

The Description of Psychological Aspect and Stigma Experienced By COVID-19 Survivors

Mira Utami Ningsih¹

¹Jurusan Keperawatan, Poltekkes Kemenkes Mataram, Indonesia

Abstract

COVID-19 cases continue to increase, in Mataram City, a total of 1093 was confirmed positive, 76 died, and 817 were declared cured. COVID-19 survivors are a group who have experienced not only physical, but also psychological discomfort. This research is a descriptive analytic study. The research sample is 46 people who are the COVID-19 survivors in the city of Mataram. The sample was selected by purposive sampling technique. The data collected are the psychological aspect including data on anxiety, stress and stigma experienced by COVID-19 survivors. The data were collected using a questionnaire and then analyzed descriptively and displayed in the frequency and percentage distribution table. The results showed a total of 74% of survivors experienced anxiety ranging from mild anxiety (33%), moderate (7%), severe (30%) and panic (4%). 100% of survivors experienced stress, including mild (59%), moderate (33%) and severe (7%) stress. On average, 13% of survivors are stigmatized about COVID-19. The stigma they get includes negative stereotypes, being labeled as carriers of infectious diseases, exclusion and discrimination. COVID-19 survivors are a group that needs help dealing with anxiety, stress and stigma. COVID-19 survivors and or other people with infectious diseases such as tuberculosis and HIV-AIDS should supported with psychological support. Various challenges including infectious diseases that may cause pandemics in the future, requiring us to prepare ourselves. Not only in terms of readiness in handling cases physically for recovery, but also from a social and psychological perspective of sufferers and society.

Keywords: COVID-19; Anxiety; Survivors; Stigma; Psychological

INTRODUCTION

On March 11, 2020 WHO has declared the incidence of Covid-19 as a global pandemic due to its rapid spread, alarming severity and slow recovery rate (Cucinotta & Vanelli, 2020). Covid-19 is a new disease caused by a virus which is a type of SARS virus called SARS-CoV-2. Coronavirus or Corona virus is a large family of viruses that cause illness ranging from mild to severe symptoms. There are at least two types of coronavirus that are known to cause diseases that can cause severe symptoms such as Middle East Respiratory Syndrome (MERS)

and Severe Acute Respiratory Syndrome (SARS). Coronavirus Disease 2019 (COVID-19) is a new type of disease that has never been identified in humans before. The spread of this virus is through respiratory and extra-respiratory routes, thus allowing its spread to be very fast (Murthy, Gomersall, & Fowler, 2020).

COVID-19 cases continue to increase. Actions to break the chain of transmission still needs to be done. The total global confirmed cases of COVID-19 as of 29 August 2020 were 24,587,513 cases with 833,556 deaths (CFR 3.4%) in 215 Affected Countries and 176 Local Transmission Countries (Directorate General of Disease Prevention and Control, 2020). According to the Communication Team of the Committee for Handling Corona Virus Disease 2019 (Covid-19) and National Economic Recovery, as of August 28 2020, the number of confirmed cases in Indonesia was 165,887 cases, 120,900 of them recovered and 7169 died (Task Force for the Acceleration of Handling COVID-19, 2020). Meanwhile in NTB, as of August 30 2020, a total of 2755 confirmed cases, 2049 of them recovered and 159 people died (5.77%) (NTB Health Office, 2020). In Mataram City, the total positive confirmation of COVID-19 is 1093, 76 have died, and 817 have been declared cured (NTB Health Office, 2020). The city of Mataram is the city with the highest number of confirmed cases among other cities in NTB. Thus, it is necessary to do prevention efforts continuously.

Various studies stated that COVID-19 can be transmitted through human-to-human transmission. Based on scientific evidence, COVID-19 can be transmitted from human to human through coughing/sneezing droplets (droplets) and can be transmitted through the air. People who are most at risk of contracting this disease are people who have close contact with COVID-19 patients, including those caring for COVID-19 patients. Standard recommendations to prevent the spread of infection are through regular hand washing with soap and clean water, applying coughing and sneezing ethics, avoiding direct contact with livestock and wild animals and avoiding close contact with anyone showing symptoms of respiratory illness such as coughing and sneezing. In addition, implementing Infection Prevention and Control (PPI) while in health facilities, especially emergency units (Irasanti & Damailia, 2020).

