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## COVID-19 Impact on Lifestyle and Psychosocial Issues

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# COVID-19 IMPACT ON LIFESTYLE AND PSYCHOSOCIAL ISSUES

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

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by  
Ayana Smith  
Bessie Hernandez

May 2021

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## ABSTRACT

COVID-19 is a pandemic that hit the United States recently in early 2020 affecting individuals with regards to behavior, healthcare, education, recreation and social interaction, and employment and economic impact. The purpose of this study was to survey San Bernardino residents to identify, describe, and evaluate the impact of Coronavirus (COVID-19) on their lives to understand their needs and to plan for future pandemics. This exploratory study used a qualitative method to collect data from 12 respondents in video interviews. A major finding was that, regarding behavior, most if not all participants had behavior changes to comply with Centers for Disease Control and Prevention (CDC) guidelines. A second major finding, in the area of healthcare, was that eight participants reported a negative change in mental health, three reported a positive change, and one participant reported no change. It was found that all interviewees and/or their family members were impacted with educational changes, a transition from in-person classes to virtual learning. A major implication of this study is that social workers can become more aware of the ways in which individuals were affected by the pandemic, which will allow social workers to better assist individuals. The findings of this research will guide systems, such as schools and employment agencies, to be prepared, such as better management of funding, providing adequate personnel training, and ensuring everyone's health, mental health, and safety in a pandemic.

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## CHAPTER ONE

### INTRODUCTION

#### Problem Formulation

At the end of 2019 and in early 2020, the United States was introduced to a new and deadly virus that is known as COVID-19. It was a highly contagious virus initially thought to attack only the most vulnerable of populations. While the most vulnerable are at greatest risk, all populations are susceptible to being infected. In the early outbreaks of the virus skilled nursing facilities and the elderly appeared to be the primary targets for the spread of this disease. As COVID-19 expanded throughout the states, life as we knew changed. Jobs were lost, business closed, education transitioned to virtual learning, and stay at home orders were issued. All changes were made in an attempt to prevent infections and further spread of the virus. Hospitals and health care personnel were overwhelmed as they exceeded capacity and experienced limited resources. Deaths escalated to the point that funeral homes could not accommodate the number of dead. The traditional ways of grieving were disrupted leaving families unable to bury their dead. Confusion and fear spread as the virus became more prominent.

There is debate to the actual date that COVID-19 was first identified in the United States. It is still a question of where the virus originated. However, Wuhan, China is largely considered to be the site of the outbreak (Holshue et al.,

2020). Change happens so rapidly day-to-day that it is challenging to know the accurate fact about this virus and its effects on individuals, families, and communities worldwide. However, there are multiple avenues in which social workers can participate to help with experiences related to this pandemic. It is important social workers navigate and assist in relieving any grief, anxiety, trauma, or confusion associated with COVID-19 (Chen, Milano, Petruzzi, & Zeng, 2020). Staying up to date and relaying the most accurate information of the pandemic is of importance to help stabilize systems during this crisis. Social workers have a role to support the vulnerable populations and, in this case, the entire world is vulnerable.

A pandemic is disruptive at all levels of society. As of March 30<sup>th</sup>, 2021, the Centers for Disease Control and Prevention reported the total United States COVID-19 cases at 30,532,965 and the total deaths to be 554,064. The rapid spread of COVID-19 required immediate changes at the micro and macro levels. American life has drastically changed in multiple areas that include, but are not limited to, behavioral changes, educational system, economy, community resources, health care system, disparities recognition, and prison system. To meet the needs generated by this pandemic, social workers will have to be active in their roles to help restructure and enhance our “normal” ways of living.

Initially the pandemic was thought to impact the elderly and those with underlying health issues to be most at risk. However, after a year into the pandemic, evidence supports that the disease has expanded to all ages with or

without underlying conditions. New variants of COVID-19 have emerged and is severely affecting new age groups. Blacks, Asians, and Latinos all die at higher rates than their white counterparts. Cases and deaths among COVID-19 are highest among the minority communities (APM Research Lab, 2020). Initially, changes in human behavior was the only method to contain the virus. This is because there was no vaccine or effective treatment options available. Today there are three vaccines that are available to adults. There is ongoing research into the development of a vaccine for children.

