

## **In-between understanding: witnesses account of the Covid-19 patients' quarantine journey in the Philippines**

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**Abstract** - In the year 2020, the world faced a global crisis which brought universal changes to the societal norms; the Covid-19 pandemic. Consequently, the pandemic impaired even the daily basis of life as in communicating. This interpretative phenomenological research aims to present the reality of the quarantine journey of the Covid-19 survivors in the Philippines. Through semi-structured interviews, twelve (12) purposively sampled participants drawn out the answers with regard to the questions involving the communication barriers they experienced and the implication of these in their recovery. The thematic analysis revealed nine themes. By which research question 1 emerged with themes; (1) uncontrolled factors in isolation centres, (2) poor delivery of message in person, (3) conditional and unsupported medical personnel-to-patient relationship. The second research question revealed the themes; (1) mental disturbances constituted by the isolation (2) facilitation boosts amid the quarantine journey, (3) distracting mechanisms by the patients while recovering. The results indicated the communication barriers that the Covid-19 Survivors experienced and the implications affecting their recovery.

**Keywords:** covid-19; quarantine; communication barriers; covid-19 survivors (CS), recovery

## INTRODUCTION

Barriers in communicating inevitably takes place in various setting which affects effective communication between people in various settings; and in a specific circumstance, barriers in communication during quarantine period of the Covid-19 patients amid the pandemic is likewise an important note to adhere. In an apparent justification by Kapur (2018), it is noted that barriers that appear inside the communication systems are highly terrible and unwanted because everyone wants their communication outlets to be implemented in a seamless manner without the occurrence of barriers. For instance, it might be distressing when two people are enjoying a cordial chat or are discussing a serious matter and the doorbell rings or someone walks in. That is why communication disrupted in a much complicated and sensitive situation is not merely upsetting but could be threatening. As noted by a research that with the requirement to maintain social distance and isolation, the COVID-19 outbreak has caused a global health catastrophe that has had a significant impact on the interaction of patients and their families in all COVID-19 care settings and must take full advantage of both verbal and nonverbal cues to allow medical interventions be extremely effective. In the COVID-19 experiences, both of these have been severely hampered in affected but more controlled settings as well as hotbed places. Conceptualization exhibits that identifying these communication barriers in an explicit setting is deemed significant especially in the transitioning realities of the society (Marra et al, 2020).

Moreover, broadened relationships of communication barriers during the COVID-19 epidemic to certain people such that the COVID-19 conditions were subsequently determined to be the cause of the ICU's communication crisis (Istanboulilian et al, 2022). The ability of medical experts to connect with patients who are kept apart and monitor their health development is made possible through communication, which is another important factor in the health industry. Medical professionals need to communicate with patients in a productive way in order to monitor the daily improvement in the state of patients who are afflicted by the virus (Zapanta et al, 2022). However, "3-5% of COVID-19 patients require mechanical breathing." Patients who are unable to talk are unable to actively engage in medical decision-making and may not be able to appropriately communicate their needs and symptoms, which could have a significant negative impact on their care, according to the Philippine Association of Speech Pathologists (Luna, 2020). The way the patients were treated and, in particular, their inability to touch and speak with their loved ones, must have made them miserable (Romulo & Urbano, 2022). Video chat services like Apple FaceTime and Facebook Messenger, which are not HIPAA compliant, are allowed to be used in circumstances when government organizations have given an emergency waiver suspending the requirement for HIPAA compliance. A patient's behavioral problems were improved by using FaceTime to contact family members during the pandemic (Padala et al, 2020).

It has been mentioned in other relevant studies that the patient-health worker interaction is difficult to communicate with during the COVID-19 outbreak in the Philippines. The constraints on its protocol at the time had a detrimental effect on contact with patients as the world battled the COVID-19 virus. As a result of the COVID-19 outbreak in the Philippines, the World Health Organization (WHO) has recommended that everyone wear a facemask, a face shield, and has restricted physical contact by implementing lockdowns. According to the research conducted by Sharma and Choudhury in 2021, nonverbal behavior has a substantial impact on the effectiveness and satisfaction of the patient-health worker connection, which in turn affects adherence to the treatment plan and improves clinical outcomes. Medical

professionals frequently communicate more nonverbally as a result of their protective gear, including face shields, masks, and protective clothing. To ensure a clear picture of the patients' actual experiences in the situation, this study will address the questions of what are the precise communication barriers faced by the COVID-19 patients during their quarantine and how these communication barriers affect the COVID-19 patients' recovery while in quarantine.

In previous years, some studies that have explored the lived experiences of the Covid-19 patients during their quarantine (Giallonardo et al, 2020; Cabaguing et al, 2022; Romulo & Urbano, 2022) were focused on the psychological impact of isolation. Poor communication in providing accurate information about the patient's diagnosis is a major barrier between patients, relatives, and health care professionals (Raliphaswa et al, 2023). In the Philippines, there were only few studies that have explored the lived experiences of the covid-19 patients during their quarantine; and in the aspect of communication, there are no centralized local studies contextualizing the communication barriers that have affected the patients' journey to their recovery. Therefore, this study seeks to determine the communication barriers that the patients' experienced throughout their quarantine including their impact on the patients' recovery. Determining the difficulties faced by the patients in terms of communicating provide additional information or factors that have negatively add-up to the patients concerns regarding the effect on them. Hence, disclosing the communication barriers may provide suggestions in establishing a better care for the patients that has contagious disease.

The following are the questions sought to be answered by the research venture. (a) What are the different communication barriers experienced by the Covid-19 patients during their quarantine? (b) How do these communication barriers affect the recovery of the Covid-19 patients while quarantining?

