ARAŞTIRMA / *Research Articles*

COVID-19 From Another Perspective: What Did Patients Lacking Social Support Experience?

Başka Bir Pencereden COVID-19: Sosyal Destek Yoksunluğu Bulunan Hastalar Neler Yaşadı?

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ABSTRACT

Objective: *The study was carried out to determine the sociodemographic, clinical characteristics and difficulties experienced by patients lacking social support during the COVID-19 pandemic.*
Methods: *This cross-sectional study was conducted in a pandemic hospital in Istanbul, between March 11 and May 31, 2020; with 100 patients who received inpatient treatment due to COVID-19, who were consulted to the social service unit with the suspicion of loneliness or homelessness. Data were collected by scanning the sociodemographic characteristics and clinical processes of the patients.*
Results: *The mean age of the patients participating in the study was 66.95±19.89 years, and 49% were female, 51% were male; 27% were married, 21% were single, and 52% were divorced or widowed. We found 60% of the patients experienced acute and chronic social support deprivation, and 40% did not experience deprivation.*
Conclusion: *Although the majority of the patients had a social support mechanism, they could not use social support effectively due to the COVID-19 pandemic and the majority of them could not meet their self-care needs.*

Keywords: *Social support, pandemic, COVID-19*

ÖZ

Amaç: *Araştırma COVID-19 pandemisinde sosyal destek yoksunluğu yaşayan hastaların sosyodemografik, klinik özellikleri ve yaşadıkları zorlukları belirlemek amacıyla gerçekleştirildi.*
Gereç ve Yöntem: *Kesitsel tipte olan araştırma İstanbul'da bir pandemi hastanesinde 11 Mart 2020-31 Mayıs 2020 tarihleri arasında, COVID-19 nedeniyle yatarak tedavi görmüş, sosyal hizmet birimine kimsesiz ve bimekan hasta şüphesiyle konsülte edilen 100 hasta ile retrospektif olarak gerçekleştirildi. Hastaların sosyodemografik özellikleri ve klinik süreçleri taranarak veriler toplandı.*
Bulgular: *Araştırmaya katılan hastaların yaş ortalaması 66,95±19,89 yıl olup, %49'u kadın, % 51'inin erkek, %27'si evli, % 21'i bekar ve % 52'sininde boşanmış veya dul olduğu bulundu. Hastaların % 60 akut ve kronik olmak üzere sosyal destek yoksunluğu yaşadıkları, % 40'ın ise yoksunluk yaşamadığı bulundu.*
Sonuç: *Hastaların çoğunluğunun sosyal destek mekanizmasının olmasına karşın COVID-19 pandemisinin etkisiyle sosyal desteği etkin kullanamadığı ve büyük oranının öz bakım gereksinimlerini karşılayamadığı sonucuna ulaşıldı.*

Anahtar Kelimeler: *Sosyal destek, pandemi, COVID-19*

INTRODUCTION

Although it is known that there have been increases in recent years, epidemics have been experienced many times throughout history in the pandemic form affecting the whole world. After the first case of COVID-19 was detected in Wuhan/China in the last months of 2019; COVID 19, an infectious disease caused by the SARS-Cov-2 virus, spread globally in a short time (1). This global epidemic disease was declared by the World Health Organization (WHO) as a COVID 19 pandemic on March 11, 2020 (2). The disease, which spread rapidly all over the world, increased rapidly after the first case reported by the Ministry of Health on March 11, 2020 in Turkey (3).

Pandemics, besides their medical effects, can affect individuals and societies economically, socially and culturally in many different areas. Changes in the social lives of individuals as a result of feelings such as panic, fear, and anxiety due to the preventive rules and the perception of contagious disease have brought some problems

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(4). One of these problems is the acute lack of social support and the difficulties it brings.

The social support entered the literature after the 1970s. When we consider it as a definition, social support in its most general form is defined as the material and moral assistance provided by the close environment of the individual. Pfingstmann, on the other hand, defines social support as help that is ready to use from the people (spouse, family, friends, neighbors, colleagues, etc.) with whom the individual is in contact, especially in difficult times when he or she needs support (5). In situations that can be considered as a crisis, individuals feel the need to receive support from individuals in the above-mentioned group, which is considered as social support members or mechanisms (6). Meeting these social support needs positively affects the physical and mental health of the individual and facilitates adaptation to the disease (7). It seems that the literature on the relationship between COVID-19 and social support is limited. Quarantine and social isolation, which have become frequently used concepts in our daily lives with the COVID-19 pandemic, are generally unpleasant experiences for people. Contrary to the positive effect of social support on the physical and mental health of individuals, quarantine and social isolation have a negative and dramatic effect on individuals due to being separated from their loved ones, losing their freedom, and uncertainties about their illness (8). In the pandemic period, which is an unusual situation, the need for well-organized support mechanisms of individuals increases even more due to both restrictions and disease-specific conditions (9). Especially in the early period of the COVID-19 pandemic, the idea that acute social support deprivation may occur in people because of quarantine and social isolation, lack of information about the disease, shock and panic situation formed the basis of this study. Likewise, the increase in the number of cases consulted to the City Hospital Social Service Unit with the suspicion of lonely and homeless patients in March, April and May 2020, the first months of the pandemic in our country, showed the necessity of working on COVID-19 and acute lack of social support.