Through the course of this pandemic a few ramifications have been identified. At the macro level it is seen that there was an overwhelmed health care system, economic decline, shortages of personal protective equipment (PPE), and massive unemployment. Due to the lack of preparation for a pandemic, policy development has been slow and inconsistent in the areas of funding, travel restrictions, testing protocol, and educating the public. Concluding with the micro level, individuals experienced drastic changes to their daily lives in the areas of education, employment, health care, recreation, and social networking. The degree of change and uncertainty during COVID-19 places social workers in a position of responsibility to organize, research, and provide expanded services to their communities.

## Purpose of the Study

The purpose of this study is to survey Southern California residents as to the direct impact of COVID-19 on their lives. The information provided by individuals to the researchers is critical in identifying the severity of the pandemic and its impact on their lives. In doing so, there will be the opportunity to explore unmet needs and resources, along with the level of burden that they are carrying during this pandemic.

The United States was generally unprepared to manage this COVID-19 pandemic; it is the goal of this study to gain information that will contribute to a more effective response to future pandemics. Southern California residents will have the opportunity to participate in identifying needs and evaluate where there could be improvements.

Participants will provide information about factors that have most impacted their lives. Questions in the categories of Education, Employment/Economic, Health Care/Mental Health, Recreation/Social Interaction, and Behavior will be asked of respondents. The data collected may contribute to how the role of social workers play may be improved and/or expanded in meeting community needs, alleviating stressors, and recognition of necessary collaborations during a pandemic.

The selected research methodology for this study is Qualitative. This study will be conducted through individual interviews. Through the use of this research approach there will be more depth to the understanding of the impact of COVID-

19 on individuals. The use of qualitative data brings results that provide a narrative from those impacted by the pandemic.

### Significance of the Project for Social Work Practice

The significance of this study is an exploration of how to navigate and address unforeseen circumstances that come with a pandemic. There have been severe cases of the flu over the years, which include: The Bird Flu (1957), the Hong Kong Flu (1968), and the Swine Flu (2009). It wasn't until 1918 when the Spanish Flu emerged and became known as the "mother of all pandemics" due to the substantial number of infected and deceased. (Roos, 2020). COVID-19 is similar to the Spanish Flu pandemic in terms of the rapid spread of the virus, the numbers of cases/deaths, the overwhelming aspect of the health care system, and the limited planning/ preparation for a pandemic. COVID-19 has spread worldwide and challenges every discipline and profession. Social Work has to evaluate and declare its role in serving all communities impacted in order to address the multiple needs of their clients. This study may allow for an expansion of the social work role beyond what is considered "traditional" at this point in time.

The findings from this study will contribute to social work practice at a micro and macro level. COVID-19 is affecting individuals at both levels. Within the micro level, the pandemic may be affecting the most vulnerable populations, such as children, older adults, low-income households, inmates, etc. The vulnerable populations being affected by COVID-19 is the same population that

social workers advocate for and seek to empower. The findings of this study will contribute to a greater understanding of the situation, in which social workers will be able to support and advocate for the clients affected by the pandemic. Also, at the micro level, the findings will contribute to social work practice with regards to self-care strategies, for both clients and professionals. At the macro level, the findings of this study will assist social workers in implementing programs for clients to cope with COVID-19 and programs to educate and better inform colleagues and the community about the pandemic. Also, at the macro level, the findings of this study may contribute to the determination of how services will be provided by social work professionals, such as tele-health, tele-therapy, and other forms in the near future.

This study may contribute to the development of new Social Work roles and interventions. Also, it may contribute to the expansion of active participation in multidisciplinary teams to address complex needs during a time of social distancing and self-isolation. It is hypothesized that this study will utilize the engagement and assessment phases of the generalist intervention model. During the course of this pandemic challenges have arisen and social workers have been trying to accomplish pressing tasks. With the new experiences and gained knowledge this study has potential to contribute to the policy and planning that will need development to prevent future catastrophic events. With that said, the research question for this study is as follows: What impact is COVID-19 having on people's lifestyle and psychosocial issues?

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

The World Health Organization declared COVID-19 as a global pandemic on March 11<sup>th</sup>, 2020 (Center for Disease Control and Prevention, 2020). COVID-19 is a new unknown infectious disease that proved from initial cases to attack the upper respiratory tract (Franchini et al., 2020). It is important to make comparison of the COVID-19 pandemic to the Spanish flu pandemic of 1918 because of the similarities in the diseases themselves. Replication of public health measures in the Spanish flu are present in the battle against COVID-19. Similarities also exist in changes to societal norms. There is an urgent demand with COVID-19 to find effective treatment and development of a vaccine. The similarity to the Spanish Flu is that the urgency was on finding an antibiotic to contain the spread. Therefore, this chapter will discuss similarities between both pandemics.

