A manufacturing industry's perspective on Covid-19 survivors in Harare, Zimbabwe

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Abstract

The Covid-19 pandemic has had devastating mental health effects on most people mainly as a result of measures being used to contain it like self-quarantine, self-isolation, and social distancing. This study seeks to explore the lived experiences of Covid-19 survivors at a manufacturing company in Harare, Zimbabwe. The objectives of the study were to describe the psychosocial experiences of Covid-19 survivors, explore the coping mechanisms employed by the Survivors, and come up with a psychosocial support model for Covid-19 management. A qualitative research approach was used. A total of 8 participants took part in the study. The researcher utilized purposive sampling to select study participants. Data was collected using a semi-structured interview guide. Data were analyzed using thematic analysis. Major findings of the study were that participants had near-death experiences accompanied by grief experiences shock and panic in the first three days post-diagnosis with Covid-19 which altered the mental state of individuals.

Keywords: Covid-19; Manufacturing Industry; Psychosocial; Survivors.

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1. Introduction

The first wave and second wave of Covid-19 wreaked havoc globally. The workplace was not spared, as countries attempted to balance economies and contain Covid-19 hence companies categorized as essential services were allowed to operate (Atasoy, 2021; Sonmez & Zencirkıran, 2021; Negash, 2022). Studies done on lived experiences of Covid-19 survivors revealed mental torture for the survivors. In a study done in Kashmir India, results showed high levels of enacted eternalized stigma among Covid -19 survivors. The survivors reported minimization of social communications, losing friends, being unfriended on social media platforms, being verbally abused, and being called names (Dar et al., 2020). In the same study, Covid-19 survivors reported that they were being mocked by their communities, asked to vacate their houses by their landlords, denied access to private transport, and fired from their private jobs (Budian & Sarkute, 2021).

Narrative studies for Covid-19 intensive care survivors done in China where the pandemic started revealed mental agony among the survivors. Experiences of a 52-year-old diagnosed with Covid-19 with comorbid diabetes mellitus revealed extreme anxiety, worried and excessive sweating despite maintaining normal oxygen saturation (Sahoo et al. 2020). The survivor revealed that soon after being diagnosed with Covid-19 she developed severe anxiety and after a few hours had shortness of breath and started having recurrent thoughts that she was going to die. Another 40-year-old man in the same study indicated that he had recurrent thoughts that "my future is doomed; I may die and get paralyzed'. He further reported that he was not afraid of death but was worried about his family's future and would see images of his children crying whenever he goes to sleep.

1.1. Related Studies

A study on lived experiences of Covid-19 survivors among Arabic, Russian and Somali-speaking migrants in Finland identified seven key themes that depicted psychological fears the respondents faced (Finell et al 2021). The respondents indicated that they feared death most when they were ill and also reinfections when they had been cured of the virus. The high-stress levels among the migrant survivors were worsened by the fact that refugees' backgrounds on their own can expose people to stress and psychological vulnerability.

Another lived experiences study done in Russia revealed that survivors experienced guilt, shame, stigma, and anger feelings (Travaglino & Moon, 2020). People developed feelings of guilt after realizing that others have been infected and all have been traced to them. They blamed themselves for "carelessness", and would feel shameful and guilty about their actions. He would remain preoccupied with thoughts such as "how would he face his friends, neighbors, and fellow villagers". Another couple in the study developed Acute Stress Reaction after they infected their parents following a visit to their home area. They would cry all day blaming themselves for infecting their parents.

A Covid-19 survivor in Nigeria, Lagos State who is a registered nurse by profession revealed that she went through mental agony as she realized that she had Covid -19 (UNICEF Nigeria, 2020; Al Jazeera, 2021). She indicated that on the third day of being on oxygen she had to send text messages to her significant others that they have to prepare for her death. After surviving Covid-19 she learned a lesson to be more careful in observing all precautions such as hand washing, wearing a face mask, and keeping a physical distance. According to mental health, experts repeated obsession with such practices may lead to Obsessive Compulsive Behavior hence the need for mental health attention for survivors of Covid -19.

