



UNDERSTANDING THE PSYCHOLOGICAL WELL-BEING OF COVID-19  
SURVIVORS

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**SUBMISSION OF FINAL YEAR PROJECT**

It is hereby certified that Legasree A/P Ravi Chandran (ID No.: 1806449) has completed this final year project titled "Understanding the psychological well-being of COVID-19 survivors" under the supervision of Ms Komathi A/P Lokithasan (Supervisor) from the Department of Psychology and counselling, Faculty of Arts and Social Science.

I understand that University will upload softcopy of my final year project in pdf format into UTAR Institutional Repository, which may be made accessible to UTAR community and public.

Yours truly,



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## ABSTRACT

Psychological well-being of COVID-19 is an important factor that need to be acknowledged. The research is aimed to understand the psychological well-being of COVID-19 survivors. The research question determines psychological well-being of the COVID-19 survivors. A qualitative approach, a semi-structured interview was used to explore the psychological well-being of COVID-19 survivors. The researcher interviewed six COVID-19 survivors in the age range of 21 to 25 years old for the study. The interview was conducted physically with each of the participant. The semi-structured interview protocol explore on the psychological well-being of COVID-19 survivors during and after COVID-19, emotions during quarantine, impact of COVID-19 on the survivors, challenges faced by COVID-19 survivors and the support system of the COVID-19 survivors. The findings shows that the psychological well-being of COVID-19 survivors was affected negatively. However, the current findings do not represent all ethnic, different lifestyle and the needs of COVID-19 survivors. The mental health professionals and future COVID-19 patients can use the current research finding to gain better understanding of the psychological well-being during and after COVID-19.

*Keywords: Psychological well-being, COVID-19 survivors, COVID-19, understanding, impact, challenges, emotions and support system.*

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## Chapter 1: Introduction

### 1.1 Background of study

According to Xiao (2020), the 2019 epidemic of the coronavirus illness (COVID-19) been deemed a pandemic by the World Health Organization. More than 200 countries and territories had informed the World Health Organization of 4, 006, 257 confirmed cases of COVID-19 and 278, 892 fatalities as of May 11, 2020. On January 29, 2020, there were 5502 COVID-19 positive cases in China overall. Wuhan, the COVID-19 epicentre in China, was severely impacted in the beginning. Even though the Chinese government took numerous steps to slow the virus's rapid spread, the Wuhan medical system broke down very early in the outbreak. The patients' health rapidly declined while efforts to prevent and treat COVID-19 were still in their exploratory stages (Guo et al., 2022). Furthermore, the first COVID-19 case in Pakistan was identified in February 2020. Moreover, Pakistan lacks adequate monitoring mechanisms, educated human resources, and laboratory networks because it is a developing nation with limited resources. Pakistan has developed measures that are sufficient given its limited resources to deal with this worldwide uprising (Jafri et al., 2022). Health services have been severely disrupted, particularly at the basic healthcare level (Ahmed et al., 2020). Moreover, in Malaysia, more over 4.5 million people have COVID-19 infection as of July 2022, and nearly 36,000 people have died since March 2020 (NICE, 2020).

COVID-19 is one of the key pathogens that primarily affects the human respiratory system. Middle East respiratory syndrome (MERS-CoV) and severe acute respiratory syndrome (SARS-CoV-2) are two earlier epidemics of this virus that were formerly considered to be threats to the public's health (Jafri et al., 2022). The majority of research has concentrated on COVID19's physical symptoms, such as fever, coughing, and breathing difficulties (Zhang et al., 2022). The World Health Organization (WHO) formally declared that COVID-19

incidence has reached a pandemic level globally (Moradi et al., 2020). According to Zhang (2022), COVID-19 has had unintended negative impacts on the economy, politics, and society in addition to placing a great deal of strain on the world's healthcare systems. As a result, demands on nations around the world are at an all-time high. A COVID-19 infection may be traumatising in the form of imminent death or severe bodily harm, as well as shame and guilt. These emotions can cause social withdrawal, intrusive negative thoughts, post-traumatic stress disorder, and depression (Park et al., 2022).

Guo (2022) mentioned that people who contracted COVID-19 early in the pandemic suffered more than those who did so later. In addition, hospitalized individuals are secluded during the pandemic and have much fewer social connections for extended periods of time. Furthermore, in the early stages of the condition, patients have unfavourable emotional attitudes toward it, such as dread and denial as well as stigma. Patients also describe feelings of loneliness and self-isolation (Sun et al., 2020). After leaving the hospital, COVID-19 survivors maintained their physical recovery phase and reported experiencing both physical and psychological side effects (De Graaf et al., 2021). According to Sugiyama (2022), a subset of SARS-CoV-2 infected patients, referred to as "long COVID," suffer with long-term COVID-19 consequences. Long COVID, regardless of the virus strain, is a phrase used to indicate the existence of numerous symptoms extending weeks or months following infection with SARS-CoV-2. The fact that COVID can drastically reduce a person's quality of life over the long term emphasises how important it is to comprehend their effects.

In addition, like earlier epidemics, COVID-19 causes not only physical pain but also a number of psychological issues (Li et al., 2021). However, the COVID-19 has an immediate, and perhaps even long-lasting, psychological impact on survivors beyond the physical signs and symptoms (Olufadewa et al., 2020). Furthermore, the mental health of COVID-19 patients has garnered a great deal of attention throughout this time. A systematic analysis revealed that

individuals with COVID-19 may experience significant levels of post-traumatic stress disorder (PTSD) and noticeably more depressed symptoms. Patients with pre-existing mental conditions showed elevated psychiatric symptoms. Moreover, isolation, worry, panic, PTSD, stigma, compulsive behaviours, burnout, hoarding, paranoia, substance abuse and despair, as well as racial outbursts and stigmatisation, are among the documented psychological problems brought on by COVID-19 (Vindegard & Eriksen Benros, 2020). However, some survivors described having a moment when they cried and shivered over fears of contracting the virus, while others spoke of nightmares and suicidal thoughts, while still others regretted having to deal with the psychological effects of being deprived of their normal social interactions, and still others spoke of their overwhelming and painful memories during the course of the recovery process (Olufadewa et al., 2020). Furthermore, according to a Chinese study, 23% (367 out of 1,617) of patients reported having sadness or anxiety six months after leaving the hospital (Chen et al., 2021). In addition, according to a study in Norway, 9.5% of hospitalised patients reported having PTSD symptoms 116 days after the COVID-19 started (Einvik et al., 2021). Then, Todt (2021) also mentioned that, in a 251 patient Brazilian study, 81 (32.27%) had positive results for anxiety or depression 3 months after leaving the hospital.

According to Dorri (2021), after recovering from COVID-19, some circumstances may increase patients' chance of experiencing psychological and psychiatric disorders. Studies show that COVID-19 patients are especially susceptible to psychological illnesses due to their low psychological tolerance capacity and the disease's present global prevalence (Zandifar & Badrfam, 2020). All patients struggle to transition from being a healthy person to a patient, and survivors of COVID-19 face extensive and enduring psychological distress (Zhang et al., 2022). The data from the ongoing study on the short-term effects of COVID-19 on mental health imply that a significant rate of psychological discomfort is experienced by COVID-19 survivors during early convalescence. This suffering consists of high levels of stress, anxiety,

and depression. However, after quarantine, this psychological distress may subside (Cai et al., 2020). More assistance should be available for survivors to fight against COVID-19. However, mental and psychological strategies are needed to avoid a number of negative effects. This study's objective is to examine the mental health of those who managed to survive the COVID-19's terrifying condition. Thus, this study is being conducted to have a deeper understanding on the COVID-19 survivors' psychological well-being.

## **1.2 Definition of terms**

### 1.2.1 Survivors

Survivors refers to the ones who survives a significant adversity or a life-threatening condition and continues to function both during and after. People who go through difficult circumstances, such as a traumatic event with real or potential danger, must overcome impossible obstacles. The traumatised self may eventually begin to yearn for change as the persistent pain interferes with day-to-day activities and a yearning to develop and recuperate starts to form. Once the traumatic incident has been processed and the person has continued to move away from the victim experience, they frequently start identifying as survivors. They might start to recognise the strategies for overcoming obstacles and qualities that made moving forward conceivable.

### 1.2.2 Psychological well-being

Psychological well-being is defined as the growth and self-realization of the individual as well as leading a full and satisfying life (Bowers, 2008). Having a sense of balance in one's emotions, thoughts, social interactions, and pursuits is a sign of psychological well-being

(Feller et al., 2018). Understanding how psychological well-being appears in all facets of human activity is crucial for determining whether young people find life satisfying and whether, as they get older, well-being might be linked to various levels of personal liberty. Happiness, life interests, life satisfaction, quality of life, and the capacity to identify, express, and regulate one's emotions are all considered to be components of psychological well-being, which is a component of mental health (Galderisi et al., 2015).

### **1.3 Research objective**

This study's main objective is to assess the psychological well-being of COVID-19 survivors. The specific objectives of this study include:

1. To examine COVID-19 survivors' psychological experiences
2. To understand the impact of COVID-19 on survivors
3. To understand the needs of COVID-19 survivors

### **1.4 Research question**

What is the psychological well-being of COVID-19 survivors?

## 1.5 Problem statement

According to Song (2020), studies on the clinical and epidemiological features of viral illnesses as well as their mode of transmission are ongoing. Additionally, research examines the experiences of front-line medical personnel who treat COVID-19 patients. However, there hasn't been much study on how people recovered from COVID-19 experienced their recovery (Liu et al., 2020). To close this knowledge gap, it is critical to investigate COVID-19 survivors' psychological experiences following admission to and discharge from isolation wards in acute care hospitals (Ladds et al., 2020). Furthermore, patients who are quarantined might not be aware of potential psychological difficulties following the end of the crisis. Due to inaccurate understanding and information, there is stigma in the community because of the worry that survivors can still spread COVID-19. According to Brooks (2020), loneliness causes unpleasant emotional states like irritation, sleeplessness, lack of focus, even worry and sadness, all of which may get worse over time.

Moreover, the majority of mental discomfort could be related to COVID-19's high infectivity, lack of understanding, and lack of effective antiviral medicines (Xiang et al., 2020). Due to inaccurate understanding and information, there is stigma in the community because of the worry that survivors can still spread COVID-19 (Lal et al., 2020). Due to these facts, patients' unsatisfactory conditions, significant disease worries, and family infection all occurred. In addition, during their healing, many COVID-19 survivors had normal mental health problems, such as worry, panic attacks, terror, and the belief that they had a higher risk of dying. This might be because of the participants' lack of knowledge about the illness, the isolation many of them felt, the surroundings of the COVID-19 treatment facility and several unsettling viral health myths that they may have encountered (Olufadewa et al., 2020). Furthermore, according to Kusimo (2022), acute and post-traumatic stress disorders, as well as mental disorders like anxiety, mood, and suicidal thoughts, have all been linked to isolation.

The negative effects of little exercise and dietary modifications compounded the psychological effects of isolation and quarantine (Füzéki et al., 2020). Such modifications may have a profound and enduring psychological effect. Therefore, the majority of patients looked to require post-COVID care after being released from treatment. Physical treatment, mental health, and rehabilitation services may all need to be provided (Ogueji et al., 2021).

Nevertheless, patients with COVID-19 had to deal with a demanding and protracted scenario that gravely compromising their health. Additionally, the majority of patients had terrible experiences, including extreme dread of dying from illnesses (such severe respiratory problems) or seeing individuals die as a result of COVID-19 consequences directly, for example family members or other patients at the previous hospital they received treatment at. Despite showing physical signs of recovery, several patients reported having profound fear of their own death after experiencing the death of a loved one. If not treated, the psychological effects of life-threatening situations can be severe and last for a very long time (Rossi Ferrario, 2021). Therefore, the uniqueness of COVID-19's psychological impact should be highlighted in comparison to other epidemics and diseases that did not have such severe impacts, despite different circumstances and accessible resources. Even though the COVID-19 may have a long-lasting psychological effect, once people return home, they may feel uncomfortable seeking psychological assistance due to the stigma attached to psychological and psychiatric conditions, leading to a significant number of people who do not receive treatment for emotional issues (Mannarini et al., 2020).

According to Sun (2020), COVID-19's ongoing indirect impact on mental health, with symptoms still present or emerging six months after the acute illness. Since COVID-19 and hospitalisation for this illness put patients' lives in danger and exposed them to a number of stressors, such as isolation, an uncertain prognosis, and a distance from loved ones, it is possible that these experiences will be traumatic for the patients. Moreover, due to these difficult



conditions, patients may believe they lack the resources necessary to deal with the situation (Bonanza, 2022). Moreover, Cullen (2020) also mentioned that interdisciplinary follow-ups should be put in place to assess patients' mental health due to the long-term prevalence of psychological disorders among hospitalised COVID-19 survivors. There is absolute proof that coronavirus infection has a negative indirect impact on survivors' mental health, and any phase of pandemic care should not ignore these demands. According to Rossi Ferrario (2021), patients with COVID-19 displayed psychological issues that required special professional attention. In addition, it was important to recognise and meet the patients' psychological requirements. Understanding their emotional challenges and promoting psychological wellness with specialised psychological interventions are crucial.

## **1.6 Significant of study**

This study could significantly help provide better psychological treatment to manage the disease effectively. Furthermore, in spite of months having passed since the disease's outbreak, no cure has yet been found, and the number of patients is growing daily. By recognising the psychological disturbances of COVID-19 patients, health officials can take action to alleviate these disturbances through psychological and educational interventions. It is therefore preferable to consider particular remedies for these individuals in order to relieve them of this psychological burden (Moradi et al., 2020). In addition, the information that is currently available indicates that stress-related disorders are linked to suicidal thoughts, suicide attempts, and suicide deaths. It is advised that COVID-19 survivors be considered a high-risk category for suicide as a result. Additionally, those with depression are more likely to die from any cause or from a specific reason. To improve the mental health of COVID-19 survivors and lower suicidality such as suicidal ideation and suicide attempts in this population, specific methods should be taken into account (Sher, 2020).

Therefore, this study will help the future COVID-19 patients to improve their psychological well-being. Based on a research by Wu et al. (2021), every COVID-19 survivor may experience difficulties with daily life and recovery. According to earlier research on the survivors' quality of life after COVID-19, they were left with a wide range of burdens, including both physical and mental health concerns. In addition, patients who recover from COVID-19 infection may suffer severe trauma as a result of their experience. After receiving a COVID-19 diagnosis, patients experienced a great deal of mental distress. Therefore, this research will help to explore the challenges faced by COVID-19 survivors mentally and suggest ways to improve their psychological well-being.

Additionally, COVID-19 patients' family members will also have a better understanding on ways to manage their stress and to help the COVID-19 patients to recover mentally with the support of loved ones. Family members of COVID-19 survivors may go through stressful and uncertain periods that might have a long-term negative impact on their mental health. Several factors, such as absence of help from other family members, inadequate knowledge of care, caregiver age, and guilt for neglecting the patient's symptoms are linked to caregiver misery. Due to their lack of training, resources, and understanding of this emerging disease and how to care for the patient, caregivers of COVID-19 patients experience more difficulties than other caregivers. Hence, this research will focus on exploring the importance of support from family members to COVID-19 survivors.

## **Chapter 2: Literature review**

### **2.0 Introduction**

This chapter describes about the past literatures. It will focus on relevant literature review to identify key issue and review, critique as well as synthesize the relevant applicable literature. This chapter also clearly explains the theories used in this study.

### **2.1 Definition of psychological well-being**

Psychological well-being is defined as an endeavour to better oneself and reach one's potential, which is connected to having a purpose and sense of meaning in life, coping with problems, and making an effort to get things done, including overcoming obstacles and achieving worthwhile goals (López et al., 2020). Mental health is a crucial aspect of total health and well-being and is crucial for preserving physical health (Liu et al., 2019). Positive psychological ideas about one's own opinions of oneself and one's life are associated with psychological well-being. The relationship between psychological well-being and cognitive function in older persons has been found to be beneficial (Cook Maher et al., 2017). Psychological dysfunction is heavily weighted in mental health research. In other words, research on healthy psychological functioning is extremely underrepresented in comparison to studies on mental health issues. The term "standard of living" is often used to describe objective measures of well-being. Subjective measures, on the other hand, are based on people's cognitive and affective assessments of their lives and include psychological, social, and spiritual components (Schulte et al., 2015).

Moreover, according to Galderisi (2015), happiness, life interests, life satisfaction, quality of life, and the capacity to identify, express, and regulate one's emotions are all

considered to be components of emotional well-being, which is a component of mental health. In addition, the body of data supporting the advantages of improved psychological well-being for both mental and physical health has grown significantly in recent decades (Trudel-Fitzgerald et al., 2019). In order to understand the psychological well-being, the researcher would like to explore the impact of physical health, mental health and effects of economic on COVID-19 survivors.

## **2.2 Importance of psychological well-being**

The term "health-related quality of life" refers to how general medical issues or symptoms affect a person's ability to operate in terms of their physical, social, emotional, and psychological well-being. The potential for COVID-19 to kill older adults and the ease with which it can be transmitted could have an impact on people's psychological health (Verity et al., 2020). Traumatic situations, such as the loss of a close relative or friend to COVID-19, can present opportunities for older persons to grow and learn, strengthening their capacity to handle problems in the future. In addition, according to Lopez (2020), despite the fact that some traumatic experiences are common stressors in older adults, many people report high levels of psychological well-being. To enhance psychological wellbeing, particularly during times of crisis, it is necessary to develop resources like resilience, gratitude and acceptance, family functioning, and perceived health. Furthermore, in order to guide effective psychological health promotion and interventions for this demographic, it is important to determine the mechanisms of change. This is highlighted by the impact of youth psychological distress on the world (Marsh et al., 2017). Moreover, family relationships are becoming more and more important for wellness as people age and their social networks shrink, even as the demands of family

caregiving increase. Family ties provide resources that can help manage stress, promote better habits, and increase self-esteem, all of which lead to higher well-being. (Thomas, 2017).

### **2.3 Definition of COVID-19**

According to Lai (2020), a new SARS-CoV-2, also known as the severe acute respiratory syndrome coronavirus, has been discovered as COVID-19. The World Health Organization (WHO) emergency committee declared the epidemic to be a "public emergency of international concern" after the first case was reported in early December 2019 and spread to China and many other nations (Lai et al., 2020). Over 106 million people have been infected globally, of whom over 59 million have survived as of 7 February 2021 (Asghari et al., 2020). The SARS-CoV-2 is extremely contagious and spread quickly around the world (Lone & Ahmad, 2020). According O'Sullivan (2021), some COVID-19 survivors may not fully recover and others may experience long-term repercussions. However, the prevalence is rising globally and is now a serious threat to the public's health.

The incubation period is the length of time between contracting the virus and the onset of disease symptoms. It varies with COVID-19 from 1 to 14 days, but is typically five days or less. Fever, exhaustion, and a dry cough are the most typical signs of COVID-19. Aches and pains, runny nose, sore throat, and diarrhoea can all affect patients. Typically, these symptoms are minor and develop gradually (Verma & Prakash, 2020). There have been no reports of antiviral medications that are therapeutically effective against COVID-19 up to this point. Furthermore, The COVID-19 stage is regarded as a crucial and stressful time in the lives of patients (CDC, 2021).

## **2.4 Impact of COVID-19 on the survivors**

### **2.4.1 COVID-19 survivors' physical health**

Following a critical illness, physical impairments can last for months or even years and frequently include joint contractures, significant muscle atrophy, and weakness, with corresponding restrictions in physical functioning. Therefore, the risk of physical impairments increases when severe respiratory failure brought on by COVID-19 necessitates long periods of mechanical ventilation, profound sedation, neuromuscular blockade, and the associated immobility (Hosey & Needham, 2020). Cough, fever, and fatigue are typical COVID-19 symptoms. Other signs include headache, hemoptysis, diarrhea, and dyspnea, among others. Additionally, dysphagia is far more common than dysphonia in COVID-19 patients, and it may be accompanied by otolaryngologic symptoms as dyspnea, ear pain, facial pain, throat pain, or nasal obstruction (Pandian et al., 2021). In addition, over 60% of patients with COVID-19 experience newly developed taste and olfactory abnormalities. Through the olfactory cleft's angiotensin-converting enzyme 2 (ACE-2) and trans-membrane serine protease 2 (TMPRSS-2) receptors, SARS-CoV-2 enters the body. Next, an inflammatory disruption of the nervous system via the nasal olfactory fibres occurs.