### **Communication Barriers**

There are significant communication access gaps for patients across medical settings, as the COVID-19 epidemic has demonstrated. Changes in infection control procedures, PPE requirements, visitor restrictions, and other issues are barriers related to the COVID-19 pandemic (Altschuler et al, 2021). Furthermore, isolation policies, a lack of personal protective equipment, inadequate communication tools, and inadequate training all reduced the reported frequency and efficacy of provider communication (Istanbulonian et al, 2022).

The patients usually experienced struggles in communication or expressing their thoughts and words because of the apparatus connected to them as much as health care workers doesn't have enough courage and motivation to work hard in understanding their patients due to their job dissatisfaction. According to the study conducted by Abdulla et al., (2022), Nurses' ability to interact and communicate effectively with patients is impacted by a number of factors, including their lack of interest in doing so, their poor attitude toward patients, the fact that there aren't enough nurses to handle the large number of patients, the language barrier between them and the patients, their lack of confidence, and their workload. Furthermore, due to routine-centered care (with the sub-themes of habitual interventions, routinized and technical interventions, and objective supervision), distrust in the competency of nurses (with the sub-themes of cultural contrast, less responsible nurses, and their apathy towards the patients), and routine-centered care, health care workers such as nurses struggle to have an effective communication with patients (Shafipour et al, 2014).

Health professionals and patient relationships have a crucial role and are the key to every patient's recovery from covid-19 during the outbreak, in the Philippines. Studies have found that the method used by doctors to convey information is just as crucial as the

information itself. Between doctors and patients during a pandemic, this type of interaction includes both verbal and nonverbal exchanges. Nurses provide their patients with purposeful and inadvertent psychosocial care, according to the study by Chan, Tsang, Ching, Wong, & Lam (2019). In deliberate psychosocial care, nurses speak to patients primarily while providing procedural care, but in inadvertent psychosocial care, nurses always find time to listen to their patients' inquiries or provide company to those in need despite their busy schedules. Furthermore, it has been demonstrated in several research studies that the recovery of covid-19 patients is significantly influenced by the patients' relationships with health professionals and the manner in which nurses at the time interact with them that helps patients feel more relieved as they battle the fatal sickness and lessens the weight they are carrying as they struggle and fight for their lives. The doctor-patient relationship, including the doctor's personal interaction with the patient, has been found to have a significant impact on trust, according to Vijayaprasad & Kalirajan (2021). This demonstrates how crucial communication and building trust between the doctor and patients are during a pandemic. One of the most important components in patients' recovery is their trust in their medical professionals. Olateju, Olufunlayo, MacArthur, Leung, & Taylor (2022), concur that trust enables the medical staff to effectively connect with the patients, in accord with Vijayaprasad & Kalirajan (2021). It will be simpler for them to inform and explain the illness to the patient if they have the patient's trust.

According to certain studies, medical practitioners strongly discourage making physical contact with individuals who have the COVID-19 infection. Given that they engage and interact with patients while wearing PPEs, which makes communication challenging, medical professionals, especially nurses assigned to ICUs, find it difficult and quite a challenge. Kyranou, Cheta, and Pampoulou (2022) argued that nurses employ a variety of unaided and aided forms of communication, which they regard as ways of speaking to patients without making physical touch. Unaided communication includes things like lip, hand, and leg motions as well as facial expressions, whereas aided communication includes things like using a pen and paper, a board, a tablet, or another mobile device. Similarly, Olateju, Olufunlayo, MacArthur, Leung, & Taylor (2022) noted that exhaustion had caused medical staff to consider losing the will to help patients, which had led them to give up on the situation. Their research demonstrates that nurses and other healthcare professionals are emotionally and physically exhausted as a result of the additional duties that have been added to their regular roles, which has an effect on how they interact with their patients.

It is revealed in the studies that communication is one of the major factors that helps patients recover – good communication with loved ones and communication with medical personnel. That is why communication is crucial during isolation; however, due to the lack of physical interactions and other barriers to communication during the quarantine period for the purpose of trying to stop the spreading of the COVID-19 virus, which affects the recovery journey of the patients, communication has become challenging, especially for the patients who were the most affected during those times.

### **Covid-19 Patients' Quarantine Journey**

The Philippines is one of the affected countries of the virus Covid-19. There were several reported cases of affected individuals and they are put into an isolation center. For some of the non-affected people, it is a wonder what were the experiences of the Covid-19 patients during their quarantine and how was their journey to their recovery. A qualitative study that examined the lived experiences of COVID-19 survivors in Samar, the Philippines, is one of the

linked studies. The study's findings showed that COVID-19 survivors were experiencing increased issues with their physical, psychological, and social aspects. People attribute their impending mortality on the illness, along with the livelihood-threatening quarantines, isolation, loneliness, and fear of unintentionally spreading the disease (Cabaguing et al, 2022). These issues result in psychological issues that might lead to tension and worry and less effective communication. Similar to this, a parallel study focused on discrimination and segregation in order to understand the lived experiences of COVID-19 survivors in Philippine Isolation Centers. The 12 COVID-19 survivors who were hospitalized in community-based isolation centers are the subjects of this study, which examines their experiences. According to them, COVID-19 survivors have experienced psychological consequences of discrimination and separation that are more painful than the disease's physical side effects (Romulo & Urbano, 2022). The patients must have been wretched for how they were treated and especially for not being able to touch their loved ones and communicate with them. Separation and discrimination can cause more anxiety and stress to a patient adding up to their thoughts of what might occur as the result of having the virus disease during their quarantine. This study emphasized psychological barriers for an effective communication.

