry excessively or uncontrollably about minor things than you were before the infection?

H6. How is your behavior change after you were taken the hospital? (Probe: do feel happy, okay, Irritable or anger? How does that affect your mood?

H7. What do you think would be the consequences/risks of being infected by COVID-19 on your health, social, economic and psychological situation? (Probe: give me some example; have you saw that...)

I. Future aspirations

I 1. What are your dreams for the future?

I 2. How would you make your dreams come true in the time COVID-19 epidemic?

I 3. What does it mean to you when other people get recover and discharged?

I 4. Are there any stories you can tell of people who were in difficult circumstance but are now successful in life? What do you make of that?

I 5. What things can corona virus teach us about life?

Thank you.

**የቃለ-መጠይቅ ርዕስ መመሪያዎች**

ሀ. የተሳታፊ መታወቂያ: -

ሀ1. እድሜህ/ሽ/ዎት ስንት ነው?

ሀ2. ያታ?

ሀ3. የጋብቻ ሁኔታ

ሀ4. ከየትኛው ክልል ነው የመጡት

ሀ5. ከፍተኛ የትምህርት ደረጃ?

ሀ6. ስራ?

ሀ7. ሀይማኖት?

ለ. ስለበሽታው የለው ግንዛቤ: -

ለ1. ስለ ኮቪድ-19 ምን ያህል ያዎቃሉ? የሚያወቁትን ያጫወቱኝ

ፍንጭ: - በበሽታው መያዝ ማለት ለእርስዎ ምን ማለት ነበር?

ለ2. አንድ አግልሎ ማቆያ ቦታ ወይም ሆስፒታል ማለት ለእርስዎ ምን ማለት ነው?

ሐ. የተሳታፊው ተሞክሮ: -

ሐ1. በቫይረሱ (ኮቪድ-19) እንደተያዙ ከተነገረዎ ምን ያህል ጊዜ ቆይተዋል?

ሐ2. ስለ ኮቪድ-19 ቫይረስ የሚያወቁትን ያጫወቱኝ፤ እንዴትስ ተያዝኩ ብለው ያስባሉ?

ፍንጭ: - ከቤተሰብ አባላት ጋር ያለው ግንኙነት ወይም ከሌሎች ሰዎች ጋር ያለው ግንኙነት? ከስራ ባህሪያቸው ጋር በተያያዘ? ቫይረሱ (ኮቪድ-19) ወዳለባቸው ሀገራት የተደረገ የጉዞ ታሪክ?

ሐ3. በኮቪድ-19 መያዝ ማለት ለእርስዎ ምን ማለት ነበር?

ፍንጭ: - ዜናውን ሲሰሙ ምላሽዎ ምን ነበር? ስለበሽታው የነበረዎ አመለካከት እና ስሜት እንዴት ነበር? እንዴትስ ተቀበሉት?

ሐ4. በሆስፒታል ቆይታዎ የተለመደ የቀን ውሎዎን ያጋሩኝ

ፍንጭ: - ለምሳሌ ከጥዋት ጀምሮ እስከ ማታ ምን እንደሚሰሩ ሀሳብ ይስጡኝ?

ሐ5. ህብረተሰቡ በተላላፊ ኢንፎርሽን ምክንያት ሆስፒታል የገቡ ሰዎችን የሚያየው እንዴት ነው?

ፍንጭ: - እንደ እርስዎ ያሉ በ ኮቪድ-19 የተያዙ ሰዎችን የሚያየው እንዴት ነው ብለው ያስባሉ ?

ሐ6. በሆስፒታል ውስጥ እያሉ በጣም የሚያሳስብዎት ወይም የሚረብሽዎት ነገር ምንድን ነው/ነበር?

መ. የመቋቋም እና የመቆየት ተሞክሮ: -

መ1. በሆስፒታል ወይም በማቆያ ቦታው ውስጥ ያሉትን ሁኔታዎች እንዴት ይቋቋማሉ?

ፍንጭ: - የሚያጋጥምዎትን መጥፎ ነገሮች እና ስሜቶች ለመቋቋም ምን ወይም ማን ይረዳዎታል ?

መ2. ጠንካራ ሰው ነኝ ብለው ያስባሉ? ከሆነ ጠንካራ የሚያደርግዎት ምንድን ነው?

ሌሎች ሰዎች የደረሰባቸውን መጥፎ ነገሮች ለመቋቋም ምን ያደርጋሉ ብለው ያስባሉ?

መ3. በሆስፒታል ወይም በቤት ውስጥ ቆይታዎ ይደርስልኛል ብለው የሚያስቡት ሰው ወይም አካል ማነው?