The Literature Review includes the following areas: Systemic and Individual Behavioral Change, Social Justice, Mental Health, Theories Guiding Conceptualization, and Summary. In the Systemic and Individual Behavioral Change section, it compares containment and mitigation strategies, individual behavioral changes, and the lack of transparency and clear communication between governmental authorities and the general populations. Within the Social Justice section, it defines the at-risk populations, identifies the factors placing at-

risk populations at an increased vulnerability for infection and death, and confirms inadequate planning for a pandemic. Discussed in the Mental Health section is the linkage between a pandemic and its possible effects on mental health. In the section of Theories Guiding Conceptualization, a systems theory approach is used. The application of a systems theory approach is used because of multiple systems involved in combating impeding factors that come with a pandemic. Lastly, the summary highlights the comparison between the Spanish flu and COVID-19 pandemic.

#### Systemic and Individual Behavioral Change

During the years of the Spanish Flu pandemic (1918-1920), behavioral change recommendations to local authorities and citizens were made as the understanding developed as to the type of infectious disease that was being confronted. It was a new infection that was highly contagious, lacked any treatment or prevention and was leading to rapid death. The deadly virus resulted in some 500 million being infected worldwide. The death toll globally is reported at nearly 50 million (Taubenberger, 2006). That number is imprecise because of obstacles to tracking and the fact that many never arrived for medical attention.

Containment and mitigation strategies were put into effect to reduce the spread as much as possible. As seen in the video Spanish Flu: The Forgotten Fallen (2009), methods such as improving sanitary conditions and closing schools were implemented. Closing down businesses was a strategy as was recommending that residents self-isolate. Face masks to cover the nose and



mouth were recommended. Communication from governmental authorities about the severity of illness was confusing and mixed messages resulted in increased illness.

The literature indicates that while individuals were encouraged to make changes in behavior, the government was limiting the amount of information that was shared with the public (Little, 2020). World War I was coming to an end, and due to the censorship that was a part of that, it was easier to limit information that was shared. During the Spanish Flu references were made to the general public about the pandemic being another mild form of the flu. This message parallels to the announcements from the government in the early days of COVID-19 (Franchini et al., 2020). This article discusses the effects of the Spanish Flu in Milan, Italy and is valuable as one compares the interventions utilized during that time to those that have come with the COVID-19 pandemic. The article demonstrates that there is a public health roadmap for dealing with a new virus/flu through behavioral change. Confusion and lack of coordination among federal governmental agencies during the Spanish Flu and COVID-19 highlights the need for systemic behavioral change.

The American public was notified of the presence of COVID-19 for the first time in mid-March 2020. Federal authorities were concerned over how and when to confirm the threat of COVID-19 to the American public because of the fear response that might be generated. The infectious disease experts recommended the behavioral changes as follows: Stay at home if possible, no traveling, wear

masks when one goes outside, social distancing, avoiding large crowds and frequent handwashing. Compliance with federal and state recommendations over time are likely to change. The differences in messaging at state and federal levels resulted in confusion and the level of compliance has been inconsistent. The individual behavioral changes do parallel those used during the Spanish Flu pandemic, as does the governmental effort to minimize the severity that comes with COVID-19.

The concerns over meeting the needs of hospitals and the professionals within them were present in 1918 and currently are at the core of planning now for any second wave. In both pandemics, lack of PPE and hospital capacity had an impact on individual behavior, with those less ill being confined to home and expected to isolate from families (Ripp et al., 2020). As a second wave of COVID-19 is anticipated, the lessons of the first wave and the Spanish Flu experience calls for a more coordinated planning effort.

### Social Justice

The common theme in the treatment of a pandemic is that the most vulnerable populations will be impacted the hardest. Disadvantaged populations have multiple needs that are left unaddressed. Approximately one half of the population was affected by the Spanish Flu, with the age group most affected being 20-40 years old (Bobdey et al., 2020). Conditions that contributed included poor hygiene in the workplace, high density living situations and limited access to health care. Food insecurity also was the result of any family member being

unable to work. The lesson learned from 1918 is that the lower classes had a higher mortality rate than their wealthy counterparts (O'Connor, 2006).

