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**AN ASSESSMENT OF COUNSELLING NEEDS OF PATIENTS WHO TEST POSITIVE
FOR COVID-19 AT LEVY MWANAWASA UNIVERSITY TEACHING HOSPITAL**

BY

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**A dissertation submitted to the School of Postgraduate Studies in partial fulfillment for the
award of Master's Degree in Public Health**

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DECLARATION

I SICHALWE SAMUEL, post graduate student number: MPH 2002000764 declare that the study entitled an assessment of counselling needs of patients who test positive for COVID-19 at levy Mwanawasa University Teaching Hospital represents my own work and that all the sources quoted have been indicated and acknowledged by means of complete references. I further declare that this study has not previously been submitted for consideration for any certification at any University/Institution.

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DEDICATION

I would like to dedicate this study to all my family and friends for their support throughout this academic journey. I could never have done this without their sincere love and tacit knowledge. To my beloved wife, Martha, thank you for encouraging me to be the best that i can. To my only daughter Mwiza and two sons, this is your career path encouragement and an answered family prayer. To my supervisors, may God bless you and your families too.

LIST OF ABBREVIATIONS AND ACRONYMS

COVID 19	Coronavirus Disease 2019
HIV	H uman I mmunodeficiency V irus
IEC	I nformation, E ducation and C ommunication
LMUTH	L evy M wanawasa U niversity T eaching H ospital
MOH	M inistry of H ealth
NGO	N on- G overnmental O rganization
PPE	P ersonal P rotective E quipment
SARS-COV 2	S evere A cute R espiratory S yndrome C oronavirus 2
UNAIDS	J oint U nited N ations P rogramme on HIV/AIDS
UNDP	U nited N ations D evelopment P rogramme
UNICEF	U nited N ations I nternational C hildren’s E mergency F und
WHO	W orld H ealth O rganization

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ABSTRACT

Background: Psychological counselling is a challenging task global society faces. This can be seen in a raise in mental related disorders. Despite counselling being an important intervention to help handle psychological concerns in most day-to-day activities, in some instances, it has not been holistically taken as a serious tool. A lot of mental-related problems like stress, and anxieties arose with Coronavirus 19 as the 6th pandemic. During the first and second waves of COVID-19, health workers' uncertainties when disclosing positive results, and patients' unpreparedness to receive bad news led to unprecedented reactions. These reactions were worsened by the change of counselling modalities as patients could receive results on phone, while others conducted counselling sessions in personal protective clothes due to fear of acquiring or transmitting the disease. Hence, uncertainties on the goal of achieving psychological autonomy for our COVID-19 patients.

Methods: Qualitative case study was used and data was collected through in-depth, semi-structured interviews from 11 COVID-19 survivors systematically sampled while 5 health workers were purposively chosen as key informants. This data on COVID-19 results disclosure, psychological experiences, preferred way of receiving bad news and coping mechanisms were analyzed using thematic analysis. The aim of the study was to access the counselling needs of patients who tested positive for COVID-19 at Levy Mwanawasa University Teaching Hospital from 2020 to 2021.

Objective: Conceptually this paper evaluates the factors affecting counselling in COVID-19 patients at Levy Mwanawasa Medical University Hospital COVID-19 centre.

Results: In this study environment, counselling practices on patients testing for COVID-19 were not encouraging. Overall, the participants had a poor perception of the way doctors were breaking bad news to the Clients and how this exponentially affected their mental health. There is a need seen for health workers to possess basic psychological counselling skills to handle emergency crisis as well as improve on referral system in mental care. These qualms are being mitigated through refresher basic training in counselling courses and observing 5 golden rules of COVID-19

Conclusion: The study showed the importance of a Doctor's attention to standards of psychological practice when attending to Clients or disclosing their sensitive results. Similar

studies in other countries show that incorporating a client-centered counselling approach to improve the quality of long-term care and improve overall service delivery. Key informants can play an important role in passing on this information about counselling.

CHAPTER 1: INTRODUCTION

1.1 Background to the study

The world has been hit by a pandemic which has become a serious concern as it affects all sectors of human development. On 30 January 2020, the World Health Organization (WHO) declared this coronavirus disease of 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-COV2) as the sixth public health emergency of international concern. On 11th March, 2020, it was declared as a pandemic (Simulundu, *et al.*, 2020). As of 28th October, 2021, there were 244,897,177 confirmed cases and 4,988,705 deaths worldwide. The numbers, however, keep growing exponentially (Zhong, *et al.*, 2020, Qin, *et al.*, 2020) and some people live in fear of the pandemic while others have accepted it as the new normal. Mutually, the population that has accepted the new normal and that still living in fear belong to the same community and face the same challenges and other health risks (Velavan & Meyer, 2020). Hospitals have been designated to attend to the COVID-19 patients and other cases are treated from home (Naser, *et al.*, 2020).

Africa, Zambia, in particular, was not immediately hit by the pandemic. From the time covid-19 was declared a public health emergency of international concern, it took almost three months for the first case to be recorded in Zambia which was on 18th March, 2020 (Simulundu, *et al.*, 2020). As a reaction to the cases, health guidelines were put in place with the first act being the closure of learning institutions on 20th March, 2020 and complete isolation of the first family to be affected (Kapata, *et al.*, 2020). All these lead to anxiety among the people in all aspects of life (Gilbert, *et al.*, 2020).

The pandemic has caused many effects ranging from excess deaths and decreased life expectancy by 1.67 years in USA (Chan, 2021). In addition, socio-economic impact of COVID-19 has been associated with loss of foreign exchange earnings due to the reduction of key activities such as tourism (Baker, *et al.*, 2020). Economic shutdown led to direct and indirect loss of employment causing household and fiscal challenges United National Development Programme (UNDP, 2020). The economic effects have no doubt increased psychological effects on families and the business

community such as fear, suicidal thoughts, emotional trauma, ongoing anxiety, uncertainty (Kontoangelo, *et al.*, 2020).

Relatively high rates of symptoms of anxiety (6.33% to 50.9%), depression (14.6% to 48.3%), post-traumatic stress disorder (7% to 53.8%), psychological distress (34.43% to 38%), and stress (8.1% to 81.9%) are reported in the general population during the COVID-19 pandemic in China, Spain, Italy, Iran, the US, Turkey, Nepal, and Denmark. Risk factors associated with distress measures include female gender, younger age group (≤ 40 years), presence of chronic/psychiatric illnesses, unemployment, student status, and frequent exposure to social media/news concerning COVID-19 (Xiong, *et al.*, 2020).

Psychological effects contribute to unproductive behavior among populations. In the covid-19 era, to mitigate the psychological effects of covid-19 among people, some interventions like applying five golden rules, rolling vaccinations programs and increase on sensitization on the uptake of vaccines, re-opening cross border trading, active identification of cases and contact tracing as well as offering psychological care have been put in place (Kontoangelo, *et al.*, 2020; Cullen, *et al.*, 2020).

Psychological Counselling is usually utilized as an intervention that is used to offer care which addresses the psychosomatic effects of particular issues among various populations (Kaeding, *et al.*, 2017). Counselling attempts to assist people identify their problems and make realistic solutions for themselves and their families (Vermes, 2017). Counselling is offered to individuals who are worried of issues, their families too and those taking care of them (Sommers-Flanagan and Sommers-Flanagan, 2018). The process of counselling varies from place to place, the background of individual or the services being sought for (Savickas, 2019). Counselling can be offered by trained health workers, teachers, church and community leaders (van Holm, *et al.*, 2020). Effective counselling does not need a set approach or an organized formal or structured situation (Seifart & Hofmann, 2014).

1.2 Rationale of the study

A lot has been discussed on COVID-19 concerning quarantine and isolation of patients but has not been the case when it comes to the welfare of the Clients in terms of psychological

preparations. Clients psychological effects have been not taken as a priority as such it is the “missing face of COVID-19”. This has not been emphasized in both global and national standard operating procedures. Counselling Clients before breaking “bad news” of a positive COVID-19 test result needs to be a priority, in light of these assertions a study of the assessment of counselling needs of patients who test positive for COVID-19 at Levy Mwanawasa University Teaching Hospital to come up with interventions that would help Health Care Workers manage the COVID-19 Patients comprehensively.

CHAPTER 2: LITERATURE REVIEW

2.1 Overview

Covid-19 was first reported in 2019, December in China's Wuhan city. It is a disease caused by a virus that belongs to the family of coronaviridae (Naser, *et al.*, 2020). The disease spread exponentially to other countries in Asia and Europe by the end of January, 2020. By the end of February, every continent had reported cases of covid-19 (Qin, *et al.*, 2020). With the world in panic due to the pandemic, day to day activities could not continue as usual hence some of the sectors had to be sacrificed for the sake of the health sector (Kooma, *et al.*, 2020). Countries have been put on lock down and a lot has come to a standstill. In a nutshell, this pandemic has had an impact on the way of life holistically. The individuals have been affected, the community as well as the world at large. In other words, the pandemic has had psychological, social, economic and political impacts on the individual, community and world (Marmot, *et al.*, 2020).

Covid-19 was confirmed in Zambia on the 18th March, 2020 with a total of 202,078 cases, 193,370 (97%) recoveries and 3,521 deaths have been recorded as at 13th August, 2021 HMIS (Kooma, 2021).

