The Impact of Covid-19 and Vaccination Programme on the Family Members of Covid-19 Positive Patients: A Qualitative Study

Mamta Parihar[1], Devesh Gupta[2], Jyoti Poonawat[3]

Abstract

The Covid-19 pandemic brought a disastrous threat to the mankind and shook the fundamental assumptions of life to the core. The study aimed to assess the impact of the Covid-19 pandemic on the family members of Covid-19 positive patients in the first wave of virus transmission in India and the common notion towards vaccination. A qualitative research design was used to obtain the lived experiences of family members during the hospitalisation of the patients. The family members who assisted their relatives during hospitalisation and suffered from psychological distress were included. This difficult time produced dire consequences for them in almost all spheres of life. They were hesitant about the vaccine yet ready to have the complete dose as it was the only recommended solution. Although lockdown succeeded in the disease prevention in the first wave of transmission, it deeply affected the family's economic, social and mental conditions of members. The most positive outcome was observed on the environment, adopting healthy habits, and strengthening of personal bonding among family members. The policymakers can harness concerted efforts with adequate plans and policies for aiding in strong psychological support for people to combat the after-effects of the deadly virus along with real-time patient management. Information, education, and communication can be used to eliminate misconceptions regarding vaccination. The study further recommends making some online education programmes for the family members to enable them to combat the subsequent waves and new strains of virus.

Key words: Impact of Covid-19, Family members, vaccination

The situation with the Covid-19 pandemic put the family members in a questionable state. The virus caused a high risk to all aspects of mankind's life. This situation was declared as a worldwide pandemic by WHO on March 11, 2020 (Cucinotta & Venelli, 2022). In January 2020 the first case was reported in India and since then the scepticism and changeability of the novel coronavirus has done devastating loss in people's lives (Andrews et al, 2020; First confirmed Report of COVID-19, 2021). Most studies presented the status of health care professionals whereas a few studies discussed the experiences of family members (Jafree et al, 2020). There was not sufficient evidence to explain the turmoil the families were facing during the hospitalisation of the loved ones.

The authors are: 1. PhD scholar (Geetanjali Medical and Health University, Udaipur. Rajasthan), Lecturer Government College of Nursing Jodhpur (Rajasthan) 2. PhD, Senior Professor & Head, Department of Radiological Physics, MDM Hospital associated with Dr SN Medical College Jodhpur (Rajasthan); and 3. Lecturer Government College of Nursing Jodhpur (Rajasthan).

The current Covid-19 pandemic is unprecedented, but the global response draws on the lessons learned from other disease outbreaks over the past several decades (R&D Blueprint and COVID-19, 2022). Despite all the efforts done by the national and international health care agencies, the common public is in a state of doubt regarding the diagnosis, symptoms, treatment, and utmost notion of the vaccination.

Objective

To assess the impact of Covid-19 on the family members of Covid-19 positive patients and to evaluate their experiences during hospitalisation.

Material and Methods

A qualitative study was done to assess the impact of Covid-19 on the family members. The data were collected at the Help desk of Government Hospitals converted into temporary COVID treatment centres) in Jodhpur. The family members were explained about the objectives of the study.

When they contacted us for any inquiry for the patient, we organised in-depth interviews, which not only helped to evaluate their experiences but also reduced their anxiety in the critical time. Later we included the latest consideration on the vaccination programme to further understand notions about vaccination. Total 32 participants were contacted and 30 were finalised at the end of the study, which was based on data saturation and previous qualitative research studies. The questions were based on their understanding, coping strategy, effect of life and future perspective and attitude towards the vaccination. The participants with the seriously ill COVID patient admitted in ICU or, who had lost their loved ones, and those with basic understanding of Hindi or the English language were included. All the participants had agreed to be contacted for future interviews.

Table 1: Baseline characteristic of the Family Members of Covid-19 positive patients