In this study, in order to contribute to the COVID-19 literature, information will be given on the socio-demographic characteristics and problems of individuals who were hospitalized for COVID-19 and who were found to be deprived of social support for various reasons, in the early period of the pandemic in our country.

METHODS

Study design and population

The study was designed retrospectively and descriptive. The study was carried out retrospectively with 100 patients who were hospitalized for COVID19 between 11 March and 31 May 2020 and were consulted to the medical social service unit with the suspicion of a lonely and homeless patients. A consultation is requested from the social service unit of our hospital for patients with suspected homelessness during hospitalization, anamnesis and clinical observation.

Patients who were hospitalized and whose Polymerase Chain Reaction (PCR) test results were positive or whose Computed Tomography (CT) findings were compatible with COVID-19 were included in the study.

Data collection tool

Data were obtained by scanning the questionnaires created by the authors from the patient files. The sociodemographic and clinical characteristics question form was prepared by the researchers as a result of reviewing the literature, and it including patients' age, gender, chronic disease, acute problems.

Data analysis

The findings obtained in the study were analyzed using the SPSS 20 (Statistical Package for Social Sciences) package program.

Ethical considerations

Before starting the research, permission was obtained from the Prof. Dr. Cemil Tascıoglu City Hospital Clinical Research Ethics Committee (dated 05.05.2020 and protocol code 137) and

from the Istanbul Provincial Health Directorate - Health Services Presidency and the Ministry of Health to carry out the data collection phase. Throughout the research, the Declaration of Helsinki was adhered to.

The study was carried out in only one city hospital in Istanbul. According to TUIK February 2020 data, the population of the country is over 83 million and the population of Istanbul Province is over 15 million (10). The City Hospital, where the study was conducted, ranks first in terms of service capacity in Istanbul. In this sense, it is considered that the data obtained from the study is important in terms of reflecting the scale of Turkey.

RESULTS

The mean age of the patients participating in the study was 66.95±19.89 years, and 49% were female, 51% were male; 27% were married, 21% were single, and 52% were divorced or widowed. It was found that 60% of the patients experienced acute and chronic social support deprivation, while 40% did not experience deprivation. In the study, 77% of the participants were discharged after their treatment, and 23% died. The rate of patients who could not meet their self-care needs was 74%. In our study, 38% of the patients were brought to the hospital by ambulance, 27% came to the hospital by their own means and 35% were brought to the hospital through the institution where they stayed. The hospitalization period of the patients ranged from 3 to 28 days, with a mean of 14.03±5.9 days (Table 1).

We found that individuals living with their families had more social support mechanisms than others, and the majority of individuals living alone (78%) lacked social support mechanisms.

According to the data obtained under the study, when the status of having familial social support of individuals according to the institutions they stay in was examined, it has been found that the individuals staying in official or private nursing homes affiliated to the Ministry of Family and Social Services have more familial social support mechanisms, while those stay in Darulaceze do not have familial social support mechanisms.

*The Darülaceze (Hospice) Presidency of the Republic of Turkey was established in 1895, and since its establishment, it has been serving the needy, elderly, disabled people, and orphaned children on the streets, regardless of religion, language, race, class and gender. The most basic feature that distinguishes the Darülacaze institution from other institutions providing care services, Darülacaze is only for those who were born in Istanbul or have been living in Istanbul for at least 5 years, have lost their working power, and are in need of care and protection; Among those who have enough property to live on but are unable to work, disabled, weak and elderly people over the age of 18 who are not legally obliged to take care of them, orphans in the 0-3 age group, and children under protection are accepted (11).

When the problems experienced by the individuals participating in the study were examined according to the months they were treated in the hospital, it has been found that the patients experienced problems mostly in April (66%) due to the lack of social support, and the most common problem was the inability to reach the relatives of the patients. (Table 2)

Among the cases consulted to the Social Service Unit, the most common problem in individuals living alone was the inability to reach their relatives. It has been found that 14 of 23 patients who lived alone did not have any communication with their first-degree relatives, and 29 patients who were under institutional care and were in our hospital due to COVID-19 needed to be accompanied (Table 3).