In many places, preventive measures have not been implemented optimally and the results have not been maximized. Various obstacles and obstacles to implementing COVID-19 prevention efforts include hoaxes about COVID-19, stigma, economic needs, culture in society and so on (Abdillah, 2020). COVID-19 survivors or people who have successfully recovered from or recovered from COVID-19, whether recovering from bad conditions or nearly asymptomatic conditions, are witnesses as well as proof of the reality of a pandemic that is

happening. They also experience the psychological impact of COVID-19, where the risk factor is social stigma and the long-term impact of COVID-19 as expressed by Kurniawan and Susilo (2021) in their research on the description of the risk of COVID-19. This result is in line with research on psychological well-being in COVID-19 survivors which states that environmental acceptance of Covid19 survivors can affect their psychological well-being (Ayu & Wardiana, 2021). However, there has been no research that examines the psychological picture of COVID-19 sufferers who have recovered, both while they were suffering and after they recovered. Based on this description, the purpose of this study was to identify the psychological picture and stigma experienced by survivors of COVID-19 in the people of Mataram City.

METHOD

This research is descriptive analytic research with a retrospective descriptive approach. The study population was COVID-19 survivors in Mataram City who were declared cured based on negative PCR swab results in the period November 2020 - January 2021, which is an estimated 462 people. According to Gay, Mills dan Airasian (2009) in (Alwi, 2015), for a descriptive study, the minimum sample is 10% of the population, thus, the sample size is 46. Sample was selected by purposive sampling method. The inclusion criteria applied including COVID-19 survivors in 2021 aged 18-50 years old, has been declared cures with a negative PCR swab result. The exclusion criteria were survivors with hearing or visual impairments, both before and after being exposed to COVID-19 and not willing or unable to follow the research procedure until the final stage. Data about psychological description of COVID-19 Survivors' is indicated in the anxiety and stress experienced by COVID-19 survivors. Anxiety level data were collected using the Hamilton Rating Scale for Anxiety (HRS-A) and stress questionnaire according to Holmes and Rahe. Data about stigma was collected using the Stigma questionnaire. Data collection used a structured interview method using the questionnaires mentioned.

RESULTS

The results of research on the psychological description of COVID-19 survivors and the stigma they experience can be seen in the following tables:

1. Respondent's level of anxiety

Respondents' anxiety levels were measured using the Hamilton Rating Scale for Anxiety (HRS-A) anxiety questionnaire, the results of which can be seen in table 1.

Table 1. Anxiety Level of COVID-19 Survivors Based on Hamilton Rating Scale for Anxiety (HRS-A) Measurements

Skor HRS-A	Kategori	Frekuensi	Persentase
< 14	No Anxiety	12	26
14 -20	Mild Anxiety	15	33
21-27	Moderate Anxiety	3	7
28-41	Severe Anxiety	14	30
42-56	Very Severe Anxiety/Panic	2	4
Total		46	100

Table 1 shows that there is anxiety among survivors of COVID-19 even after they have recovered from COVID-19. Most survivors who experience anxiety are at the level of mild anxiety (33%) and severe anxiety (30%). Only 3 survivors experienced moderate anxiety (7%), and there were 2 survivors who experienced very severe anxiety/panic (4%). However, there are 12 (26%) survivors who do not experience anxiety

2. Stress Level of Respondents

The stress level of COVID-19 survivors is assessed based on the stress scale according to Holmes and Rahe. The results of the assessment can be seen in table 2.

Table 2. Stress Levels of COVID-19 Survivors Based on Stress Scale Measurements According to Holmes and Rahe

Skor stress	Kategori	Frekuensi	Persentase
< 14	Mild Stress	27	59
14 -20	Moderate Stress	15	33
21-27	Severe Stress	3	7
Total		46	100

Table 2 shows that most of the survivors experienced mild stress (59%) and there were 3 survivors who experienced severe stress (7%). The rest are survivors with moderate stress (33%)

3. The stigma received by respondents related to COVID-19

COVID-19 is closely associated with stigma due to people's ignorance of this disease which in turn creates fear among the public. The stigma experienced by COVID-19 patients can be seen in table 3

