

# Experiences of hospitalized patients with COVID-19 – A single centre qualitative study

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## ABSTRACT

**Introduction:** COVID-19 pandemic caused a huge impact on the healthcare system worldwide. With a spectrum of outcome ranging from mild symptoms to mortality, the experiences of patients admitted in isolation wards have not been documented. **Objective:** To explore the experience of COVID-19 patients during hospitalization during the early phase of pandemic. **Materials and Methods:** A qualitative study using in-depth interviews was conducted among 30 COVID positive patients admitted in COVID wards of a private medical college in Coimbatore, South India between May and June 2020. Qualitative data analysis was done using the seven steps of Colaizzi's descriptive phenomenological method. **Results:** The experiences of COVID-19 patients during their hospitalization were categorized into three themes. Firstly, their initial reaction to being diagnosed positive for COVID-19. Secondly, experience during hospitalization with regards to their mental health, treatment providers, caregivers (family and relatives) and other COVID patients admitted in the same ward. Lastly, perceived change in their quality of life after discharge. **Conclusion:** The study highlights that the psychological experiences of COVID-19 patients admitted to the hospital were heterogeneous. Therefore, primary care physicians should provide individualized psychological interventions based on the needs. Since many expressed fear on diagnosis and stigma of the disease, hence policy makers and health care providers should plan intervention for control and treatment without causing stigma to patients and their families.

**Keywords:** COVID-19 pandemic, experiences, patients, qualitative research

## Introduction

The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is a newly discovered ribonucleic acid coronavirus isolated and identified from patients with unexplained pneumonia in Wuhan, China, in December 2019.<sup>[1]</sup> Before it was named by the International Committee of Viral Classification on February 12, 2020, it was called 2019-nCoV. SARS-CoV-2 mainly causes respiratory and digestive tract symptoms,<sup>[2]</sup> with symptoms

ranging from mild self-limited disease to severe pneumonia, acute respiratory distress syndrome, septic shock, and even systemic multiple organ failure syndrome. This disease spreads mainly via aerosols from the respiratory tract and through direct contact.<sup>[3]</sup>

During any outbreak of an infectious disease, the population's psychological reactions play a critical role in shaping both the spread of the disease and the occurrence of emotional distress and social disorder during and after the outbreak. Despite this fact, sufficient resources are typically not provided to manage pandemics' effects on mental health and wellbeing.<sup>[4]</sup> Psychological and psychiatric needs should not be overlooked during any phase of pandemic management since epidemic outbreaks of emerging infectious diseases have led to serious psychological effects on patients including anxiety, fear, and

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depression.<sup>[5,6]</sup> It is essential for family physicians and primary care givers to understand these psychological issues since they will be the first point of contact with patients during a pandemic.

Early, continuous, and professional psychological interventions can prevent physical and mental harm. Several qualitative studies on the psychological experience of medical caregivers,<sup>[5-8]</sup> general population<sup>[7,9-11]</sup> and family members<sup>[5,12-15]</sup> of COVID-19 patients have been conducted, but very few studies<sup>[16-18]</sup> have been done on patients with confirmed COVID-19 during hospitalization. We tried to explore the experience of COVID-19 patients admitted to a hospital during the pandemic. Results of this study may provide the essential data needed to support future targeted interventions by policy makers and care givers.

## Materials and Methods

### Study design and procedure

A qualitative study comprising in-depth interviews was done to understand the experiences of COVID-19 patients during their hospital stay in a tertiary care hospital. Transcendental phenomenology method was used where the participant's perspective, feeling and emotions are documented in their own words that helps in comprehending their experience in descriptive means only without any researcher's bias.<sup>[19]</sup> This study was conducted during the first wave of COVID-19 between May and June 2020 in Coimbatore district, India when a lot of panic prevailed among the general population and the country was under nationwide lockdown. Two researchers trained in qualitative research were involved in conducting the interviews. The other researchers, not involved in data collection, were involved in data analysis to avoid bias in analysis of data. All researchers knew each other, but the study subjects were not known personally. Direct face-to-face interview was preferred in order to capture the facial expressions and emotions. Oral and written consent was obtained from the patients before conducting the interviews. The interviews were conducted in the local language of Tamil and lasted for about 30–40 min on average. The interviews were recorded using a mobile phone and recordings were mailed immediately, while the mobile phone was not used for any other purpose till all the interviews were conducted. Two weeks following the last interview, all paper documents and mobile phone were sanitized and reviewed. The researchers conducting the interview were wearing complete personal protective equipment's while conducting the interview and only stable patients (without severe breathing difficulty) who could respond were selected and interviewed.