መ4. በኮቪድ-19 የመያዝ ዋና ዋና ችግሮች ወይም አዎንታዊ ተግዳሮቶች ምንድናቸው ይላሉ?

መ5. እባክዎ ካጋጠሙዎት የችግሮች ውስጥ ምሳሌዎች ይስጡኝ እና እንዴት እንደተወጡት ያብራሩ?

መ6. ያሉት ባህል በእንደዚህ አይነት አስቸጋሪ ሁኔታዎች ወቅት ለመቋቋም እንዴት አድርጎ ይረዳል ይላሉ?

መ7. ከዚህ በኋላ ነገሮች ሁሉ በበጎ መልኩ እንደሚለወጡ ያስባሉ? ፍንጭ: - እንዴት ያብራሩ?

መ8. ሃይማኖት በሕይወትዎ ውስጥ የሚጫወተው ሚና አለ ብለው ያስባሉ?

ፍንጭ: - የደረሱብዎትን ነገር ከሃይማኖትዎ አንፃር እንዴት ያዩታል?

ሠ. የመቋቋም ችሎታ: -

ሠ1. ችግርን የመቋቋም ችሎታ ማለት ምን ማለት ነው? ሰምተው ያውቃሉ? አሁን ላሉበት ችግር ምን አስተዋፅኦ የለው ይመስልዎታል?

ሠ 2. ችግርን የመቋቋም ችሎታ እና ችግርን የመቋቋምያ ዘዴዎች የተለያዩ ናቸው ወይስ አንድ ዓይነት ይመስልዎታል? በመካከላቸው ያለው ግንኙነት ምን ይመስልዎታል?

ሠ3. ሰዎች እንደ ኮቪድ-19 ላለ ወረርሽኝ በሚጋለጡበት ጊዜ ለሚያጋጥሟቸው ችግሮች የመቋቋም አቅም ወይም ችሎታ አላቸው ብለው ያስባሉ? የግለፁ/ያብራሩ

ሠ4. ሰዎች እንደ ኮቪድ-19 ባለ ወረርሽኝ ጊዜ ችግርን የመቋቋም ችሎታ ባይኖራቸው ምን ይስማቸዋል ወይም ያጋጥማቸዋል ብለው ያስባሉ?

ሠ5. ሰዎች በሆስፒታል ውስጥ ያጋጠሙ ችግሮችን ለመቋቋም በራሳቸው የሚጠቀሙባቸው ዘዴዎች ምን ምን ናቸው?

ፍንጭ: -ለሚወዷቸው ሰዎች መደወል ፣ ስፖርት መሥራት ፣ ጓደኞች ማፍራት እና ከነሱ ጋር ጊዜ ማሳለፍ፣ ችግራቸውን ለማስታገስ ሱስ ነገሮችን ይጠቀማሉ? ወይስ በሌሎች መንገዶች?

ሠ6. ችግሮችን ለመቋቋም ምን ዓይነት መደበኛ የሆነ ማህበራዊ ግንኙነቶች ይረዳሉ?

(ፍንጭ: -ለምሳሌ ድጋፍን መስጠት እና መጠየቅ ፣ አርዳታ መጠየቅ ብቻ)

ሠ7. ሰዎች እንደ ኮቪድ-19 ያለ ወረርሽኝን ለመቋቋም ይጎሏቸዋል የሚሏቸው እሴቶች ምንድናቸው?

ፍንጭ: -እንደ ሃይማኖታዊነት፣ ይሉኝታ ማጣት እና የስነ-ምግባር ችግር)

ረ. በአጠቃላይ ያጋጠሙ የስነ-ልቦና ችግሮች ፡ -

ረ1. በቆይታዎ ማንኛውም ማንኛውም የስነ-ልቦና ችግር አጋጥሞታል? አዎ ከሆነ ምን አይነት ችግሮች? ችግሮቹን ያመጣው ምንድነው?

ረ2. በሌሎች ሰዎች ላይ የሚያዩዎቸው የተለመዱ የስነ-ልቦና ችግሮች ምንድናቸው? እንዴት ከእናንተ ችግር ይለያሉ?

ረ3. በኮቪድ- 19 የመያዝን ዜና ሲሰሙ እራስን የለመቆጣጠር ወይም ከባድ ድንጋጤ ወይም የስነ-ልቦና ጉዳት ደርሶብዎት ነበር?

ረ4. በ ኮቪድ- 19 ምክኒያት በሆስፒታል ውስጥ የሞተ ሰዉ አይተዋል ወይም መሞቱን ሰምተዋል? አዎ ከሆነ እባክዎን ሁኔታውን ይግለጹ? ምን አይነት ስሜት እንደተሰማዎት? ስለራስዎ ምን እንዳሰቡ?