Tabel 3 Stigma Experienced by COVID-19 Survivors

No	Stigma	Σ	%	Keterangan stigma yang dialami
1	Negative stereotypes			Perceived as people to be shunned.
	Experiencing	6	13	Become the subject of gossip. The identity is distributed so that privacy is not maintained
	Not Experiencing	40	87	
	Total	46	100	
2	Get labeled as a carrier of infectious diseases			
	Experiencing	9	20	
	Not Experiencing	37	80	
	Total	46	100	
3	Separation/Shunned			Shunned by neighbors and friends.
	Experiencing	4	9	Abandoned in the rented by friends
	Not Experiencing	42	91	
	Total	46	100	
4	Discrimination			Respondent's children are not allowed to play with their peers. Not allowed to leave the house.
	Experiencing	4	9	
	Not Experiencing	42	91	
	Total	46	100	
The average percentage of survivors experiencing stigma is 13%				

Table 3 shows that in general, there is a small proportion of respondents who experience stigma in the form of negative stereotypes, labels as carriers of disease, exclusion and discrimination (13%). The survivors who experienced stigma experienced ostracism, shunned and abandoned because they were considered as carriers of infectious diseases. They are also not allowed to leave the house even though they have tested negative for COVID-19. Family members who are negative for COVID-19 also experience isolation and shunning.

DISCUSSION

1. Respondents' Level of Anxiety

The results of the study show that there is anxiety in the survivors of COVID-19. Half of the survivors who experience anxiety are at the level of mild anxiety (33%) and severe anxiety (30%). Only 3 survivors experienced moderate anxiety (7%), and there were 2 survivors who experienced very severe anxiety/panic (4%). However, there are 12 (26%) survivors who do not experience anxiety.

If examined carefully, more than half of the respondents experienced symptoms without anxiety or mild anxiety (59%). This could be related to the level of knowledge of respondents about COVID-19 and its prevention, most of which are in the good category. One of the factors that can affect anxiety in a person is knowledge, where the higher a

person's level of knowledge and experience, the higher his ability to solve psychological problems such as anxiety (Livana et al., 2018). However, according to Kelvin and Malinti (2020), anxiety about COVID-19 is not always related to one's knowledge, where people with high knowledge do not necessarily have a mild level of anxiety, conversely people who are less knowledgeable do not necessarily have a high level of anxiety.

Symptoms without anxiety and mild anxiety experienced by most respondents can also be related to symptoms experienced by respondents where most of them experience asymptomatic illness, mild to moderate symptoms. None experienced severe symptoms. Research on anxiety and depression in COVID-19 survivors shows that the more severe the inflammation, the worse the depression and anxiety experienced by COVID-19 survivors (Mazza et al., 2020). The basic systemic immune inflammation index (SII), which reflects systemic immune and inflammatory responses based on the number of peripheral lymphocytes, neutrophils and platelets, is positively associated with depression and anxiety scores (Mazza et al., 2020). In this study, with the degree of severity experienced by the respondents, it can be estimated that the inflammation they experienced was not severe so that their level of anxiety was not high.

However, there were 34% of respondents who experienced severe anxiety and even experienced panic. According to research by May et al. (2021), the anxiety experienced by survivors of COVID-19 increases in certain groups such as people who live alone, in women and in communities with low incomes, low levels of education and individuals who are not married. In this study, several respondents who experienced severe anxiety to panic could be associated with the condition of the sequelae of COVID-19 or what is known as long covid, concerns about recurrence and concerns about infection to others (Wu et al., 2021).

2. Respondents' Level of Stress

The results showed that most of the survivors experienced mild stress (59%) and there were 3 survivors who experienced severe stress (7%). The rest are survivors with moderate stress (34%). This shows that all respondents experienced stress ranging from mild, moderate to severe. According to Kurniawan and Susilo (2021), the risk factors for stress in survivors of COVID are social stigma and the long-term effects of COVID-19 (long covid). There are many cases of COVID-19 where survivors still feel symptoms of the disease for more than 60 days after the first onset (Kurniawan and Susilo, 2021). Survivors can also experience stigmatization which makes it difficult for them to return to

their normal activities (Kurniawan and Susilo, 2021). This condition makes them still feel the effects of COVID-19 even after they recover, and ultimately increases stress.