2.2 Psychological Effects of COVID-19

Psychological effects are basically intrapersonal reactions or responses to a phenomenon that may affect cognitive functions. Many psychological problems and important consequences in terms of mental health including stress, anxiety, depression, frustration, uncertainty during COVID-19 outbreak emerged progressively (Serafini, *et al.*, 2020). The pandemic has made a lot of people stress over a lot of things. Schools had been closed and many people didn't even know when or if they would open soon. There are other stressing and anxious effects such as fear of losing employment as many people have been laid off due to the pandemic. These feelings have made people to make haste decisions in order to survive. These have had an impact on how they live which has affected the mental strength of many. People are living in fear of the virus such that any symptom they may have, they take it as COVID-19. The study shows that the mental health of people is now compromised because of the pandemic which has psychologically unsettled masses.

Patients with symptoms of COVID-19 go through a lot. The psychological reactions to COVID-19 pandemic on them may vary from a panic behaviour or collective hysteria to pervasive feelings of hopelessness and desperation which are associated with negative outcomes including suicidal behaviour. Importantly, other health measures may be compromised by abnormally elevated anxiety (Serafini, *et al.*, 2020). There is a mental stress and the seeming hopeless nature in which patient with symptoms of COVID-19 as they conclude it is the disease that they have. The nature of the disease being incurable makes them hopeless (Mukhtar, 2020). Social distancing has also affected people with ordinary coughs which has brought distress among them (Niederkrötenhaler, *et al.*, 2020). Suicidal thoughts among the medical personnel have also been common due to stress and desperation. Watching patients being so helpless and they are not in any position to help has a mental toll on them (Khan, *et al.*, 2020).

Information and motivation have a direct effect on health behaviours, which means that acquisition of prevention knowledge, correctly understanding the severity, contagion, and lethality of COVID-19 and maintaining a strong prevention motivation may promote health behaviours directly, without the need for complex or novel behavioural skills. However, the results indicated that residents are not confident about their knowledge (Luo, *et al.*, 2020). The more informed the general population may be, the higher the chances of withstanding emotional stress. The behaviour is linked with the information that one has and therefore, the right information would help one to accept the state (Kaslow, *et al.*, 2020 & Kantor, 2020)

2.3 Social Effects of COVID-19

Socially, the pandemic has had a great impact as it spreads easily in crowded places. In the fight against COVID-19 Social isolation and lockdown have been implemented by the government which has led to limited interactions among people. Churches and bars are where many people meet from but the two have been heavily restricted due to the pandemic. Schools had also closed which means that young people would not meet each other at school (Xiang, *et al.*, 2020). There is an argument that the impact of the social isolation may be the silver lining to COVID-19 as it permits most individuals more time at home thus allowing, for some, flexibility in sleep-wake timings and extended sleep duration (Arora and Grey, 2020). It has made people to be healthy by resting enough and spending more time relaxing. However, they still have not had time to interact with others physically hence relations have become plutonic.

One particular source of worry that may be attributed to the closure of bars and taverns is in respect of the rise in sales of alcohol at this time. Despite the closure of drinking places, people have consumed more alcohol than before the pandemic. This could be argued to be as a result of people not having physical conversations and interactions with friends hence they turn to just taking alcohol (Sinha, *et al.*, 2020). The problem is that alcohol has a range of damaging short and long term effects. In the short-term, alcohol abuse has a suppressive effect on the immune system with particular effects on the lungs capacity to fight off infectious diseases like COVID-19 (Arora and Grey, 2020). This may raise the number of other cases that may need medical attention. This would bring a rise in the number of people visiting the clinic for medical assistance. Additionally, ill-health would lead to further isolation which would keep someone away from social activities longer.

The upside of social distancing is that many families reported spending more time cooking, making more meals from scratch, eating with their children more often, as well as involving children more often in meal preparation (Carroll, *et al.*, 2020). This has created stronger bonds in homes as families spend more time together. Social functions such as parties have been restricted to limited numbers to attend as well as the age of those attending them. Children are not allowed in such places hence they stay home with their siblings and parents who rarely go for parties since the pandemic. They now play and do house chores together as a family which has made families healthier and happier (Jribi, *et al.*, 2020).

One study found that children and youth were less active, played outside less, were more sedentary, engaged in more recreational screen-based activities and slept more during the initial COVID-19 virus outbreak compared with before the restrictions (Moore, *et al.*, 2020). They have been told to stay at home and the only entertainment they come across is screen-based. They are using phones, computers and televisions for entertainment and therefore, they sit most of the time. This sedentary development may have a negative effect on their health as they lack exercises and some became obese. The upside effect is that they have read more books than before the pandemic (Hall, *et al.*, 2020).

2.4 Economic Effects of COVID-19

COVID-19 has had an impact on the economic activities as well. The markets have been hit especially with the ban in international travels. No previous infectious disease outbreak, including the Spanish Flu, has affected the stock market as forcefully as the COVID-19 pandemic (Baker, *et al.*, 2020a). Every nation has felt the impact of the pandemic in terms of trade. Borders had been closed and the countries that produce finished products have nowhere to sell or buy raw materials. Equally, the countries that are used to buying finished products have had no imports hence lack in a lot of products (Baker, *et al.*, 2020b). This has led to struggling economies in developing countries especially as they produce little finished products and they usually depend on the developed countries for survival (Harkness, *et al.*, 2020).

Studies done in Canada showed that limited financial or food resources are substantial stressors that many Canadians may face during the COVID-19 pandemic (Carroll, *et al.*, 2020 and Moore, *et al.*, 2020). Many Canadians have experienced reduced work hours or job loss during the pandemic and parents' ability to work is further complicated by school and child-care centre closures (Akkermans, *et al.*, 2020). Other people lost jobs and businesses declined. Additionally, for those with children, they had to take care of their children at home and find limited time to look for money to sustain the family. COVID-19 pandemic has hit the individual, family, community and the world economically which has had a negative impact (Donthu and Gustafsson, 2020).

But COVID-19 is a globally impacting phenomenon. There is also the question of whether events of the magnitude of COVID-19 are insurable (Goodell, 2020). Insurance helps in mitigating the damage that comes with a crisis or disaster. However, the case of COVID -19 is different as the impact has been felt by every institution (Imperator, *et al.*, 2020). The insurance companies have also been hit and need mitigation. This in turn leads to the losses incurred due to the pandemic to seem insurable. However, due to the magnitude of the pandemic, there are organisations that have come in to help in the fight against COVID-19 by donating different equipment. However, the expenses that people go through in the fight are still high (Laato, *et al.*, 2020).

Unlike events such as global nuclear war, which is not survivable and so of no relevant cost, or events such as climate change that are much slower moving, or localized disasters that create spill

over and market reactions, the COVID-19 pandemic is causing a direct global destructive economic impact that is present in every area of the globe (Goodell, 2020). There is no country that is spared and therefore, one country coming to the aid of another is an act of mercy (Fouad, 2020).

2.5 Political Effects of COVID-19

Politically, COVID-19 has had an impact as well. This is based on the different ideologies that different countries are governed by. Zambia for example, employs capitalism and there is a free market economy. This gets altered by the pandemic as the fight against the pandemic has to involve everyone. However, not every citizen can acquire the services for themselves hence the government has to come in and regulate (van Holm, *et al.*, 2020). The countries that have embraced the socialist and communist ideologies have spent more on their citizens as the pandemic evolved.

Governments have had to come up with policies that will help mitigate the impact of the pandemic. Recent research by Maloney & Taskin, (2020) and Gupta *et al.* (2020) finds that voluntary social distancing – often prompted by first-case announcements, emergency declarations, and other information-oriented government actions – have been at least as important as government mandates in reducing individual mobility, work activity on business premises, and customer visits to restaurants, retail outlets and other businesses. They have had to close borders and recall citizens in foreign lands because of fear (Tasnim, *et al.*, 2020). Government have had to impose social distancing which has affected the normal operations of the government (Sinha, *et al.*, 2020). The ban on crowds has also negatively affected the political parties as they cannot hold political rallies.

2.6 Importance of Counselling

Research has shown that physicians do not feel comfortable taking away the hope from patients while there is a strong fear of not knowing how to handle patient's emotional reactions (Mahtani-Chugani, *et al.*, 2010) which stated that disclosing fatal prognoses is a very hard task for healthcare professional usually physicians visit too many patients every day. It is very difficult for them to find enough time to communicate with their patients in an effective way to listen to their concerns and answer their specific questions. Especially in crowded hospitals where a private place is difficult to find (Tang, *et al.*, 2013) stated that the most important thing is the way that information should be given to patients. A good truth telling technique could have positive effects on their

prognosis and quality of life, reducing emotional pressure and maintaining their sense of hope and build autonomy to face their challenge. After a first interaction, it should be clear that counselling is needed for that particular patient. However, some patients or clients may only provide full disclosures of their real issues after a good rapport with the counsellor and this may be difficult in this era of highly infectious COVID-19. An intervention is needed.

