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RESEARCH ARTICLE

A PHENOMENOLOGICAL STUDY ON PSYCHOLOGICAL EXPERIENCES DURING HOSPITALIZATION DUE TO COVID 19 POSITIVE AMONG THE POST DISCHARGE PATIENTS: A QUALITATIVE APPROACH"

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Abstract

Corona virus disease (COVID-19) is an infectious disease caused by a newly discovered corona virus. The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes, so it's important that you also practice respiratory etiquette (for example, by coughing into a flexed elbow.
Aim:- To explore the psychological experiences during hospitalization due to Covid 19 positive among post discharge patients.
Material & Method:- A qualitative approach where descriptive phenomenological design supplemented by in-depth interview as in-depth interview was conducted to explore the lived experiences of study subjects. A total of 7 subjects selected for in-depth interview using purposive sampling technique. Qualitative data was analyzed using colaizzi's approach.
Results:- Seven subjects with COVID-19 positive among post discharge (Five males and two females) were enrolled in the study. Total Eight themes related to psychological experiences during hospitalization due to covid 19 , emerged from qualitative data analysis were Ignorance, Burden on family, Exhausted, Hope, Despair, Panic anxiety, Anger & Fear.
Conclusion:- This study concluded that living with COVID-19 is an emotionally and physically challenging experience for patient participants in the study The findings suggest that healthcare providers should be aware about psychological distress of patients with COVID-19 and should develop & plan mental health interventions accordingly to promote mental health of patients.

Introduction:-

Corona virus disease (COVID-19) is an infectious disease caused by a newly discovered corona virus. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness. The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes, so it's important that you also practice respiratory etiquette (for example, by coughing into a flexed elbow.[1]Over the past week, the number of new cases and deaths continued to decrease, with over 4.1 million new cases and 84 000 new

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deaths reported; a 14% and 2% decrease, respectively, compared to the previous week. The highest numbers of new cases in the last seven days were reported from India (1 846 055 new cases; 23% decrease), Brazil (451 424 new cases; 3% increase), Argentina (213 046 new cases; 41% increase), the United States of America (188 410 new cases; 20% decrease), and Colombia (107 590 new cases; 7% decrease).[2]

Methods:-

Study design

A phenomenological research design was used to explore the psychological experiences during hospitalization with patients recovered from Covid 19. Considering the study question of : "How did you feel when you hospitalize in hospital due to COVID-19? , the researcher tried to describe the psychological disturbances of these participants and highlight its nature based on their lived experiences.

Sample and Setting

Participant for in-depth interview were selected to maximize the variation of participants on a basis of demographic characteristics such as age and gender & participants who were willing to participate or respectfully share their opinions willingly for sufficient time were interviewed. Once the participants were recruited, final confirmation related to their availability and consent was discussed with them and dates were finalized over phone. Researcher had sought prior permission for conducting in-depth interview priorly from them. Ten COVID-19 survivors participants were selected using convenience sampling. The sample size was decided when saturation was reached. The researcher first referred to the hospital admission and discharge office and prepared a list of the characteristics of all patients who had been discharged with a good general condition from the beginning of 1 April 2020 to the end of June 2020. Then, the researcher started the sampling process. To achieve a wide range of experiences, Participants were selected on a basis of demographic characteristics such as age and gender. The inclusion criteria are listed as follow (a) being COVID-19 survivor, (b) being hospitalized in ward, (c) willingness to participate in the study and sharing experiences. Exclusion criteria (a) Not willing to participate (b) Not present at the time of data collection

Conducting In depth Interview

In present study investigator herself conducted interview to facilitate the discussion, prompting participant to speak and encouraging to participating. Furthermore, participants were informed about telephone recording call and data collected through written notes and audio recording of interview were used as a source of information and ongoing data analysis was done with data collection. Moreover, analyzing and interpreting information would help researchers determine the extent to which the data that contributed to the theme reached saturation for the in-depth interview. Thus, information would increase the descriptive validity, interpretive validity & theoretical validity. When the interview was completed the investigator thanked the participant and immediately after the participant left, the investigator debrief the session in the end. In-depth semi-structured individual interviews were conducted via phone calls to collect data. Interviews were conducted via phone calls to prevent spread of infection because it has been observed that patients recovered from COVID-19 can be still contagious for a certain time of period. Two to three in-depth interviews are adequate to reach data saturation and with each interview meeting once or twice times. Then, the participants were asked to describe their experiences regarding the main questions of this study by asking Grand Tour question as follows: "How did you feel when you hospitalize in hospital due to COVID-19? Please tell us your experiences in this regard." "Describe your psychological disturbances and perceptions of the time you were hospitalized." "Tell us about your feelings and psychological state when you were in isolation." The interviewer then advanced the interviews based on the participants' responses toward a more in-depth examination of their experiences on the subject using probing questions such as "What do you mean? ", "Please explain more", "Can you make your point clearer? ", "Why?", and "How?" The researcher recorded all the interviews with the consent of the participants. Average time duration of each interview lasted about 1 hour. The interviews continued until data saturation.