### Study participants and sampling

The study participants comprised those above 18 years of age and admitted for treatment at the COVID-19 ward. Convenient sampling was used by the researchers based on patients availability in the ward. Those individuals willing to give consent for the interview were only included, while those with severe

breathlessness, ICU patients and those on oxygen therapy and pregnant mothers were excluded.

### Study instruments and measures

Based on the review of literature, the following interview guide was prepared: (1) How did you feel when you were diagnosed with COVID-19? (2) Has the quality of your life been affected after COVID-19. (3) How has your relationship with family members and friends been during your illness? (4) Describe your feelings and state of mind during your hospital stay. (5) Share your experience of interacting with other COVID-19 patients (if any). Probes were used based on their responses to obtain more details regarding the above-mentioned topics. Content validation was done by experts in the field (social scientist, psychiatrist and public health consultants). Pilot testing of the interview guide was also done among two patients, and necessary changes were made. Interviews were conducted till no new themes emerged.

### Ethical aspects

All in-depth interviews were conducted under the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards. Informed consent was obtained from all individual participants included in the study.

### Data analysis

After each interview, two researchers involved in data collection translated the interviews into English, while the other researchers were involved in the back translation of contents to Tamil. Whenever any discrepancies in content were identified, the assistance of an expert language translator was consulted. Qualitative data analysis was done using the seven steps of Colaizzi's descriptive phenomenological method.<sup>[20]</sup>

## Results

A total of 30 COVID-19 patients (8 females and 22 males) admitted to the COVID isolation unit were interviewed. The mean age of the patients was  $48.93 \pm 11.6$  years. The patients were interviewed between 1 and 8 days after admission with a mean of  $4.93 \pm 2.04$  days. The demographic details of study participants are given in Table 1.

After the in-depth review of COVID-19 patients, 3 major themes and 11 subthemes emerged from their experiences based on phenomenological method [Table 2].

*Theme 1:* Reaction to being diagnosed as COVID-19 case

*Subtheme 1:* Scared, fear and shattered

Many expressed their initial reaction of being scared at confirmation of diagnosis. They had fear due to various reasons such as absence of definitive COVID-19 treatment, they would

**Table 1: Demographic characteristics of study participants interviewed (n=30)**

Characteristics	Frequency	Percentage
Age		
20–40	5	16.6
41–60	22	73.3
61–80	3	0.1
Sex		
Male	22	73.3
Female	8	26.7
Education		
Graduate	16	53.3
Secondary school	12	40.0
Primary school	2	6.7
Employment status		
Employed	20	66.7
Unemployed	10	33.3

**Table 2: Themes identified following the interviews of COVID-19 patients during their hospitalization**

Theme	Subtheme
1. Reaction on being diagnosed COVID-19 positive	(i) Scared, shattered and fear (ii) Frustration and stigma (iii) Doubt and denial (iv) Acceptance and confidence
2. Experience during hospitalization	(v) Perceived feelings, physical and mental health (mixed response) (vi) Experience towards treatment, health care provider and hospital environment (mostly positive) (vii) Attitude of family members, relatives and friends towards them (mostly positive) (viii) Interaction with other COVID-19 patients (mixed response)
3. Perceived change in quality of life after being discharged	(ix) Same as before (no change) (x) More focus on health and hygiene (xi) Isolation and loneliness

have to be on isolation, their family members might also get affected and about the prognosis of the disease due to the presence of other risk factors (older age and diabetes). Few were shattered that they got the disease despite taking all the precautions.

“I was scared. This Corona is spreading worldwide. What medicine will they give me? Still there is no medicine. I was worried about my family situation.....” (35 years, male)

“Fear was there to great extent. Because I thought it should not come to us and we must be safe among the people but somehow I got it.” (47 years, male)

*Subtheme 2: Isolation and stigma*

Few patients with younger children and elders at home felt they would be isolated and not be able to go out for their daily routine

activities. Some felt that being tested positive their whole family members will also be tested and their home surroundings would be sealed by the municipality, resulting in stigmatization of them and their family.

“I felt that they would isolate me. I am the only working member in my family. If I get admitted who will look after the others at home.” (40 years, female)

“People surrounding us are looking at us differently, what the corporation people are doing is a major stress.....sticking notice outside our house, labelling us as Corona patients....” (35 years, male)

“If I get positive they are not checking me alone, they are checking all member in my home and if they have it, they will bring them also to hospital. So at home they were telling not to get checked because municipality people will come block our home put white powder (bleaching) because of that I was in home for 10 days in self quarantine that was the major mistake.” (38 years, male)

*Subtheme 3: Doubt and denial*

Some patients could not believe that they were infected with COVID-19 virus. The doubt and denial to accept the fact was seen among patients with minimal symptoms. Participants expressed that though there was an initial denial of positivity for COVID-19 infection they had to come to terms with reality eventually.