2.7 Challenges of Counselling in COVID-19 Era

Breaking bad news is/ has been a challenging task most health workers face (Muhammad Imran, 2015]. Each patient comes with his or her own story, different strengths, weakness, threshold for pain (Thomas, *et al.*, 2020). This coupled with lack of professional psychologists in most African countries, of which Zambia is not an exception, who are better trained to offer this therapy. Instead much of this work load is done by support staff who in some instances only received training ranges to as low as 3months to 3years (psychosocial counsellor, mental clinical officers/ nurses respectively). According to studies done on gynecologic and breast cancer survivor studies only about 7% seek medical care (Emily, *et al.*, 2021). If this number can be this low in non-infectious condition, how much then can people seek care in infectious diseases that even lack skilled personnel. Besides, COVID-19 exposed gaps in counselling as the usual “one to one interaction” was made difficult to perform for fear of transmission or acquiring COVID-19. Hence alternatives communication like phone usage was being used to break news about COVID-19 positivity. Besides, if in hospitals we are lacking counsellors what more critics can we anticipate in schools were suicide cases, mental stresses and emotions are on the increase in the adolescences (Wilson, Deane & Ciarrochi, 2005)

And despite health worker’s uncertainties, how best can the counselee build autonomy to face their situations in this era of COVID-19? For instance, maintaining eye contact in counselling session may be vital in in picking feelings that the counselor may use to access patient’s redness to receiving results. This is a challenge in view that personal protective equipment (PPE) needs to be available to conduct this. Despite this, feeling can’t be picked in masks appropriately. The solution to fear of COVID-19 transmission could lead us to explore other media usage like video chats, phones or telemedicine services between counsellor and clients to break news in this era. However, whether effective counselling can be achieved in this, needs innovation and further research.

2.8 Statement of the Problem

Counselling has been done in prearranged situation; SPIKEs (Setting, Perception, Invitation, Knowledge, Emotions and Summary) protocol etc. An organized set up of a room usually fit for data collection, supporting client, passing information and building autonomy. Perceptions are easily assessed on a one on one basis and a rapport built. Using eye contact, emotions could be picked easily and ascertain patient's readiness to receive bad news. Spike set up is ideal for empathy expression. Despite using Spike or other similar protocols, breaking bad news to patients has been a challenging task for health care workers regardless of their years of work experience (Vermes, 2017). Each patient comes with his or her own story, different strengths, weakness, threshold for pain (Thomas, *et al.*, 2020). Hence, in HIV/AIDS formalities of pretest, testing and posttest counselling were idea to breaking bad news.

In this COVID-19 era, this is becoming impossible as some health workers prefer to break sad news through other medias like phones for fear acquiring this pandemic. Much as counselling may be done on phone, in protected personal equipment etc. picking feelings to ascertain patient's readiness is difficult. Beside, use of mechanical devices like phones may not have emotional attachment to the patient and empathy maybe difficult to develop. Hence, since there is no known study at Levy Mwanawasa University Teaching Hospital that has been done on counselling for this communicable disease. This research was done and generated recommendations that may devise to improve counselling in this pandemic.

2.9 Study objectives

2.9.1 Aim of the study

The aim of this study is to access the counselling needs for patients who test positive for COVID-19 at Levy Mwanawasa University Teaching Hospital from 2020 to 2021.

2.9.2 Specific objectives

1. To describe psychological counselling needs about COVID-19 test results at Levy Mwanawasa University Teaching Hospital.
2. To determine psychological counselling experiences of patients after testing positive for COVID-19.

3. To establish the patients' preference on when and how to receive the positive COVID-19 results
4. To understand how patients cope with the positive COVID-19 results

2.10 Research questions

1. What are the psychological counselling needs of patients diagnosed with COVID-19 disease at Levy Mwanawasa University Teaching Hospital?
2. What are the experiences of patients after testing positive for COVID-19?
3. How do Patients cope with the positive COVID-19 results?

2.11 Justification of the Study

The findings that will be generated from this study will contribute to mental health literature at Levy Mwanawasa University Teaching Hospital. Since, only about 7% of populations tend to seek medical care (Emily, *et al.*, 2011) studying counselling assessment needs may devise an effective counselling technique that would meet standard practice hence improve on patients seeking care, and more patients helped to making informed choices regarding their psychological effects on COVID-19. Furthermore, the findings will be used to identify gaps on the counselling skills of the health workers at Levy Mwanawasa University Teaching Hospital which can further stimulate other research to influence policy on maintaining standard counselling practice in healthcare in COVID-19 era.

CHAPTER 3: RESEARCH METHODOLOGY

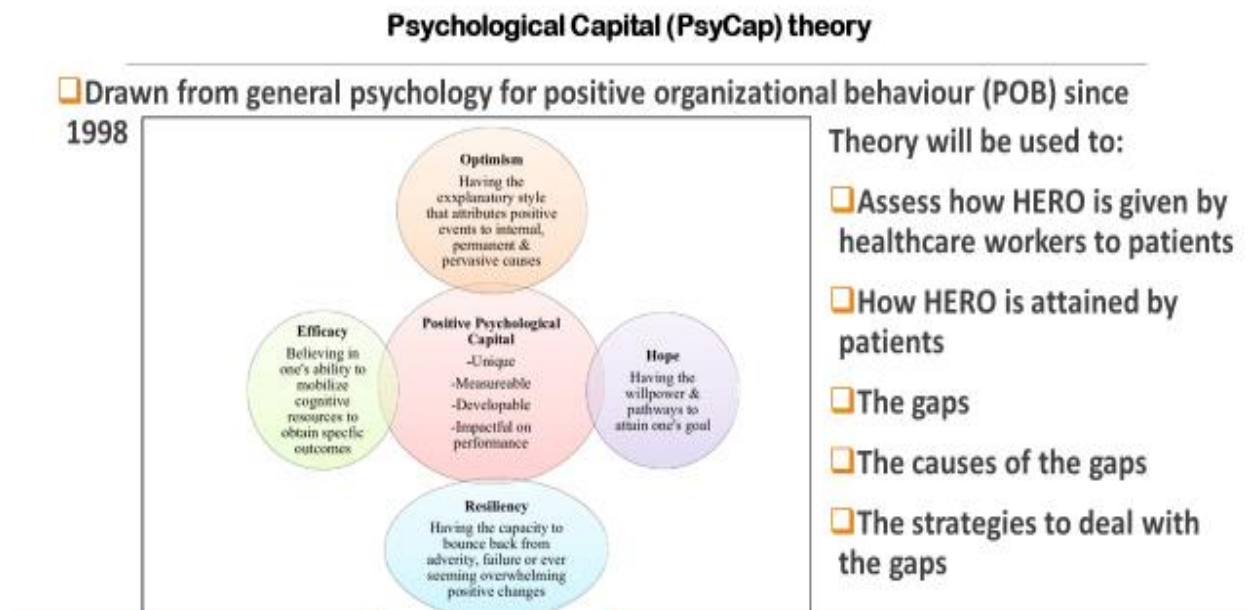
3.1 Study Design

This study used qualitative case study design. A case study design was used to enable the researcher to explore and define the state of affairs as it is through direct association with the participants (Crosswell, 2007). This method allowed the respondents to express themselves and use any language they were comfortable with, without any restriction (Tolley, *et al.*, 2016). Qualitative method uncovered various opinions, perceptions, and unforeseen results in order to comprehend the methods and policies needed to improve the counseling process at Levy Mwanawasa University Teaching Hospital when patients tested positive to covid-19.

3.2 Theoretical Framework

This study will use the Psychological Capital (PsyCap) theory which is drawn from general psychology.

Figure:1



3.2.1 Psychological Capital Theory

The first-order positive resources that make up PsyCap include hope, efficacy, resilience, and optimism, or the HERO within. The emphasis is on positivity for its own sake, not just as a means toward other ends. The theory was developed by Martin Seligman in his now famous 1998 American Psychological Association presidential address where a call for a “positive psychology” that explicitly focuses on studying and understanding “normal” people’s well-being, productivity, optimal functioning, and realizing one’s fullest potential was made (Seligman, *et al.*, 2005).

In terms of commonalities, hope, efficacy, resilience, and optimism share a sense of control, intentionality, and argentic goal pursuit. They also share the common theme of “positive appraisal of circumstances and probability for success based on motivated effort and perseverance” (Luthans, *et al.* 2007). For example, optimistic individuals will view their chances of success to be high. Being confident (i.e., having high efficacy), they will intentionally choose challenging goals and be motivated to achieve them. Hope will promote the generation and pursuit of multiple pathways toward those goals, and resilience will allow for recovery from setbacks when pathways are blocked. Together, these HERO resources will help maintain an internalized sense of control and intentionality while goals are being pursued and accomplished.

3.2.2 How the theory has been used

Sin & Lyubomirsky (2009) used the theory as an intervention in positive clinical psychology in increasing positivity, alleviating negativity and enhancing well-being. Psycap has been used to understand how positivity can be used to motivate employees. This was a meta-analysis study that looked at the behaviours, attitudes in relation with their performance (Avey, *et al.*, 2011). The employees were constantly motivated using the HERO strategy and they proved more productive. It has also been used to look at how stress affects innovativeness of individual (Abbas and Raja, 2015). They looked at how the supervisors who were stressed were faring and then introduced interventions that reduced stress such as rest, reduced responsibility and counselling. They observed the innovativeness after the interventions.