When acute problems were evaluated according to gender, it was found that the rate of men who needed for accompaniment was significantly higher ($p=0.022$) and the rate of women who needed institutional care was also found to be significantly higher ($p=0.001$). Other acute conditions had a similar distribution by gender (Respectively $p=0.839$; $p=0.715$). (Table 4).

There was a statistically significant difference between acute problems and the mean age ($p=0.000$) (Table 5).

DISCUSSION

In our study, we aimed to reveal the sociodemographic characteristics, clinical characteristics and difficulties of patients who experienced social support deprivation during the COVID-19 pandemic. As stated in the Results section, the majority of the patients participating in the study were the geriatric population aged 65 and over. Regardless of the pandemic, although there are differences in societies according to cultural characteristics, those who are most affected by the lack of social support are the individuals in the geriatric population (12). In our study, we saw that this situation was similar. Although similar studies are limited in the literature, in a study conducted in Egypt, the effect of the COVID-19 pandemic on the mental health and social support status of Egyptian adults was examined and it has been found that the majority (45.5%) of the participants were between the ages of 18-30. In this study, we thought that determining the target audience, particularly targeting adults, created this result and thus it differed from our study (13). In another study conducted in Belgium, the hospital processes of homeless people in Brussels with COVID-19 disease were examined, and it has been stated that the average age was 56.36 ± 16.76 and 71.43% (14). In a different study conducted in Brazil, it was seen that 42.1% of the participants were between the ages of 41 and 59 (15).

This shows us that the geriatric population is deprived of social support mechanisms at a higher rate, similar to our study.

Studies have shown that there are significant relationships between social support and people's physical and mental states, life satisfaction and quality of life. Physical and mental states change with age (16).

Our study, there was a statistically significant difference between acute problems and the mean age (Table 5). It was thought that the need for companions and institutional care increased as the average age increased. In order to prevent the spread of the disease in infectious diseases, the isolation applied to the individuals who have the disease has revealed the need for companionship, especially in the elderly and the population group that does not meet their self-care needs. This situation has led to serious problems in this sense. At this point, the scope of support services offered to individuals over the age of 65 who cannot leave their homes due to the restriction rules applied in our country can be expanded, and this service can be provided to individuals over the age of 65 who are hospitalized and cannot meet their daily self-care needs as well. In addition, in studies on the elderly, it has been observed that although COVID-19 can affect all age groups, most of the cases and deaths are especially in the elderly groups (17). Other studies show that age reduces perceived overall health directly and indirectly through less social support, consistent with the natural deterioration of health in old age (18).

Although the medical social service unit was consulted with the suspicion of a lonely and bi-homeless patient, it has been found that 38% of the patients lived with their family or friends, which showed that the patients were acutely deprived of social support mechanisms during the COVID-19 pandemic (Table 1).

Due to the rapid contagious nature of the virus and the panic and shock situation experienced in March 2020, the month in which the COVID-19 pandemic emerged in our country, and in April and May, when it reached its highest levels; problems such as inability to reach relatives, even in individuals with social support mechanisms, and insolvency to meet the need for companionship occurred at very high rates (Table 2). In March, April and May 2020 there were 100 cases that were consulted to the social service unit, which constitutes the sample of our study, with the lonely or homeless patients, who were thought to be lack of social support mechanisms. On the other hand, in the same conditions, consultations were made to the social service unit for 38 patients from June 2020 to May 2021. In this case, it shows us that our study supports the problem of acute social support deprivation, which is considered that it arised primarily in the initial period of COVID-19 disease.

Table 1. Sociodemographic and Clinical Characteristics of the Patients (N=100) (İstanbul,2020)			
		n	**%**
Age (years)	**Mean±SD**		
	66,95±19,89 (min-maks:0-97)		
	0-64 age	39	39
	≥65 age	61	61
Sex	**Female**	49	49
	Male	51	51
Nationality	**Turkish**	82	82
	Foreign	11	11
	Temporary Protection (Syrian Nationals)	7	7
Marital status	Widow	47	47
	Married	27	27
	Single	22	22
	Divorced	4	4
Social security	**Yes**	90	90
	No	10	10
Chronic Disease*	Hypertension	40	34,5
	Diabetes Mellitus	29	25
	Alzheimer's	22	19
	Dementia	8	6,9
	Cancer	6	5,1
	Chronic Obstructive Pulmonary Disease	3	2,6
	Other	8	6,9
Lives with	**Institution Care** Private Nursing Home 14 Official Nursing Home 13 Darulacaze 11 Child protection agency 1	39	39
	With his family	30	30
	Alone	23	23
	With friends	8	8
Social support	**Yes**	60	60
	No	40	40
Status of Meeting Self-Care Needs	**Yes**	26	26
	No	74	74
Acute Problems	**Inability to Reach Relatives**	59	59
	Need for Companion	36	36
	Institutional Maintenance Need	5	5