Psychological challenges are one major factor affecting the journey of the patients throughout their quarantine. During an interview, stress on the body and mind is present in the patients. Their attitudes regarding the illness gradually changed throughout quarantine, and their emotional reactions varied depending on the severity of the illness. The isolation examined the reactions of the body and mind of the patients including psychological adjustments, treatment, and family and social support (Sun et al, 2020). The unpleasant emotions that patients experienced in the early stages gradually gave way to a mixture of positive and negative emotions; these characteristics are psychological roadblocks to efficient communication. A similar study focused on post-traumatic stress disorder in those who were quarantined and isolated due to the COVID-19 (Rocha et al, 2021).

Rocha and the other writers wanted to determine the severity of PTSD. and the factors that affects the PTSD development in quarantined or isolated people. Religious practice, reason for being quarantined/isolated, the education level of the individuals, and having a definitive diagnosis of the virus are key factors contributing to the development of PTSD among quarantined or isolated individuals. Those assessments could help the government organizations and health ministries around the world in creating and putting into practice targeted interventions to prevent PTSD in patients under quarantine or isolation epidemic, as well as to lower morbidity and mortality. This article provides supporting details in the relation of the development of PTSD as another psychological barriers affecting their communication with their families and friends during their quarantine. Patients' mental health should be one of the major considerations during emergency situations (Ferreira, Pereira, Brás, & Ilchuk, 2021). According to this study, psychological problems, like anxiety and other factors decreases the patients' health-related quality of life under quarantine. It changes how they react to the situation, how they view problems, how they communicate and especially, how they lived their life during their quarantine.

True enough, a hospital admission is strange and disorientating at the best of times, but can be significantly more tough when faced alone without family or visitors (Sturmey, G. and Wiltshire, 2020). And that dealing with emotions allows you to build rapport and forge a therapeutic partnership. Dealing with emotions is just as crucial as communicating information about diagnosis and prognosis. According to Kapil, Verma, and Sareen (2019), isolation combined with inadequate doctor-patient communication has been connected to



patient unhappiness, lower treatment adherence, and inferior health outcomes. As a result, patients commonly express a wish for better communication with their doctors. The current shared decision-making and patient-centered communication models are products of the health consumer movement, which emphasizes information exchange as the most prevalent type of communication (Al-Zahrani et al, 2015). Shiraly et al (2021) assert that successful patient health outcomes depend on patients and their healthcare team having open, efficient, and fruitful communication. Health care providers should actively listen to patients' needs in order to determine and meet their physical, psychological, social, and spiritual requirements. They should also obtain the necessary information. A doctor's interpersonal and communication skills include the ability to acquire data to support accurate diagnosis, deliver appropriate counseling and therapeutic instructions, and forge enduring relationships with patients. It is completed with the aid of efficient communication. Neglecting the value of communication can lead to serious potential problems, especially when it comes to patients' understanding of their prognosis, goals of care, expectations, participation in therapy, etc.

The claims made earlier, which are soon to be supported, focus on the conceptualization of communication barriers and how they affected the COVID-19 patients' quarantine journey. Each patient's experience during quarantine is distinctive; nevertheless, it feels somewhat identical because of a setback they all sadly encountered along the way: communication difficulties. This time, in regards to societal problems, the initiative would enable the realization of truth from diverse perspectives, making it more in-depth.

## **METHOD**

### **Research Design**

This study used a qualitative-interpretative phenomenological analysis (IPA) to document the communication difficulties that COVID-19 survivors encountered while they were isolated. This study outlined all the different factors that affected survivors' ability to communicate during their quarantine and examined how it affected their determination to live and help them survive the deadly infection.

### **Settings and Participants**

The research settings of this study were based on the availability and willingness of the target participants to participate. A wider-range of places is needed; thus, this study was conducted in the Philippines. Using purposive sampling, researchers chose COVID-19 survivors to take part in this study, which Creswell (2014) describes as the deliberate selection of participants and circumstances by a researcher in order to learn about or comprehend the underlying phenomenon. A total of 12 participants who are survivors of the covid 19 virus (2 women, 10 others preferred not to say) and were of at legal age extended their availability for the interview and responded to the google forms sent to them via email and messenger. The following criteria was used in choosing the participant; (1) they are Covid-19 survivors who are citizens of the Philippines. (2) they have experienced quarantine at home or in isolation centers/hospitals. (3) they are of legal age and willing to participate in conducting this study.

### **Data Collection and Analysis**

In this study, open-ended questions will be used to interview participants in order to collect information that will support the study's goal of understanding the communication challenges faced by covid-19 patients during their isolation. Participants are free to respond in their own words without being constrained by a predetermined set of answer possibilities when they are asked a question that is open-ended. The interviewer will have the freedom to

ask questions until they are satisfied with the participants' responses, and the interviewee will have the opportunity to express their responses and provide details to adequately respond to the questions posed to them. Open-ended questions are the best fit for this study because they will give both the interviewer and the interviewee freedom to express qualitative data consolidation. In addition, in the conduct of the study, a letter to the target participants was prepared together with the informed consent form by which the participants have agreed and signed prior interview sessions or goggle form distribution. As the permission having been granted, for the personal interviews, the researchers proceeded to confirm the participant's background with regards the criterion of the participants involved, then proceeded to ask the four interview questions and supplementing the session with follow-up questions in the conduct of semi-structured interviews through audio-recording. On the other hand, interviews done online were carried out using Google Forms and Email, which the participants responded to, and Messenger was used to elicit follow-up questions. The interview facts were then painstakingly written down, read several times, and assessed. The transcripts were then distilled and arranged using thematic analysis according to themes and subthemes (Braun & Clarke, 2006; Widodo, 2014). It contained a two-cycle method that used In vivo Coding for the first cycle and Eclectic Coding, a blend of In vivo Coding and method Coding, for the second cycle. Axial coding was used for the categorization and theming processes.

