



## The Key to Success Self-Isolation: Positive Thinking and Family Support

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### ABSTRACT

**Aims** Covid-19 infected patients are necessarily treated under isolation procedures in health facilities. However, those who have clinically mild symptoms are recommended to self-isolate. This study aims to explore the experiences of Covid-19 survivors who underwent self-isolation from the beginning of infection until declared cured.

**Participants & Methods** Phenomenological design study was used in this qualitative research to describe the experiences of Covid-19 survivors who were under self-isolation in Semarang, from the beginning of infection until declared cured. Data was collected using semi-structured in-depth interviews through offline and online methods.

**Findings** Positive thinking and the support of family and companions motivated them to survive in self-isolation conditions. Environmental stigma was the most undesirable obstacle felt by the Covid-19 survivors during self-isolation at home. Covid-19 survivors experiencing clinically mild symptoms tended to distrust the media because the media provides frightening information about Covid-19.

**Conclusion** Positive thinking and family support are the successful keys to self-isolation. Media can be used responsibly to reduce stigma and to support Covid-19 sufferers who are undergoing self-isolation.

**Keywords** Survivor; Social Isolation; Social Stigma; Optimism

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## Introduction

The Covid-19 pandemic has been progressing for more than a year. However, until the end of 2021, there were several Covid-19 surge phenomena in the world, including in Indonesia. Massive social interactions accompanied by violations of health protocols and the emergence of new variants of Covid-19 are the factors triggering the surge of cases.

Coronavirus, as the cause of Covid-19, attacks the respiratory organs. Therefore, fever followed by cough and sometimes shortness of breath is the common symptom of Covid-19 sufferers in Indonesia [1]. Clinical manifestations of Covid-19 vary from asymptomatic, and mildly symptomatic, to severe [2]. Immunity has an important role in the severity of Covid-19 [3]. Comorbid diseases also have a greater risk of experiencing severe symptoms and even death. The majority of comorbid diseases in Covid-19 patients are hypertension, diabetes mellitus, and cardiovascular disease [4].

Covid-19 sufferers face a double burden, namely clinical problems of the disease and some of the social problems accompanying it that might impact mental health [5, 6]. Mental health disorders felt by Covid-19 sufferers include feeling guilty about infecting others, shame at having been infected with Covid-19, fear of feeling close to death, and stigma from the surrounding community [7]. Anxiety felt by Covid-19 sufferers can hamper the effort of finding health services and potentially hinder the prevention of Covid-19 transmission to avoid discrimination from the environment, people who have been infected with Covid-19 prefer to conceal their condition and not seek immediate health care help [8]. This condition can potentially expand the spread of Covid-19 if these individuals still engage in normal activity.

The issues with Covid-19 sufferers are very interesting to be more deeply studied. In particular, how their experience with Covid-19 at the very beginning of infection until medically declared to be completely healed, especially in self-isolating Covid-19 sufferers. Self-isolation is carried out by Covid-19 sufferers who are asymptomatic and mildly symptomatic. Nevertheless, state policy directs them to self-isolation, due to not requiring special care and facilities [9]. Previous research related to the experiences of Covid-19 survivors highlighted more survivors' experiences during hospitalization [7, 10]. Research in Surakarta reported that discipline and compliance are the determinants of patients' recovery during treatment [11], but the study only focused on Covid-19 survivors treated in the hospital facility.

This study aimed to discover the Experience of Covid-19 survivors in Semarang who are self-

isolating from the beginning of infection until declared cured. Testimonials of Covid-19 survivors can be used to develop communication models of behavioral changes for Covid-19 prevention in the future.

## Participants and Methods

This qualitative research used a phenomenological design. The phenomenological design attempted to describe the Experience from an individual's perspective [12] which eventually the result can expand our understanding of complex phenomenon's regarding behavior and communication carried out by individuals [13]. The participants of this study were covid-19 survivors in Semarang who were self-isolating at home (n =6). The participants' age ranged from 25 to 61 years old. The supporting participants in this research were family representatives (n=3), dormitory managers (n=1), and the neighbors (n=2) of the main participants. Participants were selected purposively, with inclusion criteria being who underwent self-isolation who were willing to participate, willing to fill up informed consent, and able to understand the questions and communicate their experiences. Data retrieval ended after all the necessary data has been collected and there was no longer any new information from the main participants.

Data was collected through in-depth interviews with open-ended questions. Interviews were conducted offline and online. The average interview duration was 45-60 minutes. Offline interviews were conducted in a convenient place by following the Health protocol. Online interviews were conducted using Google Meet and WhatsApp text chat. Because of a community activity restriction due to the Covid-19 surge case in June 2021 during data collection time, the online interview was conducted.

