Socio-Psychological Problems Faced by Home Quarantine Covid-19 Patients

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Abstract

This qualitative study explores the socio-psychological problems experienced by individuals who underwent home quarantine during the COVID-19 pandemic. Utilizing purposive sampling, twenty-one in-depth interviews were conducted with participants who had been diagnosed with COVID-19 and isolated at home. Thematic analysis of the data revealed key challenges including social stigma, emotional distress, fear of deterioration, loneliness, and lack of social support. Participants also reported anxiety related to family health, financial instability, and the ambiguity of medical information. Social isolation intensified feelings of helplessness, while informal support networks emerged as a critical coping mechanism. The findings highlight the need for community-based mental health support and targeted interventions to mitigate the psychosocial burden on home-quarantined individuals. This study contributes to the understanding of lived experiences during health crises and underlines the importance of inclusive, psychologically-informed public health responses.

Keywords: Coronavirus, Home Quarantine, Socio-Psychological Problems, Social Support.

Introduction

Epidemics, like other natural calamity (e.g. earthquake, tsunami, etc.), are considered as disasters and negatively affect individuals in various areas such as daily life, physical health, psychological status, family relations, social life, and economic life (Kaya, 2020; World Health Organization 2020). The COVID-19 virus, which is included in the beta-coronavirus family including SARS-CoV and MERS-CoV, also emerged in 2019 and rapidly affected the whole world in a short time and caused a global epidemic (Murthy, Gomersall and Fowler, 2020; Parody and Lui, 2020; WHO, 2020). Basically, this virus, which causes respiratory tract infection, not only threatens the physical health of individuals but also causes both acute and chronic problems on mental health (Holmes, 2020; Holt-Lunstad, 2017).

Coronavirus disease 2019 (COVID-19) is the latest infectious disease to develop rapidly worldwide, to the extent of a severe global pandemic. Coronavirus is a transmittable disease brought about by extreme intense coronavirus respiratory condition (China-WHO Joint Mission, 2020). This sickness was first detected in China 2019, and has seeing as extend worldwide, culminating in the coronavirus pandemic of 2019-20. Fever, dry cough, and trouble breathing are common symptoms of covid; in any case, muscle torment, sputum development, and loose

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bowels are more uncommon (Center for Disease control and prevention, 2020). In March 2020, the death rate per number of cases analyzed was 4.4 percent; in any case, it goes up from .2 percent – 15 percent, contingent upon the age gathering and other ailments (Li et al., 2021). 68 million covid-19 cases have been distinguished before the arrangement of this proposition December 2020, coming about in over 1.56 million passing, yet in access of 44 million individuals have recuperated from this destructive infection.

Pakistan is a neighbor, to China, where the first cases of Novel coronavirus infections had been identified. On February 26, 2020, the first case of COVID-19 was registered in Pakistan (Waris et al., 2020). COVID-19 cases in Pakistan have now surpassed 1.53M (these numbers are continuously changing), resulting in over 30,369 deaths (Government of Pakistan, 2020). Thousands of individuals have tested positive for Covid-19 following the first local case being detected in February 2020, which highlights the severity of this public health problem. While the initial emphasis was understandably on the lifesaving and bio-medical aspects, Covid-19 has increasingly emerged as a disease that has a detrimental effect on all affected people's psychosocial well-being.

Pakistan has been in the state of high alert since February 2020 when the first case was notified in the country. Government and health professionals advised for preventive measures to prevent the spread of the disease. These measures were later intensified with the increasing number of cases and local transmission. The government implemented complete lockdown, closure of businesses and mosques, restriction of movements, and working at home to promote social distancing and curb the spread of disease. These precautionary measures such as social distancing, staying at home, and lockdown may lead to psychological and mental health problems **(**Khan et al., 2021).

The occurrence of infectious diseases outbreak, such as Covid19, has many imperceptible impacts such as the psychological distress and mental health, especially on people living in pandemic areas. Various interventions have been implemented, such as self-isolation, nationwide lockdowns, physical distancing, and other efforts for the sake of further transmission of the infectious disease prevention. These interventions are followed by many symptoms that draw connections to mental health problems, such as; severe physical or mental pressure, desperation, post-traumatic stress disorder (PTSD), insomnia, irritability, fury, and emotional exhaustion. In addition to the COVID-19 pandemic posing a real disease threat, factors such as uncertainty, social isolation, and physical separation during the outbreak increase the importance of factors that could reduce negative emotions such as anxiety and depression and increase psychological resilience, especially in patients affected by this pandemic. With this background, we aimed to examine the impact of perceived social support and coping strategies on symptoms of anxiety and depression in home quarantine patients (Kandeğer & Kanat, 2021).