3.3.3 How the Theory Will Be Applied In This Study

In this study, the PsyCap theory will be used to understand if clients that have positive COVID-19 tests are counselled, how they are counselled, what works and what does not work during the counselling sessions, what effects do the results have on the mental wellbeing and how do they cope with the negative effects of the positive test results. These questions are relevant because COVID-19 has instilled fear of transmission among health workers. The HERO (Hope, efficacy, resilience and optimism) elements would be inspirational to the call of enhancing autonomy needed after a client makes an informed choice regarding COVID-19 test and positive test result disclosure, attain positive attitude and move out of their adversity being used to enhance positive perspective and reduce the main psychological effects.

3.3.4 Summary

COVID-19 is a pandemic that has impacted individuals, communities and the world at large. It has an impact on the psychological perspective of an individual and the larger community. Literature also reveals that it has an effect on the social, economic and political aspects of the individual and the world. Counselling victims is necessary in order to give them hope and have a positive mind. This research aims to adopt a customer centered approach, to improve quality services (Iftikhar,2010) through involving participants in their care plan, and enhancing cooperation to attain psychological satisfaction. Counselling happens to be one among interventional plan that can bring about positivity needed in healing most of mental and stressful situations. However, if not well done, counselling may worsen mental problems (Wilson, Deane & Ciarrochi, 2005).

3.3 Study Site

The study site was in Lusaka district, at Levy Mwanawasa University Teaching Hospital. The area was specifically chosen because LMUTH is one of the largest government hospitals in the country and also a biggest Covid center. The Levy Mwanawasa University Teaching Hospital (LMUTH) is situated along the Great East Road, Chainama Hills Area in Lusaka. The hospital has approximately 906 medical and administrative personnel. Among the staff are about 396 nurses and around 146 medical doctors. LMUTH functions as a Provincial hospital with 3rd level services and is part of the newly established Levy Mwanawasa Medical University (LMMU).

LMUTH has a catchment area of eight (08) Districts. These are Chilanga, Chirundu, Chongwe, Kafue, Luangwa, Lusaka, Rufunsa and Shibuyunji with an estimated population of more than 3 million people (Central Statistics Office, 2018). At inception, the hospital had 150 bed spaces. However, with the ever increasing population of Lusaka and the sharp increase in the disease burden, the demand for health services at the institution has gone up, inescapably culminating in an increase of bed space to the current 239. Government is currently expanding LMUTH from the current 239 to an 826 bed capacity modern health facility. The New state-of-the-art LMUTH brings on board specialized medical services with avant-garde medical equipment suitable for a practicum site for College and University students.

3.4 Study Population

The study population comprised survivors of covid-19 at Levy Mwanawasa University Teaching Hospital. These were 18years and above and selected from COVID-19 registers from 2020 to 2021 registers.

3.5 Sample and Sampling Procedures

COVID-19 patients were sampled systematically in this study. These participants were accessed from the COVID-19 center. The participants were chosen if they had COVID-19 positive, survived and willing to participate in the study

Participants were sampled systematically for in-depth interviews till saturation was attained. The twelve participants were selected for in-depth interviews from the COVID-19 survivors. These

were picked from 1st and 2nd waves and gender balance was put in mind. Additionally, 5 key informants 1.Counsellor, 1 Nurse, 1 Doctor/administrator and 1 Public Health specialist who handled COVID-19 cases were interviewed. The healthcare professionals were chosen using purposive sampling because it is a non- probability sampling in which the participating units are selected in order to enable the researcher to select knowledgeable participants (Ulin, 2005).

3.6 Inclusion Criteria

The study population comprised survivors of covid-19 at Levy Mwanawasa University Teaching Hospital. These were 18years and above and selected from COVID-19 registers from March, 2020 to April 2022 registers.

3.7 Exclusion Criteria

COVID-19 survivors with co-morbidities illnesses diagnosed during this same time of COVID-19 infection between March, 2020 and April, 2022 were not participants in this study.

3.8 Data Collection method and procedure

Data collection is a way in which a researcher identifies and selects individuals and gets data for a study (Creswell, 2012). A research instrument is a tool used to obtain, measure, and analyze data from subjects around the research topic. For every research undertaking, a decision ought to be made on the type of the research instrument to be used depending on the research approach. In this study, structured interviews and questionnaires were used.

Semi-structured interviews was utilised to get data from the participants. Data was collected through in-depth interviews which was conducted in the language that the respondents were comfortable with. An interview allowed for greater space of asking questions and using probing questions in order to get interpretations on ambiguous questions or for seeking more amplifications of partial answers (Neuman, 2006). Semi-structured interviews was appropriate because it allowed cross referencing between the interviewer and the participants. Semi-structured interviews also allowed the researcher to compare the answers provided by various participants (Lamont, 2015). Semi-structured interviews also gave enough space and flexibility for original and unexpected issues that arose, which the researcher investigated in more detail with further questions

(Pietkiewicz & Smith, 2014). It allowed the researcher to minimize misinterpretations on the part of both the interviewer and interviewees (Cohen, *et al*, 2002).

A recorder was used to record the proceedings of the interview to ensure intense and accurate analysis of information gathered. During the interviews, notes were taken down to avoid reliance on recalled memory of the researcher which could have lead to omission of important facts (Bertram, 2011).

3.9 Data Management and Analysis

Data collection is a way in which a researcher identifies and selects individuals and gets data for a study (Creswell, 2012). In other words, data collection can be said to be a process of gathering and measuring information on variables of interest, in an established systematic way that enables one to answer stated research questions, test hypotheses, and evaluate outcomes the specific details of data collection are provided below. A research instrument is a tool used to obtain, measure, and analyze data from subjects around the research topic. For every research undertaking, a decision ought to be made on the type of the research instrument to be used depending on the research approach. In this study, semi-structured interviews was used and are explained in more details below.

Data collection techniques utilized was semi-structured interviews. This was utilised to get data from the participants. Data collected through in-depth interviews were conducted in the language that the respondent was comfortable with. An interview allows for greater space of asking questions and using probing questions in order to get interpretations on ambiguous questions or for seeking more amplifications of partial answers (Neuman, 2006). Semi-structured interviews was appropriate because it allowed cross referencing between the interviewer and the participants. Semi-structured interviews also allowed the researcher to compare the answers provided by various participants (Lamont, 2015). Semi-structured interviews also gave enough space and flexibility for original and unexpected issues that arose, which the researcher investigated in more detail with further questions (Pietkiewicz & Smith, 2014). It allowed the researcher to minimize misinterpretations on the part of both the interviewers and interviewees (Cohen, *et al*, 2002).

A recorder was used to record the proceedings of the interview to ensure intense and accurate analysis of information gathered. Recorder improved on reliability of the data. During the

interviews, notes were taken down to avoid reliance on recall memory of the researcher which could lead to omission of important facts (Bertram, 2011). Use of key informants that were purposively chosen improved on credibility as well as triangulation of the data.

To further understand the qualitative data, nvivo version 12pro was used for coding. The data analysis method for qualitative data was framework analysis. Data management and analysis were done using computer software, nvivo. This was helpful as more data kept coming in. As the volume of data increased, it becomes more complex to examine the nuances of language or compare responses among a number of subgroups and hence a computer greatly assisted the analysis process (Tolley, *et al.*, 2016). The study employed Ritchie and Spenser's framework analysis which was flexible as data increases (Srivastava, 2009).

It involves five phases in order to be done thoroughly as it includes sifting the data, charting it and sorting in line with the key issues and themes. These five stages are familiarisation of data, identifying a thematic framework, indexing, charting and the last stage of mapping and interpretation (Srivastava, 2009).

During familiarisation the researcher became immersed in the data collected by listening to audiotapes, studying the field or reading the transcripts. Throughout this process the researcher became aware of key ideas and recurrent themes and made notes from them.

The second stage occurred after familiarisation and involved identifying a thematic framework when the researcher recognised emerging themes or issues in the data set. These emerging themes or issues arose from a priori themes and issues. However, it was at this stage that the researcher allowed the data to dictate the themes and issues. To achieve this end, the researcher used the notes taken during the familiarization stage. The key issues, concepts and themes expressed by the participants now formed the basis of thematic framework that was used to filter and classify the data (Ritchie & Spencer, 1994).

Indexing means that the researcher identifies portions or sections of the data that correspond to a particular theme. This process was applied to all the textual data that was transcribed. For the sake of convenience it was recommended that a numerical system be used for the indexing references

and annotated in the margin beside the text. Qualitative data analysis tool, NVivo, was used for this task (Srivastava, 2009).

Charting, the fourth stage, the specific pieces of data that were indexed in the previous stage were now arranged in charts of the themes. This meant that the data was lifted from its original textual context and placed in charts that consisted of the headings and subheadings that were drawn during the thematic framework, or from a priori research inquiries or in the manner that was perceived to be the best way to report the research (Ritchie & Spencer, 1994).

The final stage, mapping and interpretation, involved the analysis of the key characteristics as laid out in the charts. This analysis was able to provide a schematic diagram of the event or phenomenon thus guiding the researcher in the interpretation of the data set. It is at this point that the researcher took cognizant of the objectives of qualitative analysis, which are: “defining concepts, mapping range and nature of phenomena, creating typologies, finding associations, providing explanations, and developing strategies” (Ritchie & Spencer, 1994:186). Once again these concepts, technologies, and associations are reflective of the participant. Therefore, the appropriate strategy or recommendations made by the researcher were echoed the true attitudes, beliefs, and values of the participants.

