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Coping Strategies Among Persons with COVID 19 Infection, Treated at Kenyatta National Hospital, Kenya

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Abstract

Coronavirus disease 2019 (COVID-19) is caused by severe acute respiratory syndrome coronavirus 2a (SARS-CoV-2a). The disease was declared a pandemic in March 2020 by the World Health Organization. Persons who contracted COVID-19 experienced social stigma. Even after they survived the disease, some were not readily accepted back into the community. Some experienced feelings of desperation amid uncertainty because of limited information regarding diagnosis, treatments, outcomes, and long-term effects. This study endeavored to document the coping mechanisms employed by patients who contracted the disease and were treated at the Kenyatta National Hospital. An exploratory study design was used to bring out the individual experiences and coping strategies with the COVID-19 infection. A structured key informant interview questionnaire was used to collect data. Purposive sampling method was used to get eligible participants for the study. Data collected was analyzed using NVivo® software. There were 794 patients admitted and treated for COVID-19 at KNH between 1 March 2021 and 31 August 2021. Of these, 617 recovered and were discharged. From the study results, a 50% response rate was registered, with more female respondents at 53% (n = 8). The majority (n = 9, 60%) of the respondents were aged 40 to 60 years, while 6 (40%) were younger than 40 years. Twelve (80%) of the participants had university education, 11 (73%) were married, and 14 (93%) worked in full-time employment. At least 3 (20%) of the respondents remained in the hospital for more than 15 days, and 8 (53.3%) of the respondents were on supplemental oxygen therapy for between 3 and 11 days. The coping strategies among them included: Family support system (n = 15, 100%), information given by healthcare providers (n = 8, 53.3%) and knowledge about COVID-19, largely obtained through the internet (n = 7, 46.6%). Coping strategies among persons following a COVID-19 infection were multifaceted and individualized. The family support system, information given by healthcare providers, and knowledge about COVID-19 played a major role in coping well after diagnosis. Social groups formed during these stressful times were a source of encouragement for many of these individuals.

Keywords: *Coping Strategies, Persons with COVID 19 Infection, Treated, Kenyatta National Hospital, Kenya*

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1.0 Introduction

Coronavirus disease 19 (COVID-19) is a member of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) class. It was first diagnosed in Wuhan, China, in December 2019 (Villar et al., 2021). The disease initially presented with flu-like symptoms and had a very high infectivity rate, making it easy to spread to many people in a short period of time (Sahoo et al., 2020). In its severe form, the disease required hospitalization, intensive care utilization, and some patients required mechanical ventilation (Raina Maclntyre, 2020). The sharp surge in COVID-19 cases increased the demand for healthcare providers worldwide, especially those in emergency and critical care units (Raina Maclntyre, 2020). The disease is associated with a mortality rate of about 5% and has variants that have been reported to be worse for patients with co-morbid conditions (Phua et al., 2020). The first confirmed case of COVID-19 in Kenya was reported on March 13, 2020, and the positivity rate was at a low of 2%. While COVID-19 itself can lead to neurological and mental complications, such as delirium, agitation, and stroke, people with preexisting mental, neurological, or substance use disorders are also more vulnerable to SARS-CoV-2 infection. A survey conducted by WHO and reported during the October 10, 2020, World Mental Health Day celebration indicated that there was an increase in demand for mental health services in the wake of the COVID-19 pandemic.

The diagnosis of COVID-19 infection can bring about psychological and physical stress to patients and their families. Being separated from family members and the psychological stress and guilt that one may have contributed to the spread of the disease to family members can be enough stressors for the patient (Sahoo et al., 2020). In all these aspects, it is important for patients to develop unique individualized coping strategies that mediate between stressors and perceived health status. The selection of appropriate coping strategies can reduce the amount of pressure that individuals can tolerate. Coping strategies for big stressful life changes or negative situations can help you maintain a positive self-image (Mahadeo & Supuriya Patil Mane, 2014). A study done in the USA on older adults diagnosed with COVID-19 reported that positive coping strategies such as exercise, modified routines, and social strategies improved physical and mental health of the clients and fostered social support, encouraged meaningful daily activities during times of stress (Finlay et al., 2021). These findings were used to inform community and clinical interventions to support older adults. During the initial stages of the pandemic, coping strategies were not only limited to patients, but also to healthcare providers, especially nurses. In the early stage, negative emotions were dominant, but later positive emotions appeared gradually (Rodríguez-Rey et al., 2020). Self-coping styles and psychological growth played an important role in maintaining the mental health of nurses (Sun et al., 2020).

