Social Isolation, Illness Anxiety, and Quality of Life in Corona Survivors

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The aim of this study was to investigate the relationship between social isolation, illness anxiety and quality of life in corona survivors. This paper focuses on moderating role of illness anxiety on the relationship between social isolation and quality of life of COVID-19 survivors who faced this disease in past 6 months. The sample comprised of 110 survivors of COVID-19. Purposive sampling was used to assess the participants with the help of Google forms. Social isolation was measured by using Lubben Social Network Scale (Lubben et al., 2006), quality of life was measured by WHOQOL-BREF (World Health Organization, 1996), and to measure illness anxiety Hamilton Anxiety Rating Scale (Hamilton, 1959) was used. Correlational analysis revealed that social isolation had positive relationship with illness anxiety. Illness anxiety had negative relationship with physical health, psychological health environment and overall quality of life. Moreover, moderation analysis revealed that illness anxiety significantly moderated the relationship between social isolation and quality of life. This research attempted to explore the social isolation during lock down and illness anxiety corporate in low quality of life in COVID-19 pandemic. This study has variety of clinical implications as this research gave us insight into the role of social isolation and illness anxiety on quality of life especially in this pandemic so it will help psychologists to take measurements accordingly.

Keyword. Social isolation, illness anxiety, quality of life, corona survivors

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The severe acute respiratory condition coronavirus-2 (SARS-COV-2) infections, also called coronavirus disease 2019 (COVID-19) severely affected the quality of life of patients who experienced the various symptoms of the disease. COVID-19 can lead helpless visualizations, including demise, particularly in severe patients (Dabholkar, Sagane, Dabholkar, & Divity, 2020). Ecological defilement has been distinguished as a course of transmission of COVID-19 (Fakhraei et al., 2020) and therefore, governments worldwide have been starting isolate measures that remember saving individuals for social isolation to slow the transmission of the disease. These measures have an extraordinary focal point of securing individuals. There is developing proof that proposes that social isolation may be a significant measure to ensure against COVID-19 infections (DePasquale et al., 2012). Be that as it may, this might be a two-edge blade. As we have known well before the pandemic, there are pessimistic outcomes of social isolation for individuals, which become more regrettable during a pandemic and lockdown circumstance.

Billions of individuals are isolated in their own homes as countries have secured to execute social isolation as a measure to contain the spread of infection. Those influenced and dubious cases are strongly isolated. This social isolation prompts ceaseless dejection and fatigue, which if long enough can largely affect physical and mental prosperity. The courses of events of the developing pandemic being questionable, the isolation are aggravated by mass anxiety and worries (Sahoo et al., 2020). Illness anxiety, likewise, referred to in its more severe structure as a hypochondrias is, is a crippling and constant condition where typical substantial indications are confused as indications of genuine medical illness. Patients endure with the dread that they are sick regardless of consolation despite what might be expected and often abuse medical administrations simultaneously. Illness anxiety issue is commonly a mind-boggling condition; all things considered; the worldwide crisis of COVID-19 might be intensifying side effects in individuals determined to have such issues. Along these lines, the corona virus pandemic could be driving people to develop symptoms and manifestations of OCD and illness anxiety issue, for example, distractions with being neatly, hyper vigilance to physical sensations, and dread of infection (Solis, Hameed, Brown, Pleass, & Johnston, 2020). In addition, individuals might be taking part in formal practices as an approach to adapt to the concern of getting sick. The appropriation of new preparatory and sterile measures, for example, cleaning food supplies, produces changes to ordinary schedules. Modifications and works on originating from

rumination and formal practices are not just influencing exercises of everyday living during this pandemic, however, may become standardized, which may affect mental health (Kumar & Somani, 2020). For individuals with OCD and illness anxiety issue, the novel coronavirus has gotten a trigger for nervousness, stress, and dread. Oftentimes, dread of illness or coming into contact with wiped out people brings about significant levels of pain and uneasiness, which thusly initiates formal practices as systems to reduce the dread. This propagating cycle is often driven by the overestimation of dangers. In any case, on account of COVID-19, the danger is essentially real (Cai et al., 2019).

The corona virus sickness plague influences individuals wellbeing and wellbeing related quality of life, particularly in the individuals who have suspected COVID-19 manifestations (S-COVID-19-S). Most of patients are analyzed at cutting edge stages, when palliative treatment is planned for improving wellbeing related quality of life and generally endurance (Liu et al., 2020), giving the clinical advantage. Individuals with medical issues and who need to visit facilities are weak populaces. The COVID-19 pandemic cause frenzy and anxiety which further misrepresent the wellbeing particularly for the individuals who present at outpatient divisions with suspected COVID-19 side effects (S-COVID-19-S). From a general wellbeing point of view, it is critical to locate the defensive factors that advantage day by day wellbeing related practices, emotional well-being, and quality of life (Liu et al., 2020).