3.10 Ethical Issues

The needs of the participants were priority of this study. In order to ensure the safety and rights of the participants, they were informed about the prevailing ethical consideration. Informed consent, permission from the hospital management, rights of the participation in the research, voluntary participation were top on the priority for this study. The informed consent from the participants were an ongoing or continuous process as throughout the research.

Privacy and confidentiality concerns were given deserved consideration. The results protected from unauthorized observation. Participants notified of any unforeseen finding from the research that they would not have wanted to know. The participants were allowed to withdraw at any time if they would feel uncomfortable. I ensured that the participant received full disclosure of the nature of the study. Approval obtained from Lusaka Apex Medical University Biomedical Research Ethics committee (LAMUBREC).

Ethical matters have become important cornerstones in conducting effective and meaningful research. The researcher understood that human research ethics are based on three fundamental principles that are considered as underpinning the principles or guidelines governing research ethics. These principles are namely; respect for persons, beneficence and justice.

3.11 Dissemination of Information

The results would be disseminated to Ministry of Health, relevant schools and stake holders through seminars and workshops. The information would further be published in a credible journal.

CHAPTER 4: DATA ANALYSIS AND PRESENTATIONS OF FINDINGS

4.1Introduction

This chapter presents the findings by first describing the demographic characteristics of the participants. The findings are then presented according to the research questions as the major themes: Knowledge of COVID-19, psychological Experience, lack of autonomy, preferred way and coping mechanism.

Table 1 below, summarized the study Participant Demographic

Age	18-28	111	3
	29-39	1111111	7
	30-40	11	2
	41-51	111	3
	52- above		0
Gender:	Male	111111111	9
	Female	1111111	7

Education:	Grade 1- eleven (11) certificate:	<i>1</i>	1
	Grade 12 - tertiary certificate	<i>1111</i>	4
	Diploma- advanced Diploma	<i>1111</i>	5
	Degree – Registrar	<i>1111</i>	4
	Masters-Prof	<i>11</i>	2
Job Status	Formal	<i>1111111111</i>	10
	Informal	<i>111111</i>	6
Marriage	Married	<i>1111111111</i>	9
Status	Single	<i>111111</i>	6

The majority of the participants were male (56%, n=9. The age of the participants ranged between 18-51 years while those with grade 12 certificate and higher qualifications were (94%, n=15) and those with formal jobs were (63%, n=10) these demographic characteristics are depicted in Table 4.2 below.

Table 2: below, summarized the results of the study;

Theme	Emergent Theme
Knowledge on Covid-19	• Lack of counselling before testing • Emergency first aid emotional crisis care. • Mandatory testing for Covid-19 contacts • Un empathic health worker • Lack of patient preparedness for Covid-19 admission • Myths about Covid-19 • Effect of Covid-19 psychological effects • Uncertainty
breaking news of COVID-19 test results to patients	• Stigma • Prejudice • Training of healthcare workers in Basic Psychological First Aid course • Traumatized • Anxiety • Devastated • Afraid
Patients' Preference when Receiving Covid-19 Results	• Implement client centered approach. • Social cultural factors
Client coping mechanism: How patients cope with positive covid-19 results	• Emotional Support • Psychological preparation through experiences from survivors, • social support • Mixed feelings as others felt nothing while others had issues

Knowledge on COVID-19

In many nations and areas throughout the world, the fast global spread of the coronavirus illness (COVID-19) has caused both an economic and a health care catastrophe. The World Health Organization designated it a pandemic. Study participants all indicated that they had heard about COVID-19. All patients and medical personnel who were interviewed regarding the origin of Covid-19 said that it may have been a wild animal which is the host. Most research participants were aware that there was no effective therapy for COVID-19 at the time of the study. When asked about measures taken all study participants showed that authorities and citizens did not act quickly and effectively to contain the spread of COVID-19 as measures of lockdown policies and strict preventive measures across the country were not well managed. However, patients indicated some gaps in knowledge about COVID-19 which led to avoiding vaccinations.

“Information is the key, make people aware of any disease not only an epidemic but anything that shall be approached by human beings. We must be well informed, and truthfully informed because sometimes we can get information that is not true, but it is information. We need true information that can help us move to the next level and see how we can combat these mushrooming outbreaks which are said to come from animals...”. (P/0011)

Other study participants indicated the myths surrounding the origin of COVID-19 as they stated that experts could not be telling the truth about the origin of COVID-19 as it could have been made in the laboratory. Furthermore, patients indicated why they avoided COVID-19 vaccine as they felt it were not authenticated and the time it took for it to be approved was too short. See the quote below:

“There are people who shall be saying it was made, it was what. People did not take COVID-19 as a very serious disease but it killed a lot. People thought it was a manufactured disease, as I see, I’m not in Ministry of health but I live in a community where people don’t accept anything that is not authenticated properly. Even if it’s the right drug, there will refuse it. So the best way is to give them counselling on how to approach the situation...”. (P/0011)

Breaking news of COVID-19 test results to patients

One of the most difficult duties doctors must perform on a daily basis is delivering terrible news. Due to stigma and prejudice, it is particularly harder in the case of COVID-19 sufferers.

Patients were inquired about how they were given the COVID-19 news and whether or not they received pre-and post-test counselling sessions. Low coverage of COVID-19 counselling services was mentioned in the study. They further indicated stigma and subjectivity from people and healthcare workers. The participants stated that there was a need for all healthcare workers to be trained in counselling and particularly in breaking bad or good news to patients. See the quote below:

*“To my ward, I had not seen counselling being done. What I just know is that the patient were being told the results without counselling. you are being admitted because of your positive results for COVID-19 mostly they felt stigmatized and kind of biased in announcing the results. Since you are positive, you shall be admitted for isolation according to guidelines.....
(P/0003)*

Doctors or other health workers responsible for disclosing results did not gauge patients level of preparedness. This was also connected to the sporadic phone calls that some people would get from strangers in unpleasant locations about receiving private information from the hospital. see the quote below:

So after I took my test and waited for three days, there was nothing, no call and was still feeling fluish. Was feeling better 4 days after, so I assumed I was okay and went on with my day. How I was told about my results was like on days 8 to the 10th day. I was out with my friend drinking at a small bar and I received a call and was told I was positive. I was like ...ah ..I'm positive, I expected this call a few days back. (thinking to myself like everything was okay) and was asked where I was I told them, and of course, I was drinking and in that state and just saw a car come to pick me up and there told me we were going for quarantine and the rest of things could follow” according to....(P/ 0005)

It was indicated that patients preferred counselling before and after the COVID-19 before test results were announced.

Participants in the research reported that they were being swabbed without knowing what was happening before being informed that they were being tested for COVID-19. There aren't many health education details provided, if any at all, besides media. They became disoriented and self-conscious as a result of this occurrence. Participants in the survey additionally stated that the

COVID-19 test, which is a requirement for all citizens, was never something they volunteered to take.

Pretest counselling should be done and post counselling done properly so that people would be able to understand. Of course, we know unlike the past, where when you go to Levy as a patient for COVID-19 you would not come back alive. We were swabbed without being educated over why we were tested and it were so confusing” (P/0001)

use terms that we can understand and make sure counselling is done, pre counselling and post counselling so that we achieve one goal” according to...(P/0012)

“ ...all the staff were just tested- all members of staff. This was because one of patient had tested positive for COVID-19 in the ward. Hence management thought all health workers were at risk, hence decided to conduct a mass testing for all the staff about COVID-19 in the hospital.”(P/0001)

Participants in the study noticed that there were some delays in alerting clients of their COVID-19 results findings. As late as the seventh to the twelfth day after the swab, the patients were still receiving findings. Their guarantee that they would receive the findings within three days following the exam was broken by this. In the three days after the swab, patients were instructed to assume they had not received findings. However, if the results were favourable after that time, it would be disappointing.

I was told of my COVID-19 test results over the phone, it was ten (10) days after I was not feeling well. Then I decided to have a checkup at Levy Hospital, that was a time when COVID-19 was on Rampart. I went to the hospital, got tested, they took a swab and told me the result was going to come out after 3 days” according to (P/0005).

Views of Patients Regarding COVID-19 Test Results

Study participants were COVID-19 survivors themselves. Patients expressed mixed preferences about the means of notification of results apart from the phone call, they would rather be informed

in person after being counselled. This was so important for them to know how to adjust after receiving results. In their understanding, it was going to be easy to encourage others to get tested.

“My aunt received a call from a Doctor and I was told by her that we were both positive for COVID-19.” and felt. We would have loved to receive our results either in person or a relative close to pick them” according to (P/0015)

I was afraid and became confused because I didn’t know much about covid-19, it was something that was new so finding out that I was positive had me scared, mostly the way I were informed about the results in the presence of others and I felt stigmatized. If they would introduce the system like for HIV that would be good.....(P/0013)

According to the study participants they further indicated that breaking news of their COVID-19 results was not announced in a professional way and this made them uncomfortable and scared of the outcome. All study participants indicated displeasure on the lack of skilled professionals when it came to announcing or breaking news on COVID-19 as this was done even in the presence of another person in the testing room which made it lack privacy and confidentiality on the part of the healthcare workers who were in charge of managing COVID-19 patients. In this regard patients who were the participants themselves hoped results were supposed to be announced by a professional person with counselling skills.