During the COVID-19 pandemic the most vulnerable populations have been identified as those over 65 and in the underserved populations (Centers for Disease Control and Prevention, 2020). The vulnerable population is classified as those with limited financial, educational, housing, and transportation issues. Those classified as vulnerable may also experience chronic discrimination. The underserved population has limited access to healthcare “lack of coverage, limited services in the community, and barriers to access of primary care services.” (Center for Medicare and Medicaid Services, 2020). The vulnerable and underserved tend to be in higher density living situations with the same limited access to community resources. The highest proportion of death rates is among the Black population. Blacks die at a rate 2.4 times higher than whites (APM Research Lab, 2020). It is evident that in both pandemics, there was minimal planning for how to manage a response to the specific needs of the disadvantaged. Social justice issues of equity, access, participation, and rights have not been fully addressed.

In July 2006, an International panel of experts in public health, animal health, virology, medicine, public policy, economics, bioethics, law, and human rights met in Italy to have a discussion on pandemic planning. This group became known as the Bellagio group. Their research which included 37 countries was to assess the level of preparedness for a pandemic in different regions and

countries. The survey consisted of three significant questions for public officials (Uscher-Pines et al, 2007):

- Are you able to identify and list the groups that are most at risk in a pandemic and is there a plan to meet the needs of each group during a pandemic?
- Have the disadvantaged groups been included in any planning process?
- What are the special needs of the at-risk populations and what policies are in place or plans are there to meet those needs in a pandemic?

For the first question, no country had a plan to meet the needs of each group during a pandemic. Answering the second question, only eight countries identified that they engaged pregnant women in discussion/planning because of the medical risks. Lastly, there were six countries that identified special needs of the disadvantaged populations to be economic, social, and religious. Out of six countries, three reported having religious groups having a developed plan to meet burial needs in case of a pandemic. This article is valuable because it identifies significant lack of planning in meeting the needs of the disadvantaged during a pandemic.

### Mental Health

The ways in which a pandemic effects mental health should be seen as significant. Research on this general topic is limited from the 1918 period. The

available research of those who survived the Spanish Flu prove a possible linkage to their subsequent mental health issues. A study was conducted by Menninger on the Spanish Flu events and its correlation to mental illness. There was a total of 80 patients studied over a five-year period. The patients in the research group were individuals who had survived the Spanish Flu. These patients were categorized into four groups based on their symptoms: delirium, frank dementia praecox (schizophrenia), other psychosis, and unclassified. The onset of mental health features was identified two to eight days after the end of the influenza symptoms. At the conclusion of the year period, patients were recorded symptom free (Harris, 2006). As a contribution to the research of COVID-19, this study highlights the impact of the Spanish Flu and its effects it had on the mental health of individuals. It is important to evaluate and analyze past research to understand and implement prevention and early intervention strategies when addressing a pandemic.

Further mental health issues from the Spanish Flu were identified as sleep disturbance, distraction, dizziness, reduction in coping skills, and even an increase in suicide that was driven by the high number of death rates. By November of 1918 there were 31,000 children who had lost one or both parent in New York City due to the Spanish Flu pandemic. The frequency of death and the loss of loved ones resulted in these individuals experiencing a range of emotions: guilt, hopelessness, helplessness, and chronic grief. This disease progressed rapidly, and the fear of an infection was pronounced (Eghigian, 2020).

In the literature that these writers reviewed, there is agreement that mental health needs received little attention during the Spanish Flu era and the initial stages of COVID-19. The need to treat the rapidly spreading virus and to understand how the flu/virus transmission occurred took priority over mental health needs. As research is emerging on COVID-19, the behavioral changes that must be made to contain and mitigate the virus are creating mental health concerns (Fiorillo & Gorwood, 2020). Self-isolation, social distancing, masks, and frequent handwashing may result in an increase in specific diagnostic categories for the general population. These behavioral changes may generate panic disorders, obsessive-compulsive disorders, stress and trauma related disorders, etc. For those professionals who work in the emergency departments and intensive care units, there is also a high risk for exhaustion, burnout and post-traumatic stress disorder symptoms (Banerjee, 2020). In other words, professionals and the general population are at risk for a number of symptoms related to mental health.

### Theories Guiding Conceptualization

In the field of Social Work, theories are used to help establish a framework for how one can understand the relationship between human behavior and how that affects or is affected by multiple social systems. The literature supports the use of Systems Theory as it relates to a pandemic and the impact on psychosocial issues (Payne, 2014). Systems Theory is the intersection of human

behavior and the connections to other systems. It gives multiple perspectives of how interventions should be shaped and plays a part in personal and systemic issues.