Bowling and Gabriel (2004) looked at theoretically inferred quality of life pointers from their public study of patients (Bowling et al., 2002). The factors which clarified the greater part of the fluctuation in quality-of-life appraisals included social examinations and desires, character and mental attributes (idealism cynicism), wellbeing and practical status, individual social capital (social exercises, contacts and backing, depression) and outer, neighborhood social capital (saw quality of neighborhood offices and security). Financial markers contributed generally little to the model. The fundamental subjects which were arranged from study respondent's answers to open finished inquiry on the constituents of the beneficial things that offered quality to life were, arranged by greatness: social connections, social jobs and exercises, solo exercises, wellbeing, mental prosperity, home and neighborhood, budgetary conditions, and autonomy. Unexpected frailty was regularly referenced as what removed equality from their lives.

Similarly, the principal topics which were arranged from thusly led inside and out meetings with the sub-test of respondents on the

beneficial things that offered quality to life were, arranged by extent: social connections, home and neighborhood, mental prosperity, solo exercises, wellbeing, social jobs and exercises, budgetary conditions and autonomy. Helpless home and neighborhood, unexpected weakness and helpless social connections were frequently referenced as the things that removed quality from their lives. Between them, these models recommend that quality of life is based on mental qualities, wellbeing and working, social exercises, neighborhood, just as seen money related conditions and freedom, and affected by social correlations and desires.

Some continuous research conveyed in the Lancet have definite the clinical signs of patients spoiled with COVID-19 and assessed the spread of COVID-19 (Liu et al., 2020). Nevertheless, scarcely any examination which have nitty gritty the impact of the COVID-19 pandemic on passionate prosperity or quality of life in domain China, notwithstanding the way that the pandemic has seriously affected China and various bits of the world (Alqahtani et al., 2020). In this way, the study expected to research whether there was a prompt effect of the COVID-19 pandemic on psychological well-being, its related lifestyle propensities, and quality of life among COVID-19 patients in Pakistan.

Pakistan in general is an extremely delicate place from an economic, political, cultural, and religious perspective. COVID-19 continues to grow rapidly across Pakistan, but there are several complex issues that pose hurdles to its containment, including geopolitical conflicts, humanitarian crises, poor government transparency, and regular social and religious mass gatherings. The current pandemic and the social isolation that may result from it could also significantly influence mental health in this region. No doubt there are vast body of work that had been done with respect to Covid in last year but in Pakistan the research on the impact of Covid on mental health and psychological wellbeing is in its early stages. Therefore, this study seeks to assess the mental health and quality of life of residents in Pakistan who had just recovered from covid. The study aims to investigate the association between social isolation and quality of life and the moderating role of illness anxiety on this relationship. As in Pakistan, men are more socially active as compared to women so it is obvious that female are living their casual life in lockdown condition although the social activity of men had effected by this pandemic situation more. Therefore, another aim of the study includes looking onto gender differences in these studied variables as well.

Hypotheses

1. There is positive relationship between social isolation and illness anxiety among Corona survivors.
2. There is negative relationship between social isolation and quality of life among Corona survivors.
3. Illness anxiety is likely to moderate the relationship between social isolation and quality of life among Corona survivors.

Method

Sample

Correlational study was done to assess the relationship between social isolation, illness anxiety and quality of life in COVID-19 survivors. The sample was comprised of 110 corona survivors including 32 males and 78 females with mean age of 22.91 years (*SD* = 5.18). Both males and females (age >18 years) from all over the Pakistan were included in the study. Purposive sampling technique was used to approach sample because research was focused on novel virus and participants were gathered through social circle of researcher. Data was collected through Google forms and informed consent of the participants was taken before the study. 32 adult males and 78 adult females were included in the study. The data was collected by administering the three questionnaires in English, measuring the variables under study. During data collection, ethical consideration was followed inform consent were taken and the participants were informed about they have complete right to quit and free will to take part in research. It was also told that the results will only be used for research purpose.

Instruments

The measures which were used in the present study are:

Lubben Social Network Scale (Lubben et al., 2006). It was used to measure social isolation. It was developed and revised scale (Lubben et al., 2006) consists of 6 items which measure different perspective of social isolation. A 6-point Likert scale from 0 = *none* to 6 = *nine or more* and some items have distribution of Likert scale ranging from 0 = *never* to 5 = *always* was used in that scale. Total scores were computed by adding the responses on all items. The total score ranges from 0 to 60 and higher the score more will be the social engagement. Example of an item of Lubben Social Network Scale (Lubben, 2006) is "*How many relatives do you feel close to such that you could call on them for help*?"