“The doctors should have kick-started the counselling because there is a component of counselling in their curriculum. Unlike just leaving it open. Then the professional counsellors could pick it and finish off their process and break the news of the COVID-19 test to a patient.... because counselling should be on going. The initial person, the first contact or the one who broke the news should have started that counselling.” according to ... (P/0001)

Being put in isolation without counselling was bad, and delays in being told results and so forth. People needed someone to handle their mental problems as they had no physical illnesses.

“All the people were interested in were daily reviews and doctors would come, actually a group of them but their interest was in the physical. They would review the physical of which for me, there was nothing out of such reviews really.” According to 0001

Preference of Being Told Results

The COVID-19 survivors and Key informants had certain preferences during time of receiving results, coping strategies and so on. Some health workers equally needed emotional support during this time.

“whenever we discuss COVID-19 I become emotional because at a certain time, I walked out of the COVID-19 center and cried in my car because I saw what we experienced there was very traumatic so most times I cried alone in the car tried to cope on my own self. I have examples of doctors that actually went into depression and they don’t want to go back in the COVID-19 center because of the experiences they had in the COVID-19 center. The medical staff themselves needed a lot of counselling” according to (P0007)

While patients sought help from health workers, equally themselves needed it. In fact, they needed to receive it from people with higher competences.

“There are lives that we lost that we probably shouldn’t have lost ... I think that it is important that we look into counselling especially psychological counselling not only for the patients but also for the people that are involved in looking after these patients....promote training into mental health but it’s not only training, I think these people when they graduate they need to be placed into certain positions, incorporated into the hospitals with the mental therapy that individuals, health workers and patients need. We form structure from top to the lowest level of the hospital. As a country we are still not prepared for emergencies, my training is not in either of those 2 but I think those too needed a lot of attention” according to (P0007)

The psychosocial counsellors needed to have been helped by Psychologist and probably incorporated in promoting mental health.

“The people who are doing psychosocial are probably the ones that are not well trained” according to (P0007)

“Information is the key, make people aware of any disease not only an epidemic” (P0011)

“managing patients we should take them as a whole because most of these patients even if they come to the hospital it’s not everyone that is physically sick, most of them have mental issues” according to (P0001)

“The way we have handled HIV, is the same way we should handle COVID-19 or any pandemic. Counsellors should not focus just on HIV” according to (P0001).

“use simpler terms, use terms that we can understand and make sure counselling is done, pre counselling and post counselling so that we achieve one goal” according to (P0012).

Client coping mechanism: How patients cope with positive covid-19 results

The majority of study participants demonstrated some stress management techniques during the COVID-19 Pandemic.

This stress kept varying from just being told result, isolation life and coping with time. The emotions kept reducing with time as I quote below.

“ It was a mixture of feelings when COVID-19 just came on, confusion but with time during isolation ... we asked for things to entertain us. (group of health workers) They had given us a Radio, TV, balls and we had physical trainers among ourselves... Playing soccer, aerobics, dancing to music, helped us to distract from such thoughts..... ” According to 0001

“.... nurses would offer psychological care but not counselling , it was not there that time” (0003)

“...the nurses that came to check on us, continued giving us counselling and just ourselves as health workers in quarantine, used to counsel and comfort each other, and I remember D X came through to encourage all of us”. According to (P0008)

They said that social exclusion, isolation, and quarantine as prescribed by the medical staff were extremely stressful, overwhelming, and resulted in high emotions in both adults and children. With time extreme emotions were settling down, social support from within ourselves. The aforementioned strategies to model healthy behaviour include exercising frequently, eating a balanced diet rich in nutrients, and keeping a regular sleep schedule.

“we were handling this situation for the first time as a Nation....but fear went with time, experience”. According to 0004.

They also stated that different people have different coping processes; some people had little trouble adjusting to COVID-19 status, whilst others were traumatized, never recovered quickly, and still carry negative memories of this.

I was psychologically defeated thinking I was going to die, like the way other people were dying. There was no counselling being done but they would call everyone just to check on us every after day. But no counselling was being done. I started coping with the virus in me by doing some pushups in the house eating a portion of balanced food and resting enough sure it helped me and here I am.(P/009)

Health is a condition of total well-being that includes mental, bodily, and social well-being in addition to the absence of disease or infirmity. One is not necessarily in the clear if one exhibits no symptoms or indicators. Sometimes medical professionals simply focus on the physical component, ignoring the emotional, in order to take into account, the patient's history or beliefs.

CHAPTER 5: DISCUSSION OF RESULTS

5.1 Introduction

This study assessed the counselling needs of patients who test positive for COVID-19 at Levy Mwanawasa university teaching hospital in Lusaka, Zambia, Southern Africa. The study discussed on the constructs such as knowledge of COVID-19, breaking news of COVID-19 test results to patients, views of patients regarding COVID-19 test results, preference of being told results and client coping mechanism.

5.2 Knowledge on Covid-19

The study's results revealed that although COVID-19 existed and had no viable treatments at the time of the study, the majority of study participants were aware of these facts. Although the findings suggest the necessity for protective gear, they also suggest that there were some gaps in patients' understanding of COVID-19 because a cure is still unknown. This supports the findings of the study conducted by Gambhir et al., which revealed that healthcare professionals, including dental experts, lack knowledge of some critical features of COVID-19 (Gambhir et al., 2020). In a different study by Ogolodom et al., the authors found that a lack of thorough knowledge regarding the management of Covid-19 causes infection anxiety and that a lack of indemnity works against the efficient discharge of statutory requirements. According to the World Health Organization, increasing workplace safety has been demonstrated to increase the willingness of health professionals to perform their jobs efficiently in the event of a COVID-19 pandemic (WHO) (Ogolodom et al., 2020). The findings indicated why they avoided the COVID-19 vaccine as they felt it was not authenticated and the time it took for it to be approved was too short. In the study on the effect of COVID-19 Vaccine misinformation on authenticity identification and Vaccination Behavior by Yamaguchi et al. misinformation about side effects (self-harm) and safety (harm to others) demonstrated a tendency not to get a COVID-19 vaccine only when it was believed. Furthermore, misinformation about the ingredients did not have a significant impact on people's vaccination behaviour (Yamaguchi et al., 2022).

5.3 Breaking news of COVID-19 test results to patients

When patients were questioned about how they received the COVID-19 news and if they had pre- and post-test counselling sessions, the results became clear that it was not effective or not done at all. The results have demonstrated that the publication of COVID-19 patients' test results led to subjectivity and stigma from both the general public and healthcare professionals. These results

are consistent with those of Bruns et al., who discovered that stigmatization is genuine and has an adverse impact on groups of people who seek and obtain care. Interventions in public health should lessen stigma while providing for people, families, and communities. Addressing stigma and discrimination targeted toward individuals affected by COVID-19 is a priority for public health and health providers (Bruns et al., 2020). While we further found that there was a need for all healthcare workers to be trained in counselling which would make them equipped with patient management and skill in breaking bad news to patients. All contacts to positive patients were required to take the COVID-19 test, however study findings revealed that COVID-19 patients needed to make a decision before being tested in order to lessen anxiety. The study's findings support those of Makoni, who found that testing vaccines on the continent should make sure that enough data is produced on the security and efficacy of the most promising vaccine candidates for the African populace so they can be reliably implemented in Africa. Makoni's findings stated that in order to avoid concern on uptake of the COVID-19 vaccine it was indicated that vaccines should be tested and should ensure enough information is produced on the security and effectiveness of the African populace (Makoni, 2020). Similarly, counselling was rather difficult to be appreciated by study participants as information gaps, disease course, emotional needs were not being met.

5.4 Views of Patients Regarding COVID-19 Test Results

Regarding the views on the COVID-19 results, the findings indicated that COVID-19 survivors would rather have beforehand counselling before being tested and being told results. Further findings on patients views on breaking news, this should be done professionally to avoid causing discomfort and frightening patients on the outcome. While, our study findings are well aligned with the findings by Rabow and McPhee, who stated that clinicians are rarely taught how to convey bad news but rather offer support of some kind. According to United National Agenda 2030, Sustainable Developmental Goal (SDG) 3.8 to achieve universal health coverage in mental health, COVID-19 patients needed holistic, quality, safe, effective mental services that mental professionals failed to provide. Psychologists who are more appropriate to handle emotions were not involved at this facility. The findings indicated that like in other studies, basic roles as listening empathetically to patients and comprehending their readiness to receiving negative news were not assessed (Rabow and McPhee, 2000). Also, to achieve **SDG 3.4** promoting mental health and avoiding premature mortality from non-communicable diseases from critical emotional stress

required competent providers with tacit knowledge to prevent clients from self-harm or harming others. To some extent, nurses at this facility did offer implicit mental care. Having basic psychological first aid providers could have been more appropriate to help calm, support client from critical moment (World Health Organisation, War Trauma Foundation & World Vision International (2011). Besides, critical emotional moments, need urgent mental intervention that can't be restricted to a counselling room (Seifart & Hofmann, 2014). Incorporating tele psychotherapy and other innovations videoconference,) may help mitigate suicide cases that are rampant among adolescent.(Langarizadeh et al., 2017), rather than waiting for the traditional, physical face-to-face. Telepsychology has for long been used in counselling crisis intervention (Coman et al., 2001). In the same study it highlighted some special skill in being aware of certain feature as tone of voice, pitch and breath quality (Coman et al., 2001).In another study on Communication Skills for Patient-Centered Care the findings showed that in improving communication skills between patient and healthcare workers would help patients appreciate their status and accept treatment (Tongue et al., 2005).