Moreover, due to ethical concerns, participants in the study received a thorough briefing and important details about its objectives before it was completed. The participants were informed by the researchers both verbally and in writing (via a letter and consent form) about the study's objectives, their right to decline participation, the study's confidentiality restrictions, and their right to request a copy of the study's findings. Participants acknowledged their willingness to cooperate by signing a consent form, which holds the researchers accountable for any ethical concerns regarding the material they collected and processed. The names and identities of the research participants will not be disclosed in compliance with RA 10173, commonly referred to as the Data Privacy Act, in order to guarantee anonymity, secrecy, and the avoidance of potential harm. Codes, such as, are used in accordance with this. COVID-19 Survivor 1, or CS 1.

## **RESULTS AND DISCUSSION**

This section presents the discussion supported by interview transcripts that purports the results of the study regarding the communication barriers of the participants and how these have affected their recovery from the virus – the participants expressed as in CS 1, CS2... (to maintain anonymity).

### **Communication barriers experienced by the Covid-19 Patients**

The study revealed three themes as communication barriers that the Covid-19 patients experienced with their loved ones and the medical personnel during isolation namely; (1) uncontrolled factors in isolation centers, (2) poor delivery of message in person, (3) conditional and unsupported medical personnel – to - patient relationship.

#### ***Uncontrolled factors in isolation centers***

The quarantine journey of the Covid-19 patients constituted various communication barriers with their loved ones and the medical personnel. Their lived experiences regarding the matter involved communication barriers that are non-discretionary, covering factors that are not

controlled by the patients and the other parties- thus causing limitations. One of which is the internet quality, deemed as a factor of communication barriers which resonate poor internet connectivity. The other one takes on social isolation as one of the biggest mental health challenges in this crisis wherein many people are living alone or far from their support systems, which are often crucial well-being boosters during times of distress and are increasingly common. These emerges communication barriers as this limit the communication capability of the patients to other people. This theme is exactly described by the responses of participants CS 2 and CS 1 respectively.

*The signal is very poor. - CS 2*

*It's hard because you need to avoid them because you were hospitalizing, and you don't see each other for a few weeks because you're isolated or quarantined. - CS 1*

This points out that poor internet connection serves as communication barriers as it results to no communication. It is claimed that poor communication can be drawn out within a situation where the communication process is unsuccessful or ineffective (Hussain et al, 2018). Without these attributes, communication from one place to another amid isolation did not permit communication at all. As expressed relevantly that a participant only relied with cellphone and communication through this is dependent with signal, but considering that signal was poor or there was just certain spot where the signal was strong to communicate with in the isolation facilities, communication is limited. This could be further pointed out of the context that according to Ezech et al (2019), the capacity of a wireless system is mostly dependent on two resources: bandwidth and signal power. These resources are constrained by certain restrictions. The carrying capacity of wireless systems is consequently constrained by the availability of these resources. It is well recognized that these resources can affect a communication channel's capability. On the other hand, based on the responses above, it shows that the participants are having a hard time during their quarantine. Limitations on direct human contact, travel and movement restrictions, essential modifications to an active lifestyle, and boredom and monotony were the most painful aspects of quarantine (Maison et al, 2021). Moreover, people's mental health is being negatively impacted by the COVID-19 outbreak and its associated containment measures, which mostly involve physical seclusion and isolation. Frustration, loneliness, and fear about the future are very common feelings and recognized risk factors for a number of mental illnesses, such as anxiety, affective, and post-traumatic stress disorders (Bonati et al, 2022).

### ***Poor Delivery of Message in Person***

Amid the quarantine period, the Covid-19 patients have had situations wherein they were able to personally communicate with their assigned medical team. In this aspect, a direct conversation transpired between them. Yet, because of the situation, even with personal setting, communication barriers still occurred. It is characterized by the personal communication quality coded as Poor delivery of message in person. This is structured from the responses of the participants.

*(The medical personnel) were using face-masks, and even wears stacked face masks and their voices were low including their diction. - CS 1*

*Misinformation. Unclear words making it hard to understand each other. - CS 8*



The essence of communication lies on its sense relating to the creation of a process and a message. According to Albalawi and Nadeem (2020), it is a process because it is all about ensuring “the intended recipient receives and understands the intended message after it has been successfully conveyed.” That is why though certain individuals may communicate personally, such may not be considered effective if communication barriers arise. In this sense, during isolation, face masks or other various factors have limited effective communication. An excerpt from a research study affirms that face masks and other preventative measures, like as social withdrawal, are crucial in the fight against the virus, but they complicate normal face-to-face interactions. Face masks, in particular, block out sounds and hide facial expressions to make live communication easier to understand (Mheidly et al, 2020).

### ***Conditional and Unsupported Medical Personnel – To - Patient Relationship***

We frequently heard about the burden that treating COVID-19 patients was putting on the mental health of front-line healthcare personnel as the virus spread throughout the world. Medical personnel did their best to help the patients but it was still not enough due to some medical problems. Thus, the participants experienced communication barriers with medical personnel. The following responses of CS1 will give the best view of the problem:

*Will not be taken care of immediately because there are more people affected by the virus and some were in a worse condition in the quarantine facility.  
Awareness (about Covid-19) is not up to date, that is why it was really hard.*

Based on the responses from above, the patients are having a hard time to communicate with medical personnel due to health care personnel shortage and that awareness of the virus is limited since there were insufficient instrument. It is noted that the health workers face a variety of difficulties, including physical and mental exhaustion, uneven offline training for handling COVID and using PPE for all health workers, difficulties delivering health education and assessment to patients and families, and a lack of resources to combat the COVID-19 pandemic (Setiawan et al, 2021).