The first Zimbabwean Covid-19 patient revealed that though he had survived Covid-19 the experiences had psychological trauma. Narrating his experiences to Reuter's news team, indicated that even the medical staff would fear coming close to him. He had this to say, "the way they dispersed was as if 10 hungry lions were being released from the ambulance, imagine, yet am just a human being" Although he was cleared of the disease after two weeks friends and relatives would not visit him or talk to him, even from a distance. He went on to say "I heard one person referring to my road as corona road and some people now avoid the road altogether, it hurts, but I have to be mature and accept it" (Dzirutwe, 2020).

A psychiatrist with the Ministry of Health and Child Care in Zimbabwe, who survived Covid-19 revealed that his experiences were that of fearing death to the extent that he had to write his will as he was convinced that death was imminent. Upon recovery from the disease colleagues at work would still avoid him. Speaking from a personal experience, he stated that even your friends will be scared to get close to you for their safety. He went on to say that he had numerous thoughts and friends who brought suppliers of medication would throw the medication over the gate (Ministry of Health and Child Care, n.d.).

1.2. Purpose of study

Whilst studies on lived experiences of Covid-19 survivors have been done in Europe and Asian countries very few are linked to the workplace hence the need for this study to explore narratives of survivors of Covid-19 at the workplace in Zimbabwe. The majority of Covid-19 research is quantitative with biases on the disease process, treatments, and management, narratives of those who experienced the disease must be taken into consideration hence the need for this qualitative study. It is against such a background that the researcher explored the lived experiences of Covid -19 survivors who lived through and survived the disease as one gets first-hand information. The study sought to explore the lived experiences of Covid-19 survivors from the manufacturing industry in Harare, Zimbabwe.

1.3. Objectives

1. To describe the psychosocial experiences of Covid-19 survivors
2. To explore the adaptive and maladaptive coping mechanisms employed by Covid-19 Survivors
3. To come up with a psychosocial support model for Covid-19 management.

1.3.1. Research Questions

1. What are the psychosocial experiences of Covid -19 survivors?
2. What are the adaptive and maladaptive coping mechanisms being employed by Covid-19 survivors?
3. What psychosocial support model can be utilized for Covid-19 management?

2. Materials and Methods
2.1. Research Approach

The study assumed a qualitative research approach which according to Mack (2005) contributes to the culturally specific and contextually rich data. Qualitative research is essential in obtaining culturally specific information about the values, opinions, behaviors, and social context of populations. It makes use of open-ended questions that can bring to mind answers that are meaningful and offers participants to respond in their own words. It as well gives the researcher the chance to prompt study participants' responses by asking "how and why" questions.

The qualitative research approach was preferred as it offered a frame in which lived experiences of Covid-19 survivors can be interpreted hence a rich understanding of the experiences. This approach offers a frame in which participants lived experiences can be interpreted hence a comprehensive understanding of lived experiences can be achieved. The expression "lived experiences "refers to phenomenological tradition concerning experiences of the everyday lifeworld. Such experiences from our everyday world are reflective and usually less available to our conscious. Lived experiences cannot be captured through objective scientific methods but rather through narratives of those who experienced the phenomena (Missel & Birkelund, 2019; Park et al., 2020).

2.2. Research Design

The study adopted a phenomenological research design. Phenomenological research design focuses on individuals lived experiences within the world. Phenomenological research design endeavors to understand what a group of people felt during a phenomenon and in this study the researcher was concerned with the lived experiences of Covid-19 survivors, and their perceptions of the trajectory they went through with Covid-19. Through phenomenological research design, one can understand how humans perceive an event and a detailed understanding of human subjects' perceptions and experiences is gathered. Rich data on the experiences of Covid-19 survivors were gathered so the researcher could explore and probe further their experiences with Covid-19.