Additionally, according to Huang (2022), the health effects of COVID-19 may last up to a year after an acute infection, according to a number of cohort studies. Moreover, because of their prior illnesses and immunocompromised status, survivors are more likely to get disease, need more frequent use of ventilators, be hospitalised to the critical care unit, and pass away from COVID-19 (Faro et al., 2021). Social distancing policies and added strains on health and social care during and after the epidemic have affected their route to survival and recovery as well as their access to health care and will continue to do so (Goodwin et al., 2021).

#### 2.4.2 COVID-19 survivors' mental health

Patients experience significant stress throughout this crisis in addition to physical illnesses because acute viral outbreaks have a detrimental impact on patients' mental health in addition to possibly harmful impacts on their physical health (Bo et al., 2020). In addition, the mental health of COVID-19 patients has drawn a great deal of attention during this time. A COVID-19 infection may be traumatising in the form of imminent death or severe bodily harm, as well as shame and guilt. These emotions can cause social withdrawal, intrusive negative thoughts, post-traumatic stress disorder, and depression (Bridgland et al., 2021). The research has revealed that, regardless of their COVID-19 diagnosis, people who were required to stay at home frequently experienced feelings of fear, uncertainty and loneliness. Then, psychological issues, such as post-traumatic stress disorder (PTSD), depression, and anxiety, as well as reduced quality of life, are likely among the main health issues facing survivors.

Furthermore, the findings of this study indicated that minor depression symptoms are present in the majority of COVID-19 survivors (Jafri et al., 2022). According to Wu (2020), only 10% of COVID-19 survivors, particularly women, exhibit depressive and anxious symptoms because of the infectious nature of the illness, post-discharge symptoms, and worry about recurrence. In addition, participants who recovered from COVID-19 had high levels of post-traumatic stress, particularly young patients with concomitant conditions, symptomatic COVID-19, and female patients. They also reported mild anxiety and depression. In fact, literature referencing the initial phase of the pandemic revealed that COVID-19 hospitalisation was perceived as dramatic and demanding on both a physical and psychological level. Due to the hospital's obligatory restrictions to prevent infection, the majority of patients suffered from anxiety disorders, sadness, insomnia, terror, and loneliness (Chung et al., 2022).



### 2.4.3 Economic impact on COVID-19 survivors

The pandemic has spread quickly since December 2019, disrupting economies everywhere and, in many cases, depleting health care resources. Given the vast majority of people who have recovered from COVID-19 up to this point, the consequences of recovering from acute COVID-19 are clearly a serious health concern and could result in a significant financial and medical burden (Huang et al., 2022). The pandemic-induced unemployment and employment transition has an impact on the financial condition, which in turn has an impact on psychological suffering (Thom et al., 2021). Large-scale mental health issues have been brought on by the economic recession brought on by the pandemic and the rise in economic uncertainty, which have caused business failure or downsizing, an increase in forced underemployment or unemployment, an increase in personal income uncertainty (Kimhi et al., 2020).

For victims of violence, the COVID-19 pandemic has brought about previously unheard-of health, safety, and resource issues. The repercussions and impact of violence have been amplified in this study of 53 survivors with safety concerns due to isolation, a lack of resources, the close quarters of stay-at-home orders, as well as weakened social networks and economic worries (Wood et al., 2021). Schools were closed, non-essential business operations were suspended, visits to hospitals, hospices, and other healthcare facilities were stopped, and non-urgent medical treatments were also stopped. Working from home was also adopted. Such actions had a significant impact on people's daily activities, occupations, economic position, social connections, self-care, and leisure pursuits despite being essential and required. In addition, extreme social and economic strain combined with weakened mental health are

significant risk factors for the development of suicidal thoughts, attempts, and completed suicides (World Health Organization, 2021).

## **2.5 Factors of low psychological well-being of COVID-19 survivors**

### **2.5.1 Depression**

The majority of COVID-19 survivors have mild depression and a significant event impact (post-traumatic stress disorder). As a result of widespread panic during pandemics and the widespread loss of jobs, the findings of this study are consistent with those of the current study (Ma et al., 2020). This epidemic affected daily wagers more severely. These are the contributing factors, especially for COVID-19 survivors that increase anxiety and depression in the community. In addition, the literature has found various risk variables, such as female sex, young age, lower socioeconomic position, marital status (married for women and single for men), more exposure to the disaster, and a lack of perceived social support, for the mental health outcomes following disasters. (Chen et al., 2021).

Some survivors claimed that they had tried their best to maintain isolation and self-protection by frequently donning masks and avoiding social contact, yet they were nonetheless unfortunate to have the disease. In light of what had transpired, they felt depressed and betrayed. These mental health issues persisted both before and after of hospitalization. Further, it's been suggested that COVID-19 survivors would not fully heal and that some of them might experience long-term consequences like sadness and anxiety as well as a lower quality of life. (O'Sullivan, 2021). Additionally, according to Moradi (2020), patients with epidemic diseases are more likely than other patients to encounter psychological issues during outbreaks, which means that even after treatment and discharge, they may face varied degrees of anxiety disorders, depression, and long-term mental health issues (Guo et al., 2022).

### 2.5.2 Loneliness

Similar in meaning, the term "loneliness" refers more broadly to the experience of being alone. Measures adopted by government, such as lockdown processes and social distancing, might result in social isolation and loneliness, factors that are known to impair well-being (Stufano et al., 2022). Many studies have demonstrated that social isolation is a risk factor for loneliness, which in turn is linked to an increased risk of ill health, low well-being, and mortality (Rico-Urbe et al., 2018). Research has revealed that, regardless of their COVID-19 diagnosis, those who were required to stay at home frequently experienced feelings of fear, worry, uncertainty, loneliness, and sadness (Favieri et al., 2021). Furthermore, hospitalized patients are secluded during the pandemic and have much fewer social connections over extended periods of time. Therefore, patients express emotions of isolation and loneliness (Sun et al., 2020).

In addition, acute mental disorders frequently occur in people who are quarantined or secluded as they recover from an infection or a situation that put their lives in danger. If not promptly addressed, isolation and quarantine undermine family support, which may increase the poor psychological experiences of COVID-19 survivors. Changes brought on by COVID-19 in the hospital setting could raise the chance of unpleasant psychological effects. For instance, patients may experience anxiety and demoralisation due to restricted access to loved ones, enjoyable activities, and rehabilitation. Contact isolation has been linked to an increase in depressive and anxious symptoms, as well as dread and animosity toward healthcare professionals (Hosey & Needham, 2020).

### 2.5.3 Fear

Fear is characterised as a negative emotional state brought on by the perception of threatening stimuli. Therefore, as the pandemic continues, people may have increasing fear, which could harm their socioeconomic well-being and mental health (Cerdeira & García, 2021). Some of the documented psychological effects include lack of sleep, fear of infection, particularly in susceptible groups like pregnant women, the elderly, and people with pre-existing mental health disorders (Ueda et al., 2020). Furthermore, the COVID-19 patient is under constant psychological pressure to not harm any family members, particularly children or parents (because they are in high-risk groups), threaten others, or spread the illness to them out of fear of doing so (Moradi et al., 2020). Although the internet provides easy access to a wealth of knowledge, the unchecked deluge of online content makes it challenging for survivors to discriminate between accurate and false information. Compared to prior outbreaks, the public's fear has increased due to an abundance of false information and fake news about COVID-19 (Guo et al., 2022).

In addition, possible COVID-19 triggers for psychological load include uncertainty, fear of the infection's effects, stigmatisation, worries about infecting someone else, social isolation, or the unfamiliar circumstances during the inpatient stay (Brooks et al., 2020). Moreover, the development or aggravation of stress-related disorders and suicidality may also occur in vulnerable populations, such as those with pre-existing psychiatric disorders, low resilience individuals, people who reside in high COVID-19 prevalence areas, and individuals who have a family member or friend who passed away from COVID-19 (Sher, 2019). Furthermore, in this study, there were also favourable connections between psychological discomfort and posttraumatic stress disorder symptoms and fear of COVID-19. This suggests that participants who had a high level of fear of the COVID-19 were more likely to have a

higher level of psychological discomfort and post-traumatic stress symptoms (Olapegba et al., 2021).

## **2.6 Research gap**

Additional studies are urgently required to obtain additional data and identify recovered individuals who are vulnerable to psychological illnesses that could harm their mental health in the current pandemic (Moradi et al., 2020). COVID-19 caused a significant frequency of mental health conditions in the survivors, including acute stress, post-traumatic stress disorder, anxiety, depression, irritability, insomnia, and impaired attention (Villani et al, 2021). As the survivors get back to their regular routines or as their afflicted family members recover, psychological discomfort may lessen with time. (Cai et al., 2020). This study's limitation was that we only looked at patients who had recently undergone psychological experiences. The psychological experiences of COVID-19 patients over the long term need to be observed and evaluated more thoroughly in next research (Sun et al., 2020). Moreover, future research may concentrate on long-COVID by examining people's actual care needs and how experts may assist them to manage better in the post-COVID period, thereby enhancing quality of life (Piras et al., 2022). As most of the research claims that COVID-19 affects the psychological well-being of the survivors, the researcher wants to understand in depth about how it impacted their psychological well-being of the COVID-19 survivors through this research. In short, this study relies on the findings that will be continued in the current research.

## 2.7 Theory

Cognitive behaviour therapy (CBT) was created by Aaron Beck in the 1960s. When Aaron Beck saw that his depressed patients frequently expressed thoughts that lacked reality and identified defining "cognitive distortions" in their thinking, the concept for creating this type of psychotherapy took root (Chand et al., 2022). CBT is predicated on the notion that our cognition, emotions, and behaviour all interact with one another. Particularly, the way we feel and act is influenced by our thoughts. The main focus of CBT is on how people interpret their experiences. According to CBT theory, our thoughts, emotions, bodily sensations, and behaviour are all interconnected, and our actions and thoughts have an impact on how we feel (Whalley & Kaur, 2021). People gain critical insight into the elements that are maintaining or escalating their negative emotion by dissecting it into its component pieces in the moment. They learn how to intervene by piecing together the ideas, feelings, and behaviours which thoughts need to be redirected and which behaviours are exacerbating the issue.

Many people experienced increased anxiety, but for some COVID-19 has precipitated or exacerbated much more severe mental health issues. Many people have expressed psychological suffering as well as signs of post-traumatic stress disorder, anxiety, or depression. Many people struggle with loneliness and isolation. Every traumatic experience may reduce a person's sense of security and have a negative effect on their mental health. There have been concerning indications of an increase in negative thoughts and behaviours (de Girolamo et al., 2022). In addition, there is a connection between thoughts, feelings, and actions.

According to the theory of Cognitive Behaviour Therapy, the thoughts individuals have about events can lead to emotions, which can then affect their behaviour. However, unhelpful behaviours or distressing automatic negative ideas frequently emerge in individuals minds.

Moreover, intensely unfavourable emotions may be sparked by automatic thoughts. In most cases, individuals are more conscious of the feelings than the thoughts that cause them. However, more often than not, their feelings are primarily influenced by our automatic thoughts and actual circumstances. Therefore, cognitive behavioural therapy helps to understand how an individual's thoughts affect their actions (Cleveland clinic, 2022). By increasing their mindfulness with regard to conscious thought and eliminating automatic negative thoughts, people can develop a more positive outlook and a better understanding of their control over their future emotions (Miller, 2019).

CBT strives to transform any thought patterns and behavioural patterns that get in the way of a person's desire to live their life. This entails locating distorted or detrimental views that are influencing behaviour. A person who has a distorted perspective is more likely to adopt an unhelpful mind set, leap to conclusions, and perceive things as either good or bad, with nothing in between. People can begin to think in this way automatically if they develop fearful or harmful ways of thinking. CBT focuses on questioning and contrasting these habitual thoughts with reality (Davis, 2018). CBT strengthened a person's psychological capacity to deal with challenging situations and, by fostering the person's resilience, helped the person deal with the disease's aftereffects and the ensuing worrying conditions.

Then, quarantine and social distancing can result in loneliness and social isolation, two factors that are known to decrease well-being and raise the risk of depression (Stufano et al., 2022). Furthermore, according to Kusimo (2022), acute and post-traumatic stress disorders, as well as mental disorders like anxiety, mood, and suicidal thoughts, have all been linked to isolation. In addition, the purpose of this study is to understand the psychological experiences of COVID-19 survivors. Therefore, CBT plays a role in understanding the thoughts which leads to some behaviour in individuals (rehabinkmag, 2022).

## **Chapter 3: Methodology**

### **3.0 Introduction**

This chapter outlines the methodology used in the study. It consists of research design, sampling procedure, location of study, research instrument and data analysis. As to fulfil the research objectives, the researcher will understand the psychological well-being of COVID-19 survivors. Therefore, an interview session was arranged with the selected 6 participants.

### **3.1 Research design**

In order to answer the research question above, this study uses phenomenology to understand the psychological well-being of COVID-19 survivors. A qualitative research strategy called "phenomenological research" aims to comprehend and characterise a phenomenon's fundamental elements. A phenomenological investigation "describes the shared meaning for multiple persons of their lived experiences of a concept or phenomena (Creswell, 2013). Phenomenology aims to explain the significance of this experience in terms of what was experienced and how it was experienced (Teherani et al., 2015). In order to better understand how people perceive events, phenomenology study looks into actual happenings (Delve, 2022). Furthermore, as they acquire a knowledge of the phenomenon, a researcher may also use observations, artwork, and documentation to create a universal interpretation of experiences. To develop patterns and correlations of meaning, the procedure includes studying a small number of topics in-depth and for a long time. Moreover, by using this strategy, the researcher might arrive at a deeper understanding of the phenomenon by developing the event, condition, or experience's universal significance (Chambers, 2013). In phenomenology broad range of situations can be covered. This research design aids in deciphering people's intentions and can examine how processes develop throughout time.



Investigating and understanding the meaning that individuals or groups give to a social or human situation is known as qualitative research. The research process entails formulating study questions and methods, gathering data often in the participant's surroundings, analysing the data inductively by moving from particular to broad themes, and assessing the importance of the findings. Additionally, collecting and analysing non-numerical data like text, audio, and video are necessary for qualitative research in order to more fully understand ideas, opinions, or experiences. It can be used to unearth complex information about a problem or to generate new ideas for research (Bhandari, 2020). Numerous techniques can be used to acquire qualitative data, and a single qualitative study may use several techniques at different points in the data collection phase. Firstly interview where participants will be interviewed in-depth and in person by researchers. This enables them to better comprehend the participants' experiences by gaining insights from them. Secondly, focus groups which is also similar to interviews, focus groups bring together a number of participants at once. They provide an additional method for getting feedback and conducting observational interviews. Moreover, observation collects information by paying close attention to participants' actions and behaviours (Hoover, 2021). Therefore, this research applies a qualitative method where the interview consists of open-ended questions. By using phenomenology research, it helps the researcher to identify the psychological well-being of COVID-19 survivors. This is further expressed during the interview session where the learners give in-depth information for the research. Therefore, the researcher was able to understand better by interacting with the 6 participants. Furthermore, this process was conducted physically.

## 3.2 Sampling procedure

### 3.2.1 Sampling method

This researcher uses purposive sampling to conduct the study as this method is a non-probability sampling. In a group of non-probability sampling methods known as "purposive sampling," units are chosen because they possess qualities that your sample needs. It is rather easy to carry out a purposeful sampling. All that is needed is to simply remove from the sample those participants who do not fit a particular profile (Alchemer, 2021). Besides, the main goal of using this technique focuses on the specific area of research and helps the researcher to find out participants who are willing to provide information regarding the issue discussed. Furthermore, the main advantage of this sampling strategy is that it makes it possible to gather rich information and since the researcher chooses the appropriate participants, it is simpler to obtain detailed information. In addition, the results are pertinent to the research environment because the researcher gathers data from the people who fit the research question the best. In this research, 6 participants was chosen to share their psychological experience as a COVID-19 survivor. The reason this technique was chosen is because the researcher is able to analyse on the information given by the participants and interpret under the research topic as they have experience in this research topic.

### 3.2.2 Samples

This research mainly focuses on the COVID-19 survivors to explore their psychological well-being while and after suffering from coronavirus. The range of the participants is students from 18 to 28 years old. The researcher choose participants between this age range because in the researcher's opinion the participants from this age would be able to give more information about their psychological well-being as a COVID-19 survivors as people between this age are

students who are aware of the COVID-19. Moreover, in the researcher's understanding people aged from 18 to 28 are more willing to share their experience as a COVID-19 survivor as they have more knowledge and understanding about the virus and mental health. Furthermore, the researcher chose participants from age 18 to 28 because most of the people from the age would be students. Therefore, they can share about their feelings of being quarantine and not being able to attend classes physically. Moreover, they shared about how the COVID-19 impacted their life as a student too. They also shared more information about their experience of having online classes instead of going face to face classes during the pandemic. Therefore, other than sharing their psychological well-being as a COVID-19 survivor they also shared some information about how the pandemic impacted their life and how they adapt to the changes brought by the pandemic. As the pandemic brought a huge change in everyone's life especially in the life of students, it was helpful for the researcher to get more information from those people.

### 3.2.3 Location of study

This research was carried out physically. Therefore, the researcher conducted a face to face interview with the selected participants as it is more helpful for the researcher to get more information from the participants without any disturbance and inconvenience such as network issues. The interview was carried out at the participants' hostel because it is more convenient. Moreover, it was easier for the client and interviewer to maintain confidentiality as well. The researcher mainly focus on participants who is staying in Kampar, Perak because the researcher is currently staying there too. This was easier for the researcher to conduct the interview with the participants staying near to the researcher because it doesn't cost much for the researcher to travel to the participants' place. In addition, the reason this subject matter was chosen is

because the researcher has an urge to explore feelings of COVID-19 survivors suffering from the virus and the ways they took to overcome it as the researcher has no experience of being infected by the virus. Moreover, the researcher has heard that COVID-19 brought a huge impact not only on the survivors' health but their psychological well-being. Therefore, the researcher was interested to explore more about the issue. This research was conducted primarily to find out the psychological well-being of the people who have infected by COVID-19.

#### 3.2.4 Research instrument

The instrument used for this research is semi-structured interview with open-ended questions to obtain in depth responses from the respondents. Furthermore, the main objective behind initiating this interview is to acquire a more significant understanding on the issue and to investigate the specific research question. Furthermore, the interview questions are outlined to examine the psychological well-being of the COVID-19 survivors. The researcher conducted a semi-structured interview with open-ended questions because the researcher would like to have an open conversation with the chosen participants so that they can express their experience on the topic at hand. Besides, there are also few general questions that were asked as sub questions to the respondents for further clarification and additional information.

#### 3.2.5 Ethical clearance approval

The supervisor provided the researcher with an ethical clearance approval form to complete in order to conduct private and confidential data sampling. After completing the form, the researcher return it to their respective supervisor, who helped gather all the necessary documentation, including the ethical clearance approval form for the right to collect data

samples. Then, in order to acquire approval for the data sampling collection, the researcher's supervisor sent the assembled documents to the Head of the Department of Counselling and psychology Faculty of Arts and Social Science (AS). Once accepted, the supervisor returns the department head's ethical clearance approval along with a ready-to-collect data sampling.