“I could not believe it that I am positive. I was active, I only had loss of taste, nothing else. No fever but still I was asked to get admitted....” (42 years, male)

“Initial I had fever for 2 days, got tested outside, the report came negative. But I continued to have fever, so again I tested over here and it was positive. We were confused and doubted the report....” (46 years, male)

*Subtheme 4: Acceptance, confidence and no fear*

Many participants with mild symptoms said they had no fear of being diagnosed with the disease. They felt positive thinking is better and would help them recover quicker.

“I did not fear anything. It has come, we can get cured that was my mindset. I came alone to hospital in car I did not have any fear. I don’t have fever or cough, just mild sore throat.”(42 years, male)

“I was confident that I will be cured. But my family got scared in my home. I assured them don’t worry .....being in fear will not help....” (43 years, male)

*Theme 2: Experience during hospitalization*

*Subtheme 5: Perceived feelings, physical and mental health*

Since we excluded ICU and serious patients, study participants reported only mild symptoms. Many had a fever, while few complained of feeling tired, not able to be active like before, breathlessness with cough and loss of smell.

“I had mild symptoms, did not bother much. My husband’s health was my major concern.” (32 years, female)

“I felt, I was not able to walk. When I walked there was breathlessness. I had much stress and fear ..... when I came here that fear went.” (53 years, male)

*Subtheme 6: Experience towards treatment, health care provider and hospital environment*

There was a mixed reaction by the COVID-19 patients on the hospital staff and environment. Some felt hurt since they were discriminated against as COVID positive and asked to stand aside from others. Some complained about the need to improve the sanitary condition of the toilets and bathroom. Most of them felt safer being in the hospital and appreciated the services given by the health care staff.

“When I came here, the atmosphere was very friendly. The hall was big with good ventilation and people around. I reached here at night and the nurse was friendly and provided bed for me to stay ....” (35 years, male)

“.....Water heater is not working, that is a difficulty. Doctors are good..... the basic infrastructure, and cleanliness of the bathroom should be improved.” (52 years, female)

*Subtheme 7: Attitude of family members, relatives and friends towards them*

Overall most of the patients stated that they received care and support from their families and friends. They had expressed concern about their health and recovery. Few patients had not informed their neighbors and friends, so they did not know how they would react. Some did not want to inform others as it would affect their business. Few felt stressed that they could not visit their relative’s house due to their illness.

“Relative and friends are normal with us, 90% of them are asking us if we want any help.” (34 years, male)

“My brother knows, he wants to come and see me. I have told him not to come since others will also get it.....” (25 years, female)

*Subtheme 8: Interaction with other COVID-19 patients*

Some patients felt better while talking to other COVID-19 patients admitted to their ward. They could express their feeling and give confidence and courage to each other.

Some preferred not to talk to others. Few recovering patients were worried about other patients newly admitted and not wearing mask, with fear of acquiring the same disease again or some new infection.

“We forget everything when we are talking with others over here. Those who are here for three to five days are giving hope that we will get cured and leave this place.” (53 years, male)

“No interaction with other patients in hospital. Mostly everyone is admitted here as a family and few elderly.”

“One patient was very scared then I gave hope to him by saying not to fear.” (42 years, male)

*Theme 3: Perceived change in the quality of life after being discharged*

*Subtheme 9: No change in quality of life (same as before)*

Most of the patients replied that they have not thought about the future. At present their only concern was to get cured and discharged from the hospital. Few stated that their life will return to normal soon.

“I don’t think my quality of life will change and people will isolate me. It will be the same after few days.” (64 years, male)

*Subtheme 10: More focus on health and hygiene*

Some expressed their change in attitude and behaviour towards maintaining good hygiene and focusing more on their health. This COVID-19 infection has made them realize the importance of preventive measures to avoid acquiring similar infections in the future.

“.....maybe for one month people will hesitate to mingle with me. We should be careful lifelong in health and hygiene. I think health consciousness should increase.” (48 years, male)

*Subtheme 11: Isolation and loneliness*

Many felt that they will have to continue isolation at home for few days even after discharge, and thus, they will continue to feel lonely.

