



A qualitative study of living through the first New Zealand COVID-19 lockdown: Affordances, positive outcomes, and reflections

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ABSTRACT

This study thematically analyses free text responses from telephone interviews with 141 participants from the Prospective Outcomes of Injury Study (POIS-10/POIS-10 Māori) to explore their “lived experiences” of the COVID-19 Alert Level 4 lockdown in Aotearoa/New Zealand (NZ). Interviews occurred in March–April 2020, at which time, NZ underwent some of the most stringent COVID-19 public health measures internationally. This study provides “real time” insights into participants’ experiences and views during this time in NZ.

Many participants experienced losses, limitations, and restrictions due to the COVID-19 Alert Level 4 lockdown. Nevertheless, positive outcomes and reflections were reported alongside, and sometimes in conjunction with, the negative. Although the lockdown was limiting for many participants, some highlighted that this unique environment facilitated certain affordances including positive experiences with work, supporting others, and being supported, family dynamics changing for the better, more free time and positive reflections such as enhanced feelings of unity, closeness to others and a sense of gratefulness.

The identification of affordances facilitated by the lockdown environment has implications for future pandemic response management, as these may be leveraged by policymakers, health care practitioners and individuals, potentially resulting in more favorable outcomes in future lockdowns.

1. Introduction

At the time of writing this paper, the COVID-19 pandemic continues to pose public health challenges internationally. On 26 January 2022, the World Health Organization (WHO) reported 352,796,704 cases of COVID-19 globally, with 5,600,434 fatalities (WHO, 2022). In Aotearoa/New Zealand (NZ), 15,745 cases have been reported with 52 deaths (Ministry of Health Manatū Hauora (MOH), 2022).

NZ moved to “Alert Level 4” lockdown on 25 March 2020 in response to community transmission of COVID-19 (Fig. 1) presents a timeline of the initial NZ outbreak). Alert Level 4 mandated closure of the NZ border to all with few exemptions (Beehive.govt.nz, 2020a), stringent restrictions on personal movements, including travel, public and personal gatherings, and physical interaction, including the directive to “stay at home and in your ‘bubble’ [immediate household group]”. Further restrictions included closure of public facilities, educational institutions, and non-essential businesses (NZ Government, 2020b). As of 25 March

2020, the NZ COVID-19 response stringency level was one of the highest internationally (Hale et al., 2021).

This paper explores the “real time” experiences of an existing group of research participants during the initial Alert Level 4 lockdown in NZ. Despite experiencing negative impacts, others (unexpectedly), reported positive impacts and what we have termed “affordances”, referring to what the lockdown environment offers the individual (see Gibson, 2014 for a summary of the ‘theory of affordances’).

A quantitative study (Sibley et al., 2020) noted enhanced trust in institutions during the initial NZ lockdown compared to pre-lockdown levels. A qualitative study (Choi et al., 2021) undertaken after initial lockdown restrictions found, despite mainly negative outcomes, some low-income New Zealanders reported positive outcomes, including time for reflection and enhanced gratefulness. An online panel survey (Every-Palmer et al., 2020) found respondents experienced “silver linings” including working from home and “a quieter, less polluted environment” (p. 1). Jenkins et al. (2021) qualitatively analysed free text

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responses from this survey, noting enhanced social cohesion alongside opportunities for "...reflection and personal development" (p. 11). Our study differs in that we did not explicitly ask if participants experienced positive outcomes during lockdown. These, rather, were identified through responses to several COVID-19-related questions, lending further support to this inquiry.

This paper presents findings from qualitative analyses of "free-text responses" collected during telephone interviews occurring as part of paired studies being undertaken as the COVID-19 pandemic unfolded in 2020. The Health Research Council of NZ funded the paired studies -the 'Prospective Outcomes of Injury Study: 10 years on' (POIS-10; HRC19/344) and 'POIS-10 Māori: Outcomes and experiences in the decade following injury' (HRC19/325) following cohorts of New Zealanders recruited between 2007 and 2009 following an injury (Derrett et al., 2021; Wyeth et al., 2021). These studies aim to understand longer-term health and well-being outcomes for cohorts of NZ adults, including specifically for Māori (NZ's Indigenous population). The original POIS longitudinal cohort study began in 2007 and examined "factors leading to disability following injury" (Derrett et al., 2009, p. 1) in NZ, including for Māori.