2.3. Participants

The study adopted the purposive sampling technique which was seen as the most appropriate as it assists to gain insight into a wide range of perspectives concerning the idea one is interested in studying. In this case, the study focused on lived experiences of Covid-19 survivors at a manufacturing company in Harare, Zimbabwe. The purposive sampling enabled the researcher to identify Covid-19 survivors who could be reached for participation in the study. A total of 8 participants who were purposively sampled took part in the current study. All the participants are from the manufacturing industry in Harare, Zimbabwe. The study targeted Survivors of Covid-19 both males and females. Interviews were conducted using an open-ended questionnaire.

2.4. Data collection instrument

Data collection tool refers to the devices or instruments used to collect data. In this study, the researcher utilized an in-depth interview schedule to collect data. In-depth interviews are an open-ended discussion that involves conducting research through individual interviews with a small number of respondents. The main objective is to discover their perspectives on a particular situation, idea, and program (Boyce, 2006). In-depth interviews are used to explore and understand a person's thoughts, ideas and behaviors.

Since the researcher was interested in the narratives of Covid-19 survivors, in-depth interviews have the advantage of allowing participants to share opinions, the researcher can elicit more information and uncover greater insights through probing hence rich data is obtained. According to Missel & Birkelund (2019), human beings can experience the world in a pre-thinking way. Narratives enable one to share the meaning of these unarticulated experiences. To appreciate the experiences of Covid-19 survivors the researcher employed a narrative approach in data collection through open-ended In-depth interviews. The open-ended interviews explored the participants lived experiences and emphasized listening to the participants. Survivors of Covid-19 were asked to narrate how they experienced undergoing diagnosis of Covid-19, how they coped with the disease during isolation, and what else would they want to talk about

their experiences. Interviews were conducted face to face maintaining a distance of two meters whilst putting on a surgical mask based on ethical responsibility not to spread the virus. The interviews were recorded and transcribed verbatim by the researcher. According to Ricoeur, something happens to the language when the spoken words are transformed into written words hence the task of the interpreter is therefore not to look behind the text but rather to interpretively unfold the issue the text is pointing to.

2.5. Procedure

The researcher was motivated by the psychological problems that were emerging from Survivors of Covid-19. The researcher debated a suitable topic for the study to better understand the problems. Current existing literature was used inclusive of both primary and secondary data at the company understudy, to come up with the problem statement. Research questions were stated and helped to come up with study objectives. A phenomenological research design was preferred for the study and heterogeneous purposive sampling was realized as most appropriate for the study. The researcher was permitted by the company to conduct the study. Appointments with study participants were made to gain their permission. Thematic analysis was preferred to analyze data and themes were isolated which played a crucial role in the discussion section. Recommendations evolved from the results of the study.

2.6. Data Analysis

In the study, data were analyzed using the qualitative approach of thematic analysis. Thematic analysis is a method for identifying, analyzing, and reporting patterns (themes) within data and it interprets various aspects of the research topic. Common phenomena were identified and grouped into themes

3. Results

3.1. Theme: Diagnosis as Death Sentence

3.1.1. Near-death experience

After being diagnosed with Covid-19 all the participants felt that it was the end of the world, they were going to die. This theme was prominent soon after diagnosis with Covid-19. They also described how watching worldwide news of people dying from Covid-19 strengthened the belief that they were going to die from the disease. One participant mentioned that he went to the extent of writing a will and calling his family that he was going to die. Participants revealed that feelings of death were more prominent in the first three days of being diagnosed with Covid-19. The fears of death were accompanied by nightmares during the night with some having lack of sleep. These sentiments were expressed during the interview as highlighted below:

"Fear of death gripped me soon after being diagnosed with Covid-19 given the statistics of death that were being reported worldwide. I suffer from hypertension and news had it that people with chronic disease have a high chance of dying from Covid-19, I was quite sure that I will not make it." **Participant 1**

"The first two days were hell on earth for me. I felt death was on my doorstep. This was worsened by being kept in isolation. I could not sleep for two days fearing that I will die whilst sleeping alone". **Participant 2**

"The first three days were crucial for me to decide whether I was going to die or make it, the lord communicated to me that if I remain in bed, I was going to die so I decided to come out of my bed and do

activities. The advice I give you is that if you are diagnosed with this disease don't remain in bed because you will surely die". **Participant 3**