Hamilton Anxiety Rating Scale (Hamilton, 1959). It was used to measure illness anxiety consisting of 14 items. It was developed by Hamilton (1959) based on 5-point Likert scale from 0 = *not present* to 4 = *severe* was used. Total scores were computed by adding the responses on all items with a total score range of 0-56, where < 17 indicates mild severity, 18-24 mild to moderate severity, and 25-30 moderate to severe. Example of an item is "*anxious mood (worries, anticipation of the worst, fearful anticipation, irritability*".

WHOQOL-BREF (World Health Organization, 1996). It was used to assess the quality of life. WHOQOL-BREF is a shorter form of WHOQOL-100 questionnaire and consists of 26 items spanned over four domains namely, psychological, physical, social relationship, and environment. Physical domain measures the physical health; psychological domain evaluates the feelings, wishes, and its effect on psychological health. Social relationship domain measures the influence on social support system, and environmental domain measures the perception about the environmental conditions. These items measure the different aspects of the life and how much a person is satisfied with experiences. Each item is scored on 5-point Likert scale and score is reported as per domain; whereby, high score indicated the high subjective ratings of quality of life in every domain. WHOQOL-BREF has been found to be highly correlated with WHOQOL-100 domain scale.

Statistical Analysis

Values of mean and standard deviation or frequency (percentage) are used to report all quantitative data (percent). The link between the variables was examined through the use of correlation analysis. Regression analysis is tabulated to determine the most significant predictor of quality of life among Corona survivors. The moderating influence of illness anxiety in the relationship amongst social isolation as well as quality of life is tabulated using moderation analysis in COVID-19 survivors.

Results

The data were analyzed in four key steps. First, demographic characteristics of sample were calculated. Secondly, descriptive statistics were reported along demographics and study variables. In order to determine the link between demographics and the research variables, Pearson product moment correlation was used. Analysis of moderation using regression was carried out in order to look at the

moderating influence of illness anxiety in relation to social isolation and life quality.

Table 1

Demographic Characteristics of Sample (N = 110)

Characteristics	f (%)
Gender	
Male	32 (29)
Female	78 (71)
Marital Status	
Single	91 (82.73)
Married	19 (17.27)
Currently Ill	
Yes	22 (20)
No	88 (80)

Most of the participants were females, single and currently not ill as shown in Table 1.

Table 2

Correlation of Age and Study Variables Among Corona Survivors (N=110)

Variables	1	2	3	4	5	6	7	8	9
1. Age	-	-.10	.14	.11	.07	-.08	.27**	-.01	-.02
2. Illness Status		-	-.00	-.25**	.26**	.16	-.05	.13	.20*
3. Social Isolation			-	.24**	-.08	-.12	-.00	-.12	-.11
4. Illness Anxiety				-	-.37**	-.25**	-.02	-.35**	-.36**
5. Physical Health					-	.55**	.35**	.59**	.84**
6. Psychological Health						-	.41**	.52**	.80**
7. Social Relationships							-	.27**	.54**
8. Environment								-	.81**
9. Quality of Life									-

$^*p < .01$. $^{**}p < .00$.

Table 2 showed that age had significant positive correlation with social relationship. Illness status had negative correlation with illness anxiety and positive relationship with physical health and overall quality of life. Social isolation had positive relationship with illness anxiety. Illness anxiety had negative relationship with physical health, psychological health environment and overall quality of life. All subscales of quality of life are highly significantly positively correlated with each other.

Table 3

Moderation of Illness Anxiety Between Social Isolation and Quality of Life Among Corona Survivors (N = 110)

| | Criterion: Quality of Life | | | | | |
Predictors	*B*	*SE*	*t*(104)	*p*	ΔR	Δ *F*
Constant	78.33	5.99	13.04	.08	.02	6.03[*]
Illness anxiety	-.22	0.32	0.90	.00		
Social Isolation	-.32	0.42	0.64	.05		
Social Isolation x Illness Anxiety	-.03	0.02	1.22	.01		