This paper aims to describe *affordances* reported by participants in the paired POIS-10 studies during the 2020 Alert Level 4 lockdown in the hope this may usefully inform planning for future lockdowns in NZ and elsewhere. To our knowledge, this study is unique in qualitatively exploring (from free-text telephone interviews) the "lived experiences" and immediate impacts of the Alert Level 4 lockdown in NZ with participants from an existing longitudinal cohort injury study.

2. Methods

2.1. Recruitment & data collection

The POIS cohorts had been recruited a decade earlier following an injury registered with NZ's no-fault universal injury insurer, the Accident Compensation Corporation (ACC) (Derrett et al., 2009). ACC contributes to ongoing costs of recovery including treatment costs, support at home and/or work and income assistance as necessary (ACC, n.d., ACC, n.d.).

A total of 2856 participants (aged 18–65 years) were recruited to POIS (2007–2009), across five regions of NZ, including 566 Māori (Derrett et al., 2011). POIS data were collected primarily via telephone

interviews, with participants interviewed approximately 3, 12 and 24 months following the injury leading to recruitment (Derrett et al., 2011). The POIS-10/POIS-10 Māori studies began data collection in 2020, aiming to follow original POIS participants now 10–12 years post-injury. All participants provided informed consent prior to undertaking telephone interviews with a trained interviewer from a team of 14. This study received ethical approval from the Health and Disability Ethics Committees New Zealand (MEC/07/07/093/AM07) and meets the required ethical and institutional guidelines surrounding the protection of safety and privacy of participants.

Telephone interviews for the 10-year follow-up focused on understanding longer-term disability, health, and well-being outcomes, and commenced on 13 March 2020, just prior to the Alert Level 4 announcement. Upon this announcement, interviews were paused to allow participants and interviewers to prepare for lockdown. At this time, COVID-19-related questions were included in the interviews, focusing on the impact of COVID-19 on participants' health and well-being. Interviews recommenced on 2 April 2020, when all New Zealanders were in lockdown. A total of 142 participants were interviewed during this period, with all responding to the same revised script.

The COVID-19-related questions (including those with free text response options), covered participants' lockdown experiences of accessing health care, work, changes in income/financial security, "flourishing" including the ability to live well, express their culture and access things required to meet their needs, perceptions of impacts and disruptions related to COVID-19, and sources of support, alongside general reflections (see [Supplementary material](#)).

Data from the COVID-19-related questions were entered by interviewers into free text boxes using REDCap (electronic data capture tool) as interviews were undertaken. Interviewers were trained to provide verbatim quotes, and some made summarised notes or observations during interviews. Our analyses focus on verbatim quotes, with free text data collected ranging from two or three sentences to several paragraphs.

2.2. Data analysis

Data were downloaded from the POIS/POIS-10 Māori survey into an Excel spreadsheet (v.16.0), with a record for each participant. Subsequently, a thematic analysis (Braun & Clarke, 2006, 2013) was undertaken within NVivo qualitative software (v. 1.0) (QSR International,