"*This disease kills. The first thought that came to my mind was that I was going to die. The thought fades as time moves on and as you hear testimonies of people who recover from it*". ***Participant 4.***

"Ï was so terrified and feared death so much soon after being told that I had Covid-19". **Participant 5**

"*Ï went into a deep sleep for three hours soon after being told I had Covid-19. When I woke up, I wrote a will because I was convinced that I was going to die from this disease".* **Participant 6**

''I had just lost my father from Covid-19 and when I was told that I had Covid-19 I feared to die also. This was also worsened by statistics coming from the media". **Participant 7**

*''I almost died my brother. This disease is serious. In my neighborhood, people are dying. I was frightened when I received the results***". Participant 8**

3.2. Theme: Grief Experiences

3.2.1. Panic and Shock

The research discovered that soon after being diagnosed with Covid-19 participants indicated that they went through the grief stage of panic and shock, a state of disbelief and numbed feelings. These experiences were worsened because of the way the results were delivered. Participants in their recommendations felt that counseling is needed before one is tested and when getting results. This theme is illustrated in the following interview extracts:

''I tried not to panic but I could not contain it, I felt I sharp pain in my chest soon after being told of the results. I did not like at all the way the Doctor told me the results. I felt isolated". **Participant 1**

''I was so frightened soon after being told of the diagnosis. My heartbeat started pouncing. I have never felt like that in my life". **Participant 2**

"*I was so terrified and shocked with the results, I started to sweat a lot. I tried to ask the health workers what was next but no one gave me satisfactory answers*. **Participant 5**

''I was shocked when I received the news that I have Covid-19. I started to experience nightmares in the first three days of diagnosis". **Participant 3**

3.3. Theme: Altered Mental State

3.3.1. Effect on the thinking Process

The study discovered that being diagnosed with Covid-19 has a bearing on the mental state of individuals. Participants narrated that they had episodes of confusion and some had episodes of experiencing hallucinations with one participant indicating that ''it is as if the brain is full of water that one cannot think properly". This is worsened by being told to isolate themselves from others. This was shown in the below interview extracts:

''Am convinced that there is something this disease does to the brain. I cannot explain it but there is something it does. You will no longer be thinking normally as you used to do. I was no longer mentally stable". **Participant 1**

''I was not thinking properly. It was as if my brain had water now. I cannot explain it, but was not thinking properly". **Participant 6**

'' I had hallucinations, especially when having difficulties in breathing, maybe it's because the brain would be deprived of oxygen". **Participant 8**

3.4. Theme: Felt neglected by health workers

3.4.1. Need for Counselling

The study revealed that there is a need for professional counseling before testing, on giving results, and continuous follow-up of those diagnosed with Covid-19. These sentiments were shared by all participants of the study. Some participants felt that they were neglected by health workers in terms of their mental health care. This is revealed in the below interview extracts:

''I did not like at all the way the Doctor told me the results, I felt isolated. He just said let's go outside, your results are positive. I did not receive any counseling. I felt confused. I had so many questions to ask the Doctor but he just walked away. It was as if the Doctor also feared contracting the disease. **"Participant 1**

''Follow-up from the health team is very essential, especially in the first three days. You know what when my mother phoned me on day 3, I felt so relieved and that's when I started eating". **Participant 3**

''I could not get any information from the health workers. I asked what is next and I was told to go and drink water for 10 days. If those who are supposed to assist you to treat you like this it affects you mentally. There is a need for counseling and information dissemination just like what is done in HIV/AIDS". **Participant 6**

''I missed the counseling part when I received my results. They just told me that the results are positive. I did not know what to do after getting the results". **Participant 8**

3.5. Theme: Increased Family Bond

3.5.1. Family support

One of the positives that came out of the study is that participants experienced increased family support during their experiences with the disease trajectory. Support from the family was mainly through moral support and financial support. This increased family bonds and strengthen family relations. However, participants bemoaned a lack of following from the workplace only to surface to clear them to return to work. This was revealed in the below interview extracts:

''The major support was from my family. They supported me financially and also with moral support. This lifted my spirit very much". **Participant 5**