### **The implications of the communication barriers to the covid-19 patient survivors and how these affected their recovery**

This study likewise revealed the themes that involve the struggles that the Covid-19 patient survivors faced and how they are able to overcome them. This question emerged with themes such as; (1) facilitation boosts amid the quarantine journey, (2) mental disturbances constituted by the isolation, and (3) distracting mechanisms by the patients while recovering

#### ***Facilitation boosts amid the quarantine journey***

Regarding the patients' recovery, self-reliance, self-initiative, and their support system, are some of the major factors that help the patients recover from the nightmare of being infected by the COVID-19 virus. It is proven that having a fighting spirit, confidence, and importantly the will of the patient to survive, helps them in their recovery process. Having self-reliance and self-initiative is the smartest mindset a person can have, especially in crucial times wherein life is the one that is at stake. According to the responses of the participants, whenever there is a delay of consultation, they self-medicate, and when they are feeling a little down or hopeless by the situation they just look into the bright side of the situation as their way of self-motivation. With this regard, having a positive mindset in spite of the situation helps the covid-19 patients to recover. Moreover, communication with their loved ones and with their

fellow patients at the isolation center, also help their recovery journey. Through social media and with the help of the internet, patients were still able to connect and talk with their loved ones. Moreover, in some isolation centers, there were two or more patients that were put in one room. Thus, they were able to communicate with each other in person. This view is best captured in the following responses from the CS10, and CS1 respectively:

*I was still lucky to be able to communicate with my loved one through social media. Whenever I feel stressed, I just make a video call with them and create deep talks about life. - CS10*

*I always keep in mind that there is a limit to all challenges in life if I am put in such a circumstance knowing if I can conquer such things too." - CS1*

Based on the responses above, it is revealed that patients with strong and positive mindset will help the recovery process of the covid-19 patients. During isolation, a roller coaster of emotions and different problems are faced by the infected that cause so much stress and add-up to the problem they are facing. However, patients have their own way of surviving on those crucial times, and it is by relying on its self-capacity. During the pandemic there was a shortage of medical personnel which then resulted in some of the patients unattended by their doctors and nurses but the determination of the patients to recover overcame the fear of patients that is why they also did self-medicate. In the study of Matias et al., 2020, revealed that the COVID-19 pandemic has triggered a general lock-down in most of the world, leaving the general sense that the only resource that people have is to self-help, self-care and self-medicate. Similarly, the relationship between positive beliefs and the intention to adhere to quarantine protocols is explained by the respondents' intrinsic motivation (Suplico-Jeong et al., 2021). Additionally, communicating and receiving support from their families and fellow patients have lessened their feeling of loneliness amidst quarantining. The patients believed that adequate social support from families and peers was a key factor in their fight against the epidemic (Sun et al, 2020). These responses indicate that psycho-social support from families and peers promotes the patients' fast recovery (Cabaguing et al, 2022).

### ***Mental disturbances constituted by the isolation***

Isolation has mentally affected the covid-19 patients, dealing with a lot of mixed emotions every single day. In this regard, infection paranoia, social anxiety, mental grievances, and psychological impact are the major factors that impacted the recovery journey of the patients. From the responses of the participants, infection paranoia did not help them recover but rather add-up to the anxiety that made them feel miserable and helpless during those challenging times. Additionally, covid-19 patients have experienced so much discrimination during pandemic, for the fear that people who'll get in contact with those who got positive from the virus will be infected as well, and these experiences affect their recovery negatively, because of the stress and the trauma it caused to them on those lonely days of isolation, and this factor is called social anxiety. Moreover, according to the responses of the participants, quarantine is one of the toughest experiences that they had, it didn't just affect them physically but also emotionally. With that much stress, it makes the illness worse than it already is; burnt out, beaten, and drained, three words that fully express what every patient felt during their isolation. In addition, communication barriers between the patients and health workers have also contributed to the stress of the patients wherein in one of the responses, indicates that it was hard for them to communicate with the medical personnel to

ask and raise concern regarding the illness and it caused the patients confusion of detail misuse and poor delivery of health information. The following responses from CS1 and CS8 will give us a clear view on the problem, respectively.

*I did not reach-out to them. It was because of that same reason I'm afraid to be discriminated. - CS1*  
*Makes the problem worse, especially when you misunderstood some important details - CS8*

Based on the responses above, patients have dealt with so many emotional challenges and it didn't help them recover but rather add-up to the anxiety that made them feel miserable and helpless during those challenging times which made the process longer and more difficult. Additionally, communication barriers between the patients and medical personnel have also contributed to a more difficult recovery process that the patient has gone through, such as the frustrations the patients felt every time there is misinformation which just triggers the stress. The study of Shiraly et al (2021) indicated that patients had different needs – physical, psychological, social, and spiritual ones – that should be identified and addressed by health care professionals through actively listening to patients and the appropriate gathering of relevant information. In this regard, with an open and good communication between the patients and health workers, it will help have good patient health outcomes. Moreover, in a study of Bhanot et al (2021), revealed that the COVID-19 patients were being stereotyped as the active spreaders of coronavirus and were being treated as the passive acquirers of the disease. This proves that patients, even after recovering from the disease, still experience the discrimination against them and the unfair treatment of the society towards them. Moreover, according to the study of Didem Coşkun Şimşek et al (2021), nurses who had children longed for their children and worried about them. They were afraid of getting infected with the disease and transmitting it. Just like nurses or any other medical personnel, patients who tested positive in covid-19 also fear to transmit the virus, especially to their loved ones.