People suffering from mental illnesses due to coronavirus face numerous socio psychological challenges. All around the world there are policies related to proper care of patients with any kind of mental illness. Improving the quality of care would positively affect behavior and intellectual abilities of Covid-19 patients with mental disabilities. Mental health illnesses are found in all societies but all patients do not receive effective treatments in this regard (Shareef & Shafaat, 2021).

Experts in public health worldwide are drawing attention to the need to research the behavioral expects of this pandemic (Covid-19) and the large spectrum of psychological consequences that could be predictable to happen as a result of the public reaction to the novel corona outbreak. Being an unprecedented public health issue, several factors that trigger distress for the affected

cases and their families may be the mystification around the illness and care together with socially isolating and stigmatizing society prevention measures.

Objectives of the Study

i. To find out the socio-psychological challenges experienced by individuals during home quarantine following a COVID-19 diagnosis.
ii. To know the role of social, familial, and community interactions in influencing psychological well-being during home quarantine.
iii. To understand the emotional and mental health impacts of home isolation, including feelings of anxiety, fear, loneliness, and stigma.

Literature Review

Social isolation is a multi-dimensional construct that can be defined as the inadequate quantity or quality of interactions with other people, including those interactions that occur at the individual, group, and/or community level (Nicholson, 2012; Smith & Lim, 2020; Umberson & Karas Montez, 2010; Zavaleta et al., 2017). Some measures of social isolation focus on external isolation which refers to the frequency of contact or interactions with other people. Other measures focus on internal or perceived social isolation which refers to the person's perceptions of loneliness, trust, and satisfaction with their relationships. This distinction is important because a person can have the subjective experience of being isolated even when they have frequent contact with other people and conversely they may not feel isolated even when their contact with others is limited (Hughes et al., 2004).

Infected patients in isolation can experience physical and mental stress. Feeling isolated and powerless in the face of personal health risks and the pressures created by public health emergencies can lead to stress, anxiety, depression, isolation, avoidance habits, frustration, and physical health risks, among other negative health and social outcomes (Barratt et al., 2011; Purssell et al., 2020). Research conducted in the official isolation facility in New South Wales, Australia, on the interactions of patients with COVID-19 reported that the patients shared both positive and negative lived experiences of infection, loneliness, and disease (Shaban et al., 2020). Psychological distress and stigma has been experienced by survivors during epidemics in recent past (James, Wardle, Steel & Adams, 2019). After Ebola outbreak psycho-trauma was found among survivors along with numerous other ailments (Wadoum et al., 2017). In Sierra Leone (2014–2015 Ebola epidemic). A large sample of Chinese adults reported significant anxiety in the beginning of the coronavirus pandemic (Lee, 2020). Previous empirical studies report that individuals may experience symptoms of anxiety, psychosis, trauma, suicidal ideation and panic during outbreaks of communicable diseases (WHO, 2020b). Psychologists have highlighted a substantial need of psychological interventions in coronavirus outbreak in Pakistan to avoid any further crisis of compromised mental health of those suffering from coronavirus itself and those in self-isolation, social-distancing and quarantined (Mukhtar, 2020).

The WHO has also emphasized that "stigma deters the public from wanting to pay for care, and thus reduces consumers' access to resources and opportunities for treatment and social services. A consequent inability or failure to obtain treatment reinforces destructive patterns of low self-esteem, isolation and hopelessness. Stigma tragically deprives people of their dignity and interferes with their full participation in society." This is a manifestation of the old idea that humans are more likely to exclude those that they perceive as different (World Health Organization. 2001).

Fear of contracting the COVID-19 infection has been observed among people worldwide. In such a situation, this fear may increase the intensity of the disease itself. During such a large-scale health crisis, individuals may not make rational decisions regarding behavior changes in order to evade any viral contagion (Asmundson & Taylor, 2020). The World Health Organization (WHO) has highlighted a substantial need for psychological interventions during the COVID-19 outbreak to avoid any further crisis of compromised mental health for those suffering from the infection itself, and for those who are in self-isolation or quarantined.