''I only got support from my family and pastor. It is important that the human resource department make a follow-up on people diagnosed with Covid-19, especially during the first three days. There was no communication from my workplace. I felt neglected **"Participant 3**

"I was supported by my family. They gave me encouragement and were available for me. All my medication was bought by family members **"Participant 6**

*" My family and friends supported me with food items. Am forever grateful to them". **Participant 7.***

3.5.2. Need for Support Groups

One participant suggested the need to form Covid-19 Survivor Support Groups led by Covid-19 survivors to offer emotional support to victims of Covid-19.
''There is a need for a support group led by volunteers who survived the disease. Am willing to initiate this. We have first-hand information hence we are in a better position to give information." **Participant 2**

3.6. Theme: Coping activities at home

3.6.1. Keeping Entertained

In a bid to cope with the psychological effects of isolation and quarantine the participants turned to home activities as coping strategies. These activities relieved boredom as some participants were restricted from enjoying spare time activities. The most pronounced coping strategies included reading the bible, online games, gardening, exercising, watching television, and confronting the virus. This was revealed in the below interview extracts:

*''I turned to watch television a lot especially movies and I avoided watching the news on Covid-19 as the news disturbed me a lot. "***Participant 5**

"I played online chess games to occupy myself during the days I was in isolation". **Participant *5***

''The time allowed me to read books and exercise a lot". **Participant 6**

3.6.2. Prayer

Some participants turned to prayer, reading the bible, and listening to online sermons from their pastors.

*"Prayers and videos from my church minister encouraged me a lot". **Participant 4***
''Prayer gave me strength to cope with the disease **"Participant 1**
''I prayed a lot and watched church sermons. This helped me to cope with the disease". **Participant 8**

3.7. Confronting the Virus

3.7.1. Talking to the Virus

One survivor resorted to what she termed confronting the virus by talking it that it cannot kill her. This she said gave her strength whenever she does it.

*''I constantly talked to the virus that it cannot kill me***" Participant** 1
''I also told myself that I should not die from a mere virus, this gave me strength to live ". ***Participant 1***

4. Discussion

The study revealed that diagnosis with Covid-19 induces feelings of death. This is strengthened by watching news of people dying from Covid-19. One participant revealed that these feelings subsided when he heard testimonies of people who had recovered from the virus. The findings from the study concurred with similar studies that were done in China by Sahoo et al (2020) where survivors had recurrent thoughts that they were going to die. However new findings from this study are that these feelings were more prominent in the first three days post-diagnosis with Covid-19 as indicated by all eight participants. It is therefore important that psychological counseling be intensified during these days and also for employers to check through communication during such times. One participant revealed that he only started to take food on day 3 after his mother checked on him. It uplifted his mood and gave him strength. Participants of the study bemoaned lack of follow-up from the workplace and hence felt neglected. This has a higher chance of igniting feelings of being neglected and unwanted. This also could be the reason why after recovery employees (as highlighted in the problem statement) gave excuses, so as not to return to work.

Lack of follow-up also brings uncertainty to employees about whether they are still wanted at the workplace. Semo and Frissa (2020) indicate that this uncertainty may bring stress and fear of job loss worsening mental health issues that are prevalent when people are isolated from others. Feelings of fearing death were also accompanied by grief experiences of shock and panic at the diagnosis of Covid-19. Similar findings have been found in lived experiences of Covid -19 survivors among Arabic, Russian, and Somali-speaking migrants in Finland. These experiences were also found in a study by Moradi et al., (2020) which revealed negative mental health experiences of being scared and they felt panicky with moments of worry and anxiety as they attempted to recover.

The study also revealed that Diagnosis with Covid-19 as well as self-quarantine and isolation affected the mental health of the survivors including the thinking process as revealed by one participant who indicated that "there is something that this disease does to the brain, I don't know what it is but it affected my thinking". Such experiences may have been worsened by feelings of abandonment towards health workers. Participants in the study cried about the need for counseling that was not given to them. Similar experiences have been found in the first Zimbabwean Covid-19 patient in 2019 who had this to say "the way health workers dispersed was as if 10 hungry lions were being released from the ambulance". Lack of counseling affects future adjustment post-recovery. However, the study could not agree WHO Organization (2020) which found that alteration in the mental state was also accompanied by suicidal thoughts. It is important therefore that there is psychological preparation from the moment one is suspected to have Covid-19 and pre-return to work.