### **3.3 Sample size**

To be meticulous, this researcher interviewed 6 COVID-19 survivors in order for the researcher to get a better understanding about the psychological experience of them. The sample size is frequently lower when using qualitative research techniques. This is because qualitative research methods are typically meaning-focused, meaning-oriented on the how and why of a particular issue, process, situation, subculture, scene, or collection of social interactions (Dworkin, 2012). Furthermore, Omona (2013) mentioned that in studies where the objective is to comprehend the essence of experience, qualitative researchers use a minimum of six individuals. Additionally, according to Polkinghorne (1989), phenomenological researchers should speak with 5 to 10 individuals who have all gone through comparable experiences in order for phenomenology to have consistency in the "lived experiences" of research participants (phenomenon). Consequently, it is possible to identify and explain the similarities in their experiences. In order to create proposals for sponsored research and plan for resource and budget allocation, sample size determination is crucial. A mathematical model demonstrates that 85% of interface problems can be uncovered by doing a qualitative test with 6 participants (Budi, 2021). Therefore, the researcher interviewed 6 participants who was infected by COVID-19 to share about their psychological well-being.

### **3.4 Data collection**

#### 3.4.1 Inclusion and exclusion criteria

The qualities that potential subjects must possess in order to be included in the study are known as inclusion criteria. The inclusion criteria of this study is COVID-19 survivors from 18 to 28 years old because they are able to provide more information about their psychological well-being as they are aware of their mental health. Furthermore, another inclusion criteria would be COVID-19 survivor whose psychological well-being was also affected during and after suffering from COVID-19. This is for the researcher to get a better understanding not only on how COVID-19 affected their health but also their psychological well-being. Next, the participants must also be fully recover from the trauma of the COVID-19 by now. Moreover, another inclusion criteria is participants who stays in Kampar, Perak as it is easier for the researcher to travel to their places. It save cost for the researcher as well.

In addition, exclusion criteria are those qualities that preclude potential study participants from participation. The exclusion criteria of this study is individual who have not been infected by COVID-19. This is because this study focuses on the COVID-19 survivors only. Moreover, another exclusion criteria is participants aged lesser than 18 and more than 28 because they might not be aware of their psychological well-being. They might also be unable to give informed consent as they are not so used to it.

#### 3.4.2 Data sources

In-Depth Phenomenological interview has three stages. The Dolbeare-Schuman-Seidman In-Depth Phenomenology Interview Model served as the researcher's guide when gathering data for this study. Three interviews were devised by Schuman (1982) for a thorough phenomenological interview (Seidman, 2006; Wengraf, 2001). These are (a) the initial interview, which was "centred on life history" (p. 17), and (b) the follow-up interview, which

was "focused on the specificity of experience" (p. 18) third interview, which focused on "reflection on the significance" (p. 18). A formal informed consent form was provided to the research subject during the initial interview, discussed, and finally signed by all parties.

The instrument used for this research is semi-structured interview with open - ended questions to obtain in depth responses from the participants. The main objective behind initiating this interview is to acquire a more significant understanding on the issue and to investigate the specific research question. Furthermore, the interview questions are outlined to explore the psychological well-being of COVID-19 survivors. The researcher conducted a semi structured interview with the participants in order to understand their psychological well-being. The researcher conducted a semi-structured interview with open ended questions to have an open conversation with the selected participants in order for them to share experience as a COVID-19 survivor. Then, 10 interview protocols was asked during the interview. The duration of the interview session was 50 minutes to 1 hour.

### 3.4.3 Informed consent

A consent form is not just for acquiring someone's permission to utilise them in the study, it is also an agreement between the researcher and the research participant outlining the obligations and responsibilities they are accepting towards one another throughout the entire research procedure. The researcher prepared a written consent document that contain the necessary information and it was presented to potential participants as part of the consent process. The elements that was in the informed consent is such as name, signature and date. Moreover, some information about this study such as title of the study, purpose of the research, procedure of the study, participant rights, risks and potential benefits and contact was written in informed consent. Then, the researcher gave a thorough explanation of the informed consent process and assurances that their names would be kept private. Then, the participants signed

the informed consent form once they agree to be the participant for the interview, after receiving a thorough explanation and guarantee. The researcher proceed with the interview session once the participant sign the informed consent.

#### 3.4.4 Data analysis

Once the data is completely collected, the researcher performed data analysis using the gathered results from all participants in order to acquire the research question which identifies the psychological well-being of COVID-19 survivors. In this study, the researcher used thematic analysis. A qualitative data analysis technique called thematic analysis includes reading over a data set (such as the transcripts from in-depth interviews or focus groups) and looking for patterns in the meaning of the data to generate themes. The researcher chose thematic analysis because this approach works when the semi structured interview verbal interaction transcribed precisely. Each interview will be transcribed into words for data analysis. As expressed, this method permitted the researcher to think fundamentally on what, how and why the participants expressed in that manner.

The validity or trustworthiness and reliability of qualitative research, should address credibility, transferability, dependability, and confirmability (Nowell et al., 2017). Moreover, the conventional validity standards have their origins in positivist tradition, and in certain ways, a systematic conception of validity has characterised positivism. Validity was referred to in positivist terminology along with other empirical ideas such as universal laws, evidence, objectivity, truth, actuality, deduction, reason, fact, and mathematical data to mention a few (Winter, 2000). In qualitative research, reliability refers to the consistency of responses to various data set coders. It can be improved by taking thorough field notes, using recording equipment, and transcription of the digital files. By guaranteeing that the participants can provide rich description for the research's explorations through interview (Nowell et al., 2017),



the researchers can also establish credibility and transferability. To verify the reliability of the research, the researchers can compile notes and keep a reflection journal (Streubert & Carpenter, 2010).

## Chapter 4: Results

### 4.0 Introduction

This chapter presents the evidence gathered and prepared from the data-collection process in an extremely series of breakdowns that allow the reader to recognize the relationships between participants' experiences, developing a series of positions to look at the evidence from different and various angles. Reviewing the research questions created to direct and inform this study is the first section of this chapter. Understanding the many viewpoints, experiences, and insights that were expressed with regard to the interviewing process and main research topics is essential. The interview was conducted face to face at the participants' hostels respectively. The interview takes around 50 minutes to 1 hour to be completed. The interview was recorded with the participant's permission.

Participant	1	2	3	4	5	6
Age	25	24	23	22	22	21
Race	Chinese	Indian	Chinese	Chinese	Chinese	Chinese
Religion	Christian	Hindu	Buddhist	Buddhist	Buddhist	Buddhist
Sexual orientation	Female	Female	Female	Female	Female	Female
Educational level	Bachelor degree	Bachelor degree	Bachelor degree	Bachelor degree	Bachelor degree	Bachelor degree
Employment	Student	Student	Student	Student	Student	Student

*Table 1*

## 4.1 Discussion of results

### 4.1.1 Theme 1: Perception of the survivors about COVID-19

6 out of 6 participants have shared about negative perception about COVID as a COVID-19 survivor. All the participants mentioned that the symptoms were really bad and makes them very uncomfortable. Moreover, COVID-19 affected their everyday routine as well.

*“I thought it was a normal flu and cough but I actually turned out to be COVID positive. I think at first my ermmm my throat is very itchy. Yeah, and then always wanted to cough. The symptoms makes me very uncomfortable”. Then, ermm I think I sent out the notice to my lecturers, and then to the FAS, like to COVID-19 department or something like that to ask for online study mode yeah. So I studied online for that few days. But then it also was very...quite uncomfortable I would say. Because already getting used to physical already and then turn into online”.*

#### *Extract 1, participant 1*

The participant felt very uncomfortable with the COVID-19 symptoms such as flu, cough and sore throat. Moreover, it was difficult for the participant to attend online classes after attending physical classes for some time. The participant got used to attending physical classes which makes very uncomfortable to attend online classes again for a long gap. The physical uncomfortable feeling and switching back to online classes affects the participant’s daily routine and academic as well.

*“I tested positive twice. So there are several things that I'm having that vomiting, fever and also in that point, I started to cry because my siblings and my mom is apart...away from me.*

*So first time I get the COVID-19 my situation was very, totally upside down. During that moment when I was tested positive, I couldn't handle myself so I act out like a child. So overall, my experience is kind of terrible.”*

*Extract 1, participant 2*

Participant 2 tested positive for COVID-19 twice. The participant's first COVID-19 experience was really bad compared to the second time. The participant couldn't take care of herself because the participant was quite dependent on the mother all these while. Therefore, when the participant had no choice but to stay alone, the participant had to take care of herself which makes the situation upside down. The participant also couldn't get help from the housemates too because the housemates were afraid of getting COVID because of this participant.

*“So my thought is actually it's not as scary as I thought it would be. I was super scared because I scared my mother, my mother got COVID first. So I was like, super scared, because I scared that this could be fatal, yeah. And then at the same time, I realize at the same time, that time I remember my throat feels heaty as well. The first day, okay, just for throat but the second and third day I actually feel quite worse. Because at night I cannot sleep. Keep on sometimes feeling hot sometimes feeling cold. And feel very weak, and feel I want to sleep. Keep on feeling sleepy and fatigue. And then yeah, and then and throat, still very not comfortable or not feeling well.*

*Extract 1, participant 3*

Participant 3 mentioned that COVID-19 experience was not really scary as expected because the participant has recovered. The participant actually thought that COVID could be fatal but since the participant and the family managed to recover, the participant no longer has

the thought. But still the participant's condition in the first few days was worst. The participant and her family tested positive at the same time so the participant was worried about her family more than about herself.

*“My experience of COVID my thing is quite...quite I suffer a lot because of the symptoms. Yeah, and then I also get a very painful headache and also feel very sick during that time, yeah. On the first day, I just feel very, like tiring, no energy to move and then like headache. That time I was like rushing for assignment, and then but I feel very sick. Even though I already finished it, they want me to amend something. Yeah, but that time I was suffering. I really struggled to get up from my bed because of the headache. The headache is so bad, but I still have to push myself and then they keep calling me like to amend which part which part.”*

*Extract 1, participant 4*

This participant had very bad headache during the COVID-19 period. The participant suffered a lot because of the headache. The participant couldn't even wake up from the bed but the assignment group mates were rushing the participant to amend her part in the assignment. The participant felt very frustrated about it and feels like they are not being understanding.

*“The time when I getting COVID is on my 21st birthday which I think which is a quite significant birthday for me. I feel like the day when I wake up I feel like I got sore throat and my throat is very very dry. I think is something like the symptoms of COVID. I do fever at nighttime and then I think the hair also got lost quite a lot at a time. And then I think I lost weight at that time because of sore throat, cannot eat much things. And then what else...ermm oh my body pain, my back pain so much and feel like the whole person like no energy. Yeah feel always feel tired like that, yeah. And then I just stay at home at a time and I feel like actually*

*quite down because like you need to quite depressed, you need to like lock in the room for like I think 14 days yeah.*

*Extract 1, participant 5*

Participant 5 got COVID on her 21<sup>st</sup> birthday and was disappointed about it because the participant had plans for the birthday. The participant had fever, sore throat, body pain and hair loss. The participant was under quarantine for 14 days as the participant was a close contact before tested positive. This makes the participant even more sad and depressed at that moment.

*“So at first I have the symptom of headache. I feel like it is very hard and also the headache symptom does not go because usually when I take a nap and then the headache goes away, but then it still continue. And then after that, I slowly develop those common symptom like fever, coughing, especially coughing, I will keep on coughing until 3 or 4 am in the midnight and then constantly coughing so it is quite hard to fall asleep during the night. The coughing is continuously even after I tested negative.*

*Extract 1, participant 6*

This participant said that the first symptom of COVID-19 was headache. Then, the participant also had fever and cough. The participant experienced terrible cough which was a trouble for the participant to fall asleep at night. The participant was also worried that she might be disturbing the housemates at night. The participant cough also continues for two weeks even after the participant recovers.

#### 4.1.2 Theme 2: Psychological well-being of COVID-19 survivors during and after COVID-19

4 out of 6 participants have shared that their psychological well-being was affected during and after they recover from COVID-19. While, it takes them some time to overcome mentally. Moreover, 1 out of 6 participant mentioned that the participant's psychological well-being was good during COVID and turns bad after COVID. Then, another 1 out of 6 participant shared that the participant's psychological well-being was bad during COVID and turns out to be good after recover from COVID.

*Erm... during the COVID-19 I think I was worried about a lot of things because a lot of like, uncertainties that about the academics about health about others perception on me. And there was like a lot of like...erm... negative thoughts in my mind during the COVID-19 because of like, staying alone in the hostel. Mentally, I will say it takes up like double of the physically. Two months or so, yeah. And I think after COVID-19 definitely, I learned to appreciate things more.*

##### *Extract 2, participant 1*

Participant 1 was worried about the academic because the participant was afraid that she is going to be left out and lose a lot information. The participant was also afraid that of the side effects or negative impacts from the virus. The participant was worried that others will maintain a distance with the participant after this. The participant also tend to overthink a lot during quarantine because the participant was all alone and had nothing to do. After COVID, it takes participant 1 around 2 months to recover mentally because of the amount of things the participant has to catch up. Participant 1 didn't really learn anything in online mode so after the participant goes back to campus she has a lot of things to learn and cope up with. This

participant learned to appreciate things more after COVID. This is because the participant have seen people losing their lives. But the participant is now healthy. In overall, the participant's psychological well-being was bad during COVID and two months after COVID. After some time, the participant started to see things positively.

*“Okay, during the COVID-19 I experienced like stress, anxiety, fear, sad and also loneliness. I feel so down. I feel so stressed and also I feel so numb of me. Especially I feel so numb because I think okay, I'm going to leave everything behind already so I couldn't cope up everything. I feel so uncomfortable...uncomfortable whenever I get into class. This one is after COVID-19.”*

*Extract 2, participant 2*

Participant 2 feels so down because the participant couldn't do the daily routine such as going out to eat, buy groceries, doing laundry and so on when tested positive for COVID. Another reason is because the participant finds it stressful to do the My-Sejahtera every day. Participant 2 was also stressed because of the assignments. Participant 2 felt that the participant is being left behind and has a lot to catch up once recover. After COVID, the participant's psychological well-being was not really good because, since the participant was having cough even after recover and the participant's classmates started to maintain a gap with the participant. They don't sit beside the participant 2 in class even after the participant recovers. One of the lecturers was also quite rigid about the SOP so the lecturer asked the participant to go out of the class when coughing. So the participant feels uncomfortable and stressed to go to the class after the incident. This shows that the participant's mental health was bad during and also after COVID.



*“My mental health during COVID-19? Ermmm...I think it's actually not that bad. So I think my mental health was actually in fact, it was actually quite good for like, for maybe the second day on onwards. Only the first...only the first night, I will say my mental health was quite bad I would say. I worry about a lot of things. But then second day onwards, I already accepted it. Then, after the seven days...actually, after the seven days, maybe it's worse.*

*Extract 2, participant 3*

Participant 3 mentioned that the participant's psychological well-being was not that bad because of the family's encouragement. The participant feels supported and loved by family. Participant 3 mentioned that the participant knows that she is not going to die. On first day the participant's mental health was quite bad because the participant thought COVID would be fatal but then the participant realised that it is actually not. Participant 3 thought of worst scenarios and worries about a lot of things. But after the second day the participant accepted it. After COVID, The participant's psychological well-being was worse because the participant gets used to taking rest and focusing in herself. But after recover from COVID, the participant had to catch up with the studies which makes the participant feel stressed. Therefore, the participant's mental health was good during COVID but turns out to be bad after COVID.

*“Mental health...I think during that time, during when I was quarantine, I will say I feel very weak. Like my mental health, I won't say depressed, but just felt very helpless. I feel lonely as well. After COVID, I feel like I was a deviant. Yeah, and then just not feel very comfortable around people.”*

*Extract 2, participant 4*

Participant 4 feels lonely because the participant was alone and there was no one to take care of the participant. After COVID, participant 4 feels deviant because even though the

participant has recover from COVID, the participant feels like her friends are still maintaining a distance. Those things makes the participant feel like the participant did something wrong. Therefore, participant 4 feel uncomfortable to be around people. This shows that the participant's psychological well-being was not good during and also after COVID.

*“I think during is quite sad and depressed and quite down. I do feel anxious. But after that, I think after I recovered from COVID I feel like my mental health got better a bit.”*

*Extract 2, participant 5*

Participant 5 mentioned that the participant feels anxious because couldn't finish the task. Participant 5 couldn't do much because the participant feels very tired during COVID. The participant also couldn't pay attention in hybrid classes. All those things makes the participant feel sad, depressed and down. Moreover, the participant's psychological well-being was bad during COVID and got better after COVID.

*“Mental health during COVID I think it's likely been affected during COVID-19. And after COVID-19 it recovers after some time. I think it affects me more stronger in the beginning of suffering as compared to slowly and turning to negative.”*

*Extract 2, participant 6*

Participant 6 mentioned that the participant's psychological well-being was affected more in the beginning when tested positive because a lot of thing were running in the participant's mind. For example, “how do I get COVID”, “why am I encountering COVID” and so on. Furthermore, participant 6 mentioned that it took the participant one to two weeks to recover mentally from COVID because the participant's friends used to make joke of the participant

for getting COVID. It makes the participant very uncomfortable which affected the participant's mental health as well.

#### 4.1.3 Theme 3: Emotions involved during quarantine

4 out of 6 participants shared that their emotions were affected negatively during quarantine. The 4 participants seems to feel lonely, boring, stressed, down, frustrated, anxious and so on when they were under quarantine. Then, 1 out of 6 participants mentioned that the participant felt happy for being quarantine, but at the same time the participant was quite stressed thinking about the workload she would have after she recover from COVID. Furthermore, 1 out of 6 participant mentioned that the participant enjoyed having some alone time during quarantine.

*“Apart from the discomfort feeling and worrying about academic I enjoy having alone time. But having to worry about all these things will compromise my enjoyment a little bit.*

*Extract 3, participant 1*

Participant 1 mentioned that the participant enjoys being alone. So apart from the worries about academic and physical discomfort, the participant also enjoy having alone time. But the worries about her academic, family and physical discomfort doesn't let the participant enjoy the alone time well. The participant was worried about the slow progress in assignments and interaction with friends. Participant 1 rarely gets sick so the participant tend to overthink about the negative consequences when the participant got COVID.

*“Most of the day emptiness, anger, loneliness, the numb the numb. I feel so stuck and also lonely. I feel like someone like tie me in a room, in a dark room and just leave you like that. So I so...so most of the time I also started to cry alone. I started to image in like...overthink overthink and then in that situation I like overthink maybe the situation that never happened in my life also, but I started to cry. So I feel like empty, I feel like boring”.*

*Extract 3, participant 2*

Participant 2 mentioned that the participant felt very boring for doing the same routine for the 7 days. The part that the participant hates the most during quarantine was updating My-Sejahtera. Moreover, the participant felt stuck because couldn't go out of the room. The participant also felt very lonely because the participant miss her family. Participant 2 was also very concerned about her assignments because the participant was afraid that the participant is going to miss out important information about the assignments. The participant also tend to overthink about things that never even happen, and it makes the participant cry every night.

*“I felt...I felt honestly, I felt a little happier. Because despite the health concern, like I know it's going to be fine. I'm actually quite happy, you know, students where I don't have to go to classes, they're actually quite happy. At the same time you are worried about because of that, because you missed out a lot. And then I'm also quite sad. Yeah, so I am worried, but I'm so happy. A lot of mixed feelings.”*

*Extract 3, participant 3*

The participant showed a mixed feelings when the participant was quarantine. This is because the participant knows that she is going to be fine. So the participant was not so worried about the health. At first participant 3 was happy because the participant can finally get some time to rest. But at the same time the participant was also worried that the participant is going

to miss out a lot in academic. Other than that, the participant was also worried about family since some of them also tested positive. Participant 3 was quite sad because the participant missed out the classes and thinking about the amount of workload.