As a middle-income country, with a weak healthcare infrastructure and a population of around 197 million (Hayat et al. 2020), Pakistan is vulnerable to COVID-19 (Raza et al. 2020). The Federal Minister of Health reported the first two confirmed cases of COVID-19 on 26 February 2020 in Karachi and Islamabad (Ali et al. 2020). Within 12 days, the number of cases reached 20 with 5 cases in Gilgit-Baltistan, 14 cases in Sindh, and 1 in Baluchistan.

All other quantitative studies only surveyed those who had been quarantined and generally reported a high prevalence of symptoms of psychological distress and disorder. Studies reported on general psychological symptoms, emotional disturbance, depression, stress, low mood, irritability, insomnia, post-traumatic stress symptoms, anger, and emotional exhaustion. Low mood (660 [73%] of 903) and irritability (512 [57%] of 903) stand out as having high prevalence. People quarantined because of being in close contact with those who potentially have reported various negative responses during the quarantine period: over 20% (230 of 1057) reported fear, 18% (187) reported nervousness, 18% (186) reported sadness, and 10% (101) reported guilt. Few reported positive feelings: 5% (48) reported feelings of happiness and 4% (43) reported feelings of relief. Qualitative studies also identified a range of other psychological responses to quarantine, such as confusion, fear, anger, grief, numbness and anxiety-induced insomnia (Lee & Kleinman, 2005).

Some of the lived experiences and the psychosocial impacts of infectious disease outbreaks have been highlighted by researchers. For instance, Maunder et al. (2003) found negative lived experiences, stigmatization, anxiety and stress as the common complaints presented by patients with severe acute respiratory syndrome coronavirus (SARS-COV). This was further shared in Gardener and Moallef's (2015) review which established that stigmatization, psychotic presentations, fear of survival and infecting others, PTSD and reduced quality of life among other symptoms were apparent across all stages (Capraro & Sjåstad, 2021).

Eventually, some studies have been conducted on the experience of close contacts patients in China, lived experiences of the corona survivors (patients admitted in Covid wards), and do quarantine experiences and attitude towards covid affect the distribution of mental health in China. However, those studies futile to consider problems faced by covid-19 patients during isolation period. But no matter how much literature there is, it does not discuss about the problems that an individual face when he/she is isolated at home. Well, an individual has affected physically, mentally or psychologically, but what is the reaction of the society when researcher want to find out that if the individual is suffering from this disease (Covid-19), if he is a father, then what problems does he had to faced when he was isolated, and if we see a woman who is a mother when she had to be isolated for 14 days then what problems she had to faced.

When people find out that they had corona, instead of helping, people started staying away and talking weird. The people who are not married they were also facing different challenges and problems in isolation period.

Materials and Methods

The study adopted a qualitative research design grounded in the phenomenological approach to explore the socio-psychological problems faced by individuals who underwent home quarantine due to COVID-19. Phenomenology, which emphasizes understanding lived experiences from the perspectives of those who have directly encountered a phenomenon, was chosen to capture the depth and complexity of the participants' emotional, psychological, and social challenges. The population of this study was young and old, married and unmarried men and females Covid positive patients who were isolated at home due to mild symptoms and faced problems during isolation period in Wah Cantt. In the present study, twenty-one respondents were selected through purposive sampling, focusing on individuals who had tested positive for COVID-19 and completed at least seven days of home isolation. The interviews were audio-recorded with consent and transcribed verbatim for analysis. Data were examined using Interpretative Phenomenological Analysis (IPA), which involved identifying recurring themes and patterns that reflected shared meanings and personal interpretations of quarantine experiences. Ethical considerations were strictly observed, including informed consent, participant confidentiality, and access to psychological support if needed. This methodology enabled a nuanced understanding of the socio-psychological struggles of home-quarantined COVID-19 patients, illuminating their inner realities during a time of isolation and uncertainty.

Data Analysis

From a wide range of qualitative analysis, the researcher used thematic analysis to get the deep information from the themes extracted from the data given by the respondents. The themes are of two types that are semantic themes and latent themes. The semantic themes are linked with the surface meaning of data while the latent themes are more concerned with theoretical explanation of the data (Maguire & Delahunt, 2017).

Perception of covid-19 patients about disease

Coronavirus Disease 2019 (COVID-19), caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), has evolved into a global pandemic with profound impacts on public health, the world economy, and the quality of life for individuals worldwide. The virus spreads primarily through respiratory droplets and direct contact, with an incubation period ranging from 2 to 14 days.