To cope with traumatic experiences of being in isolation, the study revealed that participants employed active coping strategies which included engaging in online games at home, exercising, turning to prayer, and also confronting the virus by talking to the virus as something that has ears Bianco et al., 2021; Gipal et al., 2022). The study could not isolate any passive coping strategies from the Survivors of Covid-19. The study was not in agreement with a study by Galicia, Liu & Kain (2020) that found utilizing online platforms to be tiring over time. According to Yu et al., (2020) people in China coped well when they share their experiences with the rest of the world. In this study, one participant suggested the formation of a Covid-19 Survivor Support Group that is led by survivors of Covid-19 as no expertise can replace lived experiences of survivors. The study also isolated the theme of turning to prayer to cope with Covid-19 whilst in isolation. According to O'Leary 2016 people in Sub-Saharan Africa often turn to attending faith and religious events to cope with psychological problems.

In terms of Psychosocial support, the study revealed that survivors mainly got support from family members. Diagnosis with Covid-19 has its positives of the increasing family bond. This finding is similar to the findings by Tinashe and Hebert (2020) which revealed that Covid -19 lockdown had positives on family unification. Participants in the study revealed that they got family support and friends support during times of illness. However, the study could not agree with the narratives of the first Zimbabwean Covid-19 patient who indicated that relatives shunned him when he was diagnosed with Covid-19 (Dzirutwe, 2020). It could be because at that time the disease was fairly new in the country. Some of the participants revealed that the workplace only surfaced to clear them to return to work. This could have serious mental ramifications and hence may also explain why at least two employees from the company resigned within three months of being cleared to return to work. One participant also suggested the need to have Survivor support to complement organizations' efforts to reintegrate survivors of Covid-19 back to work. According to Leech and Littlefield (2021), survivor social group support leads to many different positive outcomes for survivors by helping them to develop positive coping skills.

5. Conclusion

No expertise can substitute lived experiences of survivors. Diagnosis with Covid-19 has mental health effects from the moment that one is diagnosed with Covid-19. The study revealed that soon after being diagnosed with Covid-19 survivors experienced near-death experiences which are accompanied by grief experiences shock and panic. These experiences are heightened by watching devastating news about Covid-19. The study revealed that these experiences are more prominent in the first three days hence the need to intensify psychological support during this time. Participants in the study cried about the need for counseling when receiving Covid results, a thing which was not extended to them. Participants in the study also indicated that the journey with Covid-19 has mental health effects, especially on the thinking process.

To cope with the disease, trajectory survivors employed active activities like exercising, reading the bible, praying, watching television, and playing online games and one participant indicated that she employed what she called confronting the virus. Support for the survivors mainly came from family members hence bringing the positive of increasing family bond. One participant of the study suggested the need for the formation of a Covid-19 survivor support group to complement the efforts of the company to support survivors psychologically.

6. Recommendations

Based on the findings of the study, the following recommendations have been suggested:
- Organizations need to invest in mental health for the effective management of Covid-19 survivors. This might call for the engagement of a full-time counseling psychologist to prevent devastating mental health effects brought by Covid-19
- Organizations need to spearhead the formation of Covid-19 survivor support groups that will assist in the reintegration of employees post-recovery from Covid-19.
- People diagnosed with Covid-19 turn to online games, prayer, online church activities, and exercise to cope with Covid-19 whilst in isolation, there is, therefore, the need for an organization to support access to the internet through provisions of data bundles and gym equipment.
- Fitness to return to work post-Covid-19 infection should incorporate the mental health aspects of the survivors before they are certified fit to return to work.
- Private and state-owned national television and radio stations should complement efforts of preventing mental health breakdowns during isolation by broadcasting religious services as the study indicated that the majority of participants turned to prayer to lessen psychological burdens.