1.1 Problem Statement

When COVID-19 was declared a pandemic in March 2020, many people in Kenya, just like the rest of the world, were very scared, especially with the reports on its mode of spread and the containment measures that were put in place, such as lockdowns of some regions and limitations on human movements. The issue of contact tracing also made many people hesitant to come out for screening. The disease process affected everyone in the society, and its effects spanned from politics to economics. The disease burden also affected the healthcare system of the entire world,

since it had affected millions of people across the world. The real-life experiences of patients admitted to COVID-19 wards, discharged home, and their experiences on how they integrated back into society in Kenya are scarce. This study explored these experiences and what they meant to the patients.

1.2 Objectives of the Study

To explore coping strategies among persons with COVID 19 infection treated at Kenyatta National Hospital

2.0 Literature Review

Richard Lazarus defined stress in his 1966 book as "a relationship between the person and the environment that is appraised as personally significant and as taxing or exceeding resources for coping." In the initial stages, COVID-19 infection was associated with a lot of stigma, which led to patients being isolated even from their own family members (Sahoo et al., 2020). A study conducted in Spain revealed that economic factors play a large role in how COVID-19 victims cope with life after the infection. The study also documented the need to design psychological interventions to help people cope with the COVID-19 pandemic, both at the individual and country levels, due to the economic effects of the pandemic (Rodríguez-Rey et al., 2020). The COVID-19 containment measures contributed to the destruction of family livelihoods, causing physical and psychological stress, making it difficult to cope with the aftereffects of the disease. However, another study found that positive emotional coping strategies can reduce distress among family members (Kavanagh et al., 2022). The implementation of COVID-19 containment measures, such as personal hygiene and public health behaviors that are necessary to curb the spread of the disease, such as handwashing and social distancing, proved challenging in many settings (Austrian et al., 2020).

The government of Kenya, through the county governments, has put up social amenities to improve accessibility, especially in schools and other social places. Data on slum dwellers' knowledge, attitudes, and practices (KAP) related to COVID-19 is important to understand the awareness and needs of urban slum residents in Nairobi and to help contain the spread of COVID-19 infection (Austrian et al., 2020). A study conducted in Ghana found that COVID-19 patients with preexisting co-morbid conditions were more likely to have difficulty coping with the disease (Iddi et al., 2021). This study provides novel qualitative evidence on the coping strategies of older adults in the early stages of the COVID-19 pandemic. Research has also shown that older adult patients have difficulty coping with the effects of COVID-19 infection. These studies recommend community and clinical interventions to support these patients. Coping strategies such as exercise, modified routines, and social strategies can improve physical and mental health, foster social support, and encourage meaningful daily activities (Finlay et al., 2021). Lack of information about the infectivity, mode of transmission, and spread of COVID-19 contributed to the difficulty of containing the disease and coping with its effects, especially in the early stages. Many countries developed preparedness and disease awareness campaigns to educate communities and the general public about the disease, which helped to contain it (Malawi Ministry of Disaster Management Affairs and Public Events, 2020).

3.0 Methodology

The research utilized an exploratory descriptive research design. The respondents in the study were key informants. The research design helped to bring out rich descriptive data that has facilitated understanding of the lived experiences following diagnosis with COVID-19 infection, the strategies and mechanisms that influenced coping. This study was conducted among persons admitted and discharged with COVID-19 infection at the Kenyatta National Hospital Infectious Disease Unit, between March and July 2021. The specific population of interest was persons with lived experiences after COVID-19 infection. The study employed purposive sampling, targeting a sample size of 30 respondents. The participants were invited by phone and a physical interview was arranged at the participant's convenience. Data was analyzed thematically.