The mild stress experienced by respondents was related to the mild symptoms or conditions of COVID-19 without symptoms experienced by respondents. Stress in survivors of COVID-19 is also related to the severity of the disease. The higher the degree of severity, the higher the level of stress experienced by survivors (Mazza et al. 2020). Although most of the respondents experienced mild stress, there were those who experienced moderate and severe stress. For respondents who experienced severe stress, it was found that they experienced stigma directed at them and their families.

Apart from stigma, based on the stress questionnaire according to Holmes and Rahe used in this study, the things that burden the survivors of COVID-19 and cause great stress are the conditions they are experiencing, and the death of family members who cannot survive COVID-19. In adolescent respondents who are still in school (age 18-25 years) who experience severe stress, burdens that cause stress include death of family members, parental divorce and death of close friends. Apart from that, matters related to school/college were also a big burden which caused stress for the respondent. These things include entering college in a new semester, piling up college assignments that cannot be done during illness, arguing with lecturers, getting lower grades than expected, missing classes a lot and changing places of study (on campus and then at home). Sick).

The results of this study indicate the need for support for COVID-19 survivors to increase their resilience in dealing with anxiety, loneliness, stress and depression after recovering from COVID-19. Resilience can increase an individual's resistance to the stress they face and reduce the chances of an individual experiencing post-traumatic/post-COVID-19 stress disorder (Yuliyani, 2021). COVID-19 survivors need to have good social skills which include good communication and interpersonal relationships with others to bring up social support from others (Yuliyani, 2021). However, cultivating social skills is not easy for survivors of COVID-19 who experience anxiety and stress disorders. For this reason, it is necessary to have support from the community and health workers to help them rise and be free from anxiety and stress.

For adolescent survivors who are still in school, it takes understanding and wisdom from the school to modify or provide solutions for an effective learning process and not add to their mental burden. Extension of time for completing assignments and catching up on lessons or other measures may be required. Kurniawan and Susilo (2021), based on

their research results, suggest the need to help survivors develop adaptive mindsets and the ability to manage emotions as well as provide social and spiritual support.

If COVID-19 survivors are able to get past the anxiety and stress they are experiencing, they can continue to work, go to school and live their daily lives normally. Furthermore, they can become agents of disseminating correct information about COVID-19 in society to dispel hoaxes and stigma. They will also be able to help other sufferers and survivors of COVID-19.

3. Stigma yang diterima responden berhubungan dengan COVID-19

The results showed that in general, there were a small proportion of respondents who experienced stigma in the form of negative stereotypes, labels as disease carriers, exclusion and discrimination (13%). The survivors who experienced stigma experienced ostracism, shunned and abandoned because they were considered as carriers of infectious diseases. They are also not allowed to leave the house even though they have tested negative for COVID-19. Family members who are negative for COVID-19 also experience isolation and shunning.

Stigma is a term that describes a situation or condition related to the point of view of something that is considered to have a negative value (Wilsher, 2020). In the health sector, social stigma in the context of health is a negative relationship between a person or group of people who share certain characteristics and certain diseases (WHO, 2020d). Stigma causes a person to be viewed negatively so that people around them tend to stay away and do not want to be involved in contact with them even though they have been declared cured. This is what was experienced by some of the research respondents. They are shunned even though they have been declared COVID-19. The stigma experienced by sufferers of COVID-19 even extends to the people in that area refusing the bodies of COVID-19 patients to be buried in certain areas (Wicaksono, 2021).