The result shown in Table 3 indicated that illness anxiety is moderating the relationship of social isolation and quality of life. Moreover, the predicting role of social isolation was also negatively significant and illness anxiety is also negatively predicting the quality of life. The moderating role of different levels of anxiety had also been evaluated, and the results indicated that all levels low, moderate and high levels of illness anxiety affect quality of life as demonstrated in graph below.
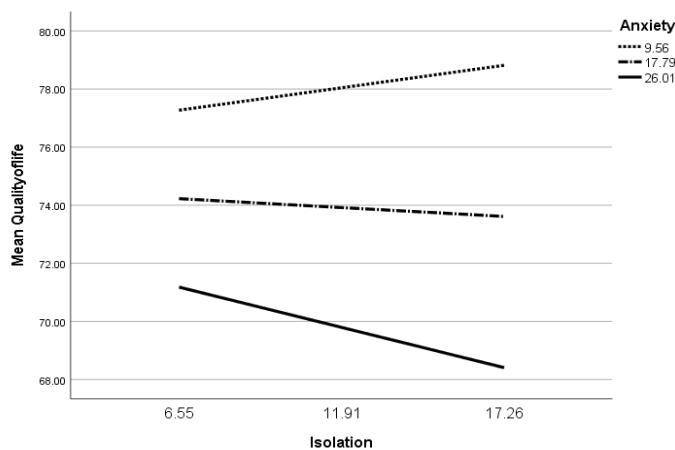

Figure 1. Moderating role of illness anxiety in the relationship between social isolation and quality of life.

Figure 1 shows that survivors who experienced less anxiety are more likely to have a high quality of life than survivors with a high level of anxiety. However, survivors at a high level of anxiety are predisposed to lower quality of life whereas, survivors at a medium level of anxiety experienced better quality of life as compared to survivors who experienced high level of anxiety.

Table 4

Gender Differences on Social Isolation, Illness Anxiety, and Quality of Life Among Corona Survivors (N=110)

Variables	Males (n = 32)		Females (n = 78)		t(104)	p	95% CI		Cohen's d
	M	SD	M	SD			LL	UL	
Social Isolation	14.00	4.77	11.05	5.32	2.71	.01	.79	5.10	.58
Illness Anxiety	21.75	8.13	16.02	7.65	3.49	.00	2.48	8.96	.73
Quality of Life	69.29	12.94	75.41	12.36	2.29	.02	-11.40	-.84	.48

Additionally, independent sample *t*-test was employed to explore the gender differences in social isolation, illness anxiety and quality of life. Findings suggested significant gender differences in social isolation, illness anxiety, and quality of life. Men are experiencing more social isolation and illness anxiety as compared to females. Moreover, females' quality of life is better than that of males.

Discussion

In this study, the researchers studied the association between social isolation, illness anxiety, and quality of life in people who had acquired the coronavirus. Cooperation between the states and the federal government and with health providers and scientists were unable to mitigate the severity of the epidemic, and the effect it had on the Pakistani people has been extremely detrimental. The findings of previous research showed that social isolation, anxiety symptoms, and poor quality of life are positively related among Pakistani citizens during the COVID-19 epidemic. Since the pandemic isn't finished and there is a further spread of the pandemic all over Pakistan, it is conceivable that the COVID-19 pandemic will cause exorbitant frenzy and anxiety in occupants of Pakistan in the coming days. Henceforth, COVID-19 circumstance is as yet horrendous in Pakistan. The nation has crossed the 270,000 cases mark (Shahbaz, Ashraf, Zakar, & Fischer, 2021). This leveling in the numbers, albeit empowering, can't be named as a complete top in the spread of the COVID-19. This monstrosity nonetheless took place (before the city went into lockdown) at a time when major specialists should have been aware of how dangerous this virus was and should have taken appropriate measures to prevent such feasts from taking place. On the basis of this, some would say that key specialists should have responded more quickly and pro-actively (Mian, Corona, & Doutriaux, 2020).

Results of the study demonstrated that social isolation had positive relationship with illness anxiety. One potential explanation behind this finding is that in Pakistani society, individuals are not used to being home stuck for quite a while, particularly men. Living in social isolation at home while tuning in to news and perusing articles about death and seriousness of the ailment around the world, they are probably going to side effects of creating illness anxiety, particularly the individuals who have been determined to have the ailment. By July 29, the affirmed instances of crown in Pakistan were 276000 and 5900 individuals lost their lives on account of this pandemic (Mubarak, 2020). The outcomes are bolstered by the examination of Teo, Larigo, and Rogers (2013) who reported that the relationship of social isolation with anxiety related issues. He reasoned that social isolation is a decidedly corresponded with illness anxiety (Teo et al., 2013). In social context the results can be explained as a collectivist culture we tried to find our happiness and joy by keeping our social connections active but due to this pandemic the social connections between families and friends had been broken as the isolation people are experiencing during the pandemic is pulling everyone further apart. Those who could go to workplaces and engage in meaningful conversations with their co-workers/friends are unable to continue such discussions during their official Zoom meetings. This ultimately affects their quality of life.