For this research, a Systems Theory approach will be used. The impact of the pandemic on psychosocial well-being involves multiple systems and represents the interconnectedness of those systems. Through this approach, the writers will research how the categories of Behavior, Health Care/Mental Health, Education, Recreation/Social Interaction, Economic/Employment and participants are interrelated by the COVID-19 pandemic. When looking at multiple systems, there may be different perspectives of what is identified as the cause and effect. Understanding perspectives may determine how to address competing problems and identify solutions. (Michailakis & Schirmer, 2014). For instance, the government is focused on statistics that are reported daily while those with chronic mental health issues are most concerned about the availability of treatment. The business owner who may lose all of their economic security may see the problem differently than the woman categorized as high risk. Behavior changes such as wearing masks and social distancing were part of the recommendations for containment and mitigation. Compliance with federal recommendations varies. Depending on state acceptance and perspectives compliance level is difficult to determine. Leadership at the local, state, and federal levels may have different views on the appropriate containment plan. The Spanish Flu experienced a second and third wave of increase infections and

deaths. Authorities at all levels and health care systems are concerned that there will be a second and third wave of COVID-19 hospitalizations and deaths. With the use of systems theory this research will help in understanding COVID-19 and the impact on lifestyle and psychosocial issues.

### Summary

The similarities between the Spanish Flu pandemic and COVID-19 have been noted in this chapter. It is clear that the same interventions are utilized now just as they were in the previous pandemic. It is also clear that in both pandemics the response has been inadequate due to a lack of policies and preparations. Mental health issues were differed due to emphasis placed on reducing the spread of the virus in each pandemic. While it is necessary to manage the mitigation and containment of the virus the severity of mental health issues may be exacerbated by the delays. In conclusion, the hope is that COVID-19 losses are mitigated, and better understanding of pandemics can be generated for such future events. Through this research it is hypothesized that there will be a better understanding of how COVID-19 has impacted individuals, families, and communities. This research may also provide social work with a better understanding of their local community and effective service delivery options. Engagement of local residents and their experiences may contribute to possible policy development.



## CHAPTER THREE

### METHODS

#### Introduction

This study will seek to best evaluate and describe the impact that the COVID-19 pandemic is causing within individuals' lifestyle, including psychosocial issues. Some impact considerations when completing this study are behavioral change(s), social justice, and mental health. This chapter contains five parts which entails how the study of this pandemic will be completed. The sections included in this chapter are the following: study design, sampling, data collection and instruments, procedures, and protection of human subjects.

#### Study Design

For the purpose of this research, the study will be an exploratory study. The purpose of this study is to best evaluate and describe the impact that the COVID-19 pandemic is causing within individuals' lifestyle and the psychosocial issues the pandemic may have created and/or is creating. The study will be exploratory because the research will focus on a topic about which little is known.

This research will mainly use a qualitative methods approach, including quantitative demographics with the purpose to give context for the findings. A strong point in the researchers using a qualitative approach is that the researchers leave the opportunity open for participants to express their feelings,

thoughts, and experiences with the COVID-19 pandemic. A limitation with using a qualitative approach is that participants may feel peer pressured and/or uncomfortable in answering the questions, which may lead to participants answering the questions in a way that they expect the researchers want them to respond. With that, responses may not be truthfully answered, with what participants real view and feelings about the pandemic.

### Sampling

This study will use a probability sampling method, cluster sampling. By using a probability sampling method, the study will utilize a random selection of participants. The researchers from this study will utilize a cluster sampling method, which will consist of a sampling frame, Southern Inland region of California. Participants who work or live in the Southern Inland region of California will be asked to participate. From there, participants will be chosen several settings. The settings include work, internship, and individuals from our personal network of family and friends. Some of the participants will be CSUSB students and individuals who are currently interning or working in specific sites. There will be a total of 10-15 participants, using a qualitative method. The selection criteria for participants will include the following: male and woman adults (18 years and older) and individuals living or working within the Southern Inland region of California.

## Data Collection and Instruments

The researchers from this study will use a mixed methods approach to retrieve data, including quantitative data and qualitative data.