### ***Distracting mechanisms by the patients while recovering***

Patients used different techniques of coping mechanisms. The coping mechanisms that they have used depends on how would that technique make them feel better and how it would help them cope from their situation. Two of the coping mechanisms used by the patients were: appeasement of not being Covid positive alone and, religion and faith. These coping mechanisms were based on the following responses from CS11 and CS3, respectively.

*The stigma of becoming COVID positive was significantly tuned down when I turned positive because a lot of people were becoming positive as well which may have lessened the stress to some degree. - CS11*  
*By praying and thinking about my family that is waiting and hoping for my recovery. - CS3*

The two coping mechanisms used by the CS11 and CS3 are the gaps that have been identified which exhibits findings that are not correlated with previous studies. These mechanisms drawn out indicates varied recovery techniques with regards to Covid-19. The response of CS11 was categorized as the appeasement of not being Covid positive alone, in which it is considered as one of the techniques of coping mechanism. Appeasement is a manner of individuals placate or pacify others in situations of actual conflict (de Waal, 1988; Eibl-Eibesfeldt, 1989; Gilbert & Trower, 1990). The response indicated that being infected by the virus Covid-19 was embarrassing and it was stressful. However, due to the increasing

number of infected individuals, the feeling of embarrassment and stress have lessened. The CS11 somehow felt appease for not being infected by the virus alone. Furthermore, praying is another technique of coping mechanism used by the CS3 which is categorized as the religion and faith. Filipinos are known for their strong religious faith (Canete, 2021). In the midst of difficult times, faith has given Filipino people hope for a better tomorrow. The attributes of the Filipinos such as optimism and self-esteem are due to a strong sense of faith which is somehow essential for fast recovery.

## CONCLUSION

Inferential from the above analyzation and consolidation, it indicated that the communication barriers that the Covid-19 Survivors indeed experienced materialized hardship with their loved ones and the medical personnel, by which majority of them faced limitations as in communicating with them, digitally or personally. They weren't able to talk to them directly and so most of the time, did not have any communication at all, or that due to face masks and other protective equipment, communication is sometimes disrupted as words being communicated are sometimes unclear. Consequently, these communication barriers drawn out implications of their lived experiences harming their mental health. The barriers they experienced constituted psychological setbacks where they felt anxious, scared, or alone. Yet, ultimately, these have implicated them not only intangibly but has allowed them to spark antecedent to enable recovery wherein these setbacks gave way for them busy themselves through games, music and such, and also strengthened their faith in God in their recovery.

The study findings revealed that there are a lot of factors that positively and negatively impacted patients during their isolation, however, difficulties of patients reaching out to the health workers have contributed most of the stress to the patients that have negatively impacted their recovery. In addition, it can be noted that there is a poor delivery of health information to patients because of communication barriers and the shortage of health workers that add-up to the anxiety of the patients during their isolation that causes them to overthink their recovery status. There is less patient-health worker contact during isolation because of the limited physical interactions which is why patients were not able to ask their concerns and the health workers weren't able to explain the situation well. On this basis, future researchers should deeply examine the communication barriers, specifically, patient-health workers' relationship during the quarantine period as it will help expand the knowledge on how to cope up with the stress caused by communication barriers. In this sense, exposing the communication barriers will provide further recommendations for improving care for patients with contagious diseases.

## REFERENCES

- Abdulla N. M., Naqi R. J., Jassim, G. A. (2022). Barriers to nurse-patient communication in primary healthcare centers in Bahrain: Patient perspective. *International Journal of Nursing Sciences*. Volume 9, Issue 2, April 2022. 230-235 <https://www.sciencedirect.com/science/article/pii/S2352013222000151>
- Albalawi, H; and Nadeem, M. (2020). Exploring the Impact of Ineffective Formal Communication between Teachers and Students: A Case Study of Mustaqbal University and Jubail University College, Kingdom of Saudi Arabia. *English Language Teaching*, v13 n3 p68-76 2020.
- Altschuler, T., Santiago, R., Gormley, J. (2021). Ensuring communication access for all during the COVID-19 pandemic and beyond: supporting patients, providers, and caregivers in hospitals. *Argumentative and Alternative Communication*. Volume 37, 2021 - Issue 3. 155-167 <https://www.tandfonline.com/doi/full/10.1080/07434618.2021.1956584>



