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Demoralization and Quality of Life in COVID-19 Patients

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Abstract

WHO declared COVID-19 as a global pandemic in March 2020 and it was evident that the world for now had to live with it. The patients of COVID-19 tend to get isolated which created a state of helplessness and/or hopelessness, negatively affecting their quality of life (QoL). An understanding of Covid-19's impact-on QoL, psychological and demographic factors affecting the QoL could facilitate the rehabilitation of individuals having Covid-19. The present study intended to discover the relationship among demoralization, quality of life and sociodemographic variables in COVID-19 patients. It was a correlational study and sample was selected through non-probability purposive sampling strategy. Sample comprised of positive covid-19 patients (N=150). Demoralization Scale, COVID-19 Impact on Quality-of Life Scale and demographic sheet were used for data collection. Data was collected online by sending the survey form to the participants. Results showed that demoralization and quality of life had significant positive relationship. QoL and demoralization were worse in male patients as compared to female patients. This study will be useful as mental health organizations and practitioners could consider developing online support programs to enhance the quality of life of patients.

Key Words: *Demoralization, Quality of Life, Gender, Covid-19, Pandemic.*

Introduction

Demoralization is the state of existential distress. It is usually experienced by an individual as a feeling of hopelessness, helplessness, meaninglessness, and subjective incompetence and low self-esteem. Demoralization always takes place within the framework of a past, present, predicted or abstract demanding condition. To more describe the idea of demoralization, it has been proposed that the medical representation of demoralization is "personal incompetence" and that demoralization contains elements of both personal incompetence and indications of psychological distress, such as depression, anxiety, aversion, anger (De Figueiredo, 2007).

Robinson (2016) outlines "demoralization syndrome to be recognized as an illness of existential distress characterized by despair, helplessness and a state of incompetence. It is not a new concept, it was familiarized by psychoanalyst and therapist Frank (1960) in the medical setting to describe the disorder as experiential suffering stirring in the patient with circumstances just like bodily sicknesses or intellectual disorders which endanger life or the veracity of being. Demoralization indicates a persistent disappointment of surviving with internally or externally sourced stress (Frank & Frank, 1993).

Demoralization may be a field or a slope that starts with personal ineffectiveness and non-pathological suffering. Personal ineffectiveness changes into powerlessness, occasionally cultivates into desperateness, and converts into pathological state when it is steady and causes substantial damage in significant zones of working. In its most severe form, demoralization can be documented as a syndrome, including personal incompetence, powerlessness, desperateness and suffering that may be non-precise or precise (Tecuta et al., 2015).

COVID-19 pandemic has disturbed people's lives worldwide. Demoralization is closely related to distress and subjective incompetence that leads toward the state of helplessness and hopelessness. Suicide is the extreme outcome of mental health crises. COVID-19 pandemic has great impact on people mental health which could cause demoralization, distress and depression. During COVID-19 pandemic people experienced the fear of death, hopelessness, helplessness and loss of purpose in life. Patients of COVID-19 tend to get isolated and it impacts their support mechanism and this could lead towards state of demoralization and suicidal ideation. In Pakistan, the deaths occurring during COVID-19 pandemic have greatly affected the people's mental health which leads them toward the state of demoralization or helplessness. Distress due to *unemployment,* distress from *imprisonment, homelessness (serious physical illnesses),* perception of being a burden *on others, self-hate* and the mental state of *agitation are the main observable risk factors which give rise to the lethal suicidal behaviors and affect individuals' QoL.*

World Health Organization states quality of life as awareness of individual's position in their life, in the framework of the values and worth systems in which they live and in relation to their goals, prospects, morals and concerns. Quality of life is a broad perception and is concerned with whether ailment or disability limits an individual's capacity to achieve a regular role. As an extensive universal concept, quality of life is comprised of many fields associated to health, but the concept also comprised of many other non-health-associated matters such as work, family, treasure, devoutness and atmosphere (Pibernik-Okanović, 2001). More importance is given to quality of life as a consequence measure to assess therapies and programs. The current awareness in QOL has been created due to two key reasons, firstly as a part of the greater initiative towards "Health for all" and the elevation of bodily, mental and social well-being, and secondly, important reconsideration of the goal of rehabilitation as a pointer of good QOL, as professed by the patients and their families (Chaturvedi & Muliyala, 2016).