One of the interviewed patients' states that;

> *Corona is such a disease that has no comparison. It's a very dangerous disease. She said believe me, "I have had so many illnesses, but corona has no competition". At first, I had a headache and at the same time I started feeling very cold and then I got a fever. But I didn't have a sore throat or a flue, what we usually hear happens to Corona patients. I was feeling so bad when I heard that I was infected by Covid because I have three small children and youngest was one month old so it was very difficult for me to handle myself at that time.*

The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) causes the illness known as coronavirus disease 2019 (COVID-19). After reaching pandemic proportions in March 2020, it has become increasingly clear that the disease will continue to affect the human population in many ways in the months and years to come (Leslie-Mazwi & Srivatanakul, 2021).

Another interviewed stated that;

> *I was infected by Covid in the first wave. When the first patient came to our country in February 2020, I began to be very careful because I had heard then that this is a disease that can spread very fast and this is what is happening now. There have been 5 waves of corona in which many people have died not only in our country but all over the world. Many people have died from this disease. I was very afraid that I might get that disease. Despite, my precautions, I did not know how I got this disease and then I suffered a lot because of it.*

Most people infected with the virus will experience mild to moderate respiratory illness and recover without requiring special treatment. However, some will become seriously ill and require medical attention (WHO, 2021).

Another respondent said:

> *Those people who have had coronavirus know that it is a very dangerous disease. I also got coronavirus. I suffered a lot with this disease. People around me like my friend also got this virus. This virus cannot be denied because this virus is not only in our country but also spread all over the world and by cause of this virus many people are getting sick and many people have died.*

Unvaccinated people are about six times more likely to test positive than vaccinated people, nine times more likely to be hospitalized, and 14 times more likely to die from COVID related complications (Walensky, 2021). "I have also observed that the condition of those who have not been vaccinated has worsened due to this disease and there have been much causality in my own family due to this virus which was not vaccinated".

To understand how the pandemic is evolving, it's crucial to know how death rates from COVID-19 are affected by vaccination status. The death rate is a key metric that can accurately show us how effective vaccines are against severe forms of the disease. This may change over time when there are changes in the prevalence of COVID-19, and because of factors such as waning immunity, new strains of the virus, and the use of boosters (Mathieu & Roser, 2021).

Another respondent said:

> *COVID-19 is such a wild disease. This virus had made millions' sick and many have died. As soon as this virus enters the world, the whole system of the world is in disarray, there was no institution which was not disturbed by this pandemic; student's education was disrupted, many people in the world became unemployed. We can't go out from our houses, we can't go anywhere and we can't meet to anyone.*

The COVID-19 pandemic has created the largest disruption of education systems in human history, affecting nearly 1.6 billion learners in more than 200 countries. Closures of schools, institutions and other learning spaces have impacted more than 94% of the world's student population. This has brought far-reaching changes in all aspects of our lives. Social distancing and restrictive movement policies have significantly disturbed traditional educational practices. Reopening of schools after relaxation of restriction is another challenge with many new standard operating procedures put in place (Pokhrel & Chhetri, 2021).

Health conditions of covid patients in isolation

WHO defines the 'intrinsic capacity' as the 'composite of all the physical, functional, and mental capacities of an individual', changing the focus from a negative aging (disability) towards a positive one (optimal aging), being related to the onset of autonomy decline, falls and death. Physical activity has a positive impact on the health and quality of life, reducing the risk of

functional and cognitive impairment, falls and risk of fractures, depression, disability, risk of geriatrics syndromes, hospitalization rates and, consecutively.

One of the respondents said:

> *I was so weak I could hardly go to the bathroom. I couldn't even sit for long. I could hardly breathe. I had a chair outside the bathroom where I could sit and relax for some minutes after that I would go to the bed. When I stood up, my legs would tremble and I would feel dizzy.*

In some individuals, various factors contribute to prolonged fatigue. Low levels of physical activity, disrupted daily routines, poor sleep patterns, demanding work, caregiving responsibilities, low mood, anxiety, and stress can all exacerbate feelings of fatigue.