*“I feel...feel helpless and then lonely when they're not around me to take care. Yeah, at the time I missed them a lot. I feel like not many people care about. That's why I feel...feel bit like frustrated and then feel...feel sad about that”.*

*Extract 3, participant 4*

Participant 4 feels lonely because there was no one to take care of the participant when she was sick. The participant also felt that it would be good if the participant's parents was with the participant. Participant 4 missed her sister because when the participant's parents are not around her sister will take care of her as well. Other than the participant's family, the participant also mentioned that her friends in her hometown would helped her a lot if this happens when the participant was back in Sabah. Moreover, participant 4 feels helpless because people in the surrounding, like the participant's course mates didn't help or care about the situation. The participant feels frustrated and sad about that.

*“Like, feel helpless, like, no one can help me. I miss my home. Then feeling sad and depressed. Yeah. And then anxious laa, anxious”.*

*Extract 3, participant 5*

Participant 5 mentioned that the participant missed home during quarantine. Then, whenever the participant's family call the participant to ask about her health condition the participant feels very sad. Furthermore, participant 5 feels that it would be good if the

participant's family was with there to take care of her as well. The participant said that her family wouldn't blame the participant and they will sincerely help her to recover from COVID.

*"I feel very boring throughout the quarantine period. My thoughts will be I wish that I will never get COVID again. By the time I also feel somehow lonely. Also I'll be overthinking".*

*Extract 3, participant 6*

Participant 6 feels very boring throughout the quarantine period because the participant was all alone in the room. The participant usually go out for dinner or lunch with friends. But during COVID, the participant was not able to go out so the participant feels very lonely being in the room. The participant feels that quarantine somehow disconnected the participant from her friends. In addition, the participant was also bored of eating the same food every day. Participant 6 also overthink if the participant's friends will hang out with her after this because the participant has infected by COVID. All this thoughts were running in the participant's mind.

#### 4.3.4 Theme 4: Impact of COVID-19 on the survivors

4 out of 6 participants shared that COVID impacted their life negatively in terms of POST COVID symptoms. Furthermore, 2 out of 6 participants mentioned that COVID impacted their life positively where it bring some changes and beliefs in the participant.

*"Yeah, when I sing, it's a little bit hard for me to like...ermmm not enough breathe. And then easily get tired after COVID-19. I didn't have really a much intimate, really like a good friendship, or intimate friendship or good friendship circle.*

*Extract 4, participant 1*

Participant 1 mentioned that the participant enjoys singing. But after the participant got COVID, the participant finds it hard to sing because the participant couldn't breathe properly while singing. Moreover, participant 1 also gets tired easily after COVID. The participant used to be a person who sleeps late and wakes up early and will still be able to pay attention in class. But after COVID the participant gets tired very easily and won't be able to pay attention in class. COVID also makes her understand that the participant don't actually have much good friendship bond with anyone in her university. This is because non-of her university friends check up on the participant often. This makes the participant feel that they have forgotten about the participant and they are happier without her in the group.

*“You have to stand alone, you have to take care of yourself alone, you have to be strong, you have to be independent. I learned is you have to be independent in whatever situation, you have to independent and also handle yourself. And also the most important thing like I have to take care of my health.*

*Extract 4, participant 2*

Participant 2 mentioned that the participant learned to be independent after COVID. The participant used to be a person who depend on her family for everything. But during COVID where the participant had to stay alone and be independent, the participant realized that no one is going to help her in the situation. Therefore, participant 2 also realized the participant have to be independent. Participant 2 understands that the participant should not pressure her family or people in her surroundings. So after COVID, the participant does things on own without expecting anyone's help. COVID impacted the participant in a positive way.

*“I think not a lot, other than the belief. Yeah, and then nothing really changes on my life because I see as a very normal thing already”.*

*Extract 4, participant 3*

The participant mentioned that COVID didn't really impacted the participant's life because the participant see it as a very normal thing. The participant used to think that COVID leads to death. But after participant 3 got COVID, the participant understands that it can be cured. But the participant feels that COVID is very tedious because it ruined people's everyday routine.

*“I feel like I have less hair. And then which I think that really affected my self-esteem, my self-image. I think until now my hair still quite less, not as many, much as last time before COVID. Yeah conscious about my body image like in overall. I feel like my brain get...I think my brain processes quite slow after that, I get a lot. I feel like so hard to breathe”.*

*Extract 4, participant 4*

The participant has sever hair fall after COVID. Participant 4 feels like she has very less hair now compared to before COVID. It affected the participant's self-esteem as well. The participant is very sad about it. Moreover, the participant feels insecure of her hair. So, the participant tie her hair or wear a hat to avoid people from commenting about the participant's hair. Participant 4 became very conscious about her hair and started to take care of it well. The participant wish her hair stays like how it was before COVID. In addition, the participant also experience brain freeze after recovering from COVID, where the participant brain takes some time to process and the participant tend to forget things easily. The participant is an active volleyball player but after recovering from COVID, the participant gets tired very easily and has difficulty in breathing. So the participant is not able to play well.



*“I think of course like my stamina became bad and then I think my hair still lost. After I remember after I COVID I feel like I'm very hard to sleep at nighttime. I think I've become more lazy a little bit.”*

*Extract 4, participant 5*

Participant 5 mentioned that the participant's stamina become low after COVID which makes the participant gets tired easily. The participant is also having hair fall issue till date. It affected the participant's self-esteem as well. The participant also mentioned that it has become difficult for the participant to fall asleep at night because of stress. After COVID, participant 5 also realized that the participant feels dizzy and blackout if the participant get up fast. The participant COVID made the participant lazy as the participant was used to taking rest all the time during COVID. So the participant feels lazy to continue the daily routine and always find time to rest after recover from COVID. This is somehow affecting the participant's daily routine.

*“I will found out that actually, I drop quite a lot of hair in every day. So after COVID-19 it lost more hair. So I will feel that very sad and also I will feel low self-esteem. So I think maybe hair loss is one of the concern. Another changes is I think it's on the appetite part. I will feel very wrong because I'm wasting all those food, there are still many more people couldn't have food. So I think I'm somehow guilty on that.”*

*Extract 4, participant 6*

Participant 6 mentioned one of the impact of COVID-19 on her is hair fall. The participant is still facing this issue even after the participant has recovers from COVID. The participant feels very sad about it. It is also affecting the participant's self-esteem. The participant keeps overthinking that if her hair continuously drop, the participant won't be looking good in the

future. The participant also mentioned that the participant is afraid that others will comment on the participant's hair. It makes the participant's self-confidence low as well. Moreover, COVID-19 also affected the participant's appetite. The participant used to be a person who eats a lot. But after COVID the participant is not able to eat much as compared to before COVID. Therefore, the participant feels wrong and guilty for wasting food.

#### 4.1.5 Theme 5: Challenges faced as a COVID-19 survivor

5 out of 6 participants shared that they faced some challenges as a COVID-19 survivor after they recover from COVID. The challenges that they faced was thought wise, physical wise, academic wise and relationship wise. While, 1 out of 6 participant shared that the participant only faced challenges during COVID, but not after recover from COVID.

*“So the challenges that I have is how really who to adjust my thoughts from a very negative side to a positive side. Yeah, so my challenges is that I always look at things in a in a...is it a pessimistic way? Yeah. So like, what if I was like five days and then my friends already get used to each other without me?”*

#### *Extract 5, participant 1*

Participant 1 mentioned that it was challenging for the participant to adjust her thoughts from negative side to positive side. Even though the participant is able to adjust her behavior or emotions, but the participant's thoughts always run to the negative side. The participant tend to see things in a pessimistic way such as “what if my friends gets comfortable with each other without me”, “what is others view me as careless person”, “what is my church members blame

me for putting them in risk” and so on. All these thoughts was running in the participant’s mind and it was very challenging for the participant to overcome it.

*“Yeah, as I mentioned you the challenges as a student, there are a lot of things because of the assignment, notes. If alone means the challenges was like, I couldn't cope up myself alone. I think I lose weight until 43.5. So I feel like I don't like I mean, personally, I feel for my body, I don't want to be thin. Within myself, I think like I had to face a lot of challenges because of mainly my education wise, second my health wise”.*

*Extract 5, participant 2*

The participant faced a lot of challenges as a student in terms of assignments and notes. Participant 2 was not able to attend classes physically, so the participant missed out a lot of things which affects her academic. Moreover, it was difficult for the participant to handle herself alone. Participant 2 also mentioned that the participant lost some weight due to being infected by COVID but the participant doesn't like being thin. So it was a challenge for the participant to gain back the weight after recover from COVID-19. In addition, challenges in education wise the participant had to catch up everything that was left out during quarantine. But the participant failed to do so. The participant didn't have the motivation to take initiative to study for midterm and at the end the participant scored zero for the paper. In health wise, the participant try to keep herself healthy after COVID by taking supplements and avoid drinking ice water. Participant 2 finds it challenging because the participant is not a health conscious person all this while.

*“If you're talking about the seven days when I was quarantined, then there could be quite a few challenges. But then after I recover, I'm just like a normal....normal person. Challenges during the seven days I would say food. I was like, yeah, and then not a lot of challenges”.*

*Extract 5, participant 3*

The participant does not really have any challenges after recover from COVID. The challenge that the participant faced during quarantined was food where the participant can only order food and does not have many options. Moreover, the participant also couldn't go out to get some works done but the participant's friends was actually helpful. In the participant's opinion, the participant does not face a lot of challenges because at that time COVID was quite common already.

*“I think one of the challenges is when I go back to hometown, I need to listen to all my cousins, like the aunt uncle. I need to listen to them, like the their... they are nagging. Like, the process is so frustrating. Yeah, they're just like, judging and then from a different viewpoint. And then to do a lot of exercise consistently or else my like my physical still quite weak. Now my physical are quite weak”.*

*Extract 5, participant 4*

Participant 4 mentioned that her relatives always nag her about getting COVID-19 whenever the participant goes back to hometown. The participant's relatives also judge the participant for still going out knowing there is a virus all over the world. But the participant don't actually go out much. The participant feels like the relatives are not being understanding. The participant finds it quite challenging to face them whenever the participant goes back to hometown. Furthermore, the participant mentioned that another challenge of COVID-19 is to work on her hair fall issue. It was also challenging for the participant to gain back her stamina

and be active physically again for her volleyball training. The participant started to be very concern about her hair as it is dropping a lot after COVID.

*“I think is I need to catch up the workload and then I need to like adjust myself back to the normal life. Oh one of the challenges is I need to think how to recovery me and my friends relationship”.*

*Extract 5, participant 5*

The participant mentioned that one of the challenges was catching up with the workload the participant has in academic since many things was left out for 2 weeks. Then, adjusting herself to the everyday routine after COVID was one of the challenges as the participant got used to taking rest all the time. Moreover, the participant had some misunderstanding with the housemate during COVID. So it was a challenge for the participant to fix the relationship with the housemate after recover from COVID.

*“The challenges I faced as COVID-19 survivor is, the first one is mainly for the coughing part because it still somehow keep coughing even after I recover. And then this coughing also makes me to very hard to fall asleep. Another thing is I feel not that confident on my appearance after COVID-19. Because of the hair loss”.*

*Extract 5, participant 6*

Participant 6 mentioned that one of the challenges the participant faced was her cough. The participant was having cough for quite some time even after recover from COVID. The participant coughs till late night which makes the participant hard to fall asleep. So it will be difficult for the participant to wake up in the morning for class. So the participant is unwilling

to go to classes. Even if participant 6 go to class, the participant feels tired and won't be able to focus on what the lecturer is teaching. Other than that, the participant is also worried that coughing very loud would be a trouble for the housemates. Moreover, the participant has very low self-confidence because of hair fall. So the participant finds it challenging to control her cough and overcome her hair fall issue.

#### 4.1.6 Theme 6: Support system

6 out of 6 participants shared that they had a good support system throughout their recovery stage during COVID. All participants also mentioned that these support system was helpful for them to overcome from physically and mentally from COVID. The participants mentioned that it wouldn't be possible to recover physically and mentally without the support system.

*“Ermm...I will say my family, yeah. So I think like they are sort of, like my family members are sort of like, my mental support system. And my friends...ermm I will say, they did text me like, how are you feeling today. And the church members, which I say, like, send me twice for things that I need during the quarantine period, which I'm super grateful. I didn't talk about how lonely I was and then how uncomfortable I was being the only one in the hybrid mode”.*

#### *Extract 6, participant 1*

The participant's family, friends and parents supported the participant throughout her recovery stage. The participant's parents went extra mile to send out goods for the participant since she was at her hostel. The participant feels very special because they usually don't post out things for each other. Moreover, the participant's friends texted her to ask about her health

condition which warms her heart. But at the same time, she wish they text her more often. Then, the church member also sent the participant some things that the participant need during quarantine. The participant feels very grateful for the church member. The participant also mentioned that no one actually supported the participant to recover mentally because she doesn't open up about her feelings to anyone.

*“Okay, first of all family then only my friends. Once I recover, and went back to home, my mom took care of me like, she started to cook this and that until I recover fully. So I think my parents, friends and also the senior girl...the girl helped me a lot during the COVID-19. One particular person is my mom. Once I go back to hometown only I feel that happiness, I feel the cheer up”.*

*Extract 6, participant 2*

Participant 1 mentioned that her family was the main support system during her COVID recovery stage. The participant's mother call her every day to ask about her health condition. The participant's mother couldn't be there with her physically but never fails to support her. The participant's mother always check up on her. The participant's mother also mentally support her by being there whenever the participant needs someone to talk to. Then, the participant's friends was so quite helpful. They buy the participants things that needed when the participant was under quarantine. Moreover, one of the participant's senior also helped the participant by teaching some breathing techniques to make the participant feel calm and relax. Participant 2 mentioned that the participant got back the happiness only after the participant went back home and saw her mother. The participant had a very good support system during the recovery stage.

*“My family, because they are not with me, so they can only support me with...the financial support. My family also support me emotionally. Then informational, they give me a lot of information, they tell me what to do, what to eat. And then my friends, my friends, of course, they helped me a lot as well. They made me feel very supported... I feel that I am cared. And then my boyfriend of course, emotional support. I'm very thankful because she didn't blame me or what. Yeah, she also like encouraged me. I felt very loved...LOVED, feel very loved.*

*Extract 6, participant 3*

The participant mentioned that at first her family supported her financially since the cost of swab test, buying test kit and ordering food is quite expensive. The participant's family also gave her information of what to do and eat to recover faster from COVID. Moreover, the participant's family gave her emotional support by encouraging the participant. The participant's family always check up on her without fail. Furthermore, the participant's friends helped her a lot throughout the recovery stage by buying things and checking up on the participant. One of participant's friend who tested positive because of the participant didn't blame her for that. Therefore, the participant also feels grateful for that. The participant's boyfriend was always there for the participant to accompany her whenever the participant needs a person to talk to. Therefore, the participant feels loved and cared.

*“My...my family, they just, they video call me. And then they send a lot of like those supplements to me. Yeah, I think that somehow made me feel like I am loved. Like I'm being cared by someone. Those little things makes me feel like oh, they...they love me and they actually care for me. I feel like for my course mates, the friends in my campus, I don't think they help a lot in terms of emotional support. Yeah, but they do provide, yeah, help for my*



*academic. But for my childhood friends, even though they are not...not around with me, but they did call me and asked how I feel.”*

*Extract 6, participant 4*

Participant 4 mentioned that the participant’s family always video call her to check on her. The participant’s family also sent her some supplements to make the participant recover from COVID faster. These little gestures made the participant feel loved and also being cared by someone. Moreover, the participant’s friends in hometown always check up on her by asking about her health condition every day. The participant’s friends also gave some suggestions on overcoming her hair fall issue. Then, the participant’s volley ball friends also encourage and motivate the participant during training. But the participant said that the course mates didn’t give her any emotional support but they do help in her academic.

*“So my family of course, my aunt and my mom often call me. I felt like kind of warm like because they giving the physical and mental support also. I think my boyfriend gives me a lot of support. I think my boyfriend do like, talk with me a lot because I feel sad and depressed at that time and anxious. But my boyfriend actually every day will encourage me like give me emotional support.”*

*Extract 6, participant 5*

Participant 5 mentioned that the participant’s family and romantic partner was her main support system. The participant’s family sent her some things since they couldn’t be with the participant physically. The participant felt warm for having people who supports her. Other than that, the participant’s romantic partner was there for her physically when the participant was under quarantine. The participant’s partner took very good care of the participant. The participant’s boyfriend encourage her whenever the participant feels down. The participant’s

romantic partner plays a big role in being the mental support for the participant. The participant said it would be hard to overcome COVID-19 if the participant's boyfriend was not with her.

*“I think for my families, although they blame me at first, but after that, they still provide me care and love. I think yeah, their words support me as well. And also I think she was helpful because when during my quarantine period. So, I think she somehow helps me to reduce some of my loneliness during the COVID-19 quarantine period.”*

*Extract 6, participant 6*

Participant 5 mentioned that even though the participant's family blamed her for going out at first, but they still showed her love and care. The participant's family always check on her. The participant's family even said they wish to come and see the participant even though they know it will put them in risk. The thoughts of them makes the participant feel cared and supported. Furthermore, the participant's housemate was very helpful throughout the recovery stage. The housemate bought the participants things that she needed as well. The housemate also talk to the participant face to face by maintaining social distance in order to not make the participant feel lonely. This action reduces the loneliness of the participant during quarantine. The participants feels grateful for having supportive people around who really cares about the participant.

## **Conclusion**

This chapter has revealed the psychological well-being of COVID-19 survivors. There are six themes which are perception of the survivors about COVID-19, psychological well-being during and after COVID-19, emotions involved, impact of COVID-19, challenges faced

by COVID-19 survivors and support system. The participants shared all of their experiences as a COVID-19 survivor. Participants have reported the factors that affected their psychological well-being. Based on the interview's results, most of the participants shared that COVID-19 affected them negatively. In addition, the results gives a brief understanding on the psychological well-being of COVID-19 survivors. The researcher will discuss these findings in Chapter 5.

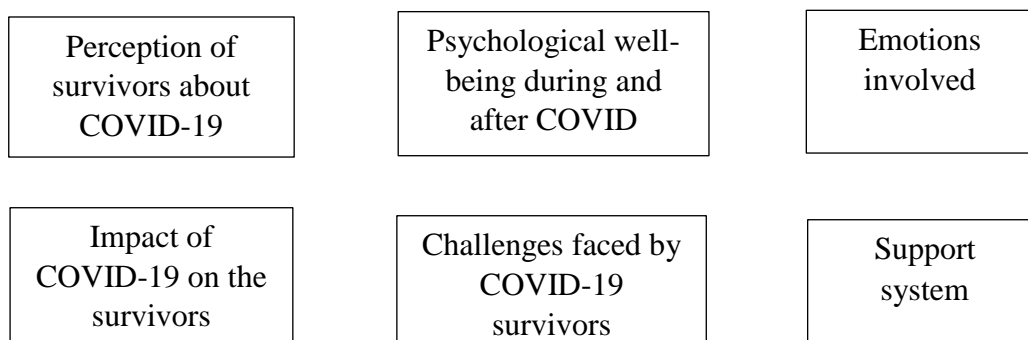
## Chapter 5: Discussion

### 5.0 Introduction

This chapter discusses themes with the past research literature on understanding the psychological well-being of COVID-19 survivors. Moreover, this chapter also consist of limitations of study, implications of study, recommendation of study and conclusion towards this research.

### 5.1 Discussion of finding

The objective of the research is to acknowledge the psychological well-being of the COVID-19 survivors. The research question is what is the psychological well-being of the COVID-19 survivors? This research achieved the objective by using qualitative interview which helps to researcher to understand the psychological well-being of the COVID-19 survivors in depth. Moreover, 6 undergraduates in Univeriti Tunku Abdul Rahman, Kampar was participated in the interview. The age range of the participants is 21 to 25 years old. 6 of the participants were Chinese and one of the participant was Indian. The researcher came up with 6 themes for Chapter 4 in the research.



### 5.1.1 Perception of survivors about COVID-19

The perception of participants about COVID-19 focuses more on the negative side. The symptoms of COVID-19 makes them feel very uncomfortable. On the other side, it affected their daily life as well. The participants experience symptoms like fever, flu, cough, sore throat, headache, fatigue, diarrhoea, vomiting and so on. Some of the participants mentioned that they had the symptoms for a long time even after recover from COVID-19. Furthermore, COVID-19 affected their everyday routine because they had to quarantine and the participants were not able to carry on with their daily activities. As all the participants were student, they mentioned that they were not able to go to classes physically.