	Characteristics		n=30	(%)
1	Gender	Female	5	16.7
		Male	25	83.3
2	Age-years	15-25	8	26.7
		26-35	12	40.0
		36-45	8	26.7
		46-55	2	6.7
3	Educational qualification	Up to Sr Sec	8	26.7
		UG	12	40.0
		PG	8	26.7
		PhD	2	6.7
4	Occupation	Student	6	20.0
		Private	17	56.7
		Government	7	23.3
5	Religion	Hindu	28	93.3
		Muslim	2	6.7
6	Marital status	Unmarried	11	36.7
		Married	19	63.3
7	Type of family	Nuclear	9	30.0
		Joint	21	70.0
8	Monthly income-Rupees	No income	12	40.0
		Up to 20,000	7	23.3
		>20,000 - 40,000	9	30.0
		More than 40,000	2	6.7
9	Relation with Covid-19 positive	Father/father-in-Law	15	50.0
		Mother/mother-In-Law	4	13.3
		Others (Grandparents, uncle, aunty)	4	13.3
		Husband	2	6.7
		Sister	2	6.7
		Wife	1	3.3
		Son	1	3.3
		Brother	1	3.3
10	COVID result (self)	Positive	1	3.3
		Negative	29	96.7
11	Any comorbidity (self)	Present	1	3.3
		Not present	29	96.7
12	Comorbidity (patient)	Nil	11	36.7
		Diabetes	8	26.7
		Asthma	5	16.7
		HTN, diabetes	2	6.7
		HTN, diabetes, pneumonia	2	6.7
		HTN	1	3.3
		Rh Arthritis	1	3.3
13	Clinical manifestations present at home	Nil	4	13.3
		Fever	7	23.3
		Cough, fever, dyspnoea	7	23.3
		Cough	6	20.0
		Dyspnoea, asthma	3	10.0
		Pneumonia	2	6.7
		Headache	1	3.3

Ethical Clearance

The study maintained confidentiality. The aim of the study did not include any intervention and did not hurt or tend to hurt any individual's religion or feelings. Written informed consent was taken before the interview started. We obtained permission to use the information in the publication of the study. Ethical clearance was obtained from Dr SN Medical College and associated hospitals, Jodhpur (Rajasthan).

Data Collection Method

All enrolled participants were taking care of the patients by communicating and facilitating their essential requirements. The interview started during the first wave when the patients were admitted (February to August 2020) with baseline data followed up multiple times with open-ended questions. All the responses were recorded and documented. Each interview took about 18 to 23 minutes (average was 20.5 and SD 3.53). Seventeen interviews were written whereas responses of 13 participants were recorded. The audio recordings were transcribed verbatim and translated into En-

glish from Hindi. The original interviews were carried out in the Hindi language yet data recording, analysis, and interpretation were translated into English. At the 25th participant, a thematic repetition was acquired so five more participants were interviewed for achieving thematic redundancy. After the launch of the vaccination programme in Government College of Nursing Jodhpur, as one of the vaccination centres (February to April 2021) we contacted the participants again for assessing their views on vaccination as the further extension of the study analysis.

Participants baseline information (Table 1) was followed by broad data-generating questions like "What do you know or think about this?" To carry out the further discussion a few more open-ended questions were asked: How did it affect your life?" "What is the most fearful thing about this?" "What could be the changes after the pandemic?" "What is your mental status like?" "Would you like to tell us about any futuristic view about the disease?" "Would you share your opinion?" Throughout the interview, exploratory questions and expressions of acceptance were exhibited by the interviewer to motivate the deeper conversation. In the second phase "What are your views about vaccination?" was asked.

Data Analysis

The thematic data analysis method was used based on the phenomenological qualitative approach for the in-depth interviews (Spiers & Riley, 2019). A comparable pattern of the responses

Table 2: Themes and subthemes developed by the in-depth interviews

Main theme	Subthemes	Considerate abstracts from the interview	(n=30)	(%)
Understanding	Viral infection	Viral disease	12	40.0
		Virus	4	13.3
	Respiratory infection	It is a life-threatening and fatal disease	4	13.3
		A disease in which the elderly is at risk	2	6.7
		It affects only people with low immunity	2	6.7
		Uncontrolled virus	1	3.3
		Flu	1	3.3
		Normal infection	1	3.3
		Respiratory infection	1	3.3
		SARS 2 viral infection	1	3.3
		Form of pneumonia	1	3.3
	Economical	Economically or financially	13	43.3
Impact on life	Psychosocial	A lot, economically, socially	5	16.7
		Mentally	3	10.0
		Emotionally	2	6.7
	Behavioural	Regularly wearing a face mask	1	3.3
		Improved family bonding	1	3.3
		Improved awareness	1	3.3
		Improved eating habits	1	3.3
		Quality time with self and family	1	3.3
		Work from home	1	3.3
		Improved hygiene habits	1	3.3
Utmost anxiety	Death	Death	12	40.0
		Death and uncertainty	3	10.0
		Delay in recovery and death	2	6.7
	Transmission of disease	Involvement of lungs	3	10.0
		Severity of infection	1	3.3
		No touching	1	3.3
		No treatment	1	3.3
		Contagiousness	1	3.3
		Disease conditions	1	3.3
		Lack of information	1	3.3
		Uncertain	4	13.3
Modifications in life	Despair	No positive change	11	36.7
	Environmental	Increased health hygiene and awareness	7	23.3
		Decreased in extra expenses	3	10.0
		Decreased pollution	2	6.7
		Decreased population	1	3.3
	Spiritual & emotional	Decreased social issues and crimes	2	6.7
		Improved trust in god	2	6.7
		Improved family bonding	2	6.7
Mental status	Positive	I am ok now	11	36.7
	Negative	People are becoming suspicious	8	26.7
		Mistrust of each other	7	23.3
		Cannot think straight	4	13.3
Future forecast	Frightful	Uncertain, no hope or little hope	11	36.7
		Stressful	2	6.7
		Little bit worried	2	6.7
		Fearful, the crime rate will be increased	2	6.7
	Preparedness	Be cautious and aware	4	13.3
		Vaccination	4	13.3
		Herd immunity	2	6.7
		New policies	1	3.3
		Equal distribution for recourses	1	3.3
		Preparedness for disaster management	1	3.3
Vaccination	Essential	After vaccine herd immunity will develop	25	83.3
	Unreliability	There are so many doubts in mind	1	3.3
		Will I become positive after the vaccination	1	3.3
		I am not sure	1	3.3
		Can I have the vaccine in my periods	1	3.3
		I am already a positive patient	1	3.3