- A suggested psychosocial support model for the management of Covid-19 is illustrated below which organizations may adopt in psychosocial management of Covid-19 management.

Figure 1

Suggested Psycho-social Support Model for Covid-19 Management
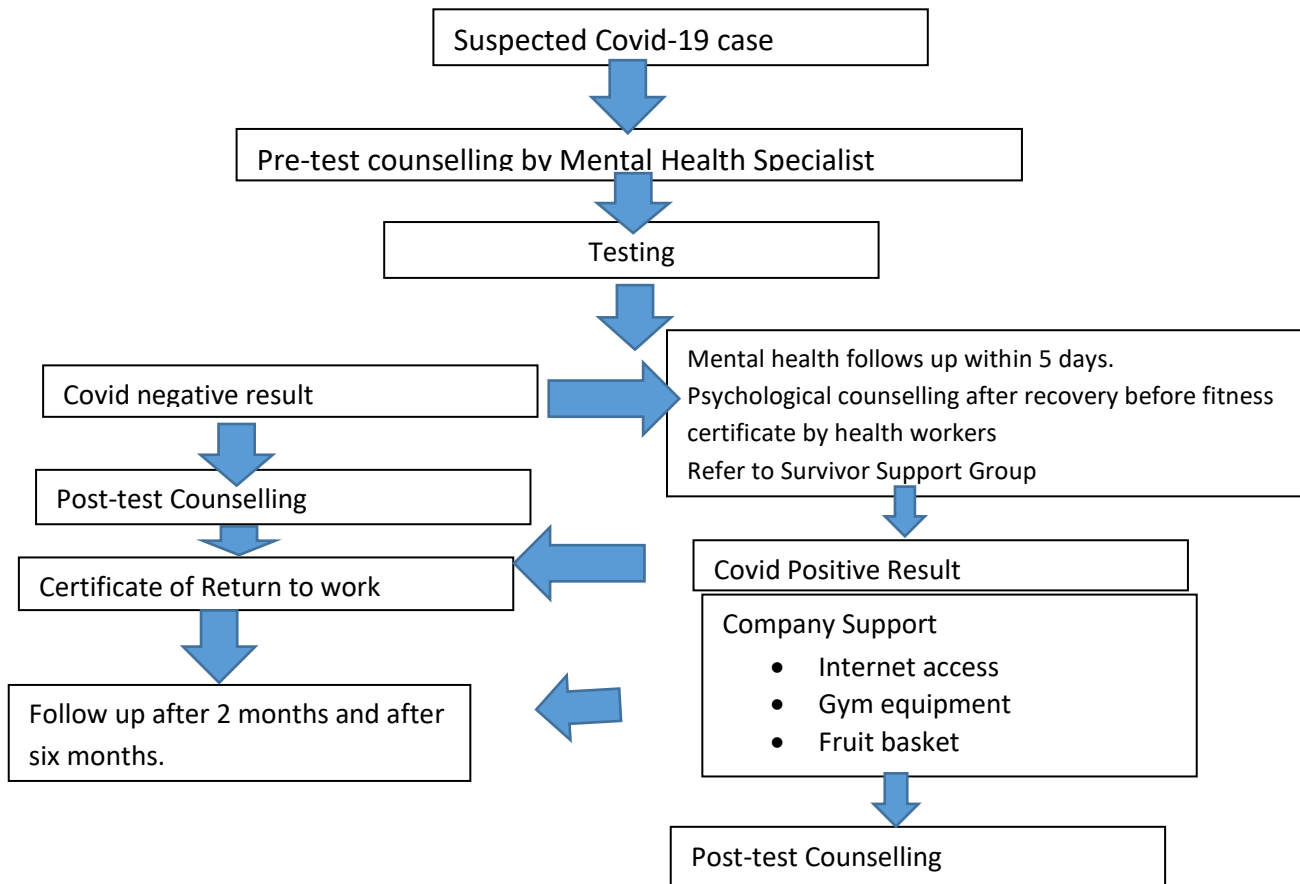
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