The experiential impact of isolation and quarantine on patients during the initial phase of the COVID-19 pandemic in India

Krishan Kumar, Shweta Jha, Mahendra Prakash Sharma, Rajni Sharma, Shubh Mohan Singh
Department of Psychiatry, Postgraduate Institute of Medical Education and Research, Chandigarh, 1 Amity Institute of Behavioral Health and Allied Sciences, Amity University, Noida, Uttar Pradesh, 2 Government Hospital, Panchkula, Haryana, India, 3 Advanced Pediatric Centre, Postgraduate Institute of Medical Education and Research Chandigarh, India

Address for correspondence:
Dr. Shubh Mohan Singh, Department of Psychiatry, Post Graduate Institute of Medical Education and Research, Chandigarh, India. E-mail: shubhmohan@gmail.com

Received: 07 September 2020
Revised: 27 October 2020
Accepted: 10 February 2021
Published: 15 March 2021

Background: Most countries around the world have been affected by the COVID-19 pandemic. Although there are quantitative studies on the effects of the COVID-19 pandemic on health-care professionals and other population groups, there are few studies that have evaluated the experiences of patients in the initial phases of the pandemic.

Aim: This study aims to conduct a qualitative study assessing the experiences of the patients in isolation and quarantine in the initial stage of the COVID-19 pandemic.

Methodology: The present study was a qualitative study through telephonic interviews with patients in isolation and quarantine due to COVID-19 from April 4 to 12, 2020. Patients in isolation had confirmed COVID-19 and were mandatorily admitted in specially designated COVID hospitals. Patients in quarantine were suspected to have COVID-19 due to symptoms or contact with confirmed patients with COVID-19.

Results: The experiences could be classified as having psychological impact, interpersonal impact, social impact, behavioral changes and impact on occupational aspects. The experience was predominantly unpleasant and characterized by anxiety, stigma, ostracization, guilt, and worry about the future. Conclusion: The experiences of the individuals in both the groups emphasize the importance of addressing psychological stressors. It could be concluded that individuals and their families would accordingly benefit from effective interventions to deal with the negative experiences they have been through due to the present pandemic.

Keywords: COVID-19, isolation, psychological impact, quarantine

The COVID-19 pandemic has affected all the countries of the world. Different countries and regions of the world are experiencing different trajectories of morbidity and mortality. The experience of India with regards to COVID-19 was characterized initially by an extensive lockdown, low number of patients, extensive misinformation with regards to COVID-19, stigmatization of healthcare workers, panic and associated behavioral manifestations in the population.[1] Health-care providers (HCP) including doctors were also psychologically affected by the COVID-19 pandemic in India.[2]
While there are some quantitative studies with regards to the impact of the COVID-19 pandemic on HCP and other groups of populations, studies dealing with patients are missing. This pandemic like the ones in the past is unfolding in stages, each of which requires a different response. The study of these experiences in each of those stages can be useful in handling the pandemic better.

Qualitative methods of describing experiences may have advantages over conventional quantitative scale-based approaches. There are some qualitative studies that have dealt with the experiences of HCP and caregivers looking after patients with COVID-19. However, to the best of our knowledge, there are no studies that have assessed the experiences of the patients with COVID-19.

This population is of significance because it is likely that the first few patients who were confirmed to be suffering from COVID-19 or suspected to be infected underwent a unique experience. These patients were infected with a hitherto unknown disease about which much had been heard from the experience of other countries, the disease itself was associated with misinformation and there was fear and stigmatization as evidenced by many news reports of ostracization of family members of ill people, or how people refused to accept and cremate bodies of family members who had died because of COVID-19.

We planned this study to study the qualitative experience of patients in isolation and quarantine due to COVID-19 in the initial phase of the pandemic in India.

**METHODOLOGY**

The protocol of the study was reviewed and passed by the institute ethics committee. The present study was conducted as a qualitative study through telephonic interviews with patients in isolation and quarantine due to COVID-19 from April 4 to 12, 2020. Patients in isolation were those with confirmed infection and who were mandatorily admitted to especially designated COVID hospitals. Patients in quarantine were those with suspected COVID-19 due to symptoms or contact with confirmed patients with COVID-19. These patients were usually admitted in specially designated wards. The duration of stay was around 14 days as per the prevailing guidelines and required two negative tests over a period of 1 week for discharge from the ward. If the patient tested positive, he/she was shifted to the COVID ward.

Patients were approached through the treating doctors and asked if they may be interested in participation in the study during the time period mentioned above. Successive willing patients were approached telephonically and explained about the study. If they agreed to participate, written informed consent was obtained and a formal telephonic interview was conducted in the 1st week of admission and recorded with the patient’s consent. The audio files that were later transcribed and analyzed.

A detailed socio-demographic profile of each participant was taken. An initial broad data-generating question was used such as: “When did you first feel that you were suffering from symptoms which could be indicative of COVID-19 and what was your reaction to the same?” “Who informed you and What was your first reaction when you were diagnosed with possible/COVID-19 and how much did it impact you?” Open-ended follow-up questions were also used to obtain detailed descriptions, and examples; “How does it feel to be separated from your family/or significant other?” “do you miss anyone or worry about anyone?” “How does it feels to be isolated/quarantined,” “how are you feeling now,” “what challenges did you encounter,” “How have people at home and in the community treated you after been diagnosed or quarantined?”, “Probing questions such as “Please tell me more about your experience,” “feel free to elaborate on each and every feeling you have or you are experiencing right now;” “a little more if you can explain your current situation” were used to enhance the depth of discussion and questioning.

The transcripts and implications were discussed and agreed upon by the authors. All the authors are proficient in English and the vernacular language in which the interviews were conducted.

We continued the patient recruitment until we reached a point of theme saturation.

**RESULTS**

We recruited five patients each in the isolation group and quarantine group. The sociodemographic details of the participants are presented in Table 1.

In both groups, the experiences could be described under the following headings-psychological impact, interpersonal impact, social impact, behavioral changes, and impact on occupational aspects [Table 2].

It was found that the experiences of participants in quarantine were marked with features of anxiety and worry. They experienced cognitive (expecting the worst outcome), behavioral (restlessness, pacing), physical (sleep disturbances, headaches, body aches/pains), and psychological (mood swings, feeling fearful) symptoms.
Most of them reported feeling guilty for being potential “spreaders” of COVID-19. They also felt victimized at the hands of others who ostracized them and their families (e.g., people looked at me with hatred as if I was a corona carrier; neighbors moved out of our building leaving my family alone). They were unable to comprehend people’s rejection. This exacerbated the guilt they felt toward their families as they were facing discriminatory behavior for no fault of theirs (e.g., neighbors avoided any and all forms of interaction). Fearing similar rejection from extended family and friends, most participants did not disclose their quarantine status with others, which led to feelings of loneliness. They felt helpless and hopeless about their situation and looked to blame someone (self/others) for their current predicament.

The experience of patients in isolation was marked by depression and anger. They reported experiencing fear of death and having to come to terms with real-life worries (e.g., “who will look after my family and children once I am gone”). Majority of them reported remorse at not being careful enough and putting themselves and their families through this tough time (e.g., “why did I not take more precautions”). Almost all participants victimized themselves, however it was observed that this was largely due to their negative perception of events around them (e.g., “I know the treating staff has to maintain distance however why are they not talking to me;” some insisted on meeting extended family/religious leaders in spite of being aware that it was not possible). They reported feeling angry towards society for discriminating against their families. This anger was even directed at the treating staff for not displaying any empathy/concern beyond their basic duties. Most participants reported feeling a sense of void since they had been unable to perform any of the roles that they identified themselves with (e.g., father, mother, nurse). Accordingly, they reportedly turned to faith/religion to help them through this uncertain time.

In addition, most of them were in different stages of grief—denial of being infected, anger at being infected, feeling helpless in the current situation. This feeling of helplessness coupled with low mood, decreased appetite, disturbance in sleep and feelings of hopelessness led to an increased awareness of mortality and fear of death. In addition, being in quarantine and isolation, the participants were deprived of opportunities to socialize with others. Furthermore, those in isolation underwent extreme emotional and behavioral reactions where the anger outbursts were more frequent and volatile, marked with features of panic attacks.

Participants in both groups reported turning to faith and religion to seek strength in these times. Participants also reported an increase in the usage of phone and internet as a means of communication with family and a distraction.

**DISCUSSION**

Common to both the groups was the unpleasant nature of the experience. The experiences in both groups were similar with regards to the themes but with significant differences in the content of those themes. These differences could be explained on the basis of socio-demographic and familial circumstances, the time (number of days following the communication of possibility of disease or diagnosis) at which the interview was carried out, and factors that were specific to the isolation or quarantine status.

The findings indicate that irrespective of the group that they were in, all individuals exhibited manifestations of stress across psychological, social, behavioral, occupational, and personal domains.

The experiences of the individuals in both the groups emphasize the importance of addressing psychological stressors. The individuals and their families would
Table 2: Psychological/interpersonal/social/behavioral/occupational impact of quarantine and isolation (with selected verbatim accounts)

| Quarantine | The cases are presented in similar order as mentioned on the sociodemographic sheet |
|------------|------------------------------------------------------------------------------------|
|            | Reason | Psychological | Interpersonal | Social | Behavioral | Occupational |
| Patient 1  | Nurse, quarantined because of exposure at work | Worry about what if test comes positive | Did not tell her parents as she did not want them to worry or face ostracization from their community | Her family (husband) and in laws are ostracized by neighbors; has made her family members specially her in laws worried as they earlier shared a very close relation with the neighbors, who now simply avoid them and walk pass by | Crying spells, decreased sleep, frequent irritability, anger, body pain and fatigue. Outburst at the seniors | Misses being at work; however, felt rejected by colleagues and seniors which made her disheartened; worried about whether things will ever be same again |
| Patient 2  | Nurse, quarantined because of exposure at work | Helplessness, guilt, failure to be reassured even after negative report; currently feels Depressed and helpless; feels like a victim of circumstances, regrets joining the profession | Not informed friends or extended family: Fear of their reaction/she was convinced that no one will understand her and stand in support; reports that her husband and son are the reason for carrying on | All their neighbors stopped making eye contact and keeping a distance; feels like they blame her for bringing this upon them | Decreased sleep, agitation, restlessness, and poor concentration | “I did everything I could for the patient but I regret for choosing this profession, however, have to complete my duty and serve nation” |
| Patient 3  | Had to be quarantined as mother was tested positive; currently the family is in facility for observation | Anger directed towards mother, “she is always this reckless, never thinks about us,” hopelessness and helplessness. | Has not informed relatives or friends because he is not sure how they will react. Hopes that mother recovers soon. Stressed about mother’s food and the food being given to the brother and self. Had altercation with brother as well for overthinking | Neighbors avoid his family; understood their concern; reported that he could sense their anger/disapproval and disappointment towards us as if knowingly my mother got the disease and we have put all of them in danger, my mother always helped them “how could they do this to our family” | Irritability, “without reason I have shouted on my sister;” restlessness and worry when he does not get news of his mother, noncooperative attitude towards staff. Tried to jump out of the quarantine center, after hearing various rumors with respect to COVID-19 | Whether people will come to the shop if they would know the mother and his status. Different worries ranging from losses at the shop to the change of place for shop |
| Patient 4  | Quarantined as mother tested positive for COVID-19 (both nurses) | Fearful for her child as the baby is only 1-year-old, feels helpless, burdened, sad, decreased appetite | Not informed anyone in extended family or friends | Ostracized by neighbors and tenants, “as soon as they got to know that my husband is tested positive they all left the building and vacated it completely and have not yet returned it’s been 10 days, no one talks to us, no one makes eye to eye contact, they have discriminated us. | Not taking care of self like before, frequent crying spells | Regret and feels guilty, “I blame myself for have chosen this career, I feel same for my husband also” |
Table 2: Contd...

| Quarantine | The cases are presented in similar order as mentioned on the sociodemographic sheet |
|------------|----------------------------------------------------------------------------------|
|            | Reason | Psychological | Interpersonal | Social | Behavioral | Occupational |
|            |        |               |               |        |            |              |
|            |        |               |               |        |            |              |
| Patient 5  | Nurse, quarantined because of exposure at work | Scared, fearful, distressed until not tested negative, beyond this there was no impact as all her family members and other significant persons are not near her | No change | I feel angry from them as they are punishing us without any fault of ours" | Social (discrimination/ isolated/rejected/ drawn out of paying guest accommodation; asked to stay elsewhere without any time to discuss or manage any other livelihood and accommodation “This was a shock to me as if I could not imagine people could be that inhuman and unsympathetic” | Sleep disturbance | Optimistic that things will be better |
| Isolation  | Reason  | Psychological | Interpersonal | Social | Behavioural | Occupational |
| Patient 1  | Treating a patient with COVID-19 without adequate protective gear | Initial shock followed by worry, fearful for health and life and of her family, occasional denial as if this is not happening, anger and hatred toward the friend who earlier told her in confidence that the patient she was treating was not positive, due to which she was a bit relaxed | The most difficult part is staying always from family, fear of losing them. Had altercation with mother in law when she asked her to leave the job as the job was too risky and she can work at any other place where the risk is not this much | Feeling rejected; “People have started maintaining distance from me; I know it’s important for their safety still they seem to lack empathy too.” “As informed by my family members when the ambulance went to get them for being tested: My neighbors had a negative/ disapprovingland distant approach towards them,” “All my colleagues maintain distance from me, even when need to come for my care I can feel the sense of negativity and distancing they want to maintain. They have reduced talking to me and there visit to me. There is no empathy” | Restlessness, disturbed sleep, paces around the room numerous times a day. Crying spells due to the family members not understanding her and the mother in law asking her to leave the job | Sadness: “I can’t work and serve and that makes me feel irritable and sad”. Thoughts about giving everything of hers to the occupation and working tirelessly and whether she would ever be able to work again |
| Patient 2  | Treating a patient with COVID-19 and had a protective gear breach | Felt dismayed, depressed. For her this situation is the biggest challenge and the toughest and most dreaded time of her life | “Staying away from my child and husband is the most difficult thing to do” | People have started maintaining distance from me; | Talk to husband several times a day and having multiple altercations with him due to her own guilt | I can't work and serve and that makes me feel irritable and sad | Contd...
### Table 2: Contd...

| Quarantine | Reason | Psychological | Interpersonal | Social | Behavioral | Occupational |
|------------|--------|---------------|---------------|--------|------------|--------------|
| Patient 3  | Does not know when and how he got infected | Fearful about what if something happens to her | Feels hopeless and helpless and unproductive on a personal level | I know it’s important for their safety still they seem to lack empathy too | Feels restless and crying spells have increased | Blames the hospital authorities and the government of not providing quality protective gear and not having adequate staff for the COVID duties |
|            |        | She reported of sadness, sleep and appetite has decreased significantly and constant headache since past 4 days | Unable to talk calmly with family members as a constant worry haunts her of, she having put her family members in a threatening situation. Self-blame is resulting in frequent fights between husband and her | All my colleagues maintain distance from me, they feel scared of me | Sometime when no one is around also curse aloud | Blames the hospital authorities of not standing with her in times of need and whether she should ever again work hard in an institution like this |
| Patient 4  | Does not know when and how he got infected | Denial, could not believe it at first; currently feels anger at self and society, blames society for his present condition; fear of death and this makes him sad, irritable, sleep has decreased significantly and has constant pain and fatigue of body | Misses his children and worries about their future as he wanted to give them adequate education | I feel cheated and feel like a victim to the present situation; “My family is in trouble because of me, they are having bad experience, people are rejecting them and ignoring them. My wife reported that she was not allowed to shop from the local market as soon as people got to know that I have been tested positive” | Aggressively behaved with staff nurse and treating doctors; fearful as feels that the treatment is not effective and sufficient to treat him; restless and fears around in room with decreased sleep; sweats a lot and feels that he will have a heart attack | Brother is looking after the business, but the business is suffering as people are afraid as if the whole shop has corona |
| Patient 5  | Probably from husband who is also admitted for the same reason | Fear of death is recurrent and this makes him depressed, irritable, sleep and appetite has decreased significantly; makes him feel helpless and hopeless, he also feels worthless and blames self for not being careful even after having all the necessary information precautions being asked to take over social media | Feels as if he has failed his entire family, blames himself for the present situation; “I should have been cautious as I am the only one on whose my entire family is dependent, I feel anger over myself as I know my family for now is ok but if anything happens to me no one will take care of them for the entire lifetime, and my children are very young” | My entire family is homebound, all neighbors have stopped communicating with them, they feel constant neglect and rejection from our community; I have also been informed that they are not allowed to go for “Namaz” | Constant irritability, restlessness; anger outburst at staff members as he has a wish to meet or talk to a maulvi. Wants to be shifted to a religious centre for isolation and is getting restless for the same | Worried about the livestock and the farming. As they are the source of his income. Worried that as no one is around, no one would be taking care of the livestock and he might lose them. Along with this the produce which is ready to be cut in his farms are not being looked after, thus giving him a double jolt |

Contd...
Table 2: Contd...

| Quarantine | Psychological | Interpersonal | Social | Behavioral | Occupational |
|------------|---------------|---------------|--------|------------|--------------|
| or self and worries about what would happen to the children | and if anything happens to him all three of us; my children and I will be completely alone, still he never took precautions as shown on television | neglect and rejection from our community, I also feel worried about my children who are now staying with relatives and facing all by them self | worry as these are not sign of heart attack, but it is due to her fear; crying spells have increased; sleep decreased | home, "I could have been more careful". Worried about who would be doing her work, who would be taking care of their children as the husband also is admitted |

...accordingly benefit from effective interventions to deal with the negative experiences they have been through due to the present pandemic. The findings stress the need for providing mandatory psychological services to individuals and their families undergoing quarantine or isolation. As expressed during the shared experiences, it was found that counseling or therapy should focus on enhancing coping skills, relaxation strategies, and problem-solving skills. In addition, counseling or therapy should focus on dealing effectively with death anxiety, for individuals in isolation. For instance, it may be useful to provide patients with knowledge about the fact that most patients are asymptomatic and recover uneventfully.

Another important aspect brought to attention deals with the training of HCP in managing their patients effectively (including themselves as many of the patients in the study population were HCP). Training of HCP should include the management of the psychological reactions in self and their patients.

The reactions of patients in this study were somewhat similar to those that have been described in the past.9,10 There is a need to address the issues of stigma and abuse surrounding patients and relatives with COVID-19.11

The limitations of the study include the cross-sectional nature of assessment and the small sample size.

**Financial support and sponsorship**
Nil.

**Conflicts of interest**
There are no conflicts of interest.

**REFERENCES**

1. Chakraborty K, Chatterjee M. Psychological impact of COVID-19 pandemic on general population in West Bengal: A cross-sectional study. Indian J Psychiatry 2020;62:266-72.
2. Chatterjee SS, Bhattacharyya R, Bhattacharyya S, Gupta S, Das S, Banerjee BB. Attitude, practice, behavior, and mental health impact of COVID-19 on doctors. Indian J Psychiatry 2020;62:257.
3. WHO | Current WHO Phase of Pandemic Alert for Pandemic (H1N1) 2009. World Health Organization. Available from: http://www.who.int/csr/disease/swineflu/phase/en/. [Last accessed on 2020 Jun 12].
4. Al-Busaidi ZQ. Qualitative research and its uses in health care. Sultan Qaboos Univ Med J 2008;8:11-9.
5. Liu Q, Luo D, Haase JE, Guo Q, Wang XQ, Liu S, et al. The experiences of health-care providers during the COVID-19 crisis in China: A qualitative study. Lancet Glob Health 2020;8:e790-8.
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 2020;48:532-8.
7. When Families in Punjab Refused to Light Pyres of their COVID-19 Deceased: The Tribune India. Available from: https://www.tribuneindia.com/news/punjab/when-families-in-punjab-refused-to-light-pyres-of-their-covid-19-deceased-66921. [Last accessed on 2020 Jun 12].
8. Frommer J. Qualitative research in diagnostic processes. Psychopathology 1999;32:121-6.
9. Raven J, Wurie H, Witter S. Health workers’ experiences of coping with the Ebola epidemic in Sierra Leone’s health system: A qualitative study. BMC Health Serv Res 2018;18:251.
10. McMahon SA, Ho LS, Brown H, Miller L, Ansumana R, Kennedy CE. Healthcare providers on the frontlines: A qualitative investigation of the social and emotional impact of delivering health services during Sierra Leone’s Ebola epidemic. Health Policy Plan 2016;31:1232-9.
11. Mental Health and Psychosocial Considerations during the COVID-19 Outbreak. Available from: https://www.who.int/publications-detail-redirect/WHO-2019-nCoV-MentalHealth-2020.1. [Last accessed on 2020 Jul 15].