4.0 Results

Out of the 30 participants who were recruited for the study, 15 fully participated, presenting a 50% response rate. According to Saunders et al. (2000), a response rate of 50% or more is considered adequate for data analysis. Therefore, a 50% response rate was considered adequate for further analysis of the data in this study. The study attracted more female respondents, with 53% (n = 8). The majority of the respondents were aged 40 to 60 years (n = 9, 60%), and 6 were <40 years old (n = 6, 40%). Twelve (80%) of the participants had university education, 11 (73%) were married, and 14 (93%) worked full-time. At least 3 (20%) of the respondents remained in the hospital for more than 15 days, and 8 (53.3%) of the respondents were on supplemental oxygen therapy for between 3 and 11 days. Different factors influenced coping with COVID-19 infection among persons receiving treatment and care after discharge. This is consistent with the experiences shared by other patients in a study exploring individual perceptions (Shaban et al., 2020). The coping strategies among them included: family support system (n = 15, 100%), information given by healthcare providers (n = 8, 53.3%) and knowledge about COVID-19, largely obtained through the internet (n = 7, 46.6%). The study results indicated that the reactions of persons after receiving positive COVID-19 results varied. The majority of the respondents (60%, n = 9) received the results with shock and were in denial. Three (20%) were afraid of death, and all the respondents were worried for their loved ones.

Some of the respondents cited that

> "*I asked the doctor whether indeed it is true, I didn't believe but since the doctor had the results, he gave me to read for myself, I asked him what I needed to do to survive*" (P4).
>
> *"When I receiving the positive COVID19 results, I was shocked, afraid became mute, I thought I was dying the next minute" (P 14)*
>
> *"I wondered where I went wrong because I have been very careful, following all the containment measures was always in mask when handling patients since I work in the hospital. I suddenly felt sicker breatheless and I was dying" (P-3)*

On exploring the factors that determined the coping mechanism among persons following COVID 19 infection; All the 15 respondents indicated that family support system was key in coping with the infection, in line with a study done in Australia (Shaban et al., 2020). Majority of the respondents in this study confirmed that their families were very supportive in all aspects. They

received social, emotional, spiritual and material support from the family. The appreciated that it was comforting to have a support system that helped them accept the disease and the containment measures that they had to adhere to. The support from healthcare providers, family, friends coupled with knowledge about COVID19 infection, helped them cope better and faster.

Some of the respondent noted that…

> "*They were there for me since the day I was confirmed COVID19 the until the day I was confirmed positive, the support was both material and emotional*" (P5).
>
> *I was greatly supported by my reverend who encouraged me, prayed with me and gave me hope that there's power of God's healing and that I needed to have faith in him(P-9)*
>
> *We had a support group and formed Whatsapp group to encourage one another, we could share new information on COVID 19 infections via the internet (P-9)*
>
> *"When I was home and was on rest, I realized a lot of perceived stigma, especially my friends whom we used to meet for drinks in a nearby joint, were not free even to call the way they used to. Since our place is a quiet community, I decided walks in the evening as part of exercise but on purpose to meet the people to remove their fear of me" (P-3)*

One of the respondents resulted to using phone and video calls as a way of communication and getting to contact family members to help cope with missing them during the time of isolation. This is also in line with other studies done elsewhere (Shaban et al., 2020). The respondent said.

> "*I had excellent family support, my wife was there for me, she insisted I go to hospital visited me daily, I missed my children but they called my daily, my sister and brothers were willing to come but we told not to, they all visited me once I was out of the hospital*" (P9).

On the ability to share their experience on coping with COVID19 infection with the public; Majority of the respondents noted that they would be willing to share their experiences with the public. However, some noted it would be difficult to share the experience. One respondent observed that…

> "*The experience at my workplace made it difficult for me to share with anyone, some of my colleagues feared entering my office, could not share meals together as we did previously, I felt isolated"* (P13).
>
> "The *girl who serving in my office could come very early to do everything and ensure that the time am in the office she does not appear there. I understood the stigma and decided not to be calling her and could serve myself until things normalized" (P-13)*

The respondents were asked to describe the factors that contributed to them coping well after diagnosis with COVID 19 infections. Most of the respondents acknowledge family support as the main factor that helped them cope well after diagnosis. They also received support from friends, workmates, health workers, and church members. Additionally, some respondents noted that knowledge about COVID 19 helped in coping with the situation.