This research protocol was approved by the Health Research ethics commission of the Faculty of Public Health of Universitas Muhammadiyah Semarang, Indonesia, and Written consent forms were obtained before participants were interviewed.

The in-depth interview focused on the Experience of Covid-19 survivors who underwent self-isolation from the beginning of infection until declared cured. Some of the questions asked to the participants included: tell me about your experience when you are confirmed with Covid-19 infection?, how do you feel when you find out yourself being confirmed Covid-19 positive? What obstacles do you experience during self-isolation? Who did play a role in the success of your self-isolation?

Interview data were transcript, coded, and analyzed by the researchers following an interactive analysis model with a sequence of stages as follows: data collection, data reduction, and data verification.

## Findings

The self-isolation at home that the study participants went through was a unique experience, which resulted in varied responses. The following is a narrative experience of the participants who were being the findings of this study:

### **ES Experience: "... scared of infecting others, secondly, the stigma anyway..."**

ES is a doctor, is 27 years old, and lives in his brother's house. As a doctor, ES has tried to implement 3M (3M is an Indonesian government program in promoting Covid-19 reduction in the community which stands for "Memakai masker, Mencuci tangan dan menjaga jarak" or when translated to English becomes "wearing a mask, washing hands and maintaining distance"), namely restricting travel and going to the mosque, and even delaying to enrolling in specialist medical education after completing an internship program at the beginning of the pandemic. However, it turns out he was still infected with Covid-19 from homeowners who had just returned from Jakarta when they prayed together.

ES conducted a PCR SWAB test in mid-November 2020. ES felt shocked when it turned out that the swab results of all family members were negative, except for him. ES had thought about self-isolation outside the house because he was afraid that later he would transmit the disease to other family members. In addition, he is also worried about the stigma of people around him who do not understand the Covid-19 well.

After consulting with several relatives who work as doctors, ES steadily conducts self-isolation at home because ES does not feel severe symptoms. The decision was supported by other family members and the availability of isolation in the house, so he was calmer.

ES does during periods of self-isolation: regular eating, adequate sleep and rest, and doing other routines such as worship and reading books. Although he likes doing exercise, ES reduces exercise in times of self-isolation so that his chest is not tight. ES also does not regularly check his oxygen levels and blood pressure during self-isolation because he is worried if he becomes stressed with the check results. However, with good knowledge as a doctor, family support, surrender to God, and mild symptoms of Covid-19, he feels confident that he can recover.

To avoid stigma from the environment around ES and homeowners do not openly state the condition of ES, except for families. However, ES was responsible for complying with the rules during self-isolation

ES completes his self-isolation period for one month. After that, ES conducted an Antigen test and was declared negative. Despite experiencing mild symptoms during Covid-19 infection, ES did not

underestimate Covid-19. He remained careful and consistent in carrying out health protocols. Lesson learned that ES thought after being infected with Covid-19 is that a person is still vulnerable to Covid-19 infection despite correctly applying health protocols. Therefore, ES recommended that everyone should implement the Health protocols with discipline.

### **IS Experience: "My children have supported me. I enjoyed self-isolation."**

IS is a housewife, aged 61. In addition to working part-time, she is also active in several social activities. IS was confirmed positive for Covid-19 on April 12, 2021. Initially, IS had a fever. However, after pouring her body with traditional herbs, the fever subsided.

Furthermore, IS felt her body limp and anosmia. IS was advised to test for antigens by her close neighbors, and the result was positive. IS did not know from whom she got infected covid-19. A few days earlier, IS had attended several meetings. Even though she tried to implement health protocols during the meeting, she was still infected.

After being positively confirmed, IS immediately reported her case to the local health facility. As a health cadre, she has a good relationship with the local health facility. The local health facility recommended that IS should self-isolate at home because she does not feel severe symptoms. The local health facility also provided a package of drugs for IS and asked her family to perform an antigen test; the results were all negative.

During the self-isolation, IS gained support from the family. This support made her self-isolating without burden, enjoyed, and did not scare. She believed that God would heal her if she never gave up and was optimistic.

During self-isolation, she did not experience severe symptoms and did not feel any stigma from neighbors, so she was sure that she would recover soon. Instead, IS considered that after being exposed to Covid-19, she would be immune to Covid-19. She was grateful that she could still enjoy the food provided by her family. IS spent much time during self-isolation by singing using the star-maker application, in addition to reciting Qur'an and light exercises in the morning.