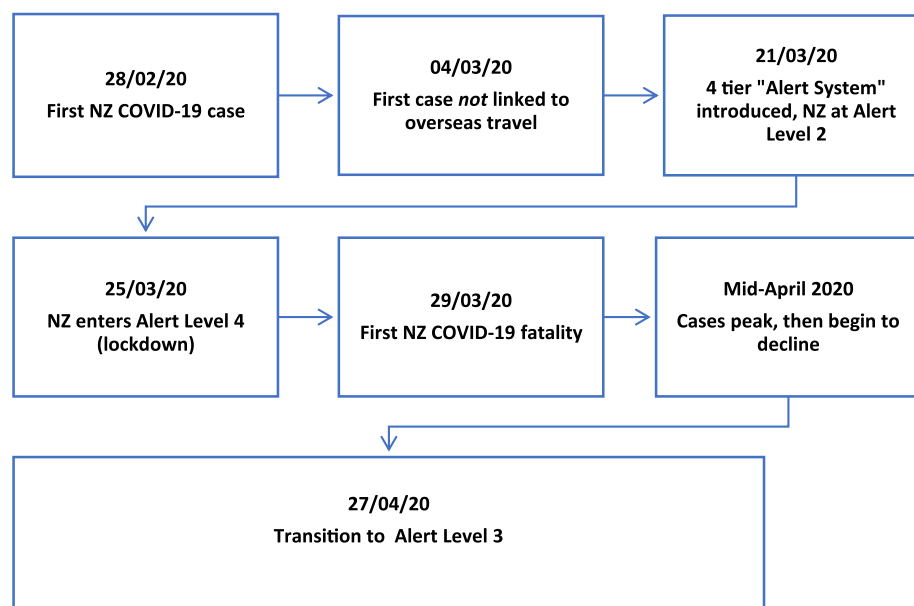


Fig. 1. Timeline of the initial COVID-19 outbreak in Aotearoa/New Zealand.

2021) using Braun and Clarke's (2006) six-step process.

Open codes were generated by iteratively reading and re-reading participant records (Swain, 2018). Coding was interpretive with codes identified beyond semantic meaning (Braun & Clarke, 2006). Initially KR generated extensive open codes for participant records including financial loss, family separation and perceived negative impact on health care and health care access during the Alert Level 4 lockdown. Accordingly, the overarching theme of "loss, limitations and restrictions" was generated. Subsequently, the three investigators held regular meetings during which participant records were re-read, interpretations discussed, and coding refined.

Through this process, the investigators noted the prevalence of a counter-narrative, of *affordances and positive reflections* reported by participants during lockdown. Coffey and Atkinson (1996) state identification of "a surprising or anomalous finding" (p. 156) can be the basis for abductive analysis (conceptualised by Pierce; Burks (1946) provides a summary), in which "data driven" (Braun & Clarke, 2006) analysis allows for identification of new codes and themes as analysis progresses, yet the investigation is underpinned by "explanatory or interpretive frameworks" (Coffey & Atkinson, 1996, p. 156).

Our analysis used the interpretive frameworks of the "theory of affordances" (Gibson, 1979, 1986) and "therapeutic landscapes" (Gesler, 1992). The theory of affordances describes the "complementarity" of the individual and the environment (Gibson, 2014, p. 119). Affordances are what the environment can offer or provide and can have positive or negative influences upon the individual (Gibson, 2014). They are unique to the individual but also "properties taken with reference to the observer" (Gibson, 2014, p. 135). Therapeutic landscapes (Gesler, 1992) draw links between physical landscapes and positive outcomes for health and wellbeing. These landscapes go beyond the physical, including "social and symbolic environments, and landscapes of the mind, that is, largely or entirely imagined landscapes" (Rose, 2012, p. 1381) thereby, potentially including the Alert Level 4 lockdown landscape, and the physical, social, and imagined landscape of the COVID-19 "bubble".

Coding was refined as analysis continued, using a process of constant comparison by which codes were created and existing codes subsumed. At this stage, linkages were created between codes and the two overarching themes generated including "limitations, losses and negative reflections" and "affordances and positive reflections". Throughout this process, the investigators reflected on their own experiences of lockdown, including the affordances of working in academia throughout lockdown (e.g., ongoing income and ability to work from home) alongside some negative personal experiences.

3. Results

In total, 142 participants from the POIS/POIS-10 Māori studies completed telephone interviews between 2 April and 27 April 2020, during the Alert Level 4 lockdown. One participant was excluded due to residing in Australia during lockdown, leaving 141 participants. Table 1 presents some descriptive characteristics of participants.