Some of the respondent noted that…

"*My family was all loving & caring, they made sure that I complied with the medication and nutritional guidelines*" (P2).

"*My wife was so supportive; she took a lead role when I got sick*" (P5).

"*I also got encouragement from my doctors, my family support system was good and that encouraged me to soldier on*" (P8).

"We formed a staff COVID19 support group, we could visit each other, like for when I was really down they came and prayed with me when those I knew as great friend could not even come near my door" (P-11)

4.0 Discussion

All 15 respondents indicated that family support was key in coping with the infection, which is consistent with a study done in Australia (Shaban et al., 2020). The respondents acknowledged family support as the main factor that helped them cope well after diagnosis. The findings also agree with the results of Finlay et al. (2021), which found that social support was critical in coping with COVID-19 infection. According to the findings, the majority of the respondents confirmed that their families were very supportive in all aspects. They received social, emotional, spiritual, and material support from their families. They appreciated that it was comforting to have a support system that helped them accept the disease and the containment measures that they had to adhere to. The support from healthcare providers, family, and friends, coupled with knowledge about COVID-19 infection, helped them cope better and faster. The findings also concur with the results of Dändliker et al. (2022), which reported the importance of family and friends support. The respondents cited the fact that knowledge about the COVID-19 infection process was helpful in coping with the disease and in managing stigma, especially with people in the community after discharge. This was consistent with the COVID-19 stigma guide (Is & Stigma, 2020). The respondents also appreciated the information they got from healthcare providers, which helped them expand their knowledge of the disease process. This is consistent with a personal experience shared by Hackett (2022). Majority of the respondents said that they would be willing to share their experiences with the public anytime if needed, which is consistent with Hackett (2022). However, some noted that it would be difficult to share their experience. The coping strategies were multifaceted. The majority of the respondents cited family support system as a key factor in coping with COVID-19 infection. Other factors included social and spiritual support and encouragement, information from healthcare providers, and knowledge about the COVID-19 infection process.

5.0 Conclusion

The study concluded that coping strategies among persons following a COVID 19 infection were multifaceted and individualized. The family support system, information given by the healthcare providers and knowledge about COVID19 played a major role in coping well after diagnosis with COVID 19 infection. Social support groups formed and managed by those with lived experiences following COVID19 infection worked as a back-borne to many who initially had difficulties in coping with the disease and stigma coming with it.

6.0 Recommendations

There's need to involve Families and friends in providing all necessary support to help persons cope with life after COVID19 infection. These should include social, emotional, material and spiritual support. There's need to do awareness campaigns to empower the communities with knowledge on spread of SARS-CoV-2a spread to avoid stigma.

REFERRENCES

Austrian, K., Pinchoff, J., Tidwell, J. B., White, C., Abuya, T., Kangwana, B., Ochako, R., Wanyungu, J., Muluve, E., Mbushi, F., Mwanga, D., Nzioki, M., & Ngo, T. D. (2020). COVID-19 Related Knowledge, Attitudes, Practices and Needs of Households in Informal Settlements in Nairobi, Kenya. *SSRN Electronic Journal*, *April*, 1–21. https://doi.org/10.2139/ssrn.3576785. https://doi.org/10.2139/ssrn.3576785

Dändliker, L., Brünecke, I., Citterio, P., Lochmatter, F., Buchmann, M., & Grütter, J. (2022). Educational Concerns, Health Concerns and Mental Health During Early COVID-19 School Closures: The Role of Perceived Support by Teachers, Family, and Friends. *Frontiers in Psychology*, *12*(January). https://doi.org/10.3389/fpsyg.2021.733683. https://doi.org/10.3389/fpsyg.2021.733683