After undergoing self-isolation for ten days, the local health facility issued a certificate of completion of the self-isolation period on April 21, 2021. Subsequently, IS completed her self-isolation at home for up to 35 days for recovery purposes. Eventually, IS performed an antigen test, and the result was negative.

After being recovered, IS stated that there was no need to feel excessive fear of Covid-19 because when she was sick, she just experienced mild symptoms. She was grateful that her condition was not as bad as the media stated about Covid-19.

**NF's Experience: "Positive thinking, don't think odd, I think that's what makes you get better quickly."**

NF is a male student aged 19 years old. NF came from Maluku and studied at a private university in Semarang while working in a cafe as kitchen staff. NF was positively confirmed infected with Covid-19 at the end of 2020. He had no idea why he was infected. During the last two weeks, his activities were limited to his boarding house, workplace, and restaurants around his boarding house. Initially, NF had a fever for three days.

After the fever subsided, he experienced anosmia. His supervisor asked him and his co-workers to perform an Antigen Swab test. NF is the only one who was positive for Covid-19 infection. The pharmacist who tested him has advised him to isolate himself at the Mayor's Official Home. However, NF preferred to self-isolate in the boarding house since the owner supported his decision.

After being confirmed with Covid-19, NF admitted that he did not panic because he had no severe symptoms. Even during self-isolation, his body gradually recovered. NF was afraid that his parents were worried about his current situation.

During his self-isolation, NF received support from the boarding house and cafe owner where he worked, especially in food supplies. He just consumed the vitamin from his friend, who works as a nurse at the hospital. NF does not take the medication with a doctor's prescription.

NF activities during self-isolation include lots of rest, push-ups, and eating more. NF didn't change in appetite, so he always finished the food delivered from the cafe where he worked. In addition, NF tries to think positively to speed up healing. The positive side of self-isolation, namely being able to laze around for a while, not needing to work, lots of rest, and eating.

After undergoing self-isolation at the boarding house for one week, NF did an antigen swab test, which was negative. After recovering from Covid-19, NF feels that he is immune to Covid-19. NF believes that Covid-19 is real, but because he experienced mild symptoms during his illness, he considered that Covid-19 was not as severe as reported in the media. However, he was still willing to carry out the Health protocol as a form of vigilance.

**DPD's Experience: "They do help provide basic needs, but we are unable to go out, it's still forbidden to go out."**

DPD is a 52-year-old woman. DPD and her husband were infected with Covid-19 from their son, who had just come home from town. DPD and her family accepted the suggestion from the local health facility to isolate themselves at the Mayor's official residence. They considered it because there was an elderly in their house. In addition, no one from the

neighborhood around his house has ever been confirmed positive for Covid-19, so the neighbors were inexperienced in dealing with families with Covid-19. The local health facility helped in registering DPD and her family to reside at the Mayor's official residence, but the place was fully crowded. While waiting to enter the Mayor's official residence, they were asked to self-isolate at home and to avoid contact with their father as much as possible.

After four days of self-isolation at home, the DPD and her family were picked up by an ambulance to isolate at the Mayor's Office. During the time of isolation at the Mayor's Office House, DPD received news that her father had died and she could not see her father's body until he was buried. Isolation at the Mayor's Office House only lasted one day and one night because the results of the antigen swab showed that all three were negative, so they were allowed to go home to continue self-isolation at home.

While undergoing self-isolation, DPD admitted that she did not feel afraid of her condition. She was concerned more about her father condition, who was elderly. During self-isolation at home, DPD and her family were getting enough rest, sunbathing in the morning, completing office tasks, and forcing themselves to eat even though they could not feel the taste of the food they ate. DPD was confident that she and her family would recover because she did not experience any medical disruptions and complied with the recommendations of the local health facility. Although no one in her neighboring has been confirmed positive for Covid-19, they were willing to help instead. Their help was especially related to meeting basic needs, with the intention for DPD not to feel stigmatized. However, DPD and her family were still prohibited from leaving the house during isolation.

She explained the benefit of residing at the Mayor's official residence over her house was routine daily evaluations leading to a sense monitored. However, at the Mayor's official residence, she needed to queue with other patients, for example, when going to the bathroom. Therefore, DPD felt more comfortable when self-isolating at home.

After ten days of self-isolation, DPD has started to carry out activities as usual. After recovering from Covid-19, DPD did not worry excessively about Covid-19, but she became more vigilant by still adhering to the Health protocol.

**M's Experience: "...Maybe Covid-19 at that time could have been transmitted through WhatsApp, so no one was chatting...."**

M is a male, 43 years old. After staying at a hotel with his family, he was confirmed positive for Covid-19 at the end of 2020. After having flu-like symptoms and fever, M decided to perform a PCR Swab test, and the results were positive.