Considering that this research study will retrieve qualitative data, there are a variety of interview questions that will be asked of the participants. The interview questions will focus on seven topics. The seven topics are as follows: behavior, healthcare, education, recreation and social interactions, and employment and economic impact. Each section will include anywhere from 2 to 4 questions. There will be a total of 15 interview questions. Under the behavior section the following questions are included, please share when and how you became aware of COVID-19, please share the behaviors that you changed because of the pandemic, and please share your thoughts of how you view COVID-19. 1 out of 3 questions on the healthcare section is, how has COVID-19 impacted your overall physical and mental health? An example of a question within the education section is, in what ways do you believe that the quality of education has been changed due to the pandemic? 1 out of 2 questions within the recreation and social interaction section is, before COVID-19, what physical activities were you involved in and have you seen a decline in these activities? Within the employment and economic impact section, there are questions such as please share what employment changes have you experienced as a result of the pandemic and what individual and family needs have been harder to meet because of the pandemic?

The research will include quantitative data mainly to provide context for the findings. For the purpose of the quantitative methods, the main variables of interest are lifestyle and psychosocial factors. The quantitative tool will include questions to best evaluate the number of individuals affected by the COVID-19 pandemic. The quantitative instrument will be included one a page before the interview guide, which will include information on the participant's demographics, such as age, gender, city of residence, marital status, primary language, ethnicity, employment status, number of adults in their home, number of children in their home, family composition, and annual household income.

The interview guide has been completed by the researchers of this study. The reliability of the instrument was assessed by comparing different versions created by the researchers. The validity of the instrument will be assessed by comparing the results of each participants responses.

### Procedures

For the purpose of this research, the researchers have decided on how they will be gathering the participants, in order to collect the data. The researchers of this study will be gathering participants primarily through their current internship sites and job sites without collecting any data directly from the sites. Since the interview will be time consuming for participants, the researchers will advertise the study by explaining to the possible participants the following information ahead of time, purpose of the study, how long the interview may take,

and what the interview entails. By explaining what the interview entails, the researchers of this study are leaving the opportunity open for any volunteers that are willing to commit to the interview. Once the researchers have the number of participants they need, they will arrange a day and time that works best with each participant to complete the interview. The interview may take anywhere from 45 minutes to one hour, or less. Before beginning the interview, the researchers of this study will discuss the informed consent with each participant. The data collection will take place either through a phone call or video conference. The interview will be completed by the researchers from this study, in which the researchers will be collecting the data.

#### Protection of Human Subjects

Throughout this study, the confidentiality and anonymity of the participants will be considered crucially important. The identity of the participants from this study will be kept completely confidential. By keeping complete confidentiality and anonymity, the name of every participant will not be disclosed. Due to the COVID-19 pandemic, the interviews will take place through a phone call or video conference via Zoom. Before the interview, the researchers of this study will discuss the rights, confidentiality, and anonymity to each participant. Before beginning the interview questions, each participant will have to read and sign an informed consent that explains important information regarding their participation. By signing the informed consent, participants are agreeing to the terms and

agreeing to participate in the study. Although participants will have to sign an informed consent to agree to the terms, each participants' identity will remain confidential by the participants having to sign the form with an "x" instead of their name. The informed consent includes a description of the study, purpose of the study, voluntary participation, confidentiality, duration, risks (if any), benefits (if any), contact information, where results can be obtained, and a debriefing statement, which consists of thanking the participants for their participation and time.

Once the interview begins, the researchers of this study will use audio recordings to record the responses of every participant. With that, every participants identity will also be kept confidential and anonymity, by not requiring participants to state their name. The devices that will be used to record the interviews are laptops, iPads, and phones. Each device will have a passcode lock. The audio recordings will be kept in a locked cabinet, when not in use, where they will not be accessible to anybody, that are not the researchers of this study.

### Data Analysis

All data to be gathered in the interviews will be analyzed after being recorded. The audio recordings of the interviews will then be turned into transcript form. Each participant will be assigned a respondent number to identify their responses. Once the responses are in transcript form, the researchers will

start coding, meaning that the researchers will use a word or short phrase that assigns a meaning for what was said by the participants. The researchers will reread the written form responses and identify major, common themes to understand what the data is saying, and enter the major themes into an SPSS or excel document. All responses will be sorted into domains, which consist of the seven topics included in the interview questions. Frequencies and proportions will be run on the document. All information will be stored in secure systems, with passwords. Once the data has been transcribed, the audio recordings will be erased/deleted from the device(s).