Finlay, J. M., Kler, J. S., O'Shea, B. Q., Eastman, M. R., Vinson, Y. R., & Kobayashi, L. C. (2021). Coping During the COVID-19 Pandemic: A Qualitative Study of Older Adults Across the United States. *Frontiers in Public Health*, *9*(April), 1–12. https://doi.org/10.3389/fpubh.2021.643807

Hackett, G. (2022). Fulminating COVID -19 infection: my personal experience . *Trends in Urology & Men's Health*, *13*(1), 23–25. https://doi.org/10.1002/tre.838

Iddi, S., Obiri-Yeboah, D., Aboh, I. K., Quansah, R., Owusu, S. A., Enyan, N. I. E., Kodom, R. V., Nsabimana, E., Jansen, S., Ekumah, B., Boamah, S. A., Boateng, G. O., Doku, D. T., & Armah, F. A. (2021). Coping strategies adapted by Ghanaians during the COVID-19 crisis and lockdown: A population-based study. *PLoS ONE*, *16*(6 June), 1–21. https://doi.org/10.1371/journal.pone.0253800

Is, W., & Stigma, S. (2020). *Social Stigma associated with COVID-19 A guide to preventing and addressing*. *February*, 1–5.

Kavanagh, B. E., O'Donohue, J. S., Ashton, M. M., Lotfaliany, M., McCallum, M., Wrobel, A. L., Croce, S., Berk, M., Saunders, L., Lai, J., & Berk, L. (2022). Coping with COVID-19: Exploring coping strategies, distress, and post-traumatic growth during the COVID-19 pandemic in Australia. *Frontiers in Psychiatry*, *13*(October), 1–12. https://doi.org/10.3389/fpsyt.2022.1025767

Malawi Ministry of Disaster Management Affairs and Public Events. (2020). National Covid-19 Preparedness and Response Plan. *Malawi Governement*, 84. https://planipolis.iiep.unesco.org/en/2020/national-covid-19-preparedness-and-response-plan-6901

Phua, J., Weng, L., Ling, L., Egi, M., Lim, C. M., Divatia, J. V., Shrestha, B. R., Arabi, Y. M., Ng, J., Gomersall, C. D., Nishimura, M., Koh, Y., & Du, B. (2020). Intensive care management of coronavirus disease 2019 (COVID-19): challenges and recommendations. *The Lancet Respiratory Medicine*, *8*(5), 506–517. https://doi.org/10.1016/S2213-2600(20)30161-2

Raina Maclnture, A. A. C. (2020). Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-. *Ann Oncol*, *January*, 19–21.

Rodríguez-Rey, R., Garrido-Hernansaiz, H., & Collado, S. (2020). Psychological Impact and Associated Factors During the Initial Stage of the Coronavirus (COVID-19) Pandemic Among the General Population in Spain. *Frontiers in Psychology*, *11*(June). https://doi.org/10.3389/fpsyg.2020.01540

Sahoo, S., Mehra, A., Suri, V., Malhotra, P., Yaddanapudi, L. N., Dutt Puri, G., & Grover, S. (2020). Lived experiences of the corona survivors (patients admitted in COVID wards): A narrative real-life documented summaries of internalized guilt, shame, stigma, anger. *Asian Journal of Psychiatry*, *53*(January). https://doi.org/10.1016/j.ajp.2020.102187

Saunders, M., Lewis, P., & Thornbill, A. (2000). *Research Methods for Business Studies*.

Shaban, R. Z., Nahidi, S., Sotomayor-castillo, C., Li, C., Hackett, K., & Bag, S. (2020). *Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID- 19 . The COVID-19 resource centre is hosted on Elsevier Connect , the company ' s public news and information . January*.

Villar, R. C., Nashwan, A. J., Mathew, R. G., Mohamed, A. S., Munirathinam, S., Abujaber, A. A., Al-Jabry, M. M., & Shraim, M. (2021). The lived experiences of frontline nurses during the coronavirus disease 2019 (COVID-19) pandemic in Qatar: A qualitative study. *Nursing Open*, *8*(6), 3516–3526. https://doi.org/10.1002/nop2.901