Another respondent said:

> *I also became irritate because of being alone during my illness and poor health. Sometimes I didn't even talk and didn't even eat. Because of weakness, I often lay down. Even after recovering, I retired because I was very weak that I couldn't do any work and could not stand for long.*

Social isolation is associated with increased morbidity from chronic disease and with higher all cause mortality. Detrimental health behaviors, such as smoking and reduced physical activity may mediate over 30% of this effect. Both subjective and accelerometer data from adults aged 50-81 indicated that social isolation is independently associated with reduced physical activity and increased sedentary time, suggesting that this may play a role in the increased risk of disease. Current Chief Medical Officer (CMO) guidance for older adults recommends 150 minutes of moderate intensity aerobic activity, or 75 minutes of vigorous intensity activity accumulated each week, in addition to weight-bearing activities and the breaking up of sedentary time with light activity. In adults aged over 60 years, even doses of activity below this are associated with a 22% reduction in all-cause mortality (Beaney, T., Salman, D., Vishnubala, D., McGregor, A. H., & Majeed, A. 2020).

Experiences of infectious patients in isolation

While in quarantine, patients commonly experience panic, loneliness, concern, dread, despair, tension, guilt, helplessness, fury, division from family, loss of opportunity, and boredom. Further societal repercussions include individual, proficient, and educational instability, monetary frailty, lodging and medical care concerns, social separation, and disease stigma (United Nations, 2020). When these elements interact, they have the potential to induce or worsen mental disease. Brooks et al. (2020) discovered that extended quarantine durations, disease fears, disappointment, fatigue, insufficient supplies, insufficient or contradictory information, financial loss, and stigma were associated with negative mental impacts such as post-traumatic stress symptoms, uncertainty and irritation. The difficulties of Covid-19 patients emerged as a key subject during the data analysis technique in this study. "The participants described their experiences in this regard," one respondent put it:

> *I spent two weeks alone with a lot of difficulties, I was depressed and I used to get very angry and sometimes I felt very lonely. I felt like there was no one with me. I had a very bad experience, I was sick and I was alone because there was nothing to do. She said that "khali dimag to wese hi shaitan ka ghar hota hai. I was worried about my kids because they were too young. I also wondered who would take care of my children if something happened to me. That is why I was always worried. Something was running through my mind all the time. I had a hard time*

> *because I couldn't meet my children at that time and I kept thinking about my children and I used to get upset for every little thing. I felt like everything was getting out of control. I couldn't keep myself strong them.*

During interviews, respondents also described that this disease effect us mentally. As we are suffering from illness and people were talking strange this whoever came to meet us. They were trying to afraid us in a way that it's a serious disease, many patients were dying due to this. Already they were disturbed, because they were the first one in their family who was infected. In spite of showing empathy, people were behaving like that. Somewhere parents were too much worried about their children who were infected. This was the situation when they able to know that who actually are with them because mostly people decided to stay away from them.

Another respondent said that:

> *I was in isolation for more than 24 days. And I can't explain how hard I spent that time. At first I didn't taste or smell anything during my illness. Everything I ate was bitter so I didn't want to eat anything. 'Tanhai sy har koi darta hai'. He said, my brother died four months before when Covid-19 afflicted me and my other brother died when I was quarantined and I couldn't go, so I was very sad at the time that I was not able to handle myself. At that movement I fainted and my wife came to my room and she took care of me. Because the trauma was big I was already very upset so I couldn't bear the trauma.*

Similarly, patients described the situation after their recovery; they felt some change in their personality, mostly are still disturbed. Some become moody and not be able to do their work with full intention and consistency. They would not give to full attention to their work because things are revolving in their mind.

Another respondent said:

> *First of all, as we have heard, those who get the coronavirus lose their sense of smell or taste, but this has not happened to me. So I had no problem in eating. I ate as much as I could in my daily routine. I felt a lot of fear and grief when I was in isolation because I thought I was sick I couldn't go to anybody and no one from my family could come to me. I am left alone and at the same time my father was not well so all these things bothered me a lot. You are completely alone in this disease then this thing affects you more psychologically. Self-isolation took me moody and irritable. When you live alone and no one is with you and at the same time you are sick then you have mental health effect and you are not fit.*

In the above mentioned responses of respondents' loneliness has been linked to a greatest risk of depression, in addition lower levels of happiness, pleasure, pessimism. Loneliness is a universal human emotion that is unique to each individual. Because there is no one cause of this potentially lethal mental disorder, prevention and therapy might vary widely (Cacioppo & Cacioppo, 2018).

Stress buffering role of social support during covid-19

In order to reduce the high COVID-19 infection rate, people began to engage in self-isolation at times of uncertainty and stress. Individuals who are socially isolated may suffer as a result of a lack of support since social support can protect against the negative effects of distress on mental and physical health.