This finding is similar to the past research about the physical impact of COVID-19. The majority of COVID-19 patients show common symptoms like fever, shortness of breath, cough (with or without sputum), sore throat, nasal congestion, dizziness, colds, muscle ache, arthralgia, weakness, fatigue or myalgia, tightness in the chest, excessive mucus production with expectoration, hemoptysis, and dyspnea (Lei et al., 2020). Headache, diarrhoea, abdominal discomfort, vomiting, chest pain, rhinorrhoea, or pharyngitis are additional, less common symptoms. More than one symptom is present in 90% of individuals (Wang et al., 2020). In addition, the majority of those who contract the 2019 coronavirus disease (COVID-19) recover within a few weeks. However, some individuals even those with milder forms of the illness may experience symptoms that persist for a very long period later (Davis et al., 2023).

The global economy as well as the daily lives of humans are both significantly impacted by this virus (Haleem et al., 2020). Most importantly, we found in a recent study that the ways in which people's daily lives had been impacted varied significantly across age groups, where younger adults were more likely to report disrupted lifestyle (Hampshire et al., 2021).

Furthermore, the COVID-19 has a tremendous effect on student life. These include things like taking on extra work and switching right away to online learning, being quarantine and also involve having increased worry due to unpredictability. Therefore, COVID-19 would have a negative impact on students' well-being since they could feel more stress due of doubts about their academic progress (Cao et al., 2020). The adoption rate in online classes is roughly 50-60%, compared to 80-90% in traditional classroom settings.

### **5.1.2 Psychological well-being of COVID-19 survivors during and after COVID-19**

COVID affects not only physical health but also mental health of the survivors. The current research finding has shown that the COVID-19 survivor's psychological well-being was affected as well. Four participants shared that their psychological well-being was affected during COVID-19 and also after recover from COVID-19. This is due to isolation, being left out from academics, negative thinking, fear of death and so on. The participants mentioned that experienced anxiety, depression, stress, helpless, frustration, fear and so on both during and after COVID-19. The participants also mentioned that it took some time for them to recover mentally as well.

The findings is similar to the past research about psychological well-being during and after recover from COVID-19. As a result of the COVID-19 patients, patients suffered fear, anxiety, and numerous psychiatric problems (such as post-traumatic stress disorder and depression). In common with earlier pandemics, COVID-19 patients encounter both physical and psychological problems (Shah et al., 2020). Previous research has shown the negative impact of COVID-19 on psychological well-being, which can result in severe depression and anxiety (Bahar Moni et al., 2021). Moreover, social isolation and loneliness regularly co-occur and have negative effects on psychological well-being (Faraci et al., 2022). According to

research, COVID-19 patients report higher degrees of loneliness and are more vulnerable to its negative effects on their health and psychological well-being (Rentscher et al., 2021). Isolation and social withdrawal disrupted many COVID-19 patients' daily lives. As a result, COVID-19 patients' sleep patterns and mental health have changed and been disrupted (Altena et al., 2020). Every traumatic event has the potential to diminish a person's sense of security and have a negative impact on their psychological well-being. There have been alarming signs of a rise in negative thoughts and actions. Furthermore, as a result of COVID-19's widespread fatalities, people are likely to experience more frequent increases in their fear of dying, which will increase throughout the pandemic (Chalhoub et al., 2022). The research participant mentioned that their psychological well-being was affected due to isolation, fear of death and negative thoughts.

Next, patients with illnesses are more likely than other patients to develop psychological issues during outbreaks, and even after treatment and discharge, they may face varied degrees of stress disorders, anxiety, and long-term mental health issues (Jeong et al., 2016). In addition, people may continue to experience distressing intense feelings and thoughts relating to the traumatic event long after it has passed. Flashbacks and nightmares may occur as a result of the traumatic event. They could distance themselves from items that could trigger memories of the terrible experience. This past research found that the majority of participants experienced stress even though their COVID-19 test results were negative (Jafri et al., 2022). This research participant mentioned that the traumatic events that happen while suffering from COVID-19 did affect them even after they recover from COVID.

### 5.1.3 Emotions during quarantine

The emotions of COVID-19 survivors during quarantine was negative. Four of the participants seems to feel lonely, boring, stressed, down, frustrated, anxious, depressed and so on during quarantine period. Duration of quarantine is one of the factors influencing these emotions. The longer the quarantine period, the more the emotions of the patients are being affected.

The findings of past research similar to the emotion of COVID-19 patients during quarantine. Terms that reflect negative feelings, such as anxiety, depression, and anger, have increased both before and after the COVID-19 announcement in China on January 20, 2020 (Dutheil et al., 2020). Moreover, being isolated is challenging to comprehend psychological phenomenon since it involves a variety of interactions between emotions and regulatory mechanisms in order to adjust to this unusual and unsettling circumstance (Suso-Ribera & Martín-Brufau, 2020). People who were isolated at home during infected by COVID-19 and had limited contact with loved ones experienced boredom and frustration as daily activities came to a halt (Chomentauskas et al., 2021). Increased anxiety, depression, and stress symptoms are the unfavourable effects of quarantine, and these symptoms may persist even after the quarantine is over.

Furthermore, isolation cause a lot of stress and psychological issues in the general population, which results in uncertainty, fear of sickness and infection in oneself and in one's loved ones. Significant stressors that undoubtedly contribute to widespread emotional distress include being separated from loved ones, losing freedom, losing direct social contact, leisure, boredom, and occasionally not knowing the disease's prognosis (Huremović, 2019). The past study, which were largely conducted in the Far East, Europe, or the United States, have begun to demonstrate negative emotional impacts such increased stress, sadness, anxiety, difficulty



sleeping, post-traumatic stress disorder, anger, boredom, stigma, substance usage, and loneliness (Huang & Zhao, 2020). According to past research, emotional disturbance, emotional distress, sadness, stress, poor mood, irritability, insomnia, and post-traumatic stress symptoms, anger, emotional exhaustion were all experienced by COVID-19 survivors during quarantine (Brooks et al., 2020). The findings between this research and past research about the emotions of COVID-19 patients during quarantine is similar. In addition, two of the participant's responses showed that the quarantine period was pretty good as they had some alone time for themselves.

#### **5.1.4 Impact of COVID-19 on the survivors**

COVID-19 impacted the four out of six participants negatively in terms of physical and mental. COVID-19 brought some changes to the survivors such as shortness of breath, coughing, getting tired easily, hair loss, loss of smell, lack of appetite, sleep problems, low stamina, difficulty in thinking and concentrating and so on. The research participant's responses showed that they are still having this issues. These changes are affecting their daily life and self-esteem as well.

The findings are similar to the past research in terms of impact of COVID-19 on the survivors. Numerous people were receiving treatment for long-term COVID-19 symptoms like chronic fatigue, muscle weakness, loss of smell, and concentration problems. In the past research, more COVID-19 survivors than the 43.1% of COVID-19 patients who were clinically stable reported experiencing anxiety and depression (Ma et al., 2020). Moreover, headache, dizziness, balance and coordination issues, trouble paying attention, concentrating, and remembering, as well as chronic fatigue, sleeplessness, changes in taste and smell, physical and nutritional dysfunctions sadness, and anxiety, are among the most common changes

reported by the COVID-19 survivors (Huang et al., 2021). In addition, it has been predicted that COVID-19 survivors may not fully recover and that some of them may be affected by long-term sequelae. Psychological issues, such as post-traumatic stress disorder (PTSD), depression, and anxiety, as well as reduced quality of life, are likely among the main health issues facing survivors (O'Sullivan, 2020). Four of the research participants mentioned that they experienced some of the post COVID-19 symptoms such as sleep problems, loss of smell, dizziness, difficulty in concentrating and so on even after they recover from COVID-19. These symptoms affect their quality of life as well.

Moreover, among COVID-19 survivors worldwide and to debate the suspected pathogeneses, lengthy COVID symptoms include anxiety, despair, dizziness, chest pain, sleep trouble, palpitations, weight loss, and hair loss (Fahriani et al., 2021). It is common for COVID-19 survivors to have hair loss. In the past research, more than 25% of participants experienced hair loss after COVID-19, which is consistent with a previous meta-analysis finding that COVID-19 survivors are 25% more likely to experience hair loss (Apostolo et al., 2023). Telogen effluvium, which is characterised by diffuse hair loss after a significant systemic stressor or infection, may be used to describe hair loss following COVID-19 (Lopez-Leon et al., 2021). Although it is a self-limiting illness that lasts for around three months, it may cause emotional distress. Three participants from this research shared that they are facing hair fall issues after recovering from COVID-19. This POST-COVID symptom affected their self-esteem as well.

### **5.1.5 Challenges faced by COVID-19 survivors**

The research participants mentioned that they faced some challenges as a COVID-19 survivors. The challenges that they faced was academic challenges where the participants

mentioned that the amount of workload was intense and difficult to concentrate in class which lowers their academic performance. Moreover, developing relationships with friends was a challenge for the participants because of the stigma on the COVID-19 survivors. Next, overcoming physical changes such as losing weight as well as hair loss. The impact such as weight loss, physical inactivity and hair loss affected their body image and self-esteem which was a challenge for them to gain it back. Another challenge that the participants faced was taking care of their psychological well-being.

This research findings is similar to the academic pressure experienced by the research participants. For students used to in-person classes, a sudden switch from traditional face-to-face courses to online mode may be particularly challenging (Xu & Jaggars, 2014). Academic life was abruptly restricted to the home and online teaching and remote learning had to take the place of the typical university activity of face-to-face teaching and learning (Sahu, 2020). Early adulthood is one of the peak times for many mental diseases, and college students are susceptible to mental health challenges that can cause them to experience extraordinary amounts of distress (de Girolamo et al., 2011). For the university as a whole, for students, this circumstance has presented a serious challenge and a significant transformation (Kecojevic et al., 2020). Given this situation, it is logical to assume that many students' university lives have grown much more stressful than usual. Increased degrees of depression, anxiety, somatization, and stress were substantially correlated with academic challenges, such as the capacity to concentrate on academic tasks. Moreover, seniors had higher mental challenges, such as increased academic pressure and pressure to graduate. In the past research, students who responded claimed their academic performance or productivity was impacted by the post-COVID symptoms. Experiencing brain fog or finding it difficult to concentrate can have an impact on how well survivors achieve in school (Moy et al., 2022).

Additionally, COVID-19 survivors experience shame, guilt, or stigma regarding their sick or otherwise isolated family members and friends (Kar et al., 2020). Weight gain, inactivity, and social isolation are possible side effects of staying in (Lippi et al., 2020). But in this research, one of the participant mentioned that the participant loss weight due to lack of appetite. While, one of the participant's challenges was being active back in sports after recovering from COVID. In addition, from a psychological standpoint, a prolonged experience of being out of control can result in "learned helplessness," or the ongoing perception that you have no control over the situation and no way to change it, which can even lead to depression and lower mental and physical wellbeing (Maison et al., 2021). Therefore, the findings of this research is quite similar to past research in terms of academic pressure, psychological wellbeing and stigma about the COVID-19 survivors.

### **5.1.6 Support system**

The main support system for the COVID-19 survivors was their family, friends and romantic partners. All the participants in the research had a good support system throughout their recovery and after recovery stage. The participant's loved ones gave them emotional support, mental support and information support as well. Each and every one from their support system makes the participants feels loved and cared. The social support was an encouragement for them to recover from COVID-19 both mentally and physically. Moreover, the participants claimed that without the support from their loved ones, they wouldn't be able to recover.

A person's social support system is crucial to their mental health; each element acts as a buffer to keep people safe from stressors and preserve their psychological well-being. In the past research, enough and beneficial support system can reduce stress levels, anxiety, and depressive symptoms while also improving sleep quality. Early psychological treatment and

social support may be extremely important for the physical and mental wellbeing of COVID-19 positive patients. Social support may assist lessen the amount of stress and anxiety since anxiety and depression issues are frequent unpleasant emotions experienced by patients during epidemics of such an infectious disease (Yang et al., 2018). In addition, understanding a person's mental health outcomes and associated protective variables (such as social support and psychological resilience) can help diverse persons receive more precise advice and assistance (Li et al., 2021).

An increase in social support would enhance recipients' mental health and quality of life, according to mounting evidence showing social support is favourably correlated with psychological health and life satisfaction (Tani & Castagna, 2016). University students' self-esteem and sense of control over their life are raised by social support, which reduces the negative effects of stress on mental health. According to a past study, university students who suffer a traumatic event who receive more friendship and interpersonal support have less severe PTSD symptoms (Haden et al., 2007). Nevertheless, the support system of the research participants plays a major role in helping them to recover from COVID-19. Then, information support provides direction, counsel, knowledge, or feedback that can help solve a problem. This research participant mentioned that the information that their loved ones gave during the COVID-19 recovery stage was helpful for them to recover quickly.

## **5.2 Discussion of research question**

The research question of the current study is “what is the psychological well-being of COVID-19 survivors.” From the results it is shown that the psychological well-being of COVID-19 survivors had been affected negatively. It also took the COVID-19 survivors some time to fully recover mentally. The COVID-19 survivors experienced stress, anxiety,

depression, frustration, fear, sadness and so on during and after recovering from COVID-19. There are many reasons for their psychological well-being being affected as a COVID-19 survivor. First is because of isolation which makes them feel lonely and it also disrupted their daily life as well. Moreover, the life of a student was disrupted as the classes were shifted to online mode and outcome is not as good as face to face classes. Other than that, the COVID-19 survivors claimed that online classes were not effective because they were not able to focus. This factor increases the academic pressure. Furthermore, fear of death is one of the factors that affected the psychological well-being of COVID-19 survivors. Some of the survivors were afraid that COVID might be fatal and they experienced fear till they recover from COVID-19. Next, COVID-19 gave impacts on the COVID-19 survivors such as shortness of breath, hair loss, lack of appetite, exhausted, low stamina, difficulty in thinking and concentrating, sleep issues and so on. These impacts gave long-term effects on the COVID-19 survivors. In addition, hair loss issue affected the self-esteem of COVID-19 survivors. It was challenging for the survivors to reduce their hair fall. As the participants were students, they mentioned that they were not able to concentrate well in classes after being infected by COVID-19. Physical impacts such as shortness of breath, exhausted and low stamina affected their daily activities as well. Therefore, it was a challenge for the COVID-19 survivors to overcome from the impacts of COVID-19. This is one of the factors that affected the psychological well-being of COVID-19 survivors. In overall, the psychological well-being of COVID-19 survivors was bad due to the factors stated above.

### **5.3 Theoretical implications**

Based on the results, it acknowledges that COVID-19 affected not only the patient's physical but also their psychological well-being. From the results, it is also known that the

COVID-19 survivors experienced stress, anxiety, depression, fear and so on compared to people who have never been infected by COVID-19. The current study and past research discovered that the psychological well-being of COVID-19 survivors was affected negatively due to the impacts and challenges they faced as a COVID-19 survivor. Each of the research participant shared each of their experiences which was similar with one another. The impacts and challenges they faced might be different but in overall it somehow affected their psychological well-being. Factors such as isolation which leads to loneliness affected the mental health of the COVID-19 patients. The isolated COVID-19 patients tend to overthink which leads to negative thoughts in their mind. This is because the COVID-19 patients did not have anyone to interact or share their feelings with physically which would have make them feel better. Moreover, COVID-19 also increases the workload and reduces the motivation for students in academic. Students has a lot of thing to do after they recover such as catching up with the syllabus and assignments. Then, switching to online classes also reduces the academic performance of the students. These are one of the factor that increases the stress and anxiety of COVID-19 survivors. The after effects such as low stamina, exhaustion, hair loss, lack of appetite, sleeping difficulties, weight loss affected the psychological well-being of the COVID-19 survivors as well. Such impacts of COVID-19 affected the daily life of the survivors which leads to low psychological well-being.

Therefore, the researcher used cognitive behavioural therapy to understand the psychological well-being of COVID-19 survivors. Resilience in the face of crisis and traumatic life circumstances results from one's capacity to endure distorted thinking despite exogenous stress. CBT calls for lifestyle changes which causes destructive thought patterns. Changes in lifestyle can be difficult, especially while feeling down. Therefore, a research-based therapy called cognitive behavioural therapy (CBT) tries to increase a person's awareness of their own thoughts, feelings, and experiences. The therapy aims to address the patient's current anxiety

and sadness while also averting the development of other mental illnesses (Surmai & Duff, 2021). The cognitive behavioural therapy can be used for future research that would like to understand the psychological well-being of individual because it helps the researcher to understand and analyse the thoughts, emotions and behaviour of the each individual. Many COVID-19 patients deal with isolation and loneliness which affects their thoughts that leads to specific behaviour and emotions.

#### **5.4 Practical implications**

The current research findings can provide insights for mental health professionals and future COVID-19 patients to understand better about the psychological well-being of COVID-19 survivors. The mental health professional could have in depth understand about the psychological well-being of COVID-19 survivors in order to help their clients to recover mentally after being infected by COVID-19. Furthermore, this research will also be beneficial for future COVID-19 patients in order to maintain a good psychological well-being during and after recovery as it provides the impact and challenges faced by the survivors as well. They can get some idea on facing the impacts and challenges of COVID-19. This research give an awareness about psychological well-being to future COVID-19 patients. Other than that, the current findings can help in managing COVID-19 related mental health problems. In overall, this study provides benefits to mental health professional and future COVID-19 patients.

#### **5.5 Limitations and recommendations for future study**

The study has a few limitations. First of all, 5 of the participants was Chinese and 1 of the participant was Indian. In this case, the research is not able to represent the perception and experience of COVID-19 from different ethnicities in Malaysia. Other than that, the research



cannot provide the different ways of different ethnicities overcoming the coronavirus. Hence, the researcher suggests that future research include all ethnic COVID-19 survivors to further understand about the different perspective and experience of COVID-19.

On the other hand, the research cannot represent the challenges and impact faced COVID-19 survivors as working adults as the all the participants were undergraduates. Both students and working adults have different life style. Therefore, since the researcher did not interview any working adults, the current research cannot represent how COVID-19 affected the working adults' daily life. Hence, the researcher suggests that future research include both students and working adults to further understand about the experience, impacts and challenges faced as COVID-19 survivors.

Moreover, in the current study the researcher did not explore more about the needs of COVID-19 survivors. The researcher focuses more on during and after recovering from COVID-19 in terms of challenges, impacts, experience, support, psychological well-being. But the researcher failed to explore in depth about the needs of COVID-19 survivors. Therefore, the researcher suggests that future researcher should explore more on the needs of COVID-19 survivors in order to help them to take care of their psychological well-being.

## **5.6 Conclusion**

On the whole, the finding shows that the psychological well-being of COVID-19 survivors was affected negatively. The COVID-19 survivors experienced stress, anxiety, depression, fear, frustration during and after recovering from COVID-19. It took some time for the COVID-19 survivors to overcome physically and mentally from COVID-19. COVID-19 affected the survivors in many ways. Other than the impact, the COVID-19 survivors also faced some challenges due to being infected by COVID-19. Therefore, without support system the

COVID-19 survivors would not be able to recover from COVID in short period of time. The findings from the past research and current research is seems to be quite similar. In conclusion, the objectives were achieved in answering the research questions as stated in Chapter 1.