ረ5. ከሆስፒታሉ አገገመዉ የሚወጡ ሰዎችን ሲያዩ ለርስዎ ምን ትርጉም ነበረዉ ? ምን አይነት ስሜት ይሰማዎት ነበር?

ረ6. በሆስፒታል በሚቆዩበት ወቅት እና ከዚያ በኋላ በፖሊስ ፣ በጤና ሰራተኞች ወይም በሌሎች ሰዎች መብትዎ ተጥሷል? ወይም ያላግባብ ተይዘዋል? አዎ ከሆነ እባክዎን ዝርዝሮቹን ይጥቀሱ

ረ7. ሌሎች ሰዎች ለምን እርስዎን የሚበድሉ ወይም ያላግባብ የሚይዙበት ምክንያት ምንድነው / ለምንድነው ብለው ያስባሉ?

ፍንጭ:- እንደ እርስዎ ያሉ ኮቪድ- 19 ያለባቸዉ ሰዎችን ስለሚፈሩ ነዉ? ወረርሽኙ ህብረተሰቡ ዉስጥ እንዲስፋፋ ኃላፊነቱ የናንተ ነዉ ብለዉ ነዉ?

ሰ. ያጋጠሙ የአእምሮ ጤና ችግሮች: -

ሰ1. በ ኮቪድ- 19 እንደተያዙ ካወቁ በኋላ የሚቆይ ድብርት፣ ተስፋ የመቁረጥ ፣ ትኩረት የማድረግ ችግር ወይም ከናድ የፀፀት ስሜት አጋጥሞታልን?

ሰ2. በቆይታዎ ብሞት ይሻላል ብለዉ ያሰቡበት ጊዜ ወይም ለመሞት የሞከሩበት ጊዜ አለ? አዎ ከሆነ ፣ የበለጠ ይንገሩኝ

ሰ3. እንቅልፍ ላይ ችግር አጋጥሞታል ? አዎ ከሆነ ፣ የበለጠ ይንገሩኝ

ሰ4. በኮቪድ- 19 ኢንፌክሽን ከተያዙ እና ሆስፒታል ከመግባትዎ ጋር በተያያዘ የሚሰማዎ ተደጋጋሚ ትዉስታ ፣ ቅዠት፣ አሰቃቂ ፍርሃትና ጭንቀት ፣ ወይም ህይወታችሁ አደጋ ላይ የወደቀ መምሰል አለዎት? ስለሁኔታዉ ማሰብ ወይም ማውራት ይፈራሉ?

ሰ5. በበሽታዉ ከመያዝዎ በፊት የማያስጨንቁ ጥቃቅን ነገሮች አሁን ከመጠን በላይ ወይም ከቁጥጥር ውጭ በሆነ ሁኔታ ያስጨንቅዎታል?

ሰ6. ሆስፒታል ከገቡ በኋላ የመጣ የባህሪ መለወጥ አጋጥሞታል ? (ፍንጭ:- በጣም ደስተኛ መሆን ፣ ተናጋሪ ወይም ቁጡ መሆን ይታይብዎታል? የባህሪዎ መለወጥ መነሻ ምን ይመስልዎታል?

ሰ7. በኮቪድ- 19 መያዝዎ ወደፊት በጤናዎ ፣ በማህበራዊ ፣ ኢኮኖሚያዊ እና ስነ-ልቦናዊ ህይወትዎ ላይ ሁኔታዎ ላይ የሚያመጣዉ አሉታዊም ሆነ አዎንታዊ ተፅዕኖ ምን ይመስልዎታል? (ፍንጭ:- ምሳሌ ይስጡኝ? ተፅዕኖዉን አሁን ማየት ጀምረዋል?

ሸ. የወደፊት ህይወት ላይ የሚኖረዉ ተፅዕኖ

ሸ1. የወደፊት የህይወት ዕቅድዎ ምንድነው?

ሸ 2. በኮቪድ- 19 ወረርሽኝ ጊዜም ዕቅድዎ እንዲሳካ ለማድረግ ምን ያደርጋሉ?

ሸ3. ከሆስፒታሉ አገገመው የሚወጡ ሰዎችን ሲያዩ ለርስዎ ምን ትርጉም ነበረዎት ?

ሸ4. በአስቸጋሪ ሁኔታ ውስጥ አልፏል። በህይወት ስኬታማ የሆኑ ሰዎች ታሪኮች ያወቃሉ ? ከነዚያ ታሪኮች ምን ተሞክሮ ይወስዳሉ?

ሸ5. የኮሮና ቫይረስ (ኮቪድ-19) መከሰት ስለሕይወት ያለንን አመለካከት እንዴት ሊቀይረው ይችላል? ምን ሊያስተምረን ይችላል ይላሉ?

➤ አመሰግናለሁ።