Disasters are described as substantial disruptions to a community's or society's regular functioning that needs additional resources for coping and resilience (Perry, 2018). COVID-19

has been related to a variety of mental health issues, including posttraumatic stress disorder, anxiety and despair, and higher stress levels, in addition to financial and physiological injury. Exposure to the pandemic, whether direct or indirect, such as reading COVID-19-related news, may result in mental health concerns. Coping with the stress generated by COVID-19 needs the utilization of additional resources, such as social aid (Grey, 2020). One respondent said:

> *My friend was really supportive of me; she cared about me in every way, and she would deliver anything I needed to my door at any time. One night I needed a nebulizer and she gave me a nebulizer at eleven o'clock at night, she took care of my little things. My friend has helped me in every way possible, and I am grateful to her. My family was very supportive of me that I would get well soon. They encouraged me that a lot of people got sick and if they got well then I would get well soon too. I don't need to worry.*

Another respondent said:

> *Moral support helps in treatment. Everyone was telling me to take medicines on time, take care of yourself. My family cared a lot for me but when you have to do everything alone, you get exhausted, that's why social support is very important for patient.*

Most of the patients said that the main things which play important role in their recovery, social support were one of them. You will be able to conquer any difficulty if you have people that encourage and support you during difficult times. It was mostly their parents and friends who provided emotional support. It took somewhere a very short time in their recovery although medication was also important, but support also played an important role.

One respondent said:

> *My siblings and husband supported me a lot. They encouraged me that I will get well soon. It is only a matter of 14 days. After that I will meet my children and stay with everyone. So my family encouraged me a lot. Physically I was supported by my siblings, my siblings used to bring me medicines and do my work because my husband is in army and he was on duty.*

Social support is generally described as the availability of reliable people, who let us know that they care about, value, and love us. Social support includes support perceptions (perceived support) and supportive behaviors (received support), which can promote overall well-being as well as increasing personal resistance to health problems. Perceived social support is the personal subjective appraisal of the availability and adequacy of resources and reactions provided by their social networks. Received social support refers to objective appraisals of personal social connections and their consequent functions.

Effects of isolation faced by covid-19 patients

In this theme, people described their scariest moment which they have faced during their isolation period or while living as home quarantined because entire situation created a lot of panic and disruption for people. So they were mentally disturbed and were fearful about their health condition.

One respondent said:

> *One day my condition worsened so much that I had to stay in the hospital for seven or eight hours and as my condition deteriorated I started thinking very negatively that my condition was so bad, she said I don't know if I will survive or*

> *not I have small children so after a while my condition got better so I thought 'No', I will be fine".*

Another respondent said that:

> *Of course I paid attention to how I was feeling and reflected upon the age of people who were most likely to die from the virus. But I never had the impression that my state of health was so bad that I had to go to the hospital. Therefore, the mortal fear was only a theoretical assumption.*

Another respondent said:

> *For me, the fear moment was when I realized that I had become corona positive. We have made a lot of plans that we will do this and that in our future but we do not even know what will happen to us in the next moment.*

Based on the responses of the participants, it is evident that being in isolation had a negative impact on their mental health. Many individuals reported developing negative thought patterns and expressed a deep fear of loneliness. Several had made plans for their future, which were disrupted due to the COVID-19 pandemic. Even after recovering, many were unable to resume their work or daily routines because of the long-term effects of the disease.

Conclusion

The findings clearly indicate that COVID-19 positive patients experienced significant socio-psychological challenges while living in isolation. Although many individuals recovered completely within a few weeks, some— even those with mild forms of the illness—continued to experience lingering symptoms after recovery. COVID-19 presented not only physical issues but also psychological and social concerns for many patients. Those who underwent isolation for 14 to 15 days often found the experience particularly difficult, as they were not accustomed to such confinement. Many participants reported feelings of sadness, anxiety, and loneliness, and expressed dissatisfaction with their circumstances. Several individuals experienced mental distress and, in some cases, severe psychological trauma. Given these outcomes, special attention must be directed toward vulnerable groups to mitigate the emotional impact of the pandemic and provide necessary support. Health authorities and governments should implement comprehensive strategies to reduce the psychological burden of COVID-19. These strategies should include offering emotional support to the general public, with a particular focus on at-risk populations. Additionally, measures such as legally enforced quarantine orders, in-home evaluations, health education initiatives, the strengthening of community support structures, and the use of technology for monitoring should be enhanced. Legal action may also be necessary to ensure compliance with public health directives.

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