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## Appendices

### Appendix A

#### Originality Report

FYP 2			
ORIGINALITY REPORT			
9%	3%	2%	7%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS
PRIMARY SOURCES			
1	Submitted to University of South Africa Student Paper		1%
2	<a href="http://www.ncbi.nlm.nih.gov">www.ncbi.nlm.nih.gov</a> Internet Source		1%
3	Submitted to Far Eastern University Student Paper		<1%
4	Submitted to Salford College, Greater Manchester Student Paper		<1%
5	Mahya Dorri, Mohamad Hossein Mozafari Bazargany, Zeinab Khodaparast, Soroush Bahrami et al. "Psychological Problems and Reduced Health-Related Quality of Life in the COVID-19 Survivors", Journal of Affective Disorders Reports, 2021 Publication		<1%
6	Submitted to Middle East College of Information Technology Student Paper		<1%

## Appendix B

Supervisor comment on originality

Universiti Tunku Abdul Rahman			
Form Title : Supervisor's Comments on Originality Report Generated by Turnitin for Submission of Final Year Project Report (for Undergraduate Programmes)			
Form Number: FM-IAD-005	Rev No.: 0	Effective Date: 01/10/2013	Page No.: 1 of 1



FACULTY OF Arts and Social Science

<b>Full Name(s) of Candidate(s)</b>	Legasree a/p Ravi Chandran
<b>ID Number(s)</b>	1806449
<b>Programme / Course</b>	Bachelor of Social Sciences (HONS) Guidance and Counselling
<b>Title of Final Year Project</b>	Understanding the psychological well-being of Covid-19 survivors

Similarity	Supervisor's Comments (Compulsory if parameters of originality exceeds the limits approved by UTAR)
<b>Overall similarity index: _____ %</b>  <b>Similarity by source</b> Internet Sources: _____ % Publications: _____ % Student Papers: _____ %	
<b>Number of individual sources listed of more than 3% similarity: _____</b>	
<b>Parameters of originality required and limits approved by UTAR are as follows:</b> (i) Overall similarity index is 20% and below, and (ii) Matching of individual sources listed must be less than 3% each, and (iii) Matching texts in continuous block must not exceed 8 words <i>Note: Parameters (i) – (ii) shall exclude quotes, bibliography and text matches which are less than 8 words.</i>	

Note Supervisor/Candidate(s) is/are required to provide softcopy of full set of the originality report to Faculty/Institute

*Based on the above results, I hereby declare that I am satisfied with the originality of the Final Year Project Report submitted by my student(s) as named above.*

*Komathi*

Signature of Supervisor

Name: Komathi Lokithasan

Date: 20/04/2023

Signature of Co-Supervisor

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix C

Ethical approval for research



**UNIVERSITI TUNKU ABDUL RAHMAN** DU012(A)  
Wholly owned by UTAR Education Foundation Co. No. 578227-M

Re: U/SERC/18/2023

10 January 2023 Dr Pung Pit Wan  
Head, Department of Psychology and  
Counselling Faculty of Arts and Social  
Science  
Universiti Tunku  
Abdul Rahman Jalan  
Universiti, Bandar  
Baru Barat 31900  
Kampar, Perak.

Dear Dr Pung,

### Ethical Approval For Research Project/Protocol

We refer to the application for ethical approval for your students' research project from Bachelor of Social Science (Hons) Guidance and Counselling programme enrolled in course UAPC3083/UAPC3093. We are pleased to inform you that the application has been approved under Expedited Review.

The details of the research projects are as follows:

	Research Title	Student's Name	Supervisor's Name	Approval Validity
	Understanding the Psychological Well Being of Covid-19 survivors	Legasree A/P Ravi Chandran	Ms Komathi A/P Lokithasan	10 January 2023-9 January 2024

The conduct of this research is subject to the following:

- (1) The participants' informed consent be obtained prior to the commencement of the research;
- (2) Confidentiality of participants' personal data must be maintained; and
- (3) Compliance with procedures set out in related policies of UTAR such as the UTAR Research Ethics and Code of Conduct, Code of Practice for Research Involving Humans and other related policies/guidelines.
- (4) Written consent be obtained from the institution(s)/company(ies) in which the physical or/and online survey will be carried out, prior to the commencement of the research.

Should the students collect personal data of participants in their studies, please have the participants sign the attached Personal Data Protection Statement for records.

Thank you.

Yours sincerely



**Professor Ts Dr Faidz bin Abd Rahman**  
Chairman  
UTAR Scientific and Ethical Review Committee

c.c     Dean, Faculty of Arts and Social Science  
          Director, Institute of Postgraduate Studies and Research

## Appendix D

### Declarations

Form Title : <b>Sample of Submission Sheet for FYP/Dissertation/Thesis</b>			
Form Number : <b>FM-IAD-004</b>	Rev No: <b>0</b>	Effective Date: <b>21 June 2011</b>	Page No: <b>1 of 1</b>

**FACULTY OF ARTS AND SOCIAL SCIENCE  
UNIVERSITI TUNKU ABDUL RAHMAN**

Date: 21 April 2023

**SUBMISSION OF FINAL YEAR PROJECT**

It is hereby certified that Legasree A/P Ravi Chandran (ID No.: 1806449) has completed this final year project titled "Understanding the psychological well-being of COVID-19 survivors" under the supervision of Ms Komathi A/P Lokithasan (Supervisor) from the Department of Psychology and counselling, Faculty of Arts and Social Science.

I understand that University will upload softcopy of my final year project in pdf format into UTAR Institutional Repository, which may be made accessible to UTAR community and public.

Yours truly,



Name: Legasree A/P Ravi Chandran

## Appendix E

### Interview protocol

1. Can you share with me any thoughts about your COVID-19 experience?
2. How did you feel physically and mentally when you tested positive for COVID-19?
3. How was your mental health during and after suffering from COVID-19?
4. What were the thoughts and feelings when you were quarantined?
5. How does COVID-19 affected your life as a student?
6. How long does it takes for you to recover physically and mentally from COVID-19?
7. How was your psychological well-being as a COVID-19 survivor and how did you manage to take care of it?
8. What changes do COVID-19 brought to yourself?
9. What are the challenges you faced as a COVID-19 survivor?
10. How does your family and friends supported you morally to overcome from COVID-19?

## Appendix F

### Transcript

Role	Raw data	Code	Theme
Interviewer	Hi, good morning.		
Interviewee	Good morning.		
Interviewer	My name is Legasree. First of all, thank you for agreeing to participate in the interview. I have seen your name in the informed consent me [REDACTED]. Can you tell me more about yourself?		
Interviewee	Okay, you can call me, [REDACTED] as well. So I'm a university student in UTAR. I'm studying guidance and counseling. And I'm currently a year three student, yeah.		
Interviewer	Okay, so before we move on to the interview, I would like to explain you about the informed consent. The title of the study is understanding the psychological well-being of COVID-19 survivors. And the purpose of this research is, this research that is the psychological well-being of COVID-19 survivors. The aim of this research is to understand the experience of COVID-19 survivors. The procedure of study is, this study will begin after the consent. You will be required to participate in a one time in person interview and it will take approximately 90 minutes. The interviewer will request your consent to record the interview at the beginning of the session. Participant rights risk and benefits, the data was collected and protected under Personal Data Protection Act 2010 (PDPA) in Universiti Tunku Abdul		



	<p>Rahman. This research will not put you at any risk. However, the questions you will be asked me bring up uncomfortable topics or painful memories. You have the right to decline to answer any question or withdraw from the study at any time you feel uncomfortable with the interview questions, even after your interview is completed. Any notes concerning your interview will be deleted or destroyed upon request, and it will not be included in the final report. Your name the names of any other person, place or organization you mentioned in the interview will be kept private and confidential. It will not be mentioned in the final report. The final report may use your direct quotes or even event scenarios, but any identifiers from your goods will be erased. This research will provide benefits to you. The research aims to understand the psychological well-being of COVID-19 survivors. Thus, it may provide awareness and knowledge about COVID-19 to others or those who are suffering from COVID-19. So are you okay with it?</p>		
Interviewee	Yes		
Interviewer	So before we continue, I would like to inform you that this...this interview session will be recorded for me to show it to my supervisor for my FYP purpose.		
Interviewee	Okay.		
Interviewer	So we'll go to the first question. Can you share with me any thoughts about your COVID-19 experience?		

Interviewee	My experience of COVID My thing is quite...quite I suffer a lot because of the symptoms. Yeah, and then I also get a very painful headache and also feel very sick during that time, yeah.	<ul style="list-style-type: none"> <li>- Got symptoms of COVID-19</li> <li>- Suffered during COVID-19</li> </ul>	Perception of survivors about COVID-19
Interviewer	So how did you get COVID-19? From where did you get it?		
Interviewee	I'm not sure where I get it but I remember that time I was rushing for my assignment and I didn't really get any sleep. So I think that I it because I didn't get any sleep so my...my immune system are not that strong. So that's why I get the COVID, yeah.	<ul style="list-style-type: none"> <li>- Got COVID-19 because immune system was weak due to not enough sleep (from the participant's point of view)</li> </ul>	Perception of survivors about COVID-19
Interviewer	So that's your observation about how you got COVID is it?		
Interviewee	Yeah, that's what I think laa.		
Interviewer	Can you tell me the experience of COVID-19?		
Interviewee	The experience that time I was like rushing for assignment, and then but I feel very sick. But I still need to do it because it's a group assignment and my...my assignment group mates, they...ermm they keep rushing me about my part. Even though I already finished it, they want me to amend something. Yeah, but that time I was suffering. But I..I like, but I feel not I don't think...I don't think they're being very understanding because the amendment are quite easy to do, but they still insist to let me do it. Even though I'm suffering so much. The time I have so much pain for my head, yeah.	<ul style="list-style-type: none"> <li>- The assignment groupmates were not being understanding</li> <li>- Even though the participant was feeling very sick, she had to work on her assignment</li> <li>- It was troublesome for the participant</li> </ul>	Perception of survivors about COVID-19
Interviewer	So how long did you suffer from COVID?		

Interviewee	I think four to five days.		
Interviewer	How do you feel when your friends didn't understand your situation and rush you to do...to amend the assignment?		
Interviewee	I feel be, like, frustrated. Not in not feeling sad or what. Just frustrated. And I'm not blaming them or what. Because I understand about my responsibility as well. Yeah, I just feel a bit frustrated because I need to amend it a few times. And yeah, quite, quite tiring. And also, like, I really struggled to get up from my bed because of the headache. The headache is so bad, but I still have to push myself and then they keep calling me like to amend which part which part. Yeah, so I really, really hard for me to like, open my computer and then to amend it, yeah.	- It was stressful to finish the assignments while being sick	Challenges faced by COVID-19 survivors
Interviewer	So how did you feel physically and mentally when you tested positive for COVID-19?		
Interviewee	Physically that time... on the first day, I just feel very, like tiring, no energy to move and then like headache. And then that time I was we filming our assignment, group presentation video. And then like, what after...after that they I just lay on my bed. And then just felt very tired. And then mentally I can't really think I can't like my brain can't process that time because I was too tired. My physical...my physical are too tired, yeah.	- Brain fog	Challenges faced by COVID-19 survivors
Interviewer	So what action you took when you got to know you tested positive?		

Interviewee	<p>What action...ermm so I after I know that I got diagnose COVID positive. I go straight to my room and then start quarantine. And then I told my housemate and then also my assignment group mate because we...we are filming the video. Like, literally the day before I get tested as COVID positive. Yeah, so I informed them and then tell them, I got COVID and ask them to like quarantine, because that time is still very strict the mandatory action and stuff. So I asked them to like, check on their self, whether they are not feeling well or like just quarantine...quarantine on their own la. And then I also like sanitize the places where I go through like my living room. And then the common area that I share with my housemate. Yeah, and then yeah, that's a lot. And then I just rest all day on my own room.</p>		
Interviewer	<p>So what...how was your reaction when you saw the double line in the COVID test?</p>		
Interviewee	<p>I was like, I feel very like feel very frustrated, yeah. Because I know I need to absent for many classes, yeah. And then I hate on my class, because I can't really listen to what the teachers are lecturing about. Yeah, because the time is hybrid because my course my course...need to attend physical classes. So there's not much of online class. So if there's online class that that will be hybrid. So the actual the, the lecturer is actually lecturing the students that are</p>	<ul style="list-style-type: none"> <li>- Unable to attend physical classes</li> <li>- Hybrid classes are not as effective as physical classes</li> </ul>	<p>Impact of COVID-19 on the survivors</p>

	in the class, so he is quite away from the computer so I can't really listen to what he is saying, yeah, that's why I feel so frustrated for getting for COVID getting COVID positive, yeah.		
Interviewer	So your main concern was like, not won't be able to concentrate on the classes.		
Interviewee	Yeah. Can't go to...can't go to class and then like, unable to learn to learn. I think that's my main concern, yeah. And then another concern is like, I can't go out, I have to stuck in my room for like, five days, or I don't know maybe even days. I think like, if I can't get well in, within five days, then it's very hard because I'm very outgoing person. I don't like to stay in my room because I feel lonely as no one was there for me to talk to or take care of me. So thinking about this, I feel very frustrated.	<ul style="list-style-type: none"> <li>- Need to quarantine</li> <li>- Feels lonely</li> </ul>	Impact of COVID-19 on the survivors
Interviewer	So what was your mental health during and after suffering from COVID-19?		
Interviewee	Mental health...I think during that time, during when I was quarantine, I will say I feel very weak. Like my mental health, I won't say depressed, but just felt very helpless. Because I'm alone yeah, and I feel lonely as well. Because there's no one else that can take care of me because I'm away from my parents and my family. So I can only depend on myself and food driver. Yeah, yeah, I think, yeah that's the thing. Like, I feel very helpless.	<ul style="list-style-type: none"> <li>- Feel depressed</li> <li>- Feel helpless</li> <li>- Feel frustrated</li> </ul>	Psychological well-being of COVID-19 survivors during and after COVID
Interviewer	So how about after that?		
Interviewee	I felt? Yeah, I felt a bit like felt...let me think of that. Feel like, I feel like I was a	<ul style="list-style-type: none"> <li>- The stigma of being infected by COVID-</li> </ul>	Challenges faced by the COVID-19 survivors

	<p>deviant. Because like, even though you're even though I recover from COVID, but some others friend they might like maybe they didn't make it so obvious that but then they will like distance from you. And then wear the mask around you and like, try not to get very close to you physically. Yeah, and then those little things makes me feel like makes me feel like I did something wrong. Yeah, and then just not feel very comfortable around people.</p>	<p>19 was with the participant even after recover from COVID.</p>	
Interviewer	<p>So how long have you experienced that?</p>		
Interviewee	<p>I think...I think this feeling persists for three weeks after I recover. Because after that, everything just go back to normal.</p>		
Interviewer	<p>So only for a few weeks your friends did that.</p>		
Interviewee	<p>Yeah.</p>		
Interviewer	<p>What were your thoughts and feelings when you were quarantined?</p>		
Interviewee	<p>Well, my thoughts are like, no one can help me. Like I need to be dependent on myself. And like what else...my thoughts are like all my thoughts are like, oh, I need to eat well, I need to eat this. I need to eat vitamin. Yeah, I just need to remind, remind myself to take care of my own. Yeah, that's my thoughts. Like just focusing on what I need to do. Yeah, and then, besides that I also thought about like, how it would be very good if my parents are around me, because they always take care of me. And then, and then just I feel...feel helpless and then lonely when they're not</p>	<p>- During quarantine, the participant feels helpless, missed family members</p>	<p>Emotions involved during quarantine</p>

	<p>around me to take care. Especially when I was very sick. Yeah, at the time I missed them a lot. Yeah, and then I also miss about my sister. Yeah, because when my parents are not around, she took a lot of care about me when I was sick, and then she would take care of me. Yeah, and then yeah, that's the thing like.</p>		
Interviewer	What about your feelings?		
Interviewee	<p>My feelings...Yeah, I feel I feel just feel helpless and then feel lonely because by that time just because others that are surrounding are not providing much care about my situation and my condition. And then all my classmates, course mates they are still they need to focus on this on their stuff, like their assignment, and some more they are close contacts me. Yeah, so have they have to, like be aware of their condition as well. So the time feel really, really lonely la because not really much people care. I feel like not many people care about me. Yeah, then yeah, I think that's all I just feel very helpless. Because that time not much people, not much people are willing to like, provide help. Like they're not or didn't take the initiative when I thought oh, they're my friends. They will like ask whether I need help, but they didn't provide help or like initiate any...any action to provide me something to buy me something. So I'm the one initiated like I am the one like ask whether they can help or what. Yeah, that's why I feel</p>	<ul style="list-style-type: none"> <li>- Feels lonely because the people in the surrounding were not very helpful</li> <li>- Feels sad because there is no much people to care about the participant</li> </ul>	Emotions involved during quarantine

	feel bit like frustrated and then feel...feel sad about that.		
Interviewer	So you miss your parents and your sister when you were sick. And you feel like they would have took better care of you right?		
Interviewee	Yeah yeah. I also miss about my friends in my hometown, KK in Sabah. Because I would like I was, I will imagine, like, if I get COVID in Sabah, in my hometown, things would get different. Like, my parents would take care of me. And then my friends, like, my childhood friends, they wouldn't leave me alone. Like they would give many...They will...they will, I think like they will give me encouragement, and then encourage me and also buy food for me. They will definitely do that I think, yeah. That's why I compare them a lot. And feel quite upset about the difference between my course mates and also my friends in my hometown.		
Interviewer	So how does COVID-19 affected your life as a student?		
Interviewee	Sorry.		
Interviewer	How does COVID-19 affected your life as a student?		
Interviewee	Okay. I feel like, okay, firstly, I feel like my brain get...I think my brain processes quite slow after that, I get a lot. Like, I can't really react fast or think of like, I think my reaction are becoming a little bit slow. Like, I get frost. Yeah, because I'm a counseling student. I need to conduct session with my coursemate. So during that	<ul style="list-style-type: none"> <li>- Brain fog</li> <li>- Tend to forget things easily</li> <li>- Feel stress because of the academic workload that the participant</li> </ul>	Impact of COVID-19 on the survivors



	<p>time, during the roleplay, when I was...ermmm when I need to do the summarization, and then I suddenly forgot. I forgot what I talked about. I forgot what we talked about. Yeah, so I think that's affecting my...affecting my performance on my assignment. And then, besides that, I also feel a bit stress about like, I need to catch up when... catch up with the classes that I absent from. Yeah, because I feel like when you absent from one class, you will definitely miss out a lot of thing. And then a lot of information as well. Yeah, and then the recording, actually not helpful, because you can really listen to what the teacher are talking about. Yeah, and then yeah, I can really listen to what the teacher are talking about. And then yeah, and then that affect my assignment progress as well. Because if I miss out the lecture note and the information my lecture provide that I couldn't proceed with my assignment. Yeah, and then like and then some of the lecture, they are quite understanding as well. Yeah, but some of them. They don't really like care. Like, they don't really care if care about like care about like, oh whether the student will need to have a replacement class or something like that. Yeah, and that's why I find it hard. So at that time, I was attending a class, but then I miss out one of the practical, and then I miss out a skill that I need to learn. So I, so I'm</p>	<p>need to catch up</p> <ul style="list-style-type: none"> <li>- Slows the assignment progress</li> <li>- Missed important lectures</li> </ul>	
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	<p>planning to sit in his class for this semester, like to sit in that class that I miss. Yeah, the time is career counseling. We learn about the card sorts. But I missed out. So I was actually attending the online class, but I can't really listen to anything what he's saying. So I'm planning to attend his class. I mean, yeah, this semester, for attending the car sort class. Yeah, and I think that also affected my student life la, like, I'm quite concerned about the classes that I miss out the learning things that I should have learned. Yeah, because I feel like I don't want to waste my money right? Yeah, I want to use...pay the same money as others and get the same thing as other get...get the learning outcome that I should have, yeah.</p>		
Interviewer	<p>So you said that you missed the assignment, the important things that your lecturer said about assignment. So did you manage to finish your assignment once you're out from quarantine?</p>		
Interviewee	<p>Yes, we did. Yeah, last time, yeah, the assignment actually get quite a high marks, but another assignment we get quite a low marks. Yeah, the assignment that we are rushing, that time when I was diagnose, as COVID positive that...that assignment I get quite high marks for it. But another group assignment is after...after my, after I recover from COVID that assignment get quite a low marks. Yeah, like the, the assignment that we unexpectedly get high marks</p>		