### Summary

This study will seek to best evaluate and describe the impact that the COVID-19 pandemic is causing within individuals' lifestyle, including psychosocial issues. The individuals invited to participate in this study are intended to provide important information about the impact of COVID-19. A qualitative method will be mainly used for data collection in this study to best evaluate and describe the impact of such pandemic.

## CHAPTER FOUR

### RESULTS

#### Introduction

This study assessed the impact of COVID-19 on lifestyle and psychosocial issues. This research identified factors that contributed to negative and positive changes resulting from the pandemic. Attention was focused on the changes in these 5 areas: Behaviors Affected, Healthcare/Mental Health, Education, Recreation/Social Interaction, and Employment/Economic Impact. In this chapter, the results presented are from Southern California residents.

In total there were 12 participants interviewed. This chapter is organized into five parts. The first part describes the data collection process. The second section describes the data analysis process and the third section discusses the participants' demographics. The fourth part discusses the presentation of findings, which includes the behaviors affected or changed, healthcare and mental health, educational changes, recreation and social interaction changes, along with employment and economic impact. The fifth part is the summary section.

#### Data Collection Process

The researchers began the data collection process in mid-January 2021 and finished collecting data mid-February 2021. One researcher completed 8



interviews and the second researcher completed 4 interviews. The researchers gathered the participants from their current internship sites and their places of employment. These participants were invited by word of mouth to be a part of the research study. The interviews were completed via Zoom and through telephone calls. On average, the interviews took about 30 minutes for completion. The shortest interview was 25 minutes and the longest interview was completed in 45 minutes.

#### Data Analysis Process

Once the interviews were completed and recorded, the next step taken was analyzing the data to determine the findings and find major themes. The audio recordings were turned into transcript form, which was done with the help of an online application. The application transcribed the audio recordings while the researchers reviewed the accuracy of the transcriptions. Once the transcriptions were edited and completed, the researchers began coding each transcript by identifying common short words and phrases provided by participants. A word document was created for each respondent to list the important information by topic area. Tallying was done for simple yes/no questions.

## Demographics

Participants ages ranged from 18 to 70. Those interviewed included nine females and three males. The interviewee's identified as primarily people of color: seven Hispanics, three African American, one Asian, and one Caucasian. Under marital status, 11 identified as Single and one identified as currently Married. The majority of interviewees (11) cited their primary language to be English, while one identified Punjabi. Employment status of those interviewed is as follows: two full-time, six part-time, one self-employed, and three unemployed. Family composition varied among those interviewed. There were eight that identified living in a Multi-generational household, four identified living in a Single-Family household, and zero participants identified as a Multi-family household.

Out of 12 households, one-quarter had no children in the home, while the other three-quarters of households had a range of two to four children in their home. All of the participants reported two or more adults in the household. Participants were asked to identify family income on a ranging scale. Half of the interviewees (six) reported an income of \$40,000 or below. Of the interviewees, one-quarter (three) percent reported an income of \$40,000 to \$80,000. Lastly, one-quarter (three) reported an income of \$80,000 or above.

## Presentation of Findings

### Behaviors Affected or Changed and Thoughts on COVID

First Awareness of COVID-19. Participants shared how they became aware of COVID-19. Through data analysis, the majority identified News outlets as being their first source of awareness. Social Media followed next as a tool that provided the first alerts for some. The other categories that brought recognition of COVID-19 were word of mouth, the shut-down of stores, and email notifications. It should be noted that some interviewees reported a combination of these categories. Those who became aware through word of mouth explained they heard from leadership positions either at work or from school. A few interviewees mentioned they received an email from their schools about the virus. Others mentioned a minimal awareness of COVID-19 but paid little attention until stores started to shut down. It is made clear through these results that social media and the news contribute a significant role in the sharing of information.

Thoughts on COVID-19. Interviewees were asked to share their views on COVID-19. Respondents gave an overview of how they initially thought of COVID-19 to their current thoughts at the time of the interview. The responses to the views of COVID-19 fall into one of four categories. These four categories are: Consistent with Thoughts, Initially Not Serious but Serious now, Initially Serious but Not Serious now, and Other.