Transportation to the Hospital	**Ambulance**	38	38
	With Their Own Possibilities	27	27
	Via the Institution	35	35
Length of Hospital Stay (Days)	**Mean±SD** 14,03±5,9 (min-max:3-28)		
Tracking Status	**Clinic**	65	65
	Intensive care	35	35
Type of Discharge	**Discharge withHealing**	77	77
	Exitus	23	23

** More than one option has been ticked.*

Table 2. Acute problems experienced by the month treated in the hospital (İstanbul,2020)

Acute problems	MARCH	APRIL	MAY	Total
Inability to Reach Relatives	22	32	5	59
Need for Accompaniment	4	31	1	36
Institutional Care Need	1	3	1	5
Total	27	66	7	100

Table 3. Problems depending on who they live with (İstanbul,2020)

With whom do they live	Inability to Reach Relatives	Need for Accompaniment	Institutional Care Need	Total
Alone	14	4	5	23
With his family	27	3	0	30
Institution	10	29	0	39
Withfriends	8	0	0	8
Total	59	36	5	100

Table 4. Acute problems by gender (İstanbul,2020)

Acute problems	Female N(%)	Male N (%)	p-value
Inability to Reach Relatives	25 (51)	24 (47.1)	0.839
Need for Accompaniment	11 (22.4)	20 (39.2)	**0.022***
Inability to Reach Relatives and Care Need	8(16.3)	7 (13.7)	0.715
Institutional Care Need	5 (10.2)		**0.001***

**chi square test*

Table 5. Acute problems by age (İstanbul,2020)

Acute problems	Age Mean±SD (Min-Max)	p-value
Inability to Reach Relatives	61.57±17.72 (16-97)	**0.000***
Need for Accompaniment	78.77±11.78 (51-96)	
Institutional Care Need	66.80±5.49 (58-73)	
Inability to Reach Relatives and Care Need	60.13±30.87 (0-92)	

**Kruskal wallis test*

Social support is often provided by family, friends, neighbors and community members. It has been reported that individuals with more social support are more likely to recover from stressful conditions (19). In social support mechanisms, familial social support is in the first place. In our study, we observed that all of the participants who lived with their families had the familial social support they needed acutely. The study carried out in Egypt supports our study by showing a similar result.

It has been found that the patients living under institutional care in the Darülaceze Institution lack familial social support mechanisms compared to individuals staying in an Official or Private Nursing Home affiliated to the Ministry of Family and Social Services. At this point, it can be said that social support processes continue from the institutional care process as individuals are generally placed in public and private nursing homes affiliated to the Ministry of Family, Labor and Social Services. It has been observed that individuals living in Darulaceze meet the concept of "acaze", which is the condition for institutional care, and they lack familial social support mechanisms due to the absence of relatives.

In the literature, there are data in many studies on the length of hospital stay of COVID-19 patients, on the other hand there are no studies on the effects of COVID-19 disease to the individuals without social support. There are some studies supporting that the average length of stay in COVID-19 disease is between 7 and 10 (20). In the study carried out in Belgium, the average hospital stay ranged from 4 to 10 days, with an average of 6 days. In our study, it has been seen that the hospital stay of the patients ranged from 3 to 28 days and the average was 14.03±5.9 days. The fact that the majority of the participants live alone or under institutional care is thought to be effective in the longer average length of stay in patients with social support deprivation. In addition, it has been found that 35% of the participants who participated in our study were treated in the intensive care unit in the hospital processes. It has been thougth that intensive care increases the average length of stay of the patients. Another factor affecting the average length of stay can be the sample scope. The fact that the results of the study conducted in Belgium differ from our study also supports this situation (14).

CONCLUSION

As a result, in the COVID-19 pandemic, which affected our country parallel with the whole world, although the majority of patients had adequate social support mechanisms, especially when the disease first appeared, they could not benefit from their social support effectively due to panic and uncertainty about the disease. While 100 patients were consulted as lonely and homeless among the patients who were treated for COVID-19 in the social service unit during the 3-month period in the study; this number changed to 38 in the 11-month period in the ongoing process. İn addition there are studies showing that social support has positive effects, directly or indirectly, on the physical and psychological well-being of individuals. Contrary to social support, for preventing the transmission of the disease in pandemics, isolation and quarantine rules must be strictly enforced. It has been realized that there are limited number of studies on the relationship between COVID-19 and social support in the literature, and it is intended that this study will contribute to the literature and set an example for other studies to be done.

Limitations of the Research

The research was carried out in only one training and research hospital in Istanbul, and the results cannot be generalized to the whole population.

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