Based on discussions with his family, M planned to seek treatment at the hospital. The decision was taken because his family did not have any experience to handle a Covid-19 patient at home. In addition, their neighbors think that Covid-19 is a disgrace.

It turned out that the hospital in Semarang City was full because Covid-19 cases were increasing at the time. The doctor who examined him in the emergency room advised M to self-isolate at home because M had mild symptoms. To further strengthen his decision, M also remotely consulted with a pulmonologist. As a result, M was eventually undergoing self-isolation at home. M's wife immediately informed the RT (head of neighborhood association, the lowest administrative unit) and RW (head of neighborhood association, the second-lowest administrative unit) officials about his condition.

M faced physical, psychological, and social problems during self-isolation at home. The physical problem he felt was the recurrence of back pain. The psychological problem was hallucinations due to the large consumption of drugs and vitamins, even though he had difficulty swallowing pills. Meanwhile, M's social problem was a lack of concern from his neighbors. None of his neighbors either asked how he was or offered help.

Although his lack of support from the neighbors, he was grateful to have family, relatives, and the company he works for, who fully support him morally and materially. This support made him believe that he would recover and overcome his psychological problems.

On January 15, 2021, M performed a PCR Swab, the results were still positive, but the CT value increased. Even though, according to the local health facility officers and doctors, after ten days of isolation, the virus in his body was no longer contagious. To be convinced and comfortable with his neighbors, M completed his self-isolation period until January 20, 2021. M returned to normal activities after the PCR swab was Negative.

After recovering from Covid-19, M realized that he had to live along with the Covid-19 pandemic. After knowing that the Covid-19 cure rate is high enough, he has been able to control his fear of news that scares him. In his opinion, he must prepare himself to prevent the spread of Covid-19.

**AP's Experience: "I feel there is a stigma to people with Covid-19 infection and these people are called stubborn and considered not obeying the health protocols. I indeed have been obeying the protocols all the time."**

AP is a 25-year-old man currently working as a laboratory assistant. AP was confirmed positive for Covid-19 on June 11, 2021. A few days earlier, AP had a fever. AP suspected that he had dengue fever, but after experiencing symptoms of anosmia, his

suspicion changed to Covid-19. To be sure, AP also performed an antigen test at a hospital, and the results were positive. Antigen test results for other family members were also positive. Mild symptoms felt along with information regarding the number of Covid-19 cases in Semarang began to increase at the time and became a consideration for AP and his family to self-isolate at home.

AP has obtained several medical devices from his workplace i.e. oxygen cylinders and oximetry in preparing for self-isolation. With the availability of the equipment, AP felt more comfortable and safe when self-isolating at home, so he had great confidence to recover.

AP did things to speed up recovery by drinking warm water during self-isolation, drinking warm squeezed orange juice, drinking Khustul Hindi concoctions and immunity-boosting vitamins, and medicine from a doctor. AP always performed physical activities such as cleaning the house and mopping during self-isolation instead of sports. AP still tried to eat regularly even though he had problems with his sense of taste.

During self-isolation at home, AP felt a lack of support from his neighbors. His neighbors did not motivate him and his family to recover quickly, he felt stressed instead. According to AP, neighbors were not pleased if he and his family members went out of the house, even if only to water plants or to heat the car engine in their yard. AP hoped his neighbors would also offer assistance to ease the burden during self-isolation at home. AP also felt that there was still a stigma that people are affected by Covid-19 because they are ignorant, stubborn, and do not comply with health protocols. Even though he felt that way, he always obeyed the health protocols. He has even been used to wearing masks before the pandemic.

Even though he was afraid when he was confirmed with Covid-19, AP immediately realized that excessive fear would worsen things. Hence, AP tried to think positively and focused on healing himself and his family. AP's advice to the community was to prepare resources in their respective homes when positively confirmed for Covid-19 so that they are ready to self-isolate at home. That is necessary since people are not allowed to travel. In addition, the community has not been able to entirely rely on services from the local health facility, considering the limitation of the local health facility.

After recovering from Covid-19, AP experienced trauma, i.e. afraid of transmitting Covid-19 and the stigma of the society as he had felt. However, after successfully donating convalescent plasma to Covid-19 sufferers, he felt his life was meaningful.

## Discussion

This study aims to understand the self-isolation experience of Covid-19 survivors in the city of Semarang. Stigma is still an important issue faced by

Covid-19 survivors, including some of the participants in this study. However, two essential findings found in this study were positive thinking and support from family and companion(s), who were the keys to the successful self-isolation of the participants.