Among the interviewees one-third (four) were consistent in their thoughts on COVID-19. Additional information was given by interviewees to explain their reasoning for their views. It should be noted that all members in the “consistent” category viewed COVID-19 as serious in the beginning and still felt that way at

the time the interview was conducted. The reasons shared that contributed to the interviewee's consistent thoughts varied and can be seen as follows:

- Had a negative personal experience with COVID-19
- Being categorized as a "High-Risk" population
- Perceives the need to protect family and others
- Experienced someone who was affected because of COVID-19

There was one-fourth (three) of individuals who fell into the category of "Not Serious to Serious". It was found that these respondents had similar reasons to why their perceptions changed and are as follows:

- Viewed COVID-19 as another flu and seen it as "short-term"
- Became serious because of experiencing COVID-19 themselves
- Became serious because someone close to them being affected by COVID-19

During the data analysis a category of "Serious to Not Serious" was identified. There were one-fourth (three) of interviewees in this cluster who gave reasoning to why their thoughts changed on COVID-19. These explanations are listed below

- Believes positive attitude can help people to adapt to the new normal
- Stated the media exaggerated the problem
- Assumes individuals need to take care of themselves without dramatic change. By paying significant attention to consuming vitamins and

minerals and being around people good for their mental health to avoid loneliness, depression, etc.

Tired of being home and not being able to do anything

Lastly, those outside of the original three categories are classified as “other”. There was one-eighth (two) of respondents who fell into this group and their reasonings can be seen below:

- Views COVID-19 as an unfortunate event that no one deserved. In the beginning feelings of anger and resentment due to the disruption to everyone’s lives but now is fearful with mixed emotions
- Perceives COVID-19 as a negative life-altering event

Action Behaviors. In this final section of behavior, the interviewee’s responded to questions about how their lifestyle was impacted and the behavioral changes that resulted. The following changed behaviors that were reported were used to minimize risk and spread of COVID-19. There were four themes identified by the researchers when analyzing the data. These four themes are CDC Recommendations, Obtaining Necessities, Activity Level, and Other.

CDC Recommendations. In the pie chart for CDC recommendations, all 12 interviewees reported a recognition of the necessity for these changes. The analysis showed interviewees reported at least two or more changes in this area. This includes masking, sanitizing, hand washing, social distancing, avoiding

crowds, etc. While all interviewees reported changes there also were some who indicated intermittent compliance. For example, one respondent mentioned only wearing masks when requested.

Obtaining Necessities. Interviewee's who reported changed behavior in obtaining necessities mentioned three specific modifications of behavior. The data analysis reflects that nearly half (five) of respondents in this category had seen an increase in online shopping. It was found that one-third (four) reported less physical shopping in stores. Lastly, one-fourth (three) mentioned that they modified their behavior around obtaining/consuming food. This includes an increase in delivery of groceries and "pre-prepared" foods. It should be understood that fast food, restaurant meals, and food service plans constitute the make-up of "pre-prepared" foods.

Activity Level. Out of all interviewees eight reported changes in activity levels. Data analysis revealed there were three distinct changes in this area. Researchers identified that more than half (five) reported a reduction in outside activity because of stay at home orders/recommendations. There was one-quarter (two) of respondents who reported a reduction in interacting with friends and family outside of their home. However, analysis also showed that one-eighth (one) reported having no reduction of time spent with family or friends outside the home.

Other. The theme “other” represents individual and unique responses that was identified by no more than two respondents. The responses in this theme include, changes in sleeping patterns, changes in how work/school is conducted, increased use of streaming services, staying up to date with COVID-19 information, and reporting no behavior changes when with family and friends.

A summary of all changed action behaviors is reflected in a pie chart located in Appendix D. The categories of obtaining necessities and CDC recommendations demonstrate the areas of the most significant change. Both CDC recommendations and Obtaining necessities reflect a 45% of all changed behaviors. As previously noted, all 12 respondents reported a change in the area of CDC recommendations. No other theme has 100% response from all interviewees. Therefore, when looking at the theme obtaining necessities there were 12 responses which made up 45% of the chart, but not all interviewees reported this theme as a part of their changed behaviors. It should be understood that an interviewee may have had multiple changed behaviors in different categories under this theme. For example, one interviewee reported increased food delivery and an increase in online shopping.

#### Healthcare/ Mental Health

Testing. Interviewee’s responded to a series of questions related to healthcare. There were eight of the 12 respondents who reported that they received a test for COVID-19. Participants disclosed their reasoning for why they

received testing. It should be noted that some participants had the same answers as others. The variation of reasons for why testing was received can be seen listed below:

- Someone showed symptoms or tested positive for COVID-19 that they were around
- Admitted to hospital to give birth and it was hospital protocol

Several explanations were reported as to why testing was not received, these can be seen as follows:

- Tried getting test, advised by pