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Feelings and perceptions of Unified Health System-dependent users cured of COVID-19

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Abstract

Due to the whole context of pandemic and its social impacts, a fragile situation in public health is faced, and may not only cause physical illness, but especially mental suffering, which has a high chance of occurring in the general population and persisting with post-pandemic psychological symptoms. The study aimed to understand feelings and perceptions experienced by dependent UHS users affected by Coronavirus, as well as the sequelae resulting from the process of illness and cure of the virus. This is descriptive, exploratory study type with a qualitative approach. The collection was carried out in the municipality of Guarabira, PB, with 20 dependent UHS users, who were affected by COVID-19, and who had been cured for at least 1 month. Users were invited to participate in the research through social networks. The interviews were guided by the data collection instrument and conducted remotely, using digital audio and video platforms. The age range of the interviewees ranged from 20 to 63 years, and 17 (85%) were females and 3 (15%) were males. Most females had completed higher education and were single. Feelings such as fear, anxiety, anguish, and loneliness, and the presence of sequelae after the cure of COVID-19 were identified. These feelings were clearly exposed in the interviewees' statements and the most prevalent feeling was fear. The study allowed for the identification of feelings harmful to the mental health of the participants. Through the reports, the presence of important sequelae after the cure of COVID-19 was also identified.

Keywords: COVID-19. Mental Health Care. Nursing Care.

INTRODUCTION

COVID-19 disease is a respiratory infection caused by the new Coronavirus agent, called SARS-CoV-2. The disease was identified in December 2019 after an outbreak of pneumonia of unknown cause in Wuhan city, central China. On March 11, 2020, the World Health Organization (WHO) declared COVID-19 a pandemic[1].

Coronavirus has an incubation period between 2 and 14 days. Transmission occurs during the persistence of symptoms and is related to contamination by respiratory droplets[2]. The initial presentation of the virus resembles a flu, with symptoms of fever, cou-

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-gh, sore throat, headache, runny nose, and changes in taste and smell, however, some people may be asymptomatic[3].

The first case of COVID-19 in Brazil was confirmed on February 26, 2020, by the Ministry of Health[4]. The disease spread rapidly, less than a month after the confirmation of the first case had already been transmitted in some cities. On March 17, 2020, the first COVID-19 death occurred in the country. On March 20, 2020, the community transmission of COVID-19 throughout the country was recognised[5].

According to epidemiological data provided by the State Secretary of Health[6], thousands of people contracted the disease in Paraiba, a large part of the population has already recovered, and some have died. The confirmed cases were distributed in all 223 municipalities of Paraiba, including the municipality of Guarabira, a relatively small municipality, whose population is 59,389 people[7], but which obtained a high number of infections and deaths caused by COVID-19. According to the epidemiological bulletin of Guarabira, the municipality has recorded more than 10,000 confirmed cases and 155 deaths from the disease since May 23, 2020[6].

According to Schmidt *et al.*[8], the fear of being infected by a potentially fatal virus, with rapid dissemination, whose origins are little known, ends up affecting the psychological well-being of the entire population.

A set of nonspecific symptoms has already been called by specialists "post-COVID syndrome" and is understood as prolonged symptoms or "long COVID"[9]. Long COVID-19 is a complex and increasingly recognized manifestation with prolonged heterogeneous symptoms and complications that are poorly understood at this time[10]. Half of the people diagnosed with COVID-19 have sequelae that can last for more than a year, post-infection symptoms are manifested in the three forms of the disease: severe, moderate, and mild, and can last for more than 14 months[10].

According to the study by Miranda *et al.*[10] the prolonged symptoms being identified in patients are neurological and psychiatric, including fatigue, cognitive impairment, insomnia, myalgia, headaches, vertigo, anxiety, and depression. In addition to these complications, people with long COVID-19 report impaired quality-of-life, employment problems, impacts on physical and cognitive functions, quality-of-life related to health and participation in society, and may require multidisciplinary care, including support from social services.

Since the Federal Constitution of 1988 Brazil has the largest public health system, although it is imperfect, the law approaches health as the right of all and the duty of the State. According to the national health survey (2013) it is estimated that 72.1% of the Brazilian population is UHS-dependent (Unified Health System) for health-related actions; that is, most Brazilians depend on the system to have access to healthcare services[11].

a fragile situation in public health is faced, and may not only cause physical illness, but especially mental suffering, which has a high chance of occurring in the general population and persisting with post-pandemic psychological symptoms. UHS-dependent individuals are in a vulnerable situation within the pandemic context.

This study aims to understand the feelings and perceptions experienced by Users dependent on the UHS who were affected by Coronavirus, as well as sequelae resulting from the process of illness and cure of the virus.

METHODOLOGY

This is an exploratory-descriptive field study with a qualitative approach. A semi-structured interview was used to perform data collection, which allowed us to understand the emotional aspects triggered by the illness and the post-cure impacts of COVID-19.

Twenty people were interviewed, within the inclusion criteria, the participants are listed from 1 to 20. The age range of the interviewees was from 20 to 63 years old, and 17 (85%) were females and 3 (15%) were males.

The collection was carried out in the municipality of Guarabira, PB, which has 59,389 inhabitants[7]. The study population is composed of UHS-dependent users, who were affected by COVID-19, and who have been cured for at least 1 month. For the sample, we chose to interview 20 users who were members of this population, assuming this value without performing a sample calculation. Thus, the composition of the sample was performed according to convenience, using the snowball technique, where selected individuals indicated other individuals for the final composition of the sample.

The search for individuals started by known people who had become sick by COVID-19. At the first contact, the inclusion criteria were applied, and certain patients were selected for the interview, and a time for the interview was scheduled. After that, the participant indicated another person who would possibly fit the inclusion criteria of the research.

Participation in the research was voluntary, so the first inclusion criterion was to willingness to participate. Other inclusion criteria were those older than 18 years, lucid and oriented, have had COVID-19 and were cured for at least 1 month, and had performed all their treatments in the Unified Health System. Exclusion criteria were: users who have performed some stage of the disease treatment in a private health service and answers that drifted from the research theme.

Users were invited to participate in the study through prior contact of the researcher. The contact was made through social networks, email, or phone call. The interviews were guided by the data collection instrument and conducted remotely, using free digital audio and video platforms. The collected data were recorded using electronic media, later transcribed and transliterated. The whole process was carried out carefully and confidentially, without any damage to the participant.

For data analysis, the content analysis technique proposed by Bardin (2006) was used, i.e., three stages, the first being pre-analysis, the second the exploration of the material and treatment of the results, and finally, inference and interpretation .

In the classification stage, the central ideas were identified from repeated and exhaustive readings. Continuing, careful separation and classification of important themes were carried out. Finally, from the relevant structures, the most relevant themes were regrouped, and the final analysis was performed, in which the interpretation occurred from the collected information.

In order to confirm the relationship of implications caused by the disease, the participants answered questions aimed to the research theme and the answers were categorized according to Bardin's thematic analysis.

The interviewees' feelings and perceptions were investigated, as well as the presence of sequelae after the cure of COVID-19. After thorough reading of the interviews, the results were identified and grouped into three categories: 1. Feelings and perceptions regarding the diagnosis; 2. Feelings and perceptions during illness and after cure; and 3. Sequelae resulting from COVID-19.

The research with human beings followed the ethical recommendations of CNS Resolution 466/2012 in all phases of the study and was approved by the Research Ethics Committee. The project CAE number is 45231221.1.0000.5176.

RESULTS

Most of the people interviewed were females, have complete higher education, work, have a were single, and were diagnosed by means of a rapid COVID-19 test, offered by UHS. The age group of the interviewees ranges from 20 to 63 years old, and 17 (85%) interviewed were females and 3 (15%) were males.

Most of the interviewees had received the first information about the pandemic of the new Coronavirus through television news, as well as through websites and social networks. The pandemic generated a great social impact, people needed to adapt to a new way of living, with distancing, isolation, increased hygiene, among other care to prevent dissemination. And within this pandemic context the media has gained a lot of strength, being beyond entertainment and the main source of information. However, by following the news of COVID-19, like the number of deaths and the collapse in healthcare, negatively impacted people's well-being.

"(...) When we get the result we don't look good because what we see is news, so like, a young person died. Our psyche gets a little shaken" E1

At first, the disease was seen as distant and when there were no cases in Brazil. Some people thought it would only be a mild infection; however, soon after some suspected cases were reported in Brazil, others were diagnosed with severe symptoms, and it was quickly spreading throughout Brazil. The state of Paraiba and the municipality of Guarabira were also affected by the disease, and the population in the face of news about COVID-19 felt threatened by this disease designated as severe and still unknown.

"(...) I thought it wasn't that bad, but over the days things got worse then the record dropped. In Paraiba I was already quite worried already aware of all the risk and thought it would not take long to arrive in Guarabira but always took a lot of care. I thought it was just a phase and it was going to go fast, but we're still in this situation." E2

Upon receiving the diagnosis, the interviewees reported that they were afraid to transmit the disease to the family and other people, to have a worsening of the disease, to be hospitalized and, above all, feared not surviving the disease.

"(...) I was distressed and afraid to transmit to other people" E12

"(...) Quite distressed, fear tripled, really" E14

"(...) I was scared because I thought I was going to die" E4

"(...) Immediately, the fear was that I had contaminated my family mainly my children" E17

"(...) I felt anxiety and apprehension" E6

Anxiety is very much associated with the implications that COVID-19 has caused on pe-

-ople's mental health because the feeling of fear triggers the anxious state.

In the course of the statements, it is observed that fear began even before the person is infected and persisted even after healing. When the feelings were raised during the illness and after the cure, the interviewees expressed fear of a reinfection, for fear of being affected by another variant of the virus even more severe and of not being able to survive another process of illness by COVID-19.

"(...) the fear of symptoms getting worse was too much" E7

"(...) And the fear of catching again, you know?" E8

"(...) I panicked, I'm afraid." E13

"(...) Then in addition to the symptoms that worsened, the fear of needing a respirator and not having one, the fear of being hospitalized and not seeing my family anymore." E17

Social isolation was also a difficult process for the victims of this disease, people felt lonely and distressed at not being able to have contact with the family. In addition to this isolation factor, during the analysis of the statements it was noticed that the interviewees felt avoided by people. The fear of contamination makes people feel insecure of attending the same environment as a patient who is in the process of being cured of COVID-19, because they think that they can still transmit the disease. This condition generates anguish and potential loneliness for those who are going through this process after the disease.

"(...) It is very bad for someone to be isolated in their room, I stayed 14 days without having access to my son and grandson, it is really really bad. I felt rejected because most people turned away from me, didn't come near me, they seemed to be afraid." E4

"(...) At first people were afraid to get close to me." E7

"(...) I feel the reactions of the people around me, like, terrified. Because they think I had Covid-19 and can still transmit, people are still not very well informed. The reaction is this, of loss, of fear." E13

"(...) when I came out of isolation, my neighbors kept asking if I was really good, I felt that they were a little afraid of people." E18

"(...) they avoided me even when I was released by the doctor." E15

The symptoms developed by the users were: headache, myalgia, arthralgia, altered taste and smell, inappetence, fever, sore throat, runny nose, indisposition, chest pain, and eye pain. The interviewees reported the persistence of some signs and symptoms months after the cure of the disease. Possible sequelae were listed: headache, dyspnea, chest pain, memory loss, increased blood pressure, changes in smell and taste. An uncontrollable fear and anxious behavior were also pointed out after going through the COVID-19 experience.

"(...) Only headaches, which I did not have before and now I have often." E10

"(...) To this day some symptoms persist, because I complain a lot that I sense no taste or smell properly. I also always feel a lot of migraines, which I didn't have before that, a lot of headaches. I also have hair loss, my hair is falling out drastically." E11

"(...) To this day I have sequelae, I'm afraid, at

I've been forgetful, sometimes I'll say something and forget the word. I have constant headaches. Shortness of breath, a weakness. I had to see a psychiatrist because I couldn't sleep, today I have to take medication to be able to sleep, it was fear." E13

"(...) In my attention, I feel that I have some cognitive deficit." E16

"(...) after 4 months of healing I returned to feel the symptoms, to feel a heavy fatigue, a pain in the chest and back. I returned to the COVID-19 center to get a new diagnosis, the doctor diagnosed sequelae of COVID-19. I have to do follow-ups with pulmonologist and do pulmonary physiotherapy and even use an inhaler, to this day I continue to use it." E17

"(...) My heart rate's up, my blood pressure. I am hypertensive, after COIVD-19 it got out of control." E18

When asked about the organization of Guarabira municipality in the confrontation of COVID-19, by the UHS, most of the interviewees reported that the municipality was still adapting or was not organized, and some were satisfied with the care given.

"(...) I don't think it's well organized and people aren't well served" E4

"(...) People were not prepared with an appropriate place for those who had been infected with COVID-19, one hospital everyone went to the same place and this was very bad." E5

"(...) Now I think it is, because the number of cases has decreased a lot, but at the peak it wasn't." E7

"(...) It still has to be much improved because it was something improvised, but because it is improvised in relation to my care, I have nothing to complain about." E11.

Table I - Sociodemographic profile of the study participants. Guarabira, Paraiba, Brazil, May 2021. Source: Search data.

Identification	Sex	Age	Education	Marital Status
1	female	21	Completed some college	single
2	male	22	Completed High School	single
3	female	20	Completed High School	single
4	female	63	Incomplete Elementary School	widowed
5	male	21	Completed some college	single
6	male	29	Completed some college	married
7	female	21	Completed High School	single
8	female	24	Completed High School	married
9	female	21	Completed High School	single
10	female	26	Completed some college	single
11	female	24	Completed some college	single
12	female	22	Completed college	single
13	female	45	Completed High School	married
14	female	52	Completed college	married
15	female	23	Completed college	single
16	female	21	Completed college	single
17	female	47	Completed college	married
18	female	31	Completed college	single
19	female	33	Completed college	married
20	female	28	Completed college	married

DISCUSSION

CATEGORY 1 - FEELINGS AND PERCEPTIONS OF DIAGNOSIS

The sensitive and dramatic situation experienced triggers several feelings in the population. Quarantine, isolation, and social distancing are factors that stimulate weaknesses in people's emotions and feelings, arousing anguish, fear, anxiety, and uncertainty[12]. Fear of being infected by a potentially fatal virus, coupled with concerns about financial losses can affect the psychological well-being of many people who may develop symptoms of depression, anxiety and stress[13].

The social distancing factor increased the importance of access to the media, with the purpose of being informed about the events about the disease and its behavior in society, as well as to keep people connected virtually[13].

However, the excess of news can interfere in people's feelings and perceptions, especially when it comes to impactful information, such as the severity of the disease, number of deaths, lack of materials in the UHS, among other information that has been filling the media. People who are going through the phase of diagnosis and acceptance of the disease are even more vulnerable[14].

Access to this information can also contribute to the increase in diseases such as depression and anxiety. In this process of illness, the influence of the media is even greater and is presented mainly through unjustified pessimism, which brings negative emotions, such as anguish, fear, and sadness[15].

This pandemic caused by the SARS-CoV2 virus may lead to a number of risks and consequences for mental health[16]. Also, according to Afonso and Figueira[16], with time depressive and anxiety feelings, psychosomatic manifestations, dependence, and substance abuse (anxiolytics, hypnotics, alcohol, etc.) may arise and in certain situations the appearance of suicidal thoughts may occur.

The lack of access to health has accompanied human society throughout its history. With regard specifically to the pandemic context, the UHS was unable to support all individuals and their needs, including the most severe cases[17].

The health crisis caused by the pandemic brought new challenges for the Brazilian health system, having to invest in intensive care unit (ICU) beds, respirators, medications, and above all, in vaccines that were created in record time in an attempt to reduce deaths from the disease. The excessive number of patients in severe conditions needing ICU beds exceeded the capacity available in the Brazilian health system during the peak periods of the virus, a fact that had collapsed public health administration[18].