	<p>that assignment, we actually expect it to get a low marks. Because we struggle a lot. Because everything is so last minute, and then I get COVID some more and get COVID. Yeah, and then especially the video recording that I mentioned just now to you that we need to film the video presentation. Yeah, the video is very last minute. And then the quality is also like, the quality is also not that good. But like surprisingly, we get quite high marks. Yeah, so I'm satisfied with that one. But the other assignment I mentioned to you that get quite a low mark, the time I think it's because of because it's a group assignment. And then the quality is...not good as well. Yeah, because like, I get COVID that time. And then one of the groupmates they, he's sick. And then the time...he that time, he that time he...he the time he thought like he's in doubt whether he get COVID or not. Yeah, and then...and then yeah, that's why we get so low marks. And then about student life. I feel like oh, I also got individual assignment. And then the time the deadline is quite near. So I requested to the teacher whether if the deadline can extend because of COVID. And then thankful, thankfully, she's very understanding la. So she gave me a deadline extended the deadline. So I can finish my assignment on time. Yeah, in terms of like, assignment, I think just affected a little bit during that</p>		
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	<p>time. I after that is fine la. And then about like, about in terms of like, with my friends. I can feel a bit their, about their like, distance, social distance, like something about that. Yeah, but like, but after that, after just what I mentioned just now after the two weeks, I don't think there's other difference, the way they treat me, like, everything went back to normal after two weeks of recovering from the COVID-19, yeah.</p>		
Interviewer	<p>Hmm okay okay. How long does it take for you to recover physically and mentally from COVID-19?</p>		
Interviewee	<p>I think that takes quite a long time. In terms of, I think, in terms of my brain fog, yeah. Because I do search about article talking about the brain fog, they did some research and set like, yeah, some of the...like the, what does it call the after symptom. After you recover they are still symptoms, right? Yeah. So that is one of the symptoms like...ermm like, like your brain will lag a bit like the computer. Yeah, like internet legging. Yeah, something relating to that. Like, last, just now I told you, when I was doing my roleplay with my friend and then my brain get fog and I forgot what I want to say. Yeah, that happens quite a lot, quite frequently. When I just recover from COVID, yeah. But my mum, she bought me some of the like Chinese medicine, you know, she said, like, oh, can help with the brain something bla bla bla bla bla. Yeah, so I,</p>	<ul style="list-style-type: none"> <li>- It takes some time to recover physically and mentally</li> <li>- Brain fog</li> <li>- Ate some Chinese medicine and vitamins to overcome from brain fog and increase stamina</li> <li>- Stamina reduces</li> <li>- Breathing difficulties</li> </ul>	<p>Challenges faced by COVID-19 survivors</p>

	<p>yeah, I obey to her and then I eat those medicine on time every day. Yeah and then after...I think after a few months, I don't think that affected me anymore. Like I don't see being frosting happen anymore. Yeah, and then about like, physical...because I'm...I play volleyball, I play volleyball. Yeah, so we need to do the warm up and do an exercise and then we need to jog. And then when I was jogging, I feel like so hard to breathe. Yeah, I just felt like I feel like after one round and then I don't think I can run anymore like that feeling. But I still push myself to run. Yeah, and then to do a lot of exercise consistently or else my like my physical still quite weak. Now my physical are quite weak. If I can't, if I don't do Exercise regularly after the COVID-19. But yeah, so I tried to push myself to do exercise more often, yeah. And then eat more vitamin. Like what my mom asked me to do and also try to eat healthier.</p>		
Interviewer	So does the Chinese medicine and vitamin all help you to recover faster?		
Interviewee	<p>I think yes. I think yes. Yeah. It does really because technically normally recover in seven days. But mine recovered in like four days. Yeah, because I...I keep telling myself to eat those medicine and then I also even though I don't have any appetite, but I still force myself to eat something else. Or else it will be hard for me to recover fast. Yeah, yeah.</p>	- Lack of appetite	Challenges faced by COVID-19 survivors

Interviewer	What did you do to recover mentally?		
Interviewee	<p>To recover mentally it takes me more than a month. And for mentally...I think I will say I go to my support system, like my family. Yeah, I call my, my father and my mother like to help. Like, basically, it's like ermmm tell them my feelings. Like how I feel. Just tell them my concern about like, I felt very lonely. And then they give me a lot of encouragement and they are really supportive. And then they give, they provide a lot of emotional support to me. They really are the best support system la. And then I will say like, they helped me go through mentally on the period when I got COVID and after I got COVID, yeah. They provide me a lot, a lot of support and then my mom even like, send me money to tell me to buy something nice to eat. Yeah, yeah. Because, you know, food delivery is quite expensive. And then, yeah, I'm thankful for my mother to do that. Because, like, as a child of them, like, I wouldn't...ermm I feel bad for spending money. But my mom doing that. Her this, like this action, this behavior really warm me warm my heart so I also felt like, Oh, she's really cared about me. So yeah, I think that also helped me to go through my...that time that period, COVID-19 period.</p>	<ul style="list-style-type: none"> <li>- Took more than a month to recover mentally</li> <li>- Share feelings to parents (support system) which makes the participant feel better</li> <li>- Family provides a lot of support emotionally and financially</li> </ul>	<ul style="list-style-type: none"> <li>- Psychological well-being of COVID-19 survivors during and after COVID</li> <li>- Support system</li> </ul>
Interviewer	So to overcome mentally, you talk to your parents.		
Interviewee	Yeah mentally.		

Interviewer	How was psychological well-being as a COVID-19 survivor?		
Interviewee	How was my psychological well-being...		
Interviewer	As a COVID-19 survivor		
Interviewee	<p>I think...I overthink a lot, yeah. Like I overthink about how others would view me. Like, I am scared...like, they would perceive me as like, I'm not like...I'm not protecting myself for my friends. Like, like, I'm so concerned about, like, how, if they would view me as, like, naughty. Because, like, the stereotype and then the stigma, like if someone get COVID, meaning like, she go out a lot, and then she didn't like do the SOP carefully, something like that. Yeah, so that...that affected me. Yeah, and then I do a lot of like, I thought a lot. Yeah, I think a lot. Because I would say that I'm quite like I ruminate a lot. Like, if I have thoughts, then I would keep thinking about it. Yeah, and then that also affect, I think that the thoughts the thoughts like...the thoughts of like, people. The feelings of scared the fear of how other would view me also affected me to have a good relationship with my friends. Yeah, I can't...I am actually scared of telling them that when I get COVID-19 before that I actually do an assignment with my friends, because I'm scared to tell them about this because I scared that they will blame me for like, going out or eating with my friends. Yeah, because yeah, I'm concerned about how they would view</p>	<ul style="list-style-type: none"> <li>- Overthink about how others view the participant</li> <li>- Scared that friends will not be close with the participant anymore</li> <li>- Feel stress because didn't have anyone one to talk to in person</li> </ul>	Psychological well-being of COVID-19 survivors during and after COVID

	<p>me because I get COVID. And then that time I...I go out to eat with my friends and stuffs yeah, like I fear like scared about like, they would, they doesn't want to be close to me anymore. Doesn't want to be friends with me. Or like, doesn't just doesn't want to hang out with me anymore. I'm scared of that. So I keep everything to myself. Yeah, and then I also...also feel stressful because I keep it to myself. And then I don't really have anyone to talk to, except for my family. Like what I told you, I call them. Yeah, so that's why I said, they actually helped me go through a lot.</p>		
Interviewer	<p>So how long does this thoughts were running in your mind?</p>		
Interviewee	<p>How long...I think I just, just keep holding that to myself until, until, like this one time, like, after I recovered, I think for a month already. Yeah, and then until one month, after one month, I still keep it to myself. I still doesn't really tell to anyone about my experience. Yeah, but I remember there is one time, where me and my classmate, we went to lunch, and then suddenly we talk about this COVID-19 thing. And then I tell them my feelings and experience. And then I also tell her like, oh, I scare you will judge me like, like judged me for not like taking care of others, like judge me to lunch with them. Yeah yeah, but then...then surprisingly, she did not judge me. And then she said like, it was normal. Like, because I</p>	<ul style="list-style-type: none"> <li>- Feels better after sharing thoughts and feelings with her friends which takes more than a month</li> </ul>	<p>Psychological well-being of COVID-19 survivors during and after COVID-19</p>



	<p>didn't know I get COVID that time. Yeah, actually the time I was like, actually not feeling well. But I do the test already. But the test is negative. So I...I just thought it might be just...just flu like just a normal flu. But then the next day I get COVID I Yeah, COVID-19 ermmm ermmm two line. Yeah, so I'm scared of telling this to my friends. But surprisingly she did not react judgmental that, yeah. And then she really understand me and then she... she really understand that and then she told me like, you didn't know and then you did the test already and then the test also show that you're negative? Yeah, she says something like that, which really comfort la, which really comfort me. Comfort my, my overthinking as well. Yeah, and then that is when I think I really don't really overthink that much anymore. Like I talked to myself... I tell myself, actually, not everyone are that judgmental, though. Not everyone are that judgmental yeah.</p>		
Interviewer	So what changes do COVID-19 brought to yourself?		
Interviewee	Sorry.		
Interviewer	What changes does COVID-19 do?		
Interviewee	What changes...ermmm I feel like... I feel like I have less hair. I think my hair... I many?	<ul style="list-style-type: none"> <li>- Hair loss which affected self-esteem of the participant</li> </ul>	Impacts of COVID-19 on the survivors
Interviewer	Hair fall?		
Interviewee	Yeah, I have for many hair fall, yeah. And then which I think that really affected my self-esteem, my self-image. Yeah, I start to take care of	<ul style="list-style-type: none"> <li>- Start to take care of hair</li> <li>- Tie hair or wear a cap to</li> </ul>	Challenges faced by COVID-19 survivors

	<p>my hair. And then I am also very self-conscious with my hair. Yeah, because like, whenever people point out that my head a bit less or like my head bald, and then I just feel so self-conscious, and then feel quite like low self-esteem. Yeah, and then I would like or, like tie my hair or wear a hat like to avoid comments from others. Yeah, and then that really affected my...my, my self-esteem. Yeah, that time. I was quite self-conscious about...about my, my hair that time, yeah. And it is also very sad for me laa.</p>	<p>avoid people from commenting on her hair</p> <ul style="list-style-type: none"> <li>- Become self-conscious</li> </ul>	
Interviewer	<p>So it was just during the COVID time is it?</p>		
Interviewee	<p>Until now I think. Yeah, like, but not as strong as that time because I think until now my hair still quite less, not as many, much as last time before COVID, yeah. Hair fall is quite, quite severe that time. Yeah, so until now I still are very conscious about my about the way my hair look. I wish I didn't loss this much hair. Yeah conscious about my body image like in overall.</p>		
Interviewer	<p>Ohhh okay. So what are the challenges you faced as a COVID-19 survivor?</p>		
Interviewee	<p>The challenges...yeah, is I think one of the challenges is when I go back to hometown, I need to listen to all my cousins, like the aunt uncle. I need to listen to them, like the their... they are nagging. And I need to repeat the story again. And then I need to listen to the judge again. Like, the process is so frustrating. Yeah, and then... and then it's</p>	<ul style="list-style-type: none"> <li>- Listening to relatives' nagging</li> <li>- Being judge by relatives</li> <li>- Work on hair to make it thicker</li> </ul>	<p>Challenges faced by COVID-19 survivors</p>

	<p>like, they will ask and then after they ask they judge, like, why would you still go out? And why? Why just ask a lot of why questions. And then basically they are not being understanding. Yeah. And then that's why I feel quite challenging la because they're really not helping. Yeah, they're just like, judging and then from a different viewpoint, like they don't even understand. Like they...they don't understand. Not understanding, yeah. Another challenge is taking care of my hair to make it grow thicker...ermm like it used to be.</p>		
Interviewer	<p>So how do you feel when your cousin, like you aunt's judge you?</p>		
Interviewee	<p>I feel like I don't want to talk. I just felt like, I just listen, because whatever I say, they will still say back, like, yeah, so I just keep it quiet. I just keep it quiet. And I listen to their nagging their comments and stuff. Yeah, but I still feel very sad. And then after I go back home, I will complain to my mom. Like, why is your sister brothers? Why is your siblings like, this? Why they are so like, not understanding? Why they are...why are they being like this? Like, I just somehow, like put it on to my mom. Not actually, I'm being quite...quite bad la for doing that. But I just felt...so just felt so frustrated that you know, like when the cousin they says all the bad stuff to me. And then my mum just being quiet. Like she didn't defend for me. Yeah, that's</p>		

	why I felt a bit disappointed as well, yeah.		
Interviewer	So does it affect your psychological well-being?		
Interviewee	Yeah, I do think so. Yeah, because I feel like...like, I am more self-conscious about my body image. And then that also affected my interpersonal relationship. Because of the experience with my cousin. I don't feel like talking to anyone. And then I also feel like ermmm the experience, I just feel like, I don't want to talk about it anymore. And then so if anyone brought something topics like COVID-19, and then I will get quite sensitive, and I would like try to avoid the topic. Yeah, because of the experience with my cousin. Yeah, they are being so judgmental. Yeah, and then yeah, that really affected my psychological well-being I would say so.		
Interviewer	Hmm okay, so how does your family and friends supported you morally to overcome from COVID-19?		
Interviewee	Can you elaborate on like morally?		
Interviewer	Like your how does your family and friends supported you? Like by giving you emotional support, and supportive. Like the time you needed the emotional support right. So how does your family and friends managed to help you to overcome from COVID?		
Interviewee	My...my family, they just, they video call me. And then they send a lot of like those supplements to me. Yeah, I think that somehow made me feel like I am loved. Like I'm	- Family supported the participants by checking up on her every day,	Support system

	<p>being cared by someone that...actually someone that is... actually there's someone actually care about me. And then they also a video call me to check up on me. Like, if I'm not replying to the message because I'm too tired right. I'm too tired and then just lay on the bed to rest. And then they would call me and ask whether I'm okay or not. Because I'm not responding to their messages. Yeah, and then I'm glad they do that. Yeah, I'm glad because like, I feel like, oh, they are actually waiting for my message and then check on me. Yeah, so I think those little things matters. Like those little things makes me feel like oh, they...they love me and they actually care for me. Yeah. And then about friends, I feel like for my coursemates, the friends in my campus, I don't think they help a lot in terms of emotional support. Yeah. But they do provide, yeah, help for my academic, like, they told me, they got like, tell me what the lecturer told, tell a teacher about on the lecture, and then also, like, tell me what to do... how to do with my assignment, and stuff. And then also helped me to communicate with the lecturer to tell to inform that day that I am sick. Yeah, and then, besides, I also quite thankful for my classmates that I have lunch together that day before I get COVID. Yeah, I'm thankful that they are not blaming me. Yeah, even like, for example, I get I feel uncomfortable on Tuesday, and I went to lunch</p>	<p>buying her supplements</p> <ul style="list-style-type: none"> <li>- This gesture makes the participant feels loved and cared</li> <li>- Course mates provide some help in academic</li> <li>- Friends did not blame her and she feels thankful for that</li> <li>- Some other friends gave her suggestions on how to overcome hair fall issue</li> <li>- The friends in the participant's volley ball team encourage and motivate her whenever she feels tired or weak during training</li> </ul>	
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	<p>with them, but I get tested for negative. But on Wednesday, I get tested for positive. Yeah, so I'm told them yeah, I did told them and then they are very understanding and that they did not blame me as well. And then they also they also calm me down like that comforts me even though they did not like they did not say anything bad, but they also did not say anything good. But I still like feel a bit relief, yeah at least they did not say something bad. Yeah, but for my childhood friends, even though they are not not around with me, but they did call me and asked how I feel. And then they also give me like, give me a lot of like, a lot of suggestion on how I can recover. Like even though after I recovered, I told them about my issue like my hair and then they also recommend me to buys by some hair tonic. Yeah, and then also recommend me to eat some vitamin on like, how I can recover fully, like in terms of like, my hair, and also my physical and stuff. Yeah, and then also my volleyball friend. Yeah, because they know I got COVID and then they, and then I absent have a few time for my volleyball training, but they are still very understanding. And then like, when when I show tiredness from ermmm jogging, they would like encourage me like, one more round one more round. And then they were encouraged me like, oh, you can do this, you can do this. And then that encouraged me</p>		
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	<p>a lot. Yeah, I felt so like heartwarming when they do these, like, I think words are really powerful. And then when they give encouragement that really, I think gives me a lot of strength to continue....like to continue jogging, and then to like, also give me strength to like, bounce back to my normal life. Their emotional support, encouraged me to like be more motivated to do, to achieve...to achieve back to my normal life, to like to get onto my progress on assignment. Also my volleyball, my physical like they, their encouragement motivate me to be better. To go to like to remind me to how to say, to remind me to go back on track, to go back to go back on track, yeah.</p>		
Interviewer	<p>So your family and friends were really supportive during your COVID recovery.</p>		
Interviewee	<p>Yeah, they are very supportive yeah, I would say so. Yeah, just I think just now I told you the overthinking. I think that's all come to myself, but also my cousin. Yeah, because I know their personality. And then I know...I already know what they will say. So they affected me on how I think my other friend would feel me, yeah. But turns out, they're really supportive and helpful. Yeah, even though they...my classmates, even though they did not really say something good or something bad, but I still felt relief. Because they do not blame me for anything. Yeah, I didn't get them... I didn't</p>	<ul style="list-style-type: none"> <li>- Family and friends were very supportive</li> <li>- Without family and friends it would have been difficult to overcome from COVID-19</li> </ul>	Support system

	<p>ermmm... I didn't make them sick. I didn't pass the COVID virus to them. But I still feel quite guilty. Yeah, because COVID-19 is actually quite scary. Yeah, and then you and then especially we were close contact, right. We take off our mask to eat. And then when I told them, I get COVID, the anxiety they get and then they get anxious. I'm quite guilty...I feel quite guilty for that, for making them, for giving them the anxiety and stuff. Yeah, because of close contact. But thankfully, they're not. They're not...they did not get COVID, yeah.</p>		
Interviewer	<p>So far was that one particular person who was very helpful during your recovery stage?</p>		
Interviewee	<p>I think my housemate...Oh I forgot to mention my housemate. My housemate, they are really helpful. And then one of my housemate she did a lot to help me. Like, she helped me to take my food from the grab driver, the food driver. And then she also helped me to like, buy the Chinese medicine, and also because I was like, my throat, I'm not feeling well. So she helped me to go to Watson and buy the, like, the thing that helps my throat feel better. Yeah, and then she really helps a lot. And then she also don't really like... don't really blame on me. And then she is also not showing much of like, much of like...distance, like she doesn't really care whether ermmm whether I get COVID before, like, even after I recover. After the test show that I'm negative</p>	<ul style="list-style-type: none"> <li>- Housemate helped the participant to get food and buy medicines</li> <li>- The participant feels thankful for having someone by her side</li> </ul>	Support system



	<p>already...she, she ermmm doesn't. She is not that like, not that what ah? I don't know how to say.... She is not like she don't care whether I get COVID before or not, yeah. I'm quite thankful for her being by my side. Yeah, when things are not good. When I feel so sick, and then she...she gives a lot of care as well. Yeah, and I'm so thankful to have her by my side.</p>		
Interviewee	<p>So if there some message that you would like to tell to those who are suffering from COVID-19 now, what would it be?</p>		
Interviewee	<p>I would say like see, call your parents. Like when you feel emotionally burnt out, tired, call your parents. Yeah, I think I would say like support system is really, really important during the hard time. Like, not necessarily for COVID-19, or whenever you're facing a crisis, or when you're when you're feeling stressed, I would say call go find...ermm go find your support system. I think knowing when and how to seek help is so important. Yeah, I will say, say this to them. Like, because like, no yeah, emotional support are really important. Like, I think parents, they would provide the provide...they are the best provider for support, system, family laa, basically family. And then I think, the awareness to the awareness to knowing when you want to, you need to seek help, it's also important. Like, some people, they are really, really burnt out already. But they are not</p>		

	<p>aware that they, they need help. So they're just keeping it to themselves. So they are very, very stressed and then just...just basically burn out. Like their well-being is not good, but then they don't know how to seek help. I think that's a very that's a very bad thing that could happen to someone. Yeah, I will say like, nowadays, the well-being of students, or like people, like, they don't really have awareness on their own mental health, yeah. So even though they are they not? They know that they are not feeling well, but they don't know how to seek help. Yeah, that's why I would say like, support system is very important. Like, you should know, when you need to seek help. So it was the go to your parents. But not every parents in the world is the best support system. Yeah, and then some of the parents would probably make the things get worse. Yeah, so just find someone that you think could help you. I would say that this to them.</p>		
Interviewer	<p>So what in your opinion, what are the things that those who are suffering from COVID-19 can take to recover faster?</p>		
Interviewee	<p>Erm...except for mental health aspect, I will say, supplements and some supplements is quite important, and also the right medicine. And then I think the person need to do research also, like, don't listen to many other fake news. Like some of them will say, Oh, this medicine is helpful, blah, blah, blah, blah. But actually,</p>		

	<p>they are useless. Yeah, so they need to be careful on what medicine they consume, and need to do research for them before like they simply consume the medicine and supplements. Yeah, beside this, I also feel like food is also important. Like, make sure that you eat something like what I told you, when I was feeling really sick, and doesn't have any appetite, I still force myself to eat something. Yeah, because that's the sources of your vitamin, the sources of energy to your body. If you don't have the energy to recover, then it's very hard for you to it takes a lot of time for you to recover.</p>		
Interviewer	<p>Okay okay. So in short, how would you tell your overall experience of COVID-19?</p>		
Interviewee	<p>I would say it's very bad. Like 1 to 10, I would say 8. Yeah, because the physiological...physiological pain that I get, like the headache, and then fever, sore throat. All of these are really, really painful. And then aside from this physiological pain, I also experience loneliness and also like helplessness. This emotional. It's quite emotional draining. Yeah, it's so, like, not receiving, like not receiving the physical health, like emotionally. Yeah, my family they give me support but like the practical help, such as like, my friend, I did not receive that much. Yeah, I think that is how I would rate my experience of getting COVID-19.</p>	<ul style="list-style-type: none"> <li>- Bad experience due to the physical pain, isolation and challenges</li> </ul>	<p>Perception of survivors about COVID-19</p>
Interviewer	<p>So in overall it was bad.</p>		
Interviewee	<p>Yeah bad.</p>		

Interviewer	Okay okay. So we have come to the end of the interview session. Thank you so much for participating in the interview and answering all the questions. So that's all for the interview. Thank you so much.		
Interviewee	Thank you.		