The level of stigma associated with COVID-19 is actually based on three main factors, namely: COVID-19 is a new disease and there are still many things that are unknown about this disease; People are often afraid of something that is not known for certain; and It's easy to attribute those fears to other people. Feeling afraid that other people will transmit the disease to him (UNICEF, 2020). According to WHO (2020), several ways that can be done to fight social stigma related to COVID-19 are:

1. Disseminating true facts to the public about COVID-19. COVID-19 is a new disease so much is still unknown about this disease and further research is needed about this disease. Negative assumptions about this disease and its sufferers that are not based on careful research cannot be recognized as true.
2. Involve social media influencers to spread correct information about COVID-19 and clarify hoax news that is spreading in the community.
3. Amplifying the voices of people who have recovered from COVID-19 or survivors of COVID-19. These survivors are people who have real experience of how to fight against COVID-19 in order to recover. By listening to and understanding the perspectives of sufferers of COVID-19, it is hoped that the community can be more empathetic and no longer label negative stigma towards COVID-19 patients.
4. Demonstrate joint efforts in preventing COVID-19 from all people with various economic, educational, ethnic and diverse cultural backgrounds so that there is no stigma of COVID-19 against certain groups of people.
5. Improvement of ethical journalism. In this case, information media providing news about COVID-19 are expected to provide news that promotes content about basic infection prevention practices, symptoms of COVID-19 and when to seek health care. Link a number of initiatives overcoming Stigma and stereotypes to create movement and a positive environment that shows caring and empathy.

Anxiety, stress and stigma are indeed often found in cases of infectious diseases or diseases that are highly contagious and deadly or difficult to cure. One example of the negative effects of stigma is the stigma in people with HIV/AIDS. According to Hudzaifah and Ningrum (2021), stigma in people with HIV/AIDS significantly reduces the quality of life of people with HIV/AIDS. Furthermore, according to Yunere and Yaslina's research (2020), the stigma against COVID-19 has even increased the anxiety of nurses or other health workers in dealing with COVID-19. For the patients themselves, stigma, anxiety and stress can hinder the patient's recovery. Many patients who are confirmed positive for COVID-19 choose to keep their positive status secret to avoid stigma and even choose not to seek help or treatment from health facilities. They also don't even implement transmission prevention measures, so they are more at risk of infecting more people around them.

The world of health is constantly changing with various challenges including infectious diseases that may cause pandemics in the future, requiring us to prepare ourselves. Not only in terms of readiness in handling cases physically for recovery, but also from a social

and psychological perspective of sufferers and society. The community needs to get the right information and the authorities, including the government, need to take significant action to dispel hoaxes and misleading information that can harm the public, sufferers and even health workers. Further research needs to be carried out to find effective ways to reduce stigma and anxiety, involving various parties, including the survivors themselves.

CONCLUSION

The results showed that a total of 74% of COVID-19 survivors experienced anxiety ranging from mild anxiety (33%), moderate (7%), severe (30%) and very severe/panic (4%). 100% of survivors experience stress, ranging from mild stress (59%), moderate stress (33%) and severe stress (7%). On average, 13% of survivors of COVID-19 are stigmatized related to COVID-19. The stigma they receive includes negative stereotypes, being labeled as carriers of infectious diseases, segregation/exclusion and discrimination. Efforts are needed to provide psychological support for sufferers and/or survivors of COVID-19 so that they do not experience severe psychological disorders which will eventually lead to other health problems

REFERENCES

- Alwi, I. (2015). Kriteria empirik dalam menentukan ukuran sampel pada pengujian hipotesis statistika dan analisis butir. *Formatif: Jurnal Ilmiah Pendidikan MIPA*, 2(2).
- Ayu, R. J., & Wardiana, U. (2021). *Psychological Well Being Pada Penyintas COVID-19*. (Bachelor Skripsi), IAIN Tulungagung, Tulungagung.
- Cucinotta, D., & Vanelli, M. (2020). WHO Declares COVID-19 A Pandemic. *Acta Biomedica*, 91(1), 157-160. doi:DOI: 10.23750/abm.v91i1.9397
- Dinas Kesehatan NTB. (2020). DATA COVID-19 NTB Update terakhir 30 Agustus 2020, 21:56. Retrieved from <https://corona.ntbprov.go.id/>
- Direktorat Jenderal Pencegahan dan Pengendalian Penyakit. (2020). Situasi Terkini Perkembangan Coronavirus Disease (COVID-19) 30 Agustus 2020. Retrieved from Infeksi Emerging; Media Informasi Terkini Penyakit Infeksi Emerging website: https://covid19.kemkes.go.id/situasi-infeksi-emerging/info-corona-virus/situasi-terkini-perkembangan-coronavirus-disease-covid-19-30-agustus-2020/#.X0u_eXkzbIV
- Gugus Tugas Percepatan Penanganan COVID-19. (2020, 28 Agustus 2020). Pasien Sembuh Mencapai 120.900 kasus. Retrieved from <https://covid19.go.id/p/berita/pasien-sembuh-mencapai-120900-kasus>