5.5 Client coping mechanism: How patients cope with positive covid-19 results

Our study has established that stress management techniques during the COVID-19 Pandemic are very important and the findings showed that social exclusion, isolation, and quarantine as prescribed by medical staff were extremely stressful. Hence the need for physical exercise, and eating of a balanced diet during the period of illness. This finding is consistent with the study on psychological impact of quarantine and how to reduce it: rapid review of the evidence, found that the majority adverse psychological effects, such as post-traumatic stress disorder symptoms, bewilderment, stigma were among the stressors, frustrations and hostility in COVID-19 patients were due to longer quarantine periods (Brooks et al., 2020).

CHAPTER 6: LIMITATIONS, CONCLUSION AND RECOMMENDATIONS

6.1 Limitations

The study was done at Levy Mwanawasa University making it difficult to be generalized to other areas where the results might be slightly different. The study was also a cross sectional one as such could not follow up the Clients after the experience of having COVID-19.

6.2 Conclusions

This study explored psychological experience COVID-19 survivors had in the first and second wave in 2020 and 2021 at Levy Mwanawasa Medical University. Besides, it brought out preferences when receiving their personal news as well as their coping mechanism to stress. According to Brooks, 2020 receiving COVID-19 results brought out stress by itself and this was

worsened by the process of quarantine. Although quarantine was an intervention to mitigate spread of infection, it equally triggered frustrations, stigmatization and mental effects.

Some critic emotions needed not only professional therapists but also people with basic psychological first aid training to calm them there and then and prevent self-harm and harming others due to over reactions by victims.(World Health Organisation, War Trauma Foundation & World Vision International (2011). Despite psychological counselling being an important intervention in most infectious diseases, it induced further stress in certain respondents. Easy access to mental care should be available to attend to immediate crisis for us to achieve Sustained development goal on mental health. How prepared are we to attending to a crucial event that occurs there and then rather than sorting its history. Telehealth services offers easier access to affordable mental health services (Coman et al., 2001) in places that can't be accessed easily with mental expert.

6.3 Recommendations

The following are the recommendations to assessing counselling needs of patients who tested positive for COVID-19 at LMUTH.

1. All staff should be trained in basic psychological first aid course
2. Psychosocial Counsellors should be supported to not only think of HIV/AIDS, but any other emotion triggering event.
3. Mental experts (Psychologists, Psychiatrists) should be working hand in hand with counsellors for capacity building purpose.
4. There is need to strengthening referral system from counsellors to psychologists and ensure established positions are created in hospitals.
5. Tele psychotherapy programs to be supported to achieve SDG on mental wellbeing.
6. Responsible institutions to enhance psychosocial training courses
7. Mental experts (Psychologists, Psychiatrists) should be working hand in hand with Physicians to promote mental wellbeing.

8. Health workers need psychotherapy during their course of duty.
9. Patient-Centered Care plan is the way to go to build autonomy needed in counselling.

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LUSAKA APEX
MEDICAL UNIVERSITY



**LUSAKA APEX MEDICAL UNIVERSITY BIO-MEDICAL
RESEARCH ETHICS COMMITTEE
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Ref: 00192-22

6th May 2022

The Principal Investigator
M/s Samuel Sichalwe
C/O Lusaka Apex Medical University
Faculty of Health Sciences
LUSAKA



Dear M/s Samuel Sichalwe,

**RE: ASSESSING COUNSELLING NEEDS OF PATIENTS WHO TEST POSITIVE
FOR COVID-19 AT LEVY MWANAWASA UNIVERSITY TEACHING HOSPITAL**

The above mentioned research proposal was submitted to Lusaka Apex Medical University Bio-Medical Ethics Committee (LAMUBREC) on 24th April 2022. The review was based on the following documents that were submitted.

- a. Study Proposal
- b. Questionnaires
- c. Participant's Consent Form

We are pleased to inform you that your research proposal has been approved with minor corrections as shown on the feedback report. Kindly make the corrections to the satisfaction of your Supervisor.

APPROVAL NUMBER

Ref: 00192-22



NATIONAL HEALTH RESEARCH AUTHORITY

Paediatric Centre of Excellence, University Teaching Hospital, P.O. Box 30075, LUSAKA
Chalala Office Lot No. 18961/M, Off Kasama Road, P.O. Box 30075, LUSAKA
Tell: +260211 250309 | Email: znhrasec@nhra.org.zm | www.nhra.org.zm

Ref No: NHRA000007/01/06/2022

Date: 1st June, 2022

The Principal Investigator,
Sichalwe Samuel,
LAMU,
Lusaka, Zambia.

Dear Mr Sichalwe,

Re: Request for Authority to Conduct Research

The National Health Research Authority is in receipt of your request for ethical clearance and authority to conduct research titled **“Assessing Counselling Needs of Patients Who Test Positive for Covid-19 At Levy Mwanawasa University Teaching Hospital.”**

I wish to inform you that following submission of your request to the Authority, our review of the same and in view of the ethical clearance, this study has been **approved** on condition that:

1. The relevant Provincial and District Medical Officers where the study is being conducted are fully appraised;
2. Progress updates are provided to NHRA quarterly from the date of commencement of the study;
3. The final study report is cleared by the NHRA before any publication or dissemination within or outside the country;
4. After clearance for publication or dissemination by the NHRA, the final study report is shared with all relevant Provincial and District Directors of Health where the study was being conducted, University leadership, and all key respondents.

Yours sincerely,

APPENDICES

Appendix 1: Informed Consent & Ethical Approval



INFORMATION SHEET FOR COVID 19 SURVIVORS.

Hello to you all, my name is Dr. SICHALWE SAMUEL, I am student pursuing Masters of Public Health (MPH) at the Lusaka Apex Medical University (LAMU). I am conducting a study to assess counselling needs on patients who test positive for Covid 19 at Levy Mwanawansa Hospital Covid center. The findings that will be generated from this study will contribute to mental health literature and devise an effective counselling technique that would meet standard practice and help patients make informed choices regarding the psychological effects of Covid-19. Furthermore, the findings will be used to identify gaps on the counselling skills of the health workers at Levy Mwanawasa University Teaching Hospital which can further stimulate other research to formulate policy and maintain standard counselling practice in all healthcare.

Dr. Lydia Hangulu, Dr. Chigunta M, Mr Arnold Hamapa & Chigali Lillian are my supervisors.

I would love you to spare me 30 to 50minutes to discuss how best counselling could be improved as an intervention for psychological care plan. I will be asking questions to explore how you felt about being told of your positive COVID 19 results or how you felt when others were being counselled.

I will need your permission to use audio-tape recorders or take short notes to capture the discussion. All information that you give will be kept confidential at my supervisor's offices. The Information will be used for research purposes only and the raw data will be destroyed after five years. Furthermore, we will not use your actual name or designation in reporting the findings of the study, but will use disguised names to make sure that no one links the information to you.

You will not be given any monetary payments for participating in the study but your communities and the government will benefit from this study immensely.

It must be clear that your participation in this study is voluntary and you have the right not to participate if you do not want to. If you agree to take part in the study, you may sign an informed consent form as an indication that you were not forced to participate in the study. Please note that you will not be at any disadvantage if you choose not to participate in the study. You may also refuse to answer certain questions if you don't feel comfortable answering them and you are free to end the discussion at any time if you feel uncomfortable with the interview. In case you want to withdraw information that is given after the interview, you can contact my supervisors; Dr. Lydia Hangulu at lydiahangulu@yahoo.com, Dr. Michael Chigunta at shisolo2015@gmail.com and Lillian Chigali at lchigali@yahoo.com.

Yours Sincerely,

Dr. Samuel Sichalwe.

CONSENT FORM

ASSESSING COUNSELLING NEEDS OF PATIENT WHO TEST POSITIVE FOR COVID-19 AT LEVY MWANAWASA UNIVERSITY TEACHING HOSPITAL

I have read the information in regard to this study and I have understood the explanations of it given to me verbally. I have had my questions concerning the study answered and I understand what will be required of me if I take part in this study. I hereby agree to take part in this study.

Signed (figure print) Date..... (participant)

Signed..... Date..... (Witness)

Signed.....Date.....(Researcher)

For more details and quires, contact:

Appendix 2: Interview Guide for Covid 19 survivors

ASSESSING COUNSELLING NEEDS OF PATIENT WHO TEST POSITIVE FOR COVID-19 AT LEVY MWANAWASA UNIVERSITY TEACHING HOSPITAL

SECTION A: SOCIO-DEMOGRAPHIC INFORMATION

Q1. Age:

Q2. Gender:

Q3. Where do you live?

Q4. What is your education level?