For some participants, self-isolation has been an opportunity to be relaxed for a while from the routine. Considering self-isolation as an opportunity to rest is a positive thought that the participants were trying to develop for self-recovery. Participants also felt positive thinking is a strength to undergo self-isolation because they realized that excessive fear could worsen the situation. The power of positive thoughts can influence a person, including his recovery [14].

In addition to positive thinking, the success of the self-isolation experienced by the participants occurred because of the presence of social support, namely support from family and people who have close relationships with the participants. Although the family and companions do not always live in the same area as the participants, family support seems to be more tangible than the support from nearby neighbors. The role of the family is also essential in alleviating psychological problems faced by Covid-19 sufferers, as well as the family members at home taking care of the sufferers [15, 16]. The family gave advice regarding what drugs or vitamins to take during self-isolation at home and motivated the participants to undergo self-isolation. The family provided tangible support for the participants, including making treatment decisions [17].

Not all participants initially intended to self-isolate at their place of residence. Some participants chose to go to the hospital seeking help when they were confirmed to have Covid-19. The decision to seek treatment at the hospital occurred because the participants did not have Experience with Covid-19. In addition, the fear of transmitting their disease to others and the fear of being stigmatized were also the reasons why seeking treatment at the hospital crossed their mind, even though the physical symptoms experienced by the participants were relatively mild. However, most countries, including Indonesia, have implemented policies that direct COVID-19 sufferers with mild symptoms to self-isolate at home because they do not need special facilities and treatment in hospitals [2, 9]. After undergoing self-isolation in their homes, the participants felt that the decision to self-isolate at home was the right decision because it was convenient to interact with their families. Communication difficulties are faced by families when one of their family members has to be hospitalized due to visiting restrictions for Covid-19 patients [18]. By staying at home, they got support from their family so that communication with their family could still be undergoing.

Although the participants feel comfortable self-isolating in their homes, it does not mean that they do not encounter obstacles. Indeed, more problems are arising on social and psychological issues, such as feeling stigmatized by the surrounding residents, feeling bored because of limited space for movement, and feeling stressed because they have to take a lot of drugs and vitamins. These social and psychological problems are commonly found in people with Covid-19 [19-21]. Previous studies have shown nearly the same results, where social and psychological problems become an additional burden for Covid-19 sufferers. Even in some studies, these problems have impacted the mental health of sufferers [6, 22].

The stigma becomes a burden for Covid-19 sufferers. The stigma felt by the participants in response to the neighbors who were worried about being infected with Covid-19, as experienced by AP. However, other participants felt stigmatized through changes in their neighbors' attention and behavior, as experienced by participant M.

Fear of stigma prevents Covid-19 survivors from revealing their status [19, 23]. This fear also happened to a participant in this study. The participant chose not to tell the neighbors while undergoing self-isolation at home. Instead, participants only disclosed the disease status to their family and close people who can provide real support during self-isolation.

After recovering from Covid-19, many participants revealed that their experience of illness was not as reported in the media so far, which the media stated seems to be frightening. A news content analysis regarding Covid-19 on two major online media in Indonesia shows that the most widely used reports of Covid-19 contain threats [24]. This phenomenon also happened in other countries. Information on social media obtained by Kurdistan residents in Iraq during the lockdown played a role in spreading anxiety about the Covid-19 outbreak [25]. In Korea, negative emotional responses from media and emergency warnings text messages about Covid-19 have been correlated with the fear of Covid-19 infection and high population anxiety [26].

The degree of Covid-19 symptoms experienced by the participants was classified as mild [27]. Participants only experienced mild fever and anosmia, so they felt the news about Covid-19 so far was not accurate. When many people think that the news in the media is not the same as the reality experienced, they can neglect Covid-19 prevention efforts in the future.

The media can unite community members through their reports and become a source of public information verification. The unity of public opinion can only be possible through the responsible use of media along with proper monitoring from the government and society [28].

Public trust in media reports needs to be built for the public properly to obtain valid and useful information to prevent Covid-19 spread, indeed not scared. The media can even help reduce the stigma experienced by Covid-19 sufferers. It can convey the importance of developing positive thinking and support from family and closest people for Covid-19 sufferers undergoing independent isolation at home.

## Conclusion

Positive thinking and social support can motivate Covid-19 survivors to survive and be enthusiastic about self-isolation at home. The support also helps Covid-19 survivors in dealing with stigma from the environment. Covid-19 survivors who experience mild symptoms have less trust in media reports that scare them. Media can potentially unify the community members and be a source of information verification in reducing stigma. It can also provide support for self-isolating Covid-19 sufferers. However, media utilization should be responsibly through proper oversight from the government and society.

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