Moreover, results reveal that illness anxiety is negatively correlated with quality of life. The significant explanation of the outcome is that illness anxiety built up the dread of death in individuals during this pandemic accordingly their quality of life is diminishing. Moreover, the in cultural context of Pakistan the activities at home to be indulge in are very rare especially for men, the one prominent activity of men in house is to follow news and this is obvious that watching higher death rates on news all the time will rise the chance of anxiety and these outcomes are also bolstered by the discoveries of Wong et al. (2013) who explored emotional wellness and quality of life in Hong Kong occupants during the SARS plague in 2003. As well as these findings, the researchers found that people's emotional well-being improved when they had more friends and family around them (Pulvirenti & Simonella, 2020). There is a chance that during the epidemic, the speed of civilization as a whole was slowed down (Pulvirenti & Simonella, 2020). As a result, the network's members would have had more opportunities and time to aid and care for each other.

Results also reported that illness anxiety weakens the relationship between social isolation and quality of life. The consequences of the

results are bolstered by the discoveries of Pulverinti et al. (2020) which detailed quality of life in the patients of COVID-19 and reasoned that the quality of life was more awful in the gathering of patients who were in danger of nervousness/despondency at the study time. They further detailed that the danger of nervousness/melancholy is related with pandemic brought about by the severe acute respiratory disorder corona virus and with patients' delicacy, and not with related clinical conditions related with basic variable resistant lacks. Anxiety about coming up short on drugs is a significant new matter of discussion.

Furthermore, results indicated that males are encountering more social isolation and illness anxiety when contrasted with females. The explanation of this is in Pakistan males are encountering more social isolation when contrasted with females. Results additionally indicated that female's quality of life is superior to males. The explanation of this outcome is that for the most part females in Pakistan live as house spouses and they are as of now in a sort of social isolation in view of network limitations in the public eye. In this way, they are not confronting more illness uneasiness and are working in their ordinary everyday practice and hence, their quality of life is not affecting that much as compared to women.

Results of *t*-test indicated that at present sick members are encountering more illness uneasiness when contrasted with the individuals who are not at present sick. The explanation behind this outcome is that individuals who are at present sick have dread of death as a result of seriousness level of COVID-19 and media spreading news about increasing death rates in nation. Thus, individuals who are sick are probably going to grow more nervousness when contrasted with the individuals who have recouped from this novel infection. Additionally, individuals who confronted COVID-19 and are at present not sick have great quality of life when contrasted with the individuals who are as of now sick as they have delivered antibodies, subsequently guaranteed their insusceptibility and improved their quality of life.

Future investigations should likewise fuse more point by point research questions. Sample size for additional researches ought to be expanded and correlation study ought to likewise be accomplished for the examination of two gatherings (the person who confronted covid and the person who didn't confront covid). There should also be prepared for other section covariates such family/friends who have acquired the virus, health history of the individuals and their interaction with medical services regions (for employment), and current mental wellness difficulties should also be included.

Limitations and Recommendations

Comparable research with larger and smaller age groups, such as teenagers and children, will assist public health authorities in determining their next steps to address such situations in the future. One of the major limitation of this research is that it's does not include the severity of symptoms and personal experience of a person with COVID-19, qualitative research in this regard will provide greater and deep insight into this issue. This research has its significance because of it is important implication in clinical field as this pandemic is something we have to learn to live with therefore, these finding will provide evidence that it is necessary to devise some psycho education or cognition base activities to tackle the psychological aftereffects of COVID-19 on survivors.

Conclusion

The purpose of this study was to investigate the relationship between social isolation, illness anxiety and quality of life in coronavirus survivors. The results were congruent to the researcher's idea of investigation. Social isolation had positive relationship with illness anxiety. Illness anxiety had negative relationship with physical health, psychological health environment, and overall quality of life. According to this study, the COVID-19 pandemic in Pakistan was connected with mild to moderate psychological damage among those who survived the corona virus. However, it also brought about some benefits in terms of family support and increased knowledge of mental health. Because awareness needs to be raised about psychological issues during pandemics, it is crucial that all media channels be educated about these concerns. Doing so will stress the necessity of getting assistance as well as engaging in regular physical exercise for managing mental health conditions. Furthermore, the healthcare community must raise awareness of the vulnerable population in order to better diagnose and treat mental health issues. Everyone who is living in poverty and those who lost their employment deserves financial and moral support from our governments and legislators. Also, setting a maximum number of hours worked each week is important to relieve the extra stress on individuals during the present pandemic.

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