The majority of participants described limitations, losses, and negative reflections in relation to the COVID-19 lockdown. Within this theme, we identified numerous sub-themes including adverse financial impact of lockdown, negative experiences with work, changing family dynamics, problems with health and health care access, negative socio-cultural changes, and general negative reflections. These negative sub-themes will be explored in a further study, with this investigation focusing on affordances and positive reflections afforded by the lockdown environment. Some frequently reported affordances and positive reflections are summarized in the following paragraphs, illustrated with exemplar quotes, and including participant number, sex, and age group.

Table 1

Characteristics of participants interviewed during New Zealand's Alert Level 4 lockdown (N = 141).

Participant Characteristic	n (%*)
Sex:	
Male	68 (48)
Female	73 (52)
Age group (years):	
30–39	12 (9)
40–49	26 (19)
50–59	38 (27)
60–69	43 (31)
70–79	22 (16)
Ethnicity:	
NZ European	105 (74)
Māori	16 (11)
Other	19 (13)
Declined to respond	1
Living arrangements:	
Live alone	19 (14)
Live with family	115 (82)
Live with non-family	6 (4)
Declined to respond	1
Income adequacy:	
Not enough	9 (6)
Just enough	23 (16)
Enough	50 (35)
More than enough	59 (42)

*Percentages may not equal 100 due to rounding.

3.1. Positive financial impacts

Although participants described negative financial impacts from the COVID-19 outbreak and lockdown, a few reported positive outcomes including increased income and hours, alongside reduced spending and expenses.

"...not spending as much. Reassessing the way I spend and how to think smart with my money afterwards as well." (PA15, Female, 63)

3.2. Positive experiences with work

Some participants reported positive outcomes associated with being an 'essential worker' including feeling "glad to be able to contribute something" (PA35, Female, 63) and undertaking new responsibilities: "I am happy to give it [essential work] a go as everybody has to be flexible and learn new things to get through this." (PA60, Female, 56)

3.3. Changing family dynamics

While numerous participants described negative changes in family dynamics during the lockdown, for a few, these changes were positive. Some perceived benefits from the enforced togetherness of lockdown:

I have actually seen lockdown as a blessing. Prior to [the lockdown] we were too busy to find couple time and family time and it was causing distance...our marriage was reaching a crisis point. We got an enforced family vacation for 4 weeks that brought us together. Blessed. [Child] is loving it!! Prior to Covid [child's] relationship with [child's] father was a little strained. Now everything is about Daddy..." (PA70, Female, 40)

3.4. Receiving support and supporting others

Participants experienced supporting others or receiving support from various sources including friends, family, partners, Māori whānau (extended family and wider connections within Māori society (Moorfield, 2021)), neighbours, community, and religious beliefs/activities. Support was received from workplaces, colleagues, and management,

with work seen as a source of support itself: “Support from work has been helpful including financial advice/professional health and wellbeing advice has been provided by work - medical support from work including free flu shots.” (PA120, Male, 51) Another participant reported: “...more communication [with] employers and employees. HR is very good. Daily communication, the day to day working life is easy, even from home.” (PA125, Male, 58)

3.5. Affordance of time

The lockdown provided the affordance of time including opportunities to slow down, rest, and reconnect with family and friends. This also offered chances for reflection and reassessment: “COVID-19 has allowed us to take a break and ‘take stock’.” (PA111, Male, 46)

3.6. Positive attitudes towards government COVID-19 response and lockdown

Some participants felt supported by the NZ government COVID-19 response including government updates: “Regular government briefings help to alleviate worries and concerns.” (PA34, Male, 69) These fostered feelings of unity: “...The clarity of the government with their announcements. I think that’s been reassuring as we are part of the plan...” (PA39, Female, 43) and “...Jacinda Ardern [Prime Minister] regarding her daily bulletins...giving same message to everybody - telling us to look out for each other, making everyone aware of all the rules.” (PA49, Female, 59)

3.7. Positive reflections

Positive reflections surrounding the lockdown and the outbreak in general were expressed, including gratefulness: “I’ve become even more aware of my position of privilege within this country over the past few weeks.” (PA1, Female, 40) Some described a heightened sense of connection with others: “People have all got together more and we are all wanting the same thing. It has brought people closer together. I am glad that I live in N.Z.” (PA25, Male, 58)

3.8. Complexity of views

Significant complexity of emotions and outcomes was identified within participant records. Limitations, losses, and negative reflections were described alongside the lockdown as an environment which facilitated certain affordances.

One participant explained that despite a reduction in salary, it was “good to be able to work from home mostly...” (PA42, Female, 49). Due to declining work, this participant had to use annual leave and could not undertake overtime work. Nevertheless, the additional free time allowed valuable workplace training to occur.

Although income from secondary employment had declined significantly, one participant reported: “I’m having a lovely quiet relaxing time” (PA75, Male, 66). Another commented: “I have really enjoyed it [lockdown]...” and further, “Family time is comforting. Morale is high as we are all together and well. Devices are good. Eating good food. Saved money - no dairy [neighbourhood convenience store] in the morning.” (PA131, Male, 39). Conversely, this participant was “paid a lot less” and, as was unable to access physiotherapy, was concerned rehabilitation from an injury was being “put back”.

Family separation was difficult for one participant who was unable to see their grandchild, nor visit a terminally ill elderly parent. Nevertheless, lockdown experiences were described as; “Loving the calmness - walking in the middle of the road in the sun. Reminds me of my childhood. Meals made at home...no-one travelled overseas. If it could stay like this - a complete joy. More of a positive than a negative...” (PA121, Female, 56). Another participant, whilst experiencing family separation, acknowledged benefits the lockdown environment offered regarding work relationships and time saved in commuting:

“...COVID-19 has actually brought my team closer. We have a couple of tele-conferencing [sessions] a day and we joke, and we are closer for having gone through this together, we have fun like a virtual drinks night on a Friday night, it has brought us closer. Also not having to take the long commute into the city is time saving.” (PA96, Female, 64)

4. Discussion

Our analysis has investigated the experiences and views of participants during the initial Alert Level 4 lockdown in NZ who were part of the POIS-10/POIS-10 Māori longitudinal cohort studies. The theme of “loss, limitations and negative reflections” was identified as a significant aspect of lockdown. Nevertheless, we have identified a counter-narrative framing the lockdown environment as facilitative of certain affordances and positive reflections, including positive financial impacts (reduced and more conscientious spending) positive experiences with work (essential work and working from home), and improved family dynamics. Many participants received support from a variety of sources and experienced positive outcomes from supporting others. Lockdown offered the affordance of “more time” including time to reconnect with friends and family, “slow down” and reflect/reassess. Alongside negative reflections, positive reflections were evident, including feelings of unity and closeness to others, gratefulness, and recognition of “position of privilege” both within NZ and internationally.

We identified a complexity of views, with positive outcomes in conjunction with negative. Related to this, it is possible participants may have been seeking to identify positive aspects of lockdown as a way of coping with negative impacts experienced during this period.

One strength of our study is that as part of an existing cohort, participants had been interviewed by POIS and POIS-10 interviewers several times prior to 2020. These ongoing interactions facilitated rapport between study team and participants (Derrett & Colhoun, 2011), contributing to the depth of responses to the COVID-19-related questions. Another strength of our study is the qualitative sample of 141 participants consisting of a range of identified ethnicities and socio-economic groups, thereby enhancing the range of perspectives.

Our findings align with some “silver linings” noted elsewhere (Every-Palmer et al., 2020; Jenkins et al., 2021; Sibley et al., 2020). However, participants were not explicitly asked to describe “silver linings”, with these instead being identified from a range of responses to COVID-19-related questions during an hour-long interview. In our view, this aspect is a strength of this inquiry.

One limitation of our study is that due to the nature of our longitudinal cohort recruited 12 years ago (eligibility for recruitment was being aged 18–65 years), no participants were under 30 or over 80 years of age. Experiences of these age-groups may have reflected different affordances and/or limitations.

Secondly, participant responses were entered into secure data collection software by interviewers, rather than transcribed from audio-recordings. As described, interviewers also took summary notes and observations. The focus of our analyses was verbatim quotes entered by interviewers, although we acknowledge reading the summary notes alongside these may have influenced interpretations, alongside reflections on our own lockdown experiences (as alluded to previously).