- Al-Zahrani, Abdulrahman. (2015). Toward Digital Citizenship: Examining Factors Affecting Participation and Involvement in the Internet Society among Higher Education Students. *International Education Studies*, v8 n12 p203-217 2015.
- Bhanot, Singh, Verma, K., & Sharad. (2020). Stigma and Discrimination During COVID-19 Pandemic. *Front. Public Health*. Volume 8 – 2020. <https://www.frontiersin.org/articles/10.3389/fpubh.2020.577018/full>.
- Bonati, Leo & Jansen, Olav & Borst, Gert J. & Brown, Martin. (2022). Management of atherosclerotic extracranial carotid artery stenosis. *The Lancet Neurology*. 21. 273-283. 10.1016/S1474-4422(21)00359-8.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. <https://doi.org/10.1191/1478088706qp063oa>
- Cabaguino, A., Macawili, H. J., Pacoma, M. J. & Porton, A. (2022) Lived Experiences of COVID-19 Survivors in Samar, Philippines. *International Journal of Multidisciplinary Research and Analysis Volume 5*. 1285-1294 [https://www.researchgate.net/profile/Abigail-Cabaguino/publication/361250775\\_INTERNATIONAL\\_JOURNAL\\_OF\\_MULTIDISCIPLINARY\\_RESEARCH\\_AND\\_ANALYSIS\\_Lived\\_Experiences\\_of\\_COVID-19\\_Survivors\\_in\\_Samar\\_Philippines/links/62a6603d6886635d5cd4257c/INTERNATIONAL-JOURNAL-OF-MULTIDISCIPLINARY-RESEARCH-AND-ANALYSIS-Lived-Experiences-of-COVID-19-Survivors-in-Samar-Philippines.pdf](https://www.researchgate.net/profile/Abigail-Cabaguino/publication/361250775_INTERNATIONAL_JOURNAL_OF_MULTIDISCIPLINARY_RESEARCH_AND_ANALYSIS_Lived_Experiences_of_COVID-19_Survivors_in_Samar_Philippines/links/62a6603d6886635d5cd4257c/INTERNATIONAL-JOURNAL-OF-MULTIDISCIPLINARY-RESEARCH-AND-ANALYSIS-Lived-Experiences-of-COVID-19-Survivors-in-Samar-Philippines.pdf)
- Canete, J.J. (2021) When expressions of faith in the Philippines becomes a potential COVID-19 'superspreader'. *National Library of Medicine* 2021. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7989222/>
- Creswell, John W. (2014). *Research design: qualitative, quantitative, and mixed methods approaches*. Singapore: Sage Publication.
- de Waal, F. B. (1988). The communicative repertoire of captive bonobos (*Pan paniscus*) compared to that of chimpanzees. *Behaviour*, 106(3-4), 183-251. <https://doi.org/10.1163/156853988X00269>.
- Didem Coşkun Şimşek, Ulviye Günay, Sümeyye Özarslan. (2022). The impact of the COVID-19 pandemic on nursing care and nurses' work in a neonatal intensive care unit, *Journal of Pediatric Nursing*, Volume 66,2022, Pages 44-48, <https://doi.org/10.1016/j.pedn.2022.05.013>
- Eibl-Eibesfeldt, I. (1989). Familiarity, xenophobia, and group selection. *Behavioral and Brain Sciences*, 12(3), 523-523. doi:10.1017/S0140525X00057381.
- Ezeh, Peter-Jazzy; Dominguez, and Emily Metzner, E. (2019). Interview of Peter-Jazzy Ezeh by V Dominguez and Emily Metzner on the Subject of Translation. *American Anthropologist*, Vol 121/1, p. 216-218
- Ferreira, L., Pereira, L., Brás, M.D.F., & Ilchuk, K. (2021) Quality of life under the COVID-19 quarantine. *Springer Nature Switzerland AG* 2021. 1389-1405. <https://link.springer.com/article/10.1007/s11136-020-02724-x>
- Giallonardo, V. et al. (2020) The Impact of Quarantine and Physical Distancing Following COVID-19 on Mental Health: Study Protocol of a Multicentric Italian Population Trial. *Frontiers Psychiatry*, 2020 Sec. *Public Mental Health* volume 11. <https://www.frontiersin.org/articles/10.3389/fpsy.2020.00533/full>.
- Gilbert, P., & Trower, P. (1990). The evolution and manifestation of social anxiety. In W. R. Crozier (Ed.), *Shyness and embarrassment: Perspectives from social psychology* (pp. 144-177). Cambridge University Press. <https://doi.org/10.1017/CBO9780511571183.006>
- Gopichandran, & Sakthivel. (2021). Doctor-patient communication and trust in doctors during COVID 19 times – A cross sectional study in Chennai, India. *PLoS ONE* 16(6): e0253497. <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0253497>
- Hussain, N., Rigoni, U. & Orij, R.P. (2018). Corporate Governance and Sustainability Performance: Analysis of Triple Bottom Line Performance. *J Bus Ethics* 149, 411-432 (2018). <https://doi.org/10.1007/s10551-016-3099-5>
- Istanboulian, L., Rose, L., Yunusova, Y., & Dale, C. (2022). Barriers to and facilitators for supporting patient communication in the adult ICU during the COVID-19 pandemic: A qualitative study. *Journal of Advanced Nursing*. 2022 Aug; 78(8): 2548-2560. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9111498/>
- Kapur, R. (2018). Factors Influencing the Student 's Academic Performance in Secondary Schools in India.
- Keltner, D., Young, R. & Buswell, B. (1997) Appeasement in Human Emotion, Social Practice, and Personality. *AGGRESSIVE BEHAVIOR* Volume 23. 359-374. [https://greatergood.berkeley.edu/dacherkeltner/docs/keltner.young.appeasement\\_1997.pdf](https://greatergood.berkeley.edu/dacherkeltner/docs/keltner.young.appeasement_1997.pdf)
- Maison, D., Jaworska, D., Adamczyk, D., & Affeltowicz, D. (2021). The challenges arising from the COVID-19 pandemic and the way people deal with them. A qualitative longitudinal study. *PloS one*, 16(10), e0258133. <https://doi.org/10.1371/journal.pone.0258133>
- Marra, F., Parhar, K., Huang, B., & Vadlamudi, N. (2020). Risk Factors for Herpes Zoster Infection: A Meta-Analysis. *Open forum infectious diseases*, 7(1), ofaa005. <https://doi.org/10.1093/ofid/ofaa005>.