- Hudzaifah, A. F., & Tita Puspita Ningrum. (2021). Hubungan Stigma HIV Dengan Kualitas Hidup Penderita Hiv/Aids. *Jurnal Keperawatan BSI*, 9(1), 68-73.
- Irasanti, S. N., & Damailia, R. (2020). COVID-19 dan pencegahan infeksi di tingkat individu. In T. Respati & H. S. Rathomi (Eds.), *KOPIDPEDIA "Bunga Rampai Artikel Penyakit Virus Korona (COVID-19)"* (pp. 193-202). Bandung: Pusat Penerbitan Unisba (P2U) LPPM UNISBA.
- Kurniawan, Y., & Susilo, M. N. I. B. (2021). Bangkit Pascainfeksi: Dinamika Resiliensi pada Penyintas Covid-19. *PHILANTHROPY: Journal of Psychology*, 5(1), 131-156. doi:<http://dx.doi.org/10.26623/philanthropy.v5i1.3326>
- Livana, P. H., Susanti, Y., & Putra, D. E. A. (2018). Hubungan Karakteristik Keluarga Dengan Tingkat Ansietas Saat Menghadapi Kekambuhan Pasien Gangguan Jiwa. *Indonesian Journal for Health Sciences*, 2(1), 46-57.
- Mazza, M. G., De Lorenzo, R., Conte, C., Poletti, S., Vai, B., Bollettini, I., ... & COVID-19 BioB Outpatient Clinic Study group. (2020). Anxiety and depression in COVID-19 survivors: Role of inflammatory and clinical predictors. *Brain, behavior, and immunity*, 89, 594-600.
- Mei, Q., Wang, F., Bryant, A., Wei, L., Yuan, X., & Li, J. (2021). Mental health problems among COVID-19 survivors in Wuhan, China. *World Psychiatry*, 20(1), 139.
- Murthy, S., Gomersall, C. D., & Fowler, R. A. (2020). Care for critically ill patients with COVID-19. *Jama*, 323(15), 1499-1500. doi:10.1001/jama.2020.3633
- Suwandi, G. R., & Malinti, E. (2020). Hubungan Tingkat Pengetahuan Dengan Tingkat Kecemasan Terhadap Covid-19 Pada Remaja Di SMA Advent Balikpapan. *Malahayati Nursing Journal*, 2(4), 677-685.
- Wicaksono, W.M. Pelaporan Kasus Penolakan Jenazah Covid-19 di Banyumas Dilandasi Empati Kemanusiaan retrieved from <https://www.kompas.id/baca/nusantara/2021/03/19/pelaporan-kasus-penolakan-jenazah-covid-19-di-banyumas-dilandasi-empati-kemanusiaan>
- World Health Organization in Indonesia. (2020). Pertanyaan dan jawaban terkait Coronavirus. Retrieved from <https://www.who.int/indonesia/news/novel-coronavirus/qa-for-public>
- World Health Organization. (2020). Stigma Sosial terkait dengan COVID-19 Panduan untuk mencegah dan mengatasi stigma sosial retrieved from https://www.who.int/docs/default-source/searo/indonesia/covid19/panduan-untuk-mencegah-dan-mengatasi-stigma-sosial.pdf?sfvrsn=4f8bc734_2
- Wu, C., Hu, X., Song, J., Yang, D., Xu, J., Cheng, K., ... & Du, C. (2020). Mental health status and related influencing factors of COVID-19 survivors in Wuhan, China. *Clinical and translational medicine*, 10(2), e52
- Yuliyani, I. (2021). Gambaran Resiliensi Pada Penyintas COVID-19 (Doctoral dissertation, Universitas Teknologi Yogyakarta)
- Yunere, F., & Yaslina, Y. (2020). Hubungan Stigma Dengan Kecemasan Perawat Dalam Menghadapi Pandemi Covid-19. PROSIDING SEMINAR KESEHATAN PERINTIS, 3(1).