Analysis

For analysis of the data colazzi's approach have been used, Present study used three main methods for analyzing data from a In-depth interview including **Tape based analysis** wherein the researcher observed tapes of the each in-depth interview and then created an abridged transcript. A short transcript of each discussion was prepared which was helpful to focus on the research question and only transcribe the portions that assisted in better understanding of the phenomenon of interest. **Note-based analysis** includes analysis of notes from the in-depth interview, the debriefing session, and any summary comments from the investigator. Although all the in-depth interview were

audio-taped which was used primarily to verify question of interest and used at a later date to glean more information. **Memory-based analysis** was also adopted for the present study where researcher recalled the events of the in-depth interview transcribed verbatim on paper and then typed into MS Word by two of the authors to extracting significant statements, resulted into emergence of nine themes.

Table 1:- To explore the psychological experiences during hospitalization due to Covid 19.

Participant ID	Significant Statement	Formulated meaning
201	many times hospital staff ignored me when I had ask about my illness & treatment, they not treated equally to everyone, many times they were busy in their phones when I asked something to them about my treatment & doctor, it was very frustrating for me, i bottle up with aggression.	**Ignorance**
202	when I was admit in hospital that time there was soo much shortage of bed & treatment in all hospital, since morning my wife & son was trying for my admission but I not get at last at night 10pm I got admission, I was feel very guilty that due to my illness my wife & son has to suffer it was very frustrating, I started to feel like its better to do suicide rather than giving burden to family.	**Burdan on family**
203	I feel tired of taking soo many medicine & other remedies, in every four hours I have to take medicine & after taking medicine I feel sleepy joint pain , I feel helpless for my self, my mother called me 2 times in day but due to frustration I was also not taking toher properly ,she was very worried for me although she also have covid but she was isolated at home, I shout on her , she left me alone in hospital & afterwards whatever happen with him she ll responsible for it.	**Exhausted**
204	I have been staying in the hospital for over 22 days, and I have a lot of time to think about the true meaning of life and existence. I live with hope as I want to survive this and spend the rest of my life with my family in good health, Nothing is more important than that.	**Hope**
202	When I was in hospital I am feeling very hopeless, because I have difficulty in breathing its difficult to me to breath without oxygen with this feeling at every moment I thought today is my last day, & i have to see my family , talk to them at last time specially to my wife & daughter.	**Despair**
205	when I was in hospital ward I always feel anxious, whenever new patient admit in ward that after him admission he ll have get more infection & no chances of recovery as I am from middle class family I can't afford private room it was another reason of my anxiety that I ll not get proper treatment & during my hospitalization already in hospital, staff is less due to more covid patient these all things create negativity in my mind about my health.	**Panic Anxiety**
206	I am close to being discharged. I do not understand why the hospital put another patient in my room. I	**Anger**

	do not know his health status. What if I get infected again? This means a lot to me." P15:"Some days ago, the hospital admitted a new patient to my room. I didn't dare to stay in the room and sit on my bed. I remained in the corridor. I talked with the nurse about it and she relayed my concerns to the doctor. Until I was told it was safe, I did not return to the room. I never took off my mask in my room, and when dining, I ate out in the corridor.	
207	The greatest fear you have is harming your family. I was afraid of having transmitted the disease to my family, my parents, or my wife" after discharge.	**Fear**

Conclusion:-

This study concluded that living with COVID-19 is an emotionally and physically distressing experience for patient participants in the study The findings suggest that healthcare providers should be aware about psychological distress of patients with COVID-19 and should develop & plan mental health interventions accordingly to promote mental health of patients. Understanding of psychological disturbances can be helpful in implementing appropriate psychological interventions.

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Conflict of Interest

The study entitled "a phenomenological study on psychological experiences during hospitalization due to Covid 19 positive among the post discharge patients : a qualitative approach" is self-funded research work of Ms. Ankita Manral. so there is no conflict of interest.

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