Q5. What is your major source of income? (*probe about profession*)

Q6. Marital status

QUESTION	POSSIBLE QUESTION	FOLLOW UP QUESTION	UP PROBE QUESTION	FOLLOW UP PROBE QUESTION
How patients are told about their Covid-19 test results at LMUTH	Describe to me how you were told about your covid-19 test results	That day, how busy were healthcare workers?	Who counselled you, duration, empathy, privacy how was it?	Who was with you when you were waiting for results their role (eg. supportive)
What is the psychological experiences of patients after	describe what was on your mind during testing (anxiety, expected results, mood).	How did you want your family to learn of the result?	Describe what you expected to find at home after receiving the results?	Was there any need to be counselled about the results?

testing positive for
Covid-19.

What's patients' Preference on When and How to Receive the Positive Covid-19 Results	Preferred time for counseling (before testing, during or after testing,)?	How was counselling session offered to you?	How should they tell you your results to protect your mental health?	What would you want improved from the current trend?
---	--	---	--	--

How patients cope with the positive covid-19 results	Would you take me through your emotions after you were told results?	How did you take it after starting treatment?	How did your family help you during the isolation period?	How did the members of staff at LMUTH help you?
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Is there anything more you would like to add?

CHINYANJA

Funso yeneyene	Kanpena Funso ina	Funso yonkonkapo	Funso pa funso	Funso pa funso yonkonkapo
Mwamene anthu odwala auziwa ali ndi Covid 19 ku LMUTH	Mungafotokozeko mwamene munaziwila kuti muli na COVID-19 ndi mwamene anakuwuzilani ndipo munanva bwanji kapena munachita chiyani?	Kodi madotolo anakusamalilani motani?	Kodi anayikako nzeru kuona kuti mwasamalidwa?	Kodi ndiyani amene munali naye polandila uthenga kuti muli ndi COVID-19? Kodi anakuthandizani bwanji?
Kodi anthu amavela mbwanji akauziwa kuti ali ndi Covid 19?	Kodi zinali mumaganizo zinali zotani pamene munali kuyembekeza kuwuzidwa kuti muli ndi COVID-19 kapena mulibe	Kodi munasungidwa kuchipatala kulandila chisamalilo kapena munalandilila chisamalilo kunyumba?	Fotokozani zomwe munayemekezela kuchitika kunyumba mutaziwa kuti muli ndi kalombo ka kolona?	Kodi ndi njira yotani yomwe munafuna kuti banja yanu iziwe za kuti munali ndi COVID-19? Kodi kunali phindu yopatsidwa uphungu mutaziwa kuti muli ndi kalombo ka kolona?

Kodi tawi yotani yamene mungafune kulandila utenga wa Covid 19	Kodi uphungu wamatenda a corona uyenela kuperekedwa nthawi yotani? Pomwe mukalibe kupimidwa kapena pamene mukuyembekeza zotuluka kapena pakukufotokozelani momwe apezela?		Kodi ndi njira yotani yomwe ayenera kubvumbulutsa zotuluka yomwe ingathandizile maganizo amunthu?	Kondi Munga fune kuti mutu tandiza bwanji kuti tikale bomisamalani bwino pankani ya counselling
Kodi anthu ali ndi Covid amazisamalilambwanji?	Kodi munganifotokozeleko momwe munachilandilila pomwe ankuikani pamankhwala ya COVID-19?		Kodi banja yanu inathandizila motani panthawi yomwe munapatulidwa ndi kuikidwa kwanokha?	Kodi anyanchito akuchipatala anapeleka thandizo motani pamene munaikidwa kwanokha?
Kodi mulindi mafunso? Zikomo kwambili pakuti pansa tawi yokufunsani mafunso				

Appendix 3: Informed Consent & Ethical Approval

LUSAKA APEX MEDICAL UNIVERSITY



INFORMATION SHEET FOR KEY INFORMANTS

Hello to you all, my name is Dr. SICHALWE SAMUEL, I am student pursuing Masters of Public Health (MPH) at the Lusaka Apex Medical University (LAMU). I am conducting a study to assess counselling needs on patients who test positive for Covid 19 at Levy Mwanawansa Hospital Covid center. The findings that will be generated from this study will contribute to mental health literature and devise an effective counselling technique that would meet standard practice and help patients make informed choices regarding the psychological effects of Covid-19. Furthermore, the findings will be used to identify gaps on the counselling skills of the health workers at Levy Mwanawasa University Teaching Hospital which can further stimulate other research to formulate policy and maintain standard counselling practice in all healthcare.

Dr. Lydia Hangulu, Dr. Chigunta Micheal , Arnold Hamapa & Chigali Lillian are my supervisors.

I would love you to spare me about half an hour to discuss how best counselling could be improved as an intervention for psychological care plan. I will be asking questions to explore how best counselling of positive COVID 19 patient's results were being delivered or is done and how best to improve on it.

I will need your permission to use audio-tape recorders or take short notes to capture the discussion. All information that you give will be kept confidential at my supervisor's offices. The Information will be used for research purposes only and the raw data will be destroyed after five years. Furthermore, we will not use your actual name or designation in reporting the findings of the study, but will use disguised names to make sure that no one links the information to you.

You will not be given any monetary payments for participating in the study but your communities and the government will benefit from this study immensely.

It must be clear that your participation in this study is voluntary and you have the right not to participate if you do not want to. If you agree to take part in the study, you may sign an informed consent form as an indication that you were not forced to participate in the study. Please note that you will not be at any disadvantage if you choose not to participate in the study. You may also refuse to answer certain questions if you don't feel comfortable answering them and you are free to end the discussion at any time if you feel uncomfortable with the interview. In case you want to withdraw information that is given after the interview, you can contact my supervisors; Dr. Lydia Hangulu at lydiahangulu@yahoo.com, Dr. Michael Chigunta at shisolo2015@gmail.com and Lillian Chigali at lchigali@yahoo.com.

Yours Sincerely,

Dr. Samuel Sichalwe.

CONSENT FORM

ASSESSING COUNSELLING NEEDS OF PATIENT WHO TEST POSITIVE FOR COVID-19 AT LEVY MWANAWASA UNIVERSITY TEACHING HOSPITAL

I have read the information in regard to this study and I have understood the explanations of it given to me verbally. I have had my questions concerning the study answered and I understand what will be required of me if I take part in this study. I hereby agree to take part in this study.

Signed (figure print) Date..... (participant)

Signed..... Date..... (Witness)

Signed.....Date.....(Researcher)

For more details and quires, contact:

Appendix 4: Interview Guide

ASSESSING COUNSELLING NEEDS OF PATIENT WHO TEST POSITIVE FOR COVID-19 AT LEVY MWANAWASA UNIVERSITY TEACHING HOSPITAL

SECTION A: SOCIO-DEMOGRAPHIC INFORMATION

Q1. Age:

Q2. Gender:

Q3. Position:

Q4. Duration of Employment at LMUTH:

Q5. Marital status

MAIN QUESTION	POSSIBLE QUESTION	FOLLOW UP QUESTION	PROBE QUESTION	FOLLOW UP PROBE QUESTION
How are patients told about their Covid-19 test results at LMUTH?	Would you describe to me how you reveal covid-19 test results to patients?	How is empathy, privacy expressed if any?	How many Counsellors deal with covid-19 cases?	How do you ensure patient's issues or concerns are addressed?
What is the psychological experiences of patients after testing positive for Covid-19.	As patients are waiting for results, describe their behaviour (<i>anxiety, expected results, mood</i>).	How anxious are they about going receiving results, going home etc	Is there any need for a follow up evaluation on counselling?	How do you think it is done at LMUTH?
What's patients' Preference on When and How to Receive the Positive Covid-19 Results	Preferred time for counseling (before testing, during or after testing,)?	How was counselling session being offered to our patients?	How should they tell patients results to protect their mental well being?	What would you want improved from the current trend?
Is there anything more you would like to add?				

Appendix 5: Study Timeline

Activity	Oct, 2021	Dec, 2021	Jan, 2022	Jan, 2022	Feb, 2022	Mar, 2022	April, 2022	May,2 022	June, 2022
Research proposal development									
Submission of the proposal to LAMUBREC									
Approval by the Ethics committee									
Data collection									
Data Analysis									
Report writing									
Submission of first Draft									
Submission of second draft and final document									

Appendix 6: Budget

The approximated data collection period for the study will be about six weeks. The work breakdown schedule is illustrated below.

The budget breakdown for the project is as shown below.

	ITEMS	QTY & UNIT PRICE	AMOUNT
1	NVIVO software	\$300 (Student Price-Version 14)	K4,200.00
2	Voice recorder	2 X 2000.00 ZMK	K4,000.00
4	Transport		K1,600.00
5	Refreshments for participants		K1,200.00
6	Research Assistant		K5000.00
7	Stationary		
	Paper	2 Reams X K70.00	K140.00
	Folders	10	K30.00
	Envelopes 13*9	1 Packet X K40.00	K40.00
	Stapler	1 X K35.00	K35.00
	staples		K25.00
	Hole punch	1 X K70.00	K70.00

	Pens/pencils/markers		K45.00
	Notepads	6	K65.00
	USB flash disk (2GB)	32GB	K450.00
	Total		K12,700.00