## Appendix G

### Inform consent



### UAPC 3093 Project Paper II

#### Inform Consent

#### **Title of the study**

Understanding the psychological well-being of COVID-19 survivors.

#### **Purpose of Research**

This research studies the psychological well-being of COVID-19 survivors. The aim of this study is to understand the experience of COVID-19 survivors.

#### **Procedure of the study**

This study will begin after the consent. You'll be required to participate in a one-time in-person interview. It will take approximately 90 minutes. The interviewer will request your consent to record the interview at the beginning of the interview session.

#### **Participant Rights, Risks and Benefits**

The data was collected and protected under Personal Data Protection Act 2010 ("PDPA") in Universiti Tunku Abdul Rahman. This research will not put you at any risk. However, the questions you will be asked may bring up uncomfortable topics or painful memories. You have the right to decline to answer any question or withdraw from the study at any time if you feel uncomfortable with the interview questions, even after your interview is completed. Any notes concerning your interview will be deleted or destroyed upon your request, and it will not be included in the final report.

Your name, the names of any other person, place, or organization you mention in the interview will be kept private and confidential. It will not be mentioned in the final report. The report may use your direct quotes and event scenarios. But, any identifiers from your words will be

erased. This research will provide benefits to you. The study aims to understand the psychological well-being of COVID-19 survivors. Thus it may provide awareness and knowledge about COVID-19 to others or those who are suffering from COVID-19.

### **Contacts**

If you have any questions about your participation in this research study, feel free to email the interviewer at [legaravi12@lutar.my](mailto:legaravi12@lutar.my) or supervisor at [komathil@utar.edu.my](mailto:komathil@utar.edu.my).

### **Acknowledgement of notice**

I agree to the record the interview. I am aware that the purpose of this recording is to assure information accuracy. I have the right to stop the recording whenever I choose. I am aware that the audiotapes will be kept in the strictest secrecy. I am also aware that the study report will not include my name or any other personal information.

I disagree to have the interview.

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Signature

(

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)

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Date

## Appendix H

### Personal Data Protection Notice

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#### **PERSONAL DATA PROTECTION NOTICE**

Please be informed that in accordance with Personal Data Protection Act 2010 ("PDPA") which came into force on 15 November 2013, Universiti Tunku Abdul Rahman ("UTAR") is hereby bound to make notice and require consent in relation to collection, recording, storage, usage and retention of personal information.

1. Personal data refers to any information which may directly or indirectly identify a person which could include sensitive personal data and expression of opinion. Among others it includes:
  - a) Name
  - b) Identity card
  - c) Place of Birth
  - d) Address
  - e) Education History
  - f) Employment History
  - g) Medical History
  - h) Blood type
  - i) Race
  - j) Religion
  - k) Photo
  - l) Personal Information and Associated Research Data
2. The purposes for which your personal data may be used are inclusive but not limited to:
  - a) For assessment of any application to UTAR
  - b) For processing any benefits and services
  - c) For communication purposes
  - d) For advertorial and news
  - e) For general administration and record purposes
  - f) For enhancing the value of education
  - g) For educational and related purposes consequential to UTAR
  - h) For replying any responds to complaints and enquiries
  - i) For the purpose of our corporate governance
  - j) For the purposes of conducting research/ collaboration
3. Your personal data may be transferred and/or disclosed to third party and/or UTAR collaborative partners including but not limited to the respective and appointed outsourcing agents for purpose of fulfilling our obligations to you in respect of the purposes and all such other purposes that are related to the purposes and also in providing integrated services, maintaining and storing records. Your data may be shared when required by laws and when disclosure is necessary to comply with applicable laws.
4. Any personal information retained by UTAR shall be destroyed and/or deleted in accordance with our retention policy applicable for us in the event such information is no longer required.

5. UTAR is committed in ensuring the confidentiality, protection, security and accuracy of your personal information made available to us and it has been our ongoing strict policy to ensure that your personal information is accurate, complete, not misleading and updated. UTAR would also ensure that your personal data shall not be used for political and commercial purposes.

**Consent:**

6. By submitting or providing your personal data to UTAR, you had consented and agreed for your personal data to be used in accordance to the terms and conditions in the Notice and our relevant policy.
7. If you do not consent or subsequently withdraw your consent to the processing and disclosure of your personal data, UTAR will not be able to fulfill our obligations or to contact you or to assist you in respect of the purposes and/or for any other purposes related to the purpose.
8. You may access and update your personal data by writing to us at \_\_\_\_\_.







**Acknowledgment of Notice**

- [  ] I have been notified and that I hereby understood, consented and agreed per UTAR above notice.
- [  ] I disagree, my personal data will not be processed.

.....  
Name:  
Date:



**Appendix I****Action Plan of UAPC3093 Project Paper II**Supervisee Legasree A/P Ravi ChandranSupervisor Ms Komathi A/P Lokithasan

Task Description	Date	Supervisee's Signature	Supervisor's Signature	Supervisor's Remarks	Next Appointment Date/Time
<b>Methodology</b>  Submit Chapter 3: Methodology Amend Chapter 3: Methodology					
<b>Results &amp; Findings</b>  Submit Chapter 4: Results  Amend Chapter 4: Results					
<b>Discussion &amp; Conclusion</b>  Submit Chapter 5: Discussion  Amend Chapter 5: Discussion					
<b>Abstract</b>					
<b>Turnitin Submission</b>				Generate similarity rate from Turnitin.com	
<b>Amendment</b>					
<b>Submission of final draft</b>				Submission of hardcopy and documents	
<b>Oral Presentation</b>					

- Notes:**
1. Deadline for submission cannot be changed, mark deduction is as per faculty standard.
  2. Supervisees are to take the active role to make appointments with their supervisors.
  3. Both supervisors and supervisees should keep a copy of this action plan.
  4. This Action Plan should be attached as an appendix in Project Paper 2.

**UNIVERSITI TUNKU ABDUL RAHMAN**  
**FACULTY OF ARTS AND SOCIAL SCIENCE**  
**DEPARTMENT OF PSYCHOLOGY AND COUNSELLING**

**UAPC3093 Project Paper II**

**Qualitative Research Project Evaluation Form**

**TURNITIN:** *'In assessing this work you are agreeing that it has been submitted to the University-recognised originality checking service which is Turnitin. The report generated by Turnitin is used as evidence to show that the students' final report contains the similarity level below 20%.'*

Project Title: Understanding the psychological well-being of COVID-19 survivors	
Supervisor: Ms Komathi A/P Lokithasan	
Student's Name: Legasree A/P Ravi Chandran	Student's ID 1806449

**INSTRUCTIONS:**

Please score each descriptor based on the scale provided below:

1. Please award 0 mark for no attempt.
2. For criteria 7:  
Please retrieve the marks from "**Oral Presentation Evaluation Form**".

<b>1. ABSTRACT (5%)</b>	<b>Max Score</b>	<b>Score</b>
a. State the main research questions and research objectives.	5%	
b. Describe the methodology: <ul style="list-style-type: none"> <li>• Research design</li> <li>• Type of participants</li> <li>• Sample size</li> <li>• Location of study</li> <li>• Interview protocol</li> </ul>	5%	
c. Describe the characteristics of participants.	5%	
d. Highlight the significant findings of the study.	5%	
e. Conclusions, Implications <ul style="list-style-type: none"> <li>• Practical implication of the knowledge generated form the study</li> </ul>	5%	
<b>Sum</b>	25%	/25%
<b>Subtotal (Sum/5)</b>	5%	/5%
Remark:		
<b>2. METHODOLOGY (25%)</b>	<b>Max Score</b>	<b>Score</b>
a. Research design <ul style="list-style-type: none"> <li>• Rationale for selected design</li> </ul>	5%	
b. Sampling procedures: <ul style="list-style-type: none"> <li>• Rationale sampling method and sample size</li> <li>• Describe the recruitment process</li> <li>• Procedures for ethical clearance and approval</li> </ul>	5%	
c. Type of data collected <ul style="list-style-type: none"> <li>• Describe the forms of data collected</li> <li>• Describe other data sources</li> <li>• Relevance of the collected data with the research objectives</li> </ul>	5%	
d. Validity of the data collection method (e.g., rigor) <ul style="list-style-type: none"> <li>• How the validity of the data is established</li> </ul>		
e. Clear explanation of data collection procedures: <ul style="list-style-type: none"> <li>• Inclusion and exclusion criteria</li> <li>• Procedures of obtaining consent</li> <li>• Description of data collection procedures</li> <li>• Describe questions asked in data collection, content and form of questions (e.g, open vs closed ended etc)</li> </ul>	5%	
f. Describe the management or use of the reflexivity in the data-collection process	5%	
<b>Subtotal</b>	25%	/25%
Remark:		

<b>3. RESULTS (20%)</b>	<b>Max Score</b>	<b>Score</b>
a. Appropriate data analysis for research objective <ul style="list-style-type: none"> <li>Describe in detail the process of analysis (e.g coding, thematic analysis)</li> </ul>	10%	
b. Thematic Analysis <ul style="list-style-type: none"> <li>Describe research findings (themes, categories), the meaning and understanding derived from data analysis</li> <li>Demonstrate the analytic process of reaching findings (e.g. Interview responses, observations, field notes, etc.)</li> <li>Findings presented should include information to support the research objectives.</li> </ul>	10%	
<b>Subtotal</b>	20%	/20%
Remark:		
<b>4. DISCUSSION AND CONCLUSION (20%)</b>	<b>Max Score</b>	<b>Score</b>
a. Constructive discussion of findings: <ul style="list-style-type: none"> <li>Discuss the research findings and understanding from the results</li> </ul>	5%	
b. Implication of the study: <ul style="list-style-type: none"> <li>Theoretical implication for future research.</li> <li>Practical implication for programs and policies.</li> <li>Reflect on any alternative explanation of the findings</li> </ul>	5%	
c. Relevant limitations of the study.	5%	
d. Recommendations for future research.	5%	
<b>Subtotal</b>	20%	/20%
Remark:		
<b>5. LANGUAGE AND ORGANIZATION (5%)</b>	<b>Max Score</b>	<b>Score</b>
a. Language proficiency	3%	
b. Content organization	1%	
c. Complete documentation (e.g., action plan, originality report)	1%	
<b>Subtotal</b>	5%	/5%
Remark:		

<b>6. APA STYLE AND REFERENCING (5%)</b>	<b>Max Score</b>	<b>Score</b>
a. 7 <sup>th</sup> Edition APA Style	5%	/5%
Remark:		
<b>*ORAL PRESENTATION (20%)</b>	<b>Score</b>	
<b>Subtotal</b>	/20%	
Remark:		
<b>PENALTY</b>	<b>Max Score</b>	<b>Score</b>
Maximum of 10 marks for LATE SUBMISSION (within 24 hours), or POOR CONSULTATION ATTENDANCE with supervisor.  *Late submission after 24 hours will not be graded	10%	
<b>**FINAL MARK/TOTAL</b>	/100%	

**\*\*\*Overall Comments:**

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**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Notes:**

1. **Subtotal:** The sum of scores for each assessment criterion
2. **FINAL MARK/TOTAL:** The summation of all subtotal score
3. Plagiarism is **NOT ACCEPTABLE**. Parameters of originality required and limits approved by UTAR are as follows:
  - (i) **Overall similarity index is 20% or below**, and
  - (ii) **Matching of individual sources listed must be less than 3%** each, and
  - (iii) Matching texts in continuous block must **not exceed 8 words**

Note: Parameters (i) – (ii) shall exclude quotes, references and text matches which are less than 8 words.

Any works violate the above originality requirements will NOT be accepted. Students have to redo the report and meet the requirements in **SEVEN (7)** days.

\*The marks of “Oral Presentation” are to be retrieved from “**Oral Presentation Evaluation Form**”.

\*\*It is compulsory for the supervisor/examiner to give the overall comments for the research projects with A- and above or F grading.

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DEPARTMENT OF PSYCHOLOGY AND COUNSELING**

**INDIVIDUAL ORAL PRESENTATION EVALUATION FORM (FACE TO FACE/VIRTUAL PLATFORM)**

**UAPC3093 PROJECT PAPER II**

Student's Name	ID	*Total (40%)	**Final score (20%)
Legasree A/P Ravi Chandran	1806449		

\*\*Final Score: (            ) / 40 marks ÷ 2 = (            ) / 20 marks  
\*to be converted into 20%

Date: \_\_\_\_\_

Time: \_\_\_\_\_

<b>SCORE</b>	<b>SCORE</b>	<b>EXCELLENT</b> 4	<b>GOOD</b> 3	<b>AVERAGE</b> 2	<b>LACKING</b> 1
<b>TRAITS</b>					
<b>POSTER PRESENTATION PREPARATION</b>					
	<b>Organisation</b>	Title/author of paper clearly displayed. Concise presentation of introduction, review of literature, methodology, findings and conclusions.	Shows title/author. Adequately presents introduction, review of literature, methodology, findings and conclusions.	Shows title/author. Presents main ideas of introduction, review of literature, methodology, findings and conclusions.	Title/author are missing. Insufficient coverage of main points of introduction, review of literature, methodology, findings and conclusions.
	<b>Competency</b>	Student demonstrates competent knowledge of the subject by explaining the subject with details. Able to answer questions posted by the audience/examiners fluently with confidence.	Student is able to provide sufficient information to enable audience to understand main ideas. Able to answer questions posted by the audience/examiners with noticeable interval.	Student is able to provide basic information with vague and disjointed ideas. Student tried to answer the questions posted by the audience/examiner using common-sense rather than evidence-based answer.	Student is unable convey the information fluently to the audience/examiner. Student is not able to answer the questions posted by the audience/examiner.
	<b>Visual Presentation</b>	Visually appealing poster with appropriate colours,	Overall visually appealing. Organisation of content enhances readability.	Visual appeal is adequate. Colours and layout somewhat cluttered. Font	Visuals lack appeal. Colours and layout cluttered. Hinders

		organization, and font sizes enhance readability. Strategically positioned graphics and text.	Appropriate font size enhances readability. Content arrangement easily understood. Graphics enhances text.	size affects readability. Confusing content arrangement. Graphics help to highlight some content.	readability. Inconsistent font sizes and content arrangement Mismatch of graphics and text.
<b>Mechanics</b>		The slides are flawless with no misspelling, punctuation, or grammatical errors. Provide essential sources and citations using 7 <sup>th</sup> edition APA style.	2 – 3 misspelling, punctuation and/ or grammatical errors in the slides. Provided excessive and cluttered sources and citations.	4 misspelling, punctuation and/ or grammatical errors detected in the slides. Inconsistent citation styles detected.	Slides are riddled with multiple spelling, punctuation and/ or grammatical errors. Does not cite sources.
<b>SCORE</b> <b>TRAITS</b>	<b>SCORE</b>	<b>EXCELLENT</b> <b>4</b>	<b>GOOD</b> <b>3</b>	<b>AVERAGE</b> <b>2</b>	<b>LACKING</b> <b>1</b>
<b>VERBAL SKILLS</b>					
<b>Enthusiasm</b>		Demonstrates a strong, positive feeling about topic during entire presentation.	Occasionally shows positive feelings about topic.	Shows little positive feelings toward topic presented.	Shows absolutely no interest in topic presented.
<b>Delivery</b>		Uses a clear voice and speaks at a good pace so audience can hear presentation. Does not read off slides.	Presenter's voice is clear. The pace is a little slow or fast at times. Audience can hear presentation.	Presenter's voice is low. The pace is much too rapid/slow. Audience has difficulty hearing presentation.	Presenter mumbles or talks very fast and speaks too softly for audience to hear and understand.
<b>Language</b>		Excellent and competent use of subject-related vocabulary and correct pronunciation.	Presentation shows competent use of subject-related vocabulary and correct pronunciation.	Some parts of lapse into colloquialism with inappropriate vocabulary and pronunciation.	Mostly inappropriate vocabulary and pronunciation.
<b>NON-VERBAL SKILLS</b>					
<b>Eye Contact</b>		Student maintains eye contact with audience, seldom returning to notes.	Student maintains eye contact most of the time but frequently returns to notes.	Student occasionally uses eye contact, but still reads most of report.	Student reads all of report with no eye contact.
<b>Body Language &amp; Facial Expression</b>		Movements seem fluid. Displays relaxed, self-confident nature about self, with no-mistakes.	Made movements or gestures that enhance articulation. Makes minor mistakes, displays little or no tension. Occasionally demonstrate	Rigid movement or descriptive gestures. Displays mild tension; has trouble recovering from mistakes.	No movement or descriptive gestures. Tension and nervousness are obvious; has trouble recovering from mistakes.



		Appropriate facial expression without a zoned-out or confused expression.	either a zoned-out or confused expression during presentation.	Occasionally demonstrate both zoned-out or confused expressions during presentation.	Consistently zoned-out or displays confused expression during presentation.
<b>Timing</b>		Within 10 to 15 minutes of allotted time.	Within 17 minutes of allotted time OR too short (<10 minutes).	Within 20 minutes of allotted time OR too short (<5 minutes).	Too long (>20 minutes) or too short (<3 minutes).
<b>*TOTAL</b>					

Comments:

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Evaluated by:

\_\_\_\_\_ )  
 (NAME OF EVALUATOR: \_\_\_\_\_)

Department of Psychology and Counseling  
 Faculty of Arts and Social Science  
 UTAR Perak Campus