“.....even after getting discharged also I have to stay alone in one room for another 2 weeks, that’s what the doctor told....I will continue to feel lonely.” (36 years female)

## Discussion

This study has explored the feelings, emotion and psychological impact of patients diagnosed with COVID-19 and admitted to COVID care centre at a tertiary care private hospital,

using phenomenological method. Patients expressed a variety of emotions on being confirmed with the disease. Most expressed themselves as being filled with fear initially upon getting to know their COVID-19 PCR report. Their fear was more due to the uncertainty of the outcome of the disease and compulsory hospital admission for isolation. Some were anxious as to how they got the infection in spite of taking all the necessary precaution, while others seem disturbed that their daily routine activities would be affected. Gradually, within a few hours to a day or two, they accepted the disease and were ready to face the outcome. A similar study from China<sup>[18]</sup> also reported that patient's attitude changed from the initial uncertainty of diagnosis which eventually led to the adaptation process. Guiding patients with accurate information and understanding their emotional state is important to reduce stress, anxiety, depression and also promote early acceptance of the disease. Thus emphasizing the need of primary care givers to support patients during this transition period. Counselling needs to be given prior to taking the testing, confirming diagnosis, treatment plans and postdischarge depending on the individual needs.

Those patients with either children or aged people at home and the presence of co-morbid conditions such as diabetes, hypertension expressed more fear. This reflects the need to extend social support to the family members affected with COVID. Initially during the pandemic, all family members of COVID-19 patients were screened for symptoms at their home. This was reported to create stigma among few of the affected families. Similar situations have also been reported earlier for other diseases such as tuberculosis, leprosy and AIDS in India,<sup>[21-24]</sup> which delays diagnosis, treatment and resulting in further spread of the infection. Efforts should be taken by all stakeholders especially family physicians to take necessary measures to reduce this stigma while implementing preventive measures during pandemics.

A study by Isaac *et al.*<sup>[16]</sup> had reported fear of death due to severe coughing. Since our study participants were mostly mild and asymptomatic cases, extreme fear of death was not present. The mental health experience among most of the patients was the feeling of loneliness since they could not interact with their family members. Employed individuals were worried about not being able to go to work during the entire period of isolation even after getting discharged. Similar concerns were raised in another study by Mahnaz *et al.*<sup>[17]</sup> Social support from family members and friends was present in almost all patients. None of the patients gave a negative comment regarding their family members not taking care of them, though a very few were hesitant to inform their neighbours regarding their health condition. On the contrary, most of the patients did not want their family members to visit them to avoid acquiring the infection. Many felt safe on being admitted due to their confidence in treating physicians. Some even appreciated the service provided by nurses and other support staff.

Few expressed concerns about getting reinfected from newly admitted patients in the COVID-19 ward and, therefore, avoided interacting with the other patients. On the other hand, some gained confidence regarding their recovery after interacting with other. These findings suggest a mixed attitude among the COVID-19 patients towards one another, some gaining emotional support while others getting worried due to their presence. All patients admitted in health care institutions need to be screened for their mental health on admission. Studies<sup>[25,26]</sup> have reported vulnerable populations such as those with pre-existing mental illness, infected patients and their family members and also health care providers especially nurses and physicians working with COVID-19 patients. Research suggests use of online counselling for improving the mental health services of general population and also vulnerable group.<sup>[27]</sup> These online counselling can be given to family physician with adequate training that will help patients and their family members be at ease.

On being asked about the impact of this infection in future, all responded that their quality of life will continue to remain the same except that they will have to focus more on maintaining hygiene to avoid infection. Though this can be viewed as a positive effect, there is a possibility of them developing obsessive compulsive disorder, anxiety, post-traumatic stress disorder and other psychiatric problems. A systematic review of post-Ebola psychosocial experiences among survivors of the disease found various forms of psychological distress such as depression, anxiety, anger, grief, worthlessness to be common along with stigma and discrimination.<sup>[28]</sup> Psychological interventions should be individualized based on their disease severity, background mental health status and existing family situation.

COVID-19 positive patients with only mild or no symptoms were included in this study. We did not triangulate the information given by patients with their health care providers and family members. Despite these limitations, we made an attempt to understand the feelings and expectation of patients admitted in the COVID-19 wards during the peak of the pandemic.

## Conclusion

In conclusion, the present study has highlighted the psychological experiences of COVID-19 patients admitted to hospital during the initial pandemic phase in India. Most of the patients expressed fear of diagnosis and stigma due to the compulsory screening of other household members. Though most of the patients had family support, being isolated in the hospital was stressful. Policy makers should plan intervention to control the disease without causing stigma to patients and their family members.

## Key points

- The psychological experiences of COVID-19 patients admitted to hospital were heterogenous and varied among individuals.

- Fear of stigma was present among the patients since all their family members would be screened.
- All patients trusted the treatment given by physicians and had good support from their family members and friends.

### Take home message

The study highlights the importance of trust and confidence in the hospital and health care providers by the patients getting treatment for COVID-19 during the pandemic. Thus, primary care physicians can play a major role in building this faith among patients during their routine practice and provide the necessary counselling during the pandemic.

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### Conflicts of interest

There are no conflicts of interest.

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