The four important dimensions which are generally considered to be appropriate for the assessment of basic components of QOL are physical health, psychological states, social functioning and economic situation. Physical health consisted of general state of health including effective coping with daily life activities and experiencing adverse effects of the treatments. Psychological health consisted of appraisal of wellbeing and fitness. Social functioning consisted of family, friends and relationship with others and economic situation consisted of financial independency, employment and income (Spieth & Harris, 1996)
Quality of life is basically individual's ability to participate in or enjoy the life events. When a person is mentally healthy then he could enjoy the good quality of life. It is the person's own assessment of his/her life satisfaction. In the wake of COVID-19 quality of life of every individual is affected because of the fear to get infected by the virus. But the people whose quality of life got severely affected are the victims of COVID-19. They have to face the isolation, fear of death, hopelessness and these things directly affect the quality of life. In Pakistan like other countries COVID-19 pandemic has significantly affected psychological health of patients as well as whole community.

WHO declared COVID-19 as a global pandemic in March 2020 and it is evident that the world for now has to live with it. COVID-19 pandemic has brought many changes in to the people lives, financial pressure, social isolation and changes in daily routine work. People experience a lot of stress during the pandemic.

They have to stay isolated at home and this situation has great impact on their support mechanism because people have to rely on others for support and motivation to cope with their problems. The lack of social support could take them to a state of helplessness and/or hopelessness and this negatively affecting their quality of life (QoL).

This research intended to examine how demoralization in COVID-19 patients is associated with poor quality of life. As we live in Pakistan within a collectivistic culture, people here need support from others to move on in society in every matter of like it could be family crisis, financial matters, health matters and psychological problems. In the wake of COVID-19 patients tend to be isolated which could lead them towards a state of helplessness, hopelessness, depression and suicidal ideation and also affect their quality of life. This study will serve as a milestone to reveal factors which influence quality of life among COVID-19 patients and also helpful for mental health organizations and practitioners. Findings will have important implication that will be helpful for organizations to create online support programs to enhance the quality of life of the patients.

Objectives of the Study

- To explore the relationship between demoralization and quality of life among COVID-19 patients.
- To explore the gender differences in demoralization and quality of life among COVID-19 patients

Literature Review

Oh et al., (2021) conducted a research on both small and large groups of general population, healthcare workers, and those with pre-existing psychiatric diseases to explore the mental health consequences after the pandemic. Results revealed that COVID-19 pandemic had significant consequences on the quality of life of the over-all population and affected them psychologically, as well as the infected people and the people with previous psychological illnesses were at greater risk of deteriorated quality of life.

Parola et al., (2021) conducted a research on anxiety states and demoralization symptoms among COVID-19 patients. Findings revealed that the percentage of anxiety states and demoralization symptoms in patients was high (26.7%) and feelings of sadness were also elevated in them with negative mood and anxiety interlinked both to the present circumstances and the future uncertainty. Feelings of guilt also appeared in them for having infected the other family members.

Robinson and Kissane (2016) conducted a study to explore whether depression, demoralization, loss of control, and low self-worth were a mediator between quality of life and wish to hurry up death. A sample of 162 palliative care patients was taken and findings revealed that depressive symptoms, loss of sense and determination and demoralization were significant mediators.

Ferrario et al., (2021) investigated psychological problems and issues faced by the hospitalized COVID-19 patients. A sample of 181 patients were included who were hospitalized and the findings revealed that psychological issues of patients were severe stress (18.6%), demoralization (26.7%), despair (10.5%) and sorrow (8.1%). All the demoralized patients required psychological interventions to manage their demoralization feelings and other issues.

Nguyen et al., (2020) conducted a research to explore the after effects of COVID-19 pandemic on general population. Findings revealed that as COVID-19 is a serious disease it had after effects also that significantly affected daily lives of the patients as well as their families including mental health difficulties

like stress, depression, anxiety, difficulty in sleeping and negative mood. Also concluded that COVID-19 adversely affected the quality of life.

Hypotheses

- There is likely to be a significant relationship between demoralization and quality of life in COVID-19 patients.
- There is likely to be significant gender difference in demoralization and quality of life in COVID-19 patients.

Method

The study was carried out through cross-sectional research design. The sample chosen for the study consisted of COVID-19 patients. Non-probability purposive sampling technique was used to draw sample. Sample size was 150 COVID-19 patients comprising of both male (n=69) and females (n=81) with age ranging from 20-60 years. COVID-19 Patients who were at the clinics or at home and those who can read Urdu language were included in the study. It consisted of both male and female patients. On the other side, patients with physical disabilities and terminal illnesses were not included in the study. Also, the pregnant ladies were not included.

Demographic form was used to take general information from the participants which consisted of age, gender, education, occupation, marital status, family system, and days spent with COVID-19 to determine how these variables affected quality of life of COVID-19 patients.

Kissane et al., (2004) developed the Demoralization Scale Version II. It consisted of 16 items which are rated from 0 (never) to 2 (often) on a three-point Likert scale. Higher scores reveal higher levels of demoralization (score range, 0-32). Low scores ranged from 0-3, middle scores from 4-10 and high scores equal or less than 11 (<11). It comprises of two factors: Distress and Coping Ability and Meaning and Purpose. The DS-II has good internal reliability (α = .89) for all patients. Repisti, (2020) developed COVID-19 impact on Quality-of Life Scale. It is comprised of 6 items which are rated on a 5-point Likert Scale, and the higher score is indicative of greater impact on quality of life and linked areas individually perceived by the contributors and has high internal consistency. The COVD-19 impact on Quality-of Life Scale is a consistent and valid scale which can be used to discover the impact of COVID-19 on quality of life.

Procedure

The study was approved from Departmental Board of Study and Ethical Review Board. Instruments were retrieved from internet then prior to use the instrument permission was taken from the authors over e-mail for using and translating them for research purpose. After getting permission from authors patients were approached online due to COVID-19 pandemic through google form and clinics was also visited for data collection purpose. Purpose and nature of the research was described and consent was taken from the participants. It was also ensured to them that their identity and responses will be kept confidential. The google form was comprised of demographic form, Demoralization Scale Version II and COVID-19 Impact on Quality-of Life Scale. In order to conduct research some of the ethical considerations were kept in mind. Permission was taken from the authors for using their instruments for data collection. Informed consent was taken from the participants prior to administering the questionnaires and everything was explained regarding the nature and purpose of research. Participants had the right to leave the

participation and dismiss it at any time they want. Participants were also guaranteed that the data taken from them will be kept private and not be revealed to anyone.

Results

The present study was conducted to investigate the demographic characteristics of the sample and to carry out statistical analysis on the study variables.

Table 1. Demographics characteristics of participants (N=150)

Demographic variables	Frequency	Percentage %
Age		
19-30	54	36.3%
31-40	61	40.7%
41-50	19	12.7%
51-60	16	10.8%
Gender		
Male	69	46%
Female	81	54%
Education		
Matriculation and below	13	8.7%
Intermediate	46	30.7%
Graduated	46	30.7%
Postgraduate	45	30%
Occupation		
Employed	68	45%
Unemployed	82	54%
Marital status		
Single	27	18%
Married	123	82%

Table 1 indicate the percentages of categorical data. There were four different categories of age and the percentage of participants falling between the age range of 31-40 was higher (40.7%) as compared to other categories of age. The percentage of female participants was higher (54%) as compared to males consisting of percentage (46%). The percentage of the participants were also higher who got education till intermediate (39%). The percentage of unemployed participants was higher (54%) whereas the employed percentage was lower (45%). Percentage of married couples were higher (82%) while the percentage of singles was (18%).

Table 2. Intercorrelation among Study Variables

Variables	1	2	3	4	5
1.Gender	-	-.05	.11	-.17*	-.18*
2.Marital status		-	.17*	-.14	-.14
3.Age			-	-.46**	-.44**
4.Demoralization				-	.60**
5.QoL					-
M	1.54	1.82	34.39	19.69	20.45
SD	.50	.39	10.09	5.75	4.83

Note: ***p<.001; **p<.01; *p<.05

Table 2 indicates relationship among gender, age, marital status, demoralization and quality of life among COVID-19 patients. Gender had significant inverse relationship with demoralization and quality of life. Males were associated with more demoralization feelings and worse quality of life than females. There was also significant positive relationship between demoralization and quality of life among COVID-19 patients indicating that higher demoralization to be associated with poorer quality of life in patients.

Table 3. Independent Sample T-test on Demoralization and QoL between Males and Females (N=150)

	Males (n=69)		Females (n=81)				95% CL		Cohen's d
Variables	M	SD	M	SD	t	P	LL	UL	
Demoralization	20.75	5.72	18.78	5.65	2.12	.04	-.254	.777	.35
QoL	21.38	3.97	19.65	5.35	2.21	.03	-.210	3.818	.37

Independent sample t test was used to find out the gender differences between the perceived social support, demoralization and quality of life among COVID-19 patients. Results indicated that there were significant gender differences on both the variables. It was found that demoralization was higher in males (M=20.75, SD=5.72) as compared to females (M=18.78, SD=5.65) and quality of life was also worse in males (M=21.38, SD= 3.97) as compared to females (M=19.65, SD= 5.35).

Discussion

The present study was designed to investigate relationship among demoralization and quality of life in COVID-19 patients. The study found a significant positive relationship between demoralization and quality of life among COVID-19 patients. This finding is consistent with previous literature which has shown demoralization in cancer and Parkinson's disease patients to be higher and associated with poor QoL (Zhu et al., 2021). In COVID patients as well, similar to other disease patients, increased physical symptoms and being away from everyone, in isolation and being dependent on others could give rise to distress, a feeling of being a burden on others and a sense of losing control on life (Vehling & Mehnert, 2014). In another study, Robinson and Kissane (2017) explored whether demoralization, depression, low self-esteem and loss of control lead to change in QoL and findings revealed that depressive symptoms, loss of control, loss of meaning and purpose and low self-worth which are all different components of demoralization were associated with deteriorated quality of life.

The results revealed that younger age was associated with higher demoralization feeling and low QoL. Similar results were documented in another study which showed that psychological distress and QoL was deteriorated in younger age participants (Algahtani, 2021).

The findings also revealed significant gender differences on demoralization and quality of life in COVID-19 patients. Both demoralization and quality of life were poor in males as compared to females. The existing literature also supports these results. It has been observed during COVID-19 and lockdown situation that social and financial components of life got severely affected. Looking at Pakistani society's structure, males are the ones who work and earn for their household. After contracting COVID, they could not go to their jobs or at times earn for their families which put them at greater risk of stress, anxiety or hopelessness. Socially as well, meeting with friends and significant others got affected leading to feelings of distress.

The study had a few limitations. The research was conducted on small scale that's why results can't be generalized as such. It is recommended that future studies be conducted on larger sample size. The current study was comprised of self-report measures asking questions regarding the impact of the COVID-

19 pandemic. Hence, the current mood states and feelings could have affected peoples' responses. The future studies are suggested to explore the subjective feelings of patients with detailed interviews to identify the factors and course of demoralization.

Conclusion

The present study was carried to investigate the relationship between demoralization and quality of life among COVID-19 patients with reference to sociodemographic variables. Demoralization was significantly associated with quality of life and younger age patients. The study will be helpful as mental health organizations and practitioners could consider developing online support programs to enhance the quality of life of the people. The study will be helpful to enhance knowledge about how to lower the feelings of hopelessness and helplessness in pandemic situation and enhance the quality of life of individuals.

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