regarding the impact of Covid-19 has emerged. Themes and subthemes were formed based on frequency of responses. The state of mind and perceptions of the participants at the specific time were assessed by observing the identical patterns of their responses. Finally, based on similar coding, 7 themes, and 16 subthemes evolved.

Results and Discussion

The themes and subthemes can shed light on the mental status of family members. Most participants were aware that it is a viral or respiratory infection as noted under other studies (Sohrabi et al, 2020). People observed some positive remarks during a lockdown as decreased extra expenses, strengthening of family bonding and support, improved environment, increased awareness for health & hygiene. Yet there were negative observations as fear of death, loneliness, economic crisis, physical and social distancing, mental stress, and feeling of uncertainty.

In line with other studies (Singh et al, 2021; Ghosh et al, 2020; Dubey et al, 2020) we found that the pandemic affected people's lives. They were positive about getting the jab and appreciated government's efforts to make the policies for availing the vaccine at nearest centre (Schaffer et al, 2020). Apart from that the mental, social challenges, social distancing, and use of masks made communication impossible (Williams et al, 2020). In the period of uncertainty, people started to worship God and they moved towards spirituality. About the future, most persons were uncertain whereas the rest stated that vaccine or herd immunity will be developed. India adopted an efficient strategic plan with minimum available resources to fight against the pandemic during the first phase of Covid-19 (Kumar, 2020). This could be possible with contemplative planning and a considerable agreement from the public.

The findings of the study suggested that the people were ready to combat their situation with a varied level of stress, coping mechanisms and to have the vaccine to be able to move around inside or outside the country.

Recommendation

The study recommends that there should be some policies for the families and family members so they can be prevented from caregivers burn out and make a concerted effort to educate them in the form of a training programme or an online course through which they could learn to manage a person with infectious disease, especially in countries where health care resources are limited. With adequate education about infectious disease and management, diagnosis, symptom management, and vaccination they could stay motivated and positive throughout the hospital stay with their loved ones. This study can be useful in a comparative study for Covid-19 first wave versus the second wave in India as the second wave has turned out exactly the opposite of people's and government's expectations. The study can further be used to analyse the vaccination outcome among the participants.

Conclusion

Overall, it is conspicuous that family members were in state of confusion whether they could stay with the patient or not which was noticed by the government and policy makers. It enabled us to see things from their perspective. India emerged as a country that is trying to successfully combat the consequences of the pandemic with the contributions made possible by the citizens of the country. The overall strategies of the families were effective in fighting the disease due to a strong backup from the family members. The Indian joint family system proved to be a great mental support. There were difficult times but some optimism was present, and a positive attitude towards vaccination was witnessed though they were a little confused and unsure of the impact of vaccine. Furthermore, they stated that if they do not take the vaccine, they may risk their life. So, they exhibit a compulsive acceptance towards the vaccination.

References

1. Cucinotta D, Vanelli M. WHO declares COVID-19 a pandemic. *Acta Biomed* [Internet]. 2020; 91: 157–60. Available from: https://doi.org/10.7326/M20-0504
2. Andrews MA, Areekal B, Rajesh K, Krishnan J, Suryakala R, Krishnan B, et al. First confirmed case of COVID-19 infection in India: A case report [Internet]. Vol. 151, *Indian Journal of Medical Research*. Wolters Kluwer Medknow Publications; 2020 [cited 2021 May 4]. pp 490–92. Available from: /pmc/articles/PMC7530459/
3. First confirmed case of COVID-19 infection in India: A case report [Internet] [cited 2021 May 4]. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7530459/
4. Rizvi Jafree S, ul Momina A, Naqi SA. Significant other family members and their experiences of COVID-19 in Pakistan: A qualitative study with implications for social policy. *Stigma Heal* 2020; Nov; 5(4): 380–89
5. R&D Blueprint and COVID-19 [Internet] [cited 2022 Feb 23]. Available from: https://www.who.int/teams/blueprint/covid-19
6. Sun N, Wei L, Shi S, Jiao D, Song R, Ma L, et al. A

qualitative study on the psychological experience of caregivers of COVID-19 patients. *Am J Infect Control* [Internet] 2020; 48(6): 592–98. Available from: https://doi.org/10.1016/j.ajic.2020.03.018