Even with shortages, without the UHS, Brazil would be in social destitution, in which the large poor population would not have access to vaccination campaigns and other services provided by the public health system, and they would be dependent on private healthcare as before the creation of the UHS[18].

CATEGORY 2 - FEELINGS AND PERCEPTIONS DURING ILLNESS AND AFTER CURE

A pandemic can cause many distressing feelings in the population, and these feelings can extend even after virus control[1]. Social

isolation has been one of the strategies used in an attempt to control the spread of COVID-19. It is important to isolate a diagnosed person to prevent them from infecting more people; however, isolation is a difficult process and strengthens negative emotions, such as sadness, fear, and stress[19].

The patient has a duty to remain isolated and due to the uncertainties that the disease still carries others are afraid to approach even when the individual is cured of the disease. Therefore, the pandemic generates fear, anguish, loneliness, worry, and consequently changes in people's mental health[20].

Loneliness is one of the negative consequences of life, especially during the pandemic of the new Coronavirus. Due to mandates to stay at home, many older adults have lost their usual ways of connecting with their support networks and social and healthcare services, so they find themselves alone for more time. It is observed that many people feel alone and abandoned by society, by institutions, and also by those close to them, such as is the case with family[21].

While society is concerned about the physical damage that this pandemic can cause, the psychological area, increased loneliness and the damage caused by social isolation are often neglected by health and service professionals, despite the creation of activities and contact between people through the use of virtual and videoconferencing devices[21].

CATEGORY 3 – SEQUELAE RESULTING FROM COVID-19

This set of nonspecific symptoms has already been called by specialists "post-COVID syndrome" or by the term "long covid", something that affects not only severe patients but also patients who have had milder symptoms. There are patients who complain of cognitive impairment such as memory loss and difficulty in concentrating after contact with the new Coronavirus[9].

The pathophysiological process of COVID-19 causes an intense inflammatory response that first affects the respiratory tract, especially the lungs[22]. However, the sequelae of this infection are not limited only to the respiratory system, and were also recorded in the cardiovascular system, in the central and peripheral nervous systems, and psychiatric and psychological sequelae have also been pointed out[9].

In view of this problem, it is essential to continue the care of patients who have recovered from COVID-19. It is necessary to guarantee the provision of psychosocial healthcare and mental health services, highlighting the importance of Primary Health Care - PHC[23].

PHC is the main gateway to the UHS and plays an important role in this pandemic scenario. Through the high coverage, the teams that work in these spaces are in a strategic and fundamental position in coping with the COVID-19 pandemic[24].

CONCLUSION

As presented herein, the importance of the study is understood because it addresses a current and global health problem and for bringing results relevant to health care. The limitation of the study is due to the small number of samples, because it is a theme that is under continuing research and was performed before vaccination against COVID-19 began.

The study allowed for the identification of psychological and physical sequelae, which

cover different systems of the body. Sequelae were reported, with prolonged symptoms even when the disease is cured, and negative feelings and perceptions presented throughout the COVID-19 disease and cure process were also mentioned.

It is noticeable that information about the disease, social isolation, and concern for the family were factors that generated a lot of fear and anxiety in the interviewees, making it necessary to offer psychosocial support strategies, as well as interventions for the management and follow-up of prolonged symptoms in survivors of COVID-19.

Author Statement CREdiT

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REVISTA O MUNDO DA SAÚDE

Supplementary Material

QUESTIONNAIRE

Participant No.:
Collection Date:
Age, Sex and Marital Status?
Education:
Works? How many jobs do you have?
Who do you live with?

1 - How did you find out about the new Coronavirus pandemic? What did you think when the first case was diagnosed in Brazil, Paraíba, and Guarabira?

2 - When did you start showing symptoms? What symptoms did you have? How did you feel when you realized you had the symptoms of COVID-19? What test did you take? What were your feelings about the possible diagnosis? How did you feel that the municipality was organized to deal with this disease?

3 - With the positive diagnosis, what was it like to deal with the disease, isolation, and people around you?

4 - After the cure, how did you feel? Did you have any changes (sequelae) post-COVID? And the people around you, how do you perceive their reaction?