Further, in-depth interviews with participants may have yielded more extensive accounts of affordances or limitations, despite this, our study found an important range of affordances.

NZ shifted from Alert Level 4 to Alert Level 3 on 27 April 2020, with the announcement made on 20 April 2020 (Beehive.govt.nz, 2020b). Following this announcement, 61 participants were interviewed. Although the duration of lockdown was uncertain when interviews commenced, in latter interviews participants were aware restrictions would be easing (although Alert Level 3 retained many restrictions on activities, movements and socialisation). This awareness may have increased the likelihood of positive responses from participants

interviewed following the announcement, with a less finite lockdown altering perceptions.

Injuries are (unfortunately) commonly experienced in NZ, with our national no-fault injury insurer (Accident Compensation Corporation) receiving 2,027,789 injury claims between 2018 and 2019 (ACC, n.d., ACC, n.d.) from a population of 5,122,600 (StatsNZ, 2021). The POIS study included participants with a range of injury experiences in terms of severity, including those *not* admitted to hospital for their injury (Derrett et al., 2011). Accordingly, while we acknowledge our participants' views may not necessarily be representative of all New Zealanders, they do include the views of people who have a commonly occurring experience in NZ.

Lastly, as severity and duration of COVID-19 lockdowns have differed between countries (Hale et al., 2021), we do not claim our findings can necessarily be generalised to other countries. Our intent, rather, is to provide insights into the initial Alert Level 4 period in NZ, capturing participants' views and experiences in "real time", versus a retrospective account. We recommend other countries conduct similar qualitative studies (within contexts of their COVID-19 responses), contributing to inquiry surrounding positive outcomes during lockdowns, if these are identified.

5. Conclusions & way forward

Our findings suggest the environment of the initial 2020 COVID-19 lockdown in NZ facilitated certain affordances and positive outcomes for some individuals, despite the (often concurrent) prevalence of limitations, losses, and negative reflections. Policymakers and members of the public health community should undertake to facilitate these affordances in future lockdowns both in NZ and abroad.

Our findings illustrate the benefits being able to continue working offer for mental health and wellbeing, with many participants viewing work as a form of support during lockdown. As such, employers (in consultation with employees) should proactively plan targeted support for employees for future lockdowns. The affordance of time identified in our findings could be leveraged by employers and educational institutions, offering training and career development opportunities if future outbreaks eventuate. Further, the affordance of time offered chances for rest, reflection, and reconnection (with family and friends), having benefits for wellbeing, which could be used as the basis of positive public health messages.

Our findings show participants felt supported by messages of unity from political and public health leadership leading to feelings of solidarity such as: "Everyone is in the same boat" (PA11, Male, 66). NZ Prime Minister Ardern and colleagues were seen as "mobilising collective effort" (Wilson, 2020) including through the national COVID-19 response labelled: "Unite against COVID-19" (NZ Government, 2020a). Enhancing such feelings of unity could facilitate future uptake of public health measures. Nevertheless, policy makers should simultaneously consider reported inequities of the pandemic (Steyn et al., 2020), including for Indigenous communities (McLeod et al., 2020), lower socio-economic communities (Choi et al., 2021) and potentially, other communities yet to be identified.

Finally, building upon our findings of affordances during lockdown, further inquiry could explore "therapeutic landscapes" (Gesler, 1992), extending upon links between landscapes and therapeutic outcomes for health. Indeed, our findings support the importance of time and social environments. Further research could explore the suggestion that the lockdown environment and COVID-19 "bubble" (as social and symbolic environments) offer aspects of a therapeutic landscape, despite evidence of negative experiences and outcomes.

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CRediT authorship contribution statement

Kelly Radka: Writing – original draft, Methodology, Formal analysis. **Emma H. Wyeth:** Conceptualization, Methodology, Writing – review & editing, Formal analysis, Project administration, Supervision, Funding acquisition. **Sarah Derrett:** Conceptualization, Methodology, Writing – review & editing, Formal analysis, Project administration, Supervision, Funding acquisition.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Appendix A. Supplementary data

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