7. Kackin O, Ciydem E, Aci OS, Kutlu FY. Experiences and psychosocial problems of nurses caring for patients diagnosed with COVID-19 in Turkey: A qualitative study. *Int J Soc Psychiatry* 2021; 67(2):158-67
8. Boddy CR. Sample size for qualitative research. *Qual Mark Res* 2016; 19(4): 426–32
9. Freitas-Jesus JV, Rodrigues L, Surita FG. The experience of women infected by the COVID-19 during pregnancy in Brazil: A qualitative study protocol. *Reprod Health* 2020;17:108
10. Spiers J, Riley R. Analysing one dataset with two qualitative methods: The distress of general practitioners, a thematic and interpretative phenomenological analysis. *Qual Res Psychol* [Internet] 2019 Apr 3; 16(2): 276-90. Available from: https://doi.org/10.1080/14780887.2018.1543099
11. Sohrabi C, Alsafi Z, O'Neill N, Khan M, Kerwan A, Al-Jabir A, et al. World Health Organization declares global emergency: A review of the 2019 novel coronavirus (COVID-19). Vol 76. *International Journal of Surgery* 2020; 76: 71–76
12. Singh DR, Sunuwar DR, Shah SK, Karki K, Sah LK, Adhikari B, et al. Impact of COVID-19 on health services utilization in Province-2 of Nepal: A qualitative study among community members and stakeholders. *BMC Health Serv Res.* 2021; 21(1): 1–14
13. Ghosh A, Nundy S, Mallick TK. How India is dealing with COVID-19 pandemic. *Sensors Int.* 2020 Jan 1; 1:100021
14. Dubey S, Biswas P, Ghosh R, Chatterjee S, Dubey MJ, Chatterjee S, et al. Psychosocial impact of COVID-19. *Diabetes Metab Syndr Clin Res Rev* 2020 Sep 1; 14(5): 779–88
15. Schaffer Deroo S, Pudalov NJ, Fu LY. Planning for a COVID-19 vaccination program. *JAMA* [Internet] 2020 Jun 23. [cited 2022 Feb 23]; 323 (24): 2458-59. Available from: https://jamanetwork.com/journals/jama/fullarticle/2766370
16. Williams SN, Armitage CJ, Tampe T, Dienes K. Public perceptions and experiences of social distancing and social isolation during the COVID-19 pandemic: A UK-based focus group study. *BMJ Open* 2020; 10(7): e39334
17. Hamidian Jahromi A, Stoehr JR. Caution advised when considering "Exceptional" extended or single dose COVID-19 vaccination strategies. Vol. 40, Travel Medicine and Infectious Disease. Elsevier Inc.; 2021
18. Kumar A. A Perspective on India's fight against COVID-19. *Epidemiol Int* 2020 Mar 19; 5(1): 22–28

■

How to Obtain Copies of TNAI Publications

This is to inform you that the TNAI EC meeting held on September 4-5, 2021 vide item No. TNAI/EC-105/4th & 5th September, 2021/7:16 has decided to appoint M/s Perfect Book Distributors as exclusive distributors of TNAI publications. All concerned are therefore requested to directly contact them for placing orders, or any queries regarding TNAI publications at the following address:

Mr. Prabhat Sharma, CEO
I-2/16, Ansari Road, Darya Ganj, New Delhi 110 002
Phone: 011- 45045302; Mobile: 9811449591, 8130304347
Emails: perfectbookdist@gmail.com. Website: www.pbdonline.in

Call for News Items from Nursing Institutions

Schools and Colleges of Nursing are welcome to submit for publication in monthly TNAI Bulletin, the news items and write ups about observances of Graduation Ceremony, Annual Day, Seminars, Conferences, important workshops, etc. The charges are Rs 1000/- + GST per item including one photograph. The payment should be through a demand draft in favour of The Trained Nurses' Association of India (TNAI), New Delhi. Neatly spaced out hand-written matter, preferably typed in double space on one side of paper with photograph may be sent, along with requisite charges, to the Editor, TNAI Bulletin.