Mental health and coping strategies during the COVID-19 pandemic: A qualitative study of unemployed and employed people in Nigeria

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Abstract
The coronavirus disease 2019 (COVID-19) significantly disrupted human activities all over the world. Despite this, little or nothing is known about mental health and coping strategies during the COVID-19 pandemic among the unemployed and employed people in Nigeria. Therefore, this study was an effort towards bridging this knowledge gap. We employed a qualitative design with 66 participants (age range = 18–62 years) who described how the COVID-19 pandemic affected their mental health and how they coped during the COVID-19 pandemic. The data were analyzed using thematic analysis. Our findings revealed distressing impacts (e.g., depressive and anxious impacts, stress, loss of job, financial challenges, loneliness, etc.) for the unemployed and employed groups. Further, the unemployed group utilized more positive coping strategies (e.g., engaging in activities, hope, relaxation, connecting with others, etc.) than the employed group; whereas, only the employed group utilized a maladaptive coping strategy (alcohol consumption). These data have practical implications for protecting mental health and fostering positive coping in these groups during and beyond the COVID-19 pandemic.
INTRODUCTION

The coronavirus disease 2019 (COVID-19) threw a wrench on the world. People in different parts of the world were forced to adapt to the changes initiated by the COVID-19 pandemic. As a result, scholars carried out researches and reported some data on how the COVID-19 pandemic affected people's mental health (e.g., anxiety and depression symptoms reported by Olaseni et al., 2020; Zhou et al., 2020), people's coping strategies (Ogueji et al., 2021; Pirutinsky et al., 2020; Savitsky et al., 2020; Thomas & Barbato, 2020), and the economy (Okoloba et al., 2020). Additionally, data were reported on how the adverse economic impact of the COVID-19 pandemic may affect mental health (Agberotimi et al., 2020).

Further, during the COVID-19 pandemic, adverse economic impacts such as huge job losses were reported in a multinational sample comprising participants from 14 countries (Okoloba et al., 2020). Scholars from the United States also reported the adverse impacts that the COVID-19 pandemic may have on the world's economy (Martin et al., 2020). Additionally, the probable adverse socioeconomic impact of the COVID-19 pandemic in sub-Saharan Africa was emphasized in the literature (Renzaho, 2020). To add to this, Ogueji et al. (2021) found that being occupied with one's job was imperative for preventing mental distress during the COVID-19 pandemic among the United Kingdom (UK) residents. Given these data, we are forced to explore mental health and coping strategies among unemployed and employed people in a country where there were high unemployment rates pre-COVID-19 or where the current jobs of people are uncertain due to the COVID-19 pandemic.

Therefore, the current study explored mental health and coping strategies during the COVID-19 pandemic among unemployed and employed people in Nigeria. No study was found to have explored the aim of the current study. The current study argues that the adverse economic impacts of the COVID-19 pandemic may have mental health consequences, which may be more felt in countries like Nigeria where unemployment was a recurrent problem in pre-COVID-19. In Nigerian pre-COVID-19, over 16 million (16,074,205) people were reported to be unemployed, with 54% as youths according to the National Bureau of Statistics (2012). These figures can be argued to have significantly risen since the COVID-19 pandemic, given, the recurrent job losses that have been reported in Nigeria since the advent of the COVID-pandemic (Otache, 2020). Additionally, employed Nigerians are unsure of being employed as the COVID-19 pandemic persists (Okoloba et al., 2020). Given these, the current research is, therefore, timely enough.

Theoretically, the current study was based on the health theory of coping (Stallman, 2020). The theory argues that when people encounter stress (like the COVID-19 pandemic and its associated adverse impacts), people may employ various coping strategies (positive or maladaptive) to reduce the adverse impacts of the encountered stress. Positive coping strategies may be positively associated with healthy functioning in the face of the encountered stress, and maladaptive coping strategies may be negatively associated with healthy functioning in the face of the encountered stress. Consequently, exploring mental health and coping strategies among the unemployed and employed people in Nigeria, where unemployment is a problem, is imperative for developing appropriate health policies and programs for them as the COVID-19 pandemic progresses. The aims of the current study were, therefore:

1. To explore how the COVID-19 pandemic affected the mental health of the unemployed and employed people in Nigeria.
2. To explore the coping strategies of the unemployed and employed people in Nigeria during the COVID-19 pandemic.

METHODS

Design

Given the health theory of coping, we employed a qualitative open-ended design to enable us to understand mental health and coping strategies during the COVID-19 pandemic in the worlds of the unemployed and employed people in Nigeria. A core strength of this design was that participants were free to describe, without limitations, their lived experiences during the COVID-19, their mental health during the COVID-19 pandemic, and their coping strategies during the COVID-19 pandemic; therefore, a quantitative design was unsuitable to achieve this.

Participants

Sixty-six participants (37 males, 28 females, and one preferred not to say gender) with an age range of 18–62 years attempted, and completed our online data collection form. A snowball sampling technique was employed to recruit participants. Of the 66 participants, 37 were employed, while 29 were unemployed (see Appendix 1 for further demographic information). Data sufficiency with the participants was based on our observation of data saturation while recruitment was ongoing. Only one response per participant was allowed. The online data collection was conducted from the remote location of the authors (Oyo State, Osun State, Lagos State, and Abuja, Nigeria). Participation in this study required that potential participants were Nigerian residents, unemployed or employed, had access to a digital device and internet, and could communicate (written and verbal) using the English language.

Materials

We collected data using Google Forms. The first page described the research purpose, ethical considerations, and elicited consent using an online consent form. The first page also politely requested participants to roll out the Google Forms' link to their counterparts. The next page elicited demographic data which were: gender, age, employment status (I am unemployed or I am employed), and geopolitical zone of residence. Further, based on theory and the literature (Martin et al., 2020; Ogueji et al., 2021; Otache, 2020; Renzaho, 2020; Stallman, 2020), we developed the following questions which were used for collecting qualitative data:

1. In your own words, how can you say the COVID-19 pandemic has affected your mental health? Please discuss it extensively.
2. From your perspective, how have you been coping during the COVID-19 pandemic? Please discuss it extensively.
3. How did your employment status affect your mental health during the COVID-19 pandemic? Please, discuss it extensively.
4. How did your employment status affect your coping strategies during the COVID-19 pandemic? Please, discuss it extensively.
5. If there is anything else on your mental health and coping strategies during the COVID-19 pandemic you would like to describe, please go on.

Every question in the demographic section was compulsory. In the qualitative section, only questions one and two were compulsory. However, a statement that encouraged every participant to respond to every question was included in our online data collection form. Therefore, if participants responded to questions three to five, their responses were analyzed and merged with any similar theme previously created from questions one or two. Before conducting this study, every question was piloted with five laypersons who were excluded from the main study. The piloting revealed that every question was consistent with the aims of our research.

Data collection procedure and process of data analysis

Every author collected data by sharing the Google Forms’ link on WhatsApp, Facebook, Twitter, and LinkedIn, targeting various groups of Nigerian residents. Every participant was encouraged to share the Google Forms’ link to various social media. While data collection was on, we met weekly to openly discuss potential themes from the responses of participants, and it was when we achieved data saturation that we ended data collection. Given the focus of our study, we included contacts of mental health service providers in Nigeria on the last page of our online data collection form and stated that participants may contact them if they had the need. Following the completion of data collection, our data were exported, cleaned, and thematically analyzed.

The first author (a master’s degree holder in clinical psychology) thematically analyzed the data in line with the suggestions from Braun and Clarke (2006). Before conducting the data analysis, the analyst (the first author) underwent bracketing by reading the literature and openly discussing with the coauthors the various aspects of his knowledge/experiences that may influence the data analysis process (Tufford & Newman, 2012). Following this, any identified knowledge/experience was openly discussed on how to minimize its effects. During the data analysis, the analyst engaged in immersion with the data by reading and rereading the responses from participants (Braun & Clarke, 2006). Further, when the analyst identified themes, he noted them and quotations that endorsed each theme. Following this, he read and reread each theme and quotation(s) under it to confirm that they were appropriate for each other.

Following the data analysis, all authors openly discussed the created themes to refine them. Further, eight participants were given feedbacks and two external qualitative research experts were presented with our results as a part of the validity check. Any disagreement was resolved by reworking the theme. The analyst was experienced in conducting qualitative data analysis and has attended qualitative research workshops in Nigeria and the United Kingdom. This qualitative study followed the consolidated criteria for reporting qualitative health care research (COREQ; Booth et al., 2014; see Appendix 2), and was approved by the research ethics committee of the University of Ibadan.

RESULTS

This section reports the results from the thematic analysis. The results were presented according to the employment status of participants (that is, the unemployed or employed group). Each quotation was labeled with the gender, age, and geopolitical zone of residence of the participant.
Participants with the unemployed status

Question 1
In your own words, how can you say the COVID-19 pandemic has affected your mental health? Please discuss it extensively

Distressing impacts from the COVID-19 pandemic

Nineteen participants who were unemployed described the distressing impacts of the COVID-19 pandemic as a way that the COVID-19 pandemic affected their mental health. For instance, participants described the distressing impact of the pandemic (e.g., the loss of job, stress, anxiety, etc.) as follows:

The COVID-19 pandemic has affected my peace of mind and my stability, also with the loss of my job, I'm really disorganized and stressed at the moment… (Female, 30 years, South East Nigeria)

The pandemic caused anxiety for me. In the beginning, I was very terrified and wary of any COVID-like symptoms that I manifested. I was also anxious about the probable financial impact that the pandemic could have. However, I am presently okay, but I seem a little worried about the news reporting that a second wave is threatening. (Male, 26 years, South West Nigeria).

It [the COVID-19 pandemic] really affected all that I do to make money for myself and my family, and this has made me anxious… (Male, 37 years, South West Nigeria)

Distressing impacts in the forms of fear, agitation, and stretched mental health were also reported by participants.

It has created unnecessary fear, stress, and agitation and also the need to be sensitive about health. (Female, 41 years, South West Nigeria)

Well, it has stretched my mental health and I had to seek conscious effort to keep sane and still move on with life. (Male, 29 years, South West Nigeria)

Generally, more paranoid about public spaces and physical contact especially from strangers. I'm worried about getting another lockdown to paralyze income and increase expenses. This has caused me to work in a panic mode which is definitely not very productive. (Female, 22 years, South West Nigeria).

Additionally, participants endorsed this theme by describing depression and suspicion as among the impacts of the COVID-19 pandemic on their mental health.
Yes. I’m depressed more often than not. My school has been on hold. It’s just terribly annoying (Female, 18 years, North Central Nigeria).

It has affected me both positively and negatively, it left me with great alertness to hygiene and caution on how to relate with people. Its impacts have also left me with suspicious caution to whoever coughed or sneezed around me. (Male, 33 years, North Central Nigeria).

**No mental health impact from the COVID-19 pandemic**

Ten participants who were unemployed reported that the COVID-19 pandemic had not affected their mental health. Illustrative response supporting this theme was:

Coronavirus has not affected my mental health because I followed all the guidelines by the World Health Organization…. (Male 22 years, South West Nigeria)

Another participant added to this theme:

It did not affect me mentally except that it changed all of my plans (Female, 22 years, North West Nigeria).

**Question 2**

From your perspective, how have you been coping during the COVID-19 pandemic? Please discuss it extensively

**Engaging in activities**

Most participants with the unemployed status reported engaging in activities (e.g., teaching, reading, etc.) as their way of coping during the COVID-19 pandemic. Illustrative responses were presented below:

It’s really been tough, been doing teaching jobs to survive (Female, 30 years, South East Nigeria)

I have been engaging myself with reading and some side jobs as a way to cope with the pandemic. I noticed that doing some side jobs and reading could be distracting from the pandemic. (Male, 26 years, South West Nigeria)

The theme of engaging in activities was reinforced below:

Since the coronavirus stopped a lot of financial activities, I thought it wise to acquire some more skills and grow myself. I learned photography and I am currently using it to make money while I wait for things to get back to normal (Male, 22 years, South West Nigeria)
Connecting with others

Connecting with people or friends was reported as a way of coping during the COVID-19 pandemic. Illustrative responses supporting this theme were:

I have people around me; we are all at home because of the pandemic lockdown. We play ball to keep ourselves busy and exercise together. So, we are coping well. (Male, 30 years, South West Nigeria)

I tried to spend more time with friends, watched more thrilling movies and comedy. Financial support from friends helped a lot too. (Male, 29 years, South West Nigeria).

Religious coping

Religious coping was described as a way of coping by some participants. According to the participants, depending on God or the grace of God was described as a way of coping with the pandemic.

Our coping depends on God (Female, 30 years, South West Nigeria)

It is only by the grace of God (Female, 18 years, North Central Nigeria)

Another participant reinforced this theme as follows:

It has been God even though I spent all my savings and my money meant for business just to survive (Male, 37 years, South West Nigeria)

Relaxation

Relaxing and resting were reported as a way of coping with the pandemic. For instance, a participant endorsing this theme reported as follows:

I have been relaxing and resting; it has been helpful despite the spread of the disease. (Female, 21 years, South East Nigeria)

Borrowing from others

Some participants reported that they have been borrowing from others as a way of coping with the COVID-19 pandemic. Given that this group of participants was unemployed, borrowing from others was not surprising as a coping strategy. A participant endorsing this theme submitted as follows:
I have been borrowing a lot [of money] to keep myself and my family together…I hope I won’t have accumulated too many debts before COVID is over (Male, 27 years, South West Nigeria).

**Hope**

Hoping for the best was described as a way of coping with the COVID-19 pandemic. A participant endorsed this theme as follows:

Doing my best to stay safe, hoping for the best (Female, 22 years, South West Nigeria).

**Poor coping**

Poor coping (i.e., difficulty adapting to the adverse economic impacts from the COVID-19 pandemic) was also reported as a result of being without a job during the COVID-19 pandemic. This was expected since this group of participants were unemployed and the COVID-19 pandemic adversely affected the world’s economy.

My coping has been very poor/bad without a job [that is, I am unable to adapt to the adverse economic impacts from the pandemic] … (Female, 46 years, South East Nigeria).

**Participants with the employed status**

**Question 1**

In your own words, how can you say the COVID-19 pandemic has affected your mental health? Please discuss it extensively

**Distressing impacts from the COVID-19 pandemic**

Thirty participants who were employed described distressing impacts from the COVID-19 pandemic quite like the reports from the participants with unemployed status. On the other hand, seven participants reported that the COVID-19 pandemic had not affected their mental health, with little or no description reported on this from the seven participants.

Participants supported this theme of distressing impacts by describing the emotional impacts of the COVID-19 pandemic, and the disruption of social interaction caused by the COVID-19 pandemic.

The COVID-19 has affected my health emotionally. I still live/go out in fear. I wash my hands and sanitize as often as I can but I always feel like I cannot be careful enough, which is true though. Personally, I don’t know anyone who has contracted it but seeing the death toll on my TV screen makes me feel depressed. The little money I saved up got exhausted and ever since work resumed, I haven’t been paid a complete salary.
because of how the pandemic has disrupted the financial state of the organization. All these stressed and affected my mental health terribly. (Female, 30 years, South West Nigeria)

…The COVID-19 pandemic has disrupted the way we network and our inability to have colleagues around causes loneliness. (Male, 26 years, South West Nigeria).

The lockdown associated with the COVID-19 pandemic was reported to contribute to the distressing impacts from the COVID-19 pandemic.

The lockdown that followed the pandemic made seeing one’s family difficult. Those are the people you need when you are mentally down… This is the impact of the COVID-19 pandemic on me (Male, 62 years, South West Nigeria)

It has impacted us negatively especially from an economic standpoint. The lockdown periods sent many small and medium scale businesses out of circulation, thereby worsening the unemployment situation. Added to that are the psychological effects; governments had a low capacity of testing this means you are not sure of many people's COVID status including those you have to meet on a daily basis; hence you continue to fear and fear induces depression and stress for many folks. (Male, 46 years, South West Nigeria)

I have been slightly depressed this year due to COVID-19 and the lockdown… It has been very tough [emphasizes] (Female, 20 years, South South Nigeria).

Participants also supported this theme by describing the distressing impacts of worries and fear.

The COVID-19 pandemic has made me worry about my life, career, and certain life decisions I have made (Female, 31 years, North Central Nigeria).

I have been seriously scared, and this pandemic time has been very traumatic (Female, 27 years, North Central Nigeria)

The COVID-19 pandemic has really affected our mental health because it all came unexpectedly. The pandemic is the first of its kind to have crippled the world’s economy. The shock of it is still fresh in our heads. It has really affected the way we think. (Male, 29 years, North Central Nigeria)

Question 2
From your perspective, how have you been coping during the COVID-19 pandemic? Please discuss it extensively
Religious coping

Many participants with the employed status reported that religious coping was their way of coping during the COVID-19 pandemic. Participants endorsed this theme by describing it as follows:

Since the COVID-19 pandemic started, only God has been saving me (Female, 20 years, South South Nigeria).

Staying focused, developing myself, and being prayerful (Male, 29 years, South West Nigeria)

My coping has been the grace of God only. (Prefer not to say gender, 31 years, South West Nigeria)

Religious coping in the form of bible study was also utilized by participants. For instance:

I have been having a lot of bible study to cope with the pandemic (Male, 37 years, North Central Nigeria).

Engaging in activities

Engaging in activities that kept participants occupied or busy was another way of coping with the pandemic. For instance:

I coped by staying indoors doing some short online courses. (Female, 28 years, South West Nigeria)

I have been keeping myself occupied mostly with work and study. (Male, 33 years, South West Nigeria)

Another participant added to this theme as follows:

I have been staying busy with work, watching a lot of movies, documentaries, and taking life easier. (Female, 31 years, North Central Nigeria).

Avoiding negative news of COVID-19

Some participants reported that avoiding negative news of COVID-19 was their way of coping with the pandemic. Illustrative responses were given below:
I stopped listening to negative news about COVID-19. For instance, the news on the daily number of confirmed cases (Female, 30 years, South West Nigeria).

Avoiding negative news and taking all the precautionary measures was how I coped (Male, 37 years, South West Nigeria).

**Connecting with others**

Connecting with others (e.g., family or loved ones) was reported as a way of coping. A participant endorsed this theme as follows:

…Thank God for family, I would have died of depression without knowing it was depression eating me up. Having them around 24/7 during that period of the pandemic was the best part for me. At least we joked, laughed, and had fun indoors once in a while. (Female, 30 years, South West Nigeria).

This theme was reinforced by another participant who highlighted the time he spent with loved ones.

I have been indoors mostly and spent more time connecting with loved ones (Male, 25 years, South West Nigeria).

**Hope**

Staying hopeful was reported as a way to cope with the pandemic. A participant supporting this theme highlighted below:

I live by the slogan that says “when there’s life, there’s hope”. Waking up every day in good health was my greatest source of joy and hope that period… (Female, 30 years, South West Nigeria)

**Alcohol consumption**

Maladaptive coping, which was alcohol consumption, was reported by participants. For instance, a participant reported that he has been coping with the COVID-19 pandemic in many ways inclusive of alcohol consumption.

My coping with the COVID-19 pandemic has been through many ways, including alcohol consumption… (Male, 36 years, South West Nigeria).
DISCUSSION

We conducted a qualitative study with a heterogeneous sample of 66 Nigerian residents who were either unemployed or employed. Our study aimed to explore mental health and coping strategies during the COVID-19 pandemic among the unemployed and employed people in Nigeria. The data from the unemployed participants revealed that the COVID-19 pandemic affected their mental health through distressing impacts that included anxiety over the COVID-19 pandemic or loss of jobs, financial challenges, depressive reports, stress, and suspicion of people. Surprisingly, some of the unemployed participants reported no mental health impacts from the COVID-19 pandemic. This probably occurred because of the activities they mostly engaged in as a coping strategy. These data echoed the findings of Olaseni et al. (2020) that reported depression, anxiety, and stress among Nigerians during the COVID-19 pandemic. These data also supported multinational data from residents in 14 countries (e.g., Nigeria, Singapore, the United States, the United Kingdom, Norway, etc.) that indicated the presence of anxiety over the loss of jobs, depression, and stress during the COVID-19 pandemic (Okoloba et al., 2020).

Further, we collected data on coping strategies utilized by participants, and the data from the unemployed participants revealed the following—engaging in activities (which was the most utilized coping strategy), connecting with others, religious coping, relaxation, borrowing from others, hope, and poor coping. These data echoed the findings of Ogueji et al. (2021) that identified engaging in activities, staying connected with others, and hope as coping strategies utilized by residents in the United Kingdom during the COVID-19 pandemic. These data also echoed the findings in Colombia and South Africa that indicated that religious coping and hope were utilized coping strategies during the COVID-19 pandemic (Counted et al., 2020). Additionally, these data (especially borrowing from others and poor coping) supported the recommendation of a Nigerian scholar that governments should provide socioeconomic palliatives for the general population during and beyond the COVID-19 pandemic (Otache, 2020).

Among our participants with the employed status, we found mental health impacts inclusive of distressing impacts (e.g., emotional impacts, loneliness, depressive reports, fear, worries, stress, and financial challenges). These data aligned with Okoloba et al. (2020) that reported depression, fear, and worries among a multinational sample affected by the COVID-19 pandemic. The data also aligned with Olaseni et al. (2020) that reported the presence of depression and anxiety among Nigerians during the COVID-19 pandemic. These data confirmed Oyetunji and colleagues (2021) that reported anxious concerns in Nigerian adults during the COVID-19 pandemic. These data supported a literature review of COVID-19 and mental health that reported concerns about anxiety and depression in various individuals (Rajkumar, 2020).

Further, the data collected on the coping strategies utilized by the employed people in Nigeria during the COVID-19 pandemic revealed the following themes—religious coping (which was the most utilized coping strategy), engaging in activities, avoiding negative news on COVID-19, connecting with others, hope, and alcohol consumption. These data supported Ogueji et al. (2021) that reported avoiding negative news on COVID-19, connecting with others, hope, and alcohol consumption as coping strategies utilized by residents in the United Kingdom during the COVID-19 pandemic. Additionally, in Poland, alcohol use was reported as a coping strategy during the COVID-19 pandemic (Chodkiewicz et al., 2020). In Australia, alcohol use was also reported as a coping strategy during the COVID-19 pandemic (Rahman et al., 2020). The use of alcohol during the COVID-19 pandemic was found to be associated with greater psychological distress during the COVID-19 pandemic in Poland (Chodkiewicz et al., 2020) and Australia (Rahman et al., 2020).
This, therefore, implies that alcohol use during the COVID-19 pandemic may result in greater distress among our employed participants, and this may negatively impact their workplace productivity.

In comparison to the previous outbreak of infectious diseases (e.g., Ebola, severe acute respiratory syndrome [SARS], etc.), our data from the unemployed and employed participants supported the literature where mental health impacts such as anxiety, depression, and stress were found among various individuals (Jalloh et al., 2018; Kamara et al., 2017). Our data also endorsed the literature where religious coping, connecting with others, and avoiding negative situations were utilized by individuals (Main et al., 2011; Raven et al., 2018). Therefore, our findings contribute empirical support to the Stallman’s (2020) health theory of coping by suggesting that the COVID-19 pandemic was a distressing situation for some unemployed and employed people in Nigeria, as a result, these groups probably utilized coping strategies (positive or maladaptive) to reduce the distress, and these coping strategies may result in varied implications for these groups.

Our findings must be contextualized within the methodological strengths and limitations. We employed a qualitative design using open-ended questions that prompted participants to describe their mental health and coping strategies during the COVID-19 pandemic. Further, we recruited participants with a wide age range (18–62 years) that resided in five geopolitical zones (out of the six geopolitical zones) in Nigeria. We provided participants with feedback, and we invited external qualitative research experts to review our results. In most cases, themes were rarely evident according to participants’ gender, age, or geopolitical zone of residence. All these strengthen the transferability and validity of our findings. Additionally, our study can form the basis for future intervention studies with the unemployed and employed groups as the COVID-19 pandemic progresses.

On the other hand, we employed the snowball sampling technique to recruit participants from social media, and this may limit the representation of the digitally excluded population in our sample ($n = 66$). However, our recruitment strategy was a result of the restricted movement order implemented to contain the spread of COVID-19 (World Health Organization, 2020). Further, our material for data collection (Google Forms) may have limited us from probing further on participants’ mental health and coping strategies during the COVID-19 pandemic. However, participants were encouraged to be elaborate with their responses as explained on the first page of our online survey. Lastly, the Nigerian literature documented that mental health is associated with stigmatization (Labinjo et al., 2020; Lasebikan, 2016). Therefore, despite that we had no physical contact with participants, and our online data collection form was an anonymous one, stigmatization may still have biased participants’ descriptions of how the COVID-19 pandemic affected their mental health.

**Implication for practice**

To the best of our knowledge, our study is the first to explore mental health and coping strategies during the COVID-19 pandemic among the unemployed and employed groups in a country with a high unemployment rate. Our findings generate implications that emphasize the importance of psychosocial interventions that mitigate the distressing impacts of the COVID-19 pandemic on the unemployed and employed people. Such psychosocial interventions should educate these groups on adverse impacts associated with alcohol consumption and encourage them to utilize positive coping strategies (e.g., hope, connecting with others, religious coping, etc.) by educating them on positive outcomes associated with utilizing these positive coping strategies. This implication
highlights one of the roles that mental health practitioners and other health practitioners may play during the COVID-19 pandemic. Lastly, governments should provide socioeconomic palliatives for both the employed and unemployed people, particularly the unemployed people as the COVID-19 pandemic progresses.

CONCLUSION

We concluded that the COVID-19 pandemic had distressing impacts on some unemployed and employed people in Nigeria. We also concluded that the unemployed group utilized more positive coping strategies than the employed group; whereas, only the employed group utilized a maladaptive coping strategy as found in our study. Future studies should focus on longitudinally exploring the mental health impacts of the COVID-19 pandemic and the coping strategies utilized by these groups as the world is threatened by subsequent waves of the COVID-19 pandemic. This focus, if explored by future studies, may contribute to informing targeted psychosocial support programs for these groups during and beyond the COVID-19 pandemic.

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CONFLICT OF INTEREST

Authors have no conflict of interest to declare.

ETHICAL DECLARATION

Our study was in accordance with the ethical standards of the institutional and/or national research ethics committee, the 1964 Helsinki ethical declaration, its later amendment, or a comparable standard. An online consent form was used to obtain consent from all participants before data collection, and all participants consented that findings from their data should be published in this paper.

AUTHOR CONTRIBUTIONS

Ogueji—conceptualization, design, data collection, data analysis, open discussion to refine created themes, article writing (draft and original), review and editing for intellectual content, critical revision of the final manuscript, proofreading, and approval of the final manuscript.

Agberotimi—data collection, open discussion to refine created themes, review and editing for intellectual content, thorough language editing, final writeup, proofreading, and approval of the final manuscript.

Adesanya—conceptualization, design, data collection, open discussion to refine created themes, article writing (draft), review for intellectual content, proofreading, and approval of the final manuscript.

Gidado—data collection, open discussion to refine created themes, article writing (draft), proofreading, and approval of the final manuscript.

DATA AVAILABILITY STATEMENT

The data associated with this study are available from the corresponding author upon request.

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APPENDIX 1
DEMOGRAPHIC CHARACTERISTICS OF PARTICIPANTS

| Variable                           | N  |
|------------------------------------|----|
| Gender                             |    |
| Male                               | 37 |
| Female                             | 28 |
| Prefer not to say                  | 1  |
| Age range                          | 18–62 years |
| Employment status                  |    |
| Unemployed                         | 29 |
| Employed                           | 37 |
| Geopolitical zone of residence     |    |
| South West                         | 41 |
| South East                         | 4  |
| South South                        | 4  |
| North Central                      | 15 |
| North West                         | 2  |
APPENDIX 2
COREQ CHECKLIST

Domain 1: Research team and reflexivity

Personal characteristics

1. Interviewer/facilitator Which author(s) conducted the interview or focus group? See methods
2. Credentials What were the researcher's credentials? See methods and author's biography
3. Occupation What were their occupation at the time of the study? See author's biography
4. Gender Was the researcher male or female? See author's biography
5. Experience and training What experience or training did the researcher have? See methods

Relationship with participants

1. Relationship established Was a relationship established prior to study commencement? See methods
2. Participant knowledge of the interviewer What did the participants know about the researcher? e.g., personal goals, reasons for doing the research See methods
3. Interviewer characteristics What characteristics were reported about the interviewer/facilitator? e.g., Bias, assumptions, reasons and interests in the research topic See methods

Domain 2: Study design

Theoretical framework

1. Methodological orientation and theory What methodological orientation was stated to underpin the study? e.g., grounded theory, discourse analysis, ethnography, phenomenology, content analysis See methods

Participant selection

1. Sampling How were participants selected? See methods
2. Method of approach How were participants approached? See methods
3. Sample size How many participants were in the study? See Appendix 1
4. Nonparticipation How many people refused to participate or dropped out? None

Setting

1. Setting of data collection Where was the data collected? See methods
2. Presence of non-participants Was anyone else present besides the participants and researchers? See methods
3. Description of sample What are the important characteristics of the sample? See Appendix 1

Data collection

1. Interview guide Were questions, prompts, guides provided by the authors? Was it piloted? See methods
2. Repeat interviews Were repeat interviews carried out? If yes, how many? None
3. Audio/visual recording Did the research use audio or visual recording to collect the data? None
4. Field notes Were field notes made during and/or after the interview or focus group? None
5. Duration What was the duration of the interviews or focus group? We utilized online data collection forms
6. Data saturation Was data saturation discussed? See methods
7. Transcripts returned Were transcripts returned to participants for comment and/or correction? See methods

Domain 3: Analysis and findings
Data analysis

1. Number of data coders How many data coders coded the data? See methods
2. Description of the coding tree Did authors provide a description of the coding tree? None
3. Derivation of themes Were themes identified in advance or derived from the data? See methods
4. Software What software, if applicable, was used to manage the data? Microsoft Office Word and Excel
5. Participant checking Did participants provide feedback on the findings? See methods

Reporting

1. Quotations presented Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? See results
2. Data and findings consistent Was there consistency between the data presented and the findings? See results
3. Clarity of major themes Were major themes clearly presented in the findings? See results
4. Clarity of minor themes Is there a description of diverse cases or discussion of minor themes? See results