- Mheidly, N., Fares, J. Leveraging media and health communication strategies to overcome the COVID-19 infodemic. *J Public Health Pol* **41**, 410–420 (2020). <https://doi.org/10.1057/s41271-020-00247-w>
- Ndidzulafhi S., Takalani R., & Dorah U. (2023). Barriers to Effective Communication between Patients, Relatives, and Health Care Professionals in the Era of COVID-19 Pandemic at Public Hospitals in Limpopo Province. *Journal of Respiration*. 2023, 3(10), 29-38. <https://doi.org/10.3390/jor3010004>.
- Padala, S. A., Barsouk, A., Thandra, K. C., Saginala, K., Mohammed, A., Vakiti, A., Rawla, P., & Barsouk, A. (2020). Epidemiology of Renal Cell Carcinoma. *World journal of oncology*, 11(3), 79–87. <https://doi.org/10.14740/wjon1279>
- Raliphaswa, N. S. *et al.* (2023) Barriers to Effective Communication between Patients, Relatives, and Health Care Professionals in the Era of COVID-19 Pandemic at Public Hospitals in Limpopo Province. *Journal of Respiration* 2023 volume 3(1).29-38. <https://www.mdpi.com/2673-527X/3/1/4>
- Rocha, I. C. *et al.* (2021) Psychological Impacts and Post Traumatic Stress Disorder among people under COVID-19 Quarantine and Isolation: A Global Survey. *International Journal of Environmental Research and Public Health* **18**(11), 4-10. [https://www.researchgate.net/publication/351905377\\_Psychological\\_Impacts\\_and\\_Post-Traumatic\\_Stress\\_Disorder\\_among\\_People\\_under\\_COVID-19\\_Quarantine\\_and\\_Isolation\\_A\\_Global\\_Survey](https://www.researchgate.net/publication/351905377_Psychological_Impacts_and_Post-Traumatic_Stress_Disorder_among_People_under_COVID-19_Quarantine_and_Isolation_A_Global_Survey)
- Romulo, S. & Urbano, R. (2022). Separation and Discrimination: The Lived Experience of COVID-19 Survivors in Philippine Isolation Centers. *SAGE Journals*. <https://journals.sagepub.com/doi/abs/10.1177/10541373221090019>  
<https://journals.sagepub.com/doi/abs/10.1177/10541373221090019>
- Setiawan, B; Nugraha, DP; Irawan, A; Nathan, RJ; and Zoltan, Z. (2021). User Innovativeness and Fintech Adoption in Indonesia, *Journal of Open Innovation: Technology, Market, and Complexity*, Volume 7, Issue 3, 2021, <https://doi.org/10.3390/joitmc7030188>.
- Shafipour V, Mohammad E, Ahmadi F. (2014). Barriers to nurse-patient communication in cardiac surgery wards: a qualitative study. *Glob J Health Sci*. 2014 Aug 15;6(6):234-44. doi: 10.5539/gjhs.v6n6p234. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4825530/>
- Shiraly, R., Mahdaviyazad, H. & Pakdin, A. (2021). Doctor-patient communication skills: a survey on knowledge and practice of Iranian family physicians. *BMC Fam Pract* **22**, 130 (2021). <https://doi.org/10.1186/s12875-021-01491-z>
- Şimşek, C. (2021). Experiences of nurses who have children when caring for COVID-19 patients. *Int Nurs Rev*. 2021 Jun;68(2):219-227. doi: 10.1111/inr.12651. <https://pubmed.ncbi.nlm.nih.gov/33434317/>
- Sturme, G., & Wiltshire, M. (2020). Patient perspective: Gordon Sturme and Matt Wiltshire. *BMJ (Clinical research ed.)*, 369, m1814. <https://doi.org/10.1136/bmj.m1814>
- Sun, N., Wei, L., Xinjun Hu, Wang, H., Wang, X., Gao, M., Hu, X., & Shi, S. (2020) Qualitative Study of the Psychological experience of COVID-19 patients during hospitalization. *ScienceDirect: Journal of Affective Disorders* volume 278, 15-22. [https://www.sciencedirect.com/science/article/pii/S0165032720326458?fbclid=IwAR051w46oSIDnhDsvzKqRKpUajprQm\\_s95nxKl3YXulCImV69mAhNluRW50#sec0033](https://www.sciencedirect.com/science/article/pii/S0165032720326458?fbclid=IwAR051w46oSIDnhDsvzKqRKpUajprQm_s95nxKl3YXulCImV69mAhNluRW50#sec0033)
- Taylor, P., Colette, & Maguire. (2013). Cross-cultural communication barriers in health care. *Nursing Standard*. 4/3/2013, Vol. 27 Issue 31, p35-43. 9p. <https://web.p.ebscohost.com/abstract?direct=true&profile=ehost&scope=site&authtype=crawler&jrnl=00296570&AN=86723535&h=AW9eDRWfjERW%2bYwqHrCqwgQPD53vnJoA%2fytnfiRs2mofhKUISQRaQ7ntMfAVZy8mQyDWcSwtukD4bt2QxcrYFw%3d%3d&crl=c&resultNs=AdminWebAuth&resultLocal=ErrCrlNotAuth&crlhashurl=login.aspx%3fdirect%3dtrue%26profile%3dehost%26scope%3dsite%26authtype%3dcrawler%26jrnl%3d00296570%26AN%3d86723535>
- Widodo, S.J. (2014). Influence of leadership and work environment to job satisfaction and impact to employee performance (study on industrial manufacture in west java). *Journal of economics and sustainable development*, Vol 5/26.
- Zapanta, Kaylie; Schroeder, E Todd; and Fisher, Beth E. (2022) "The Role of Gut Health in Parkinson's disease: The Impact on Motor Symptoms and Fitness Levels," *International Journal of Exercise Science: Conference Proceedings*: Vol. 14: Iss. 2, Article 11. Available at: <https://digitalcommons.wku.edu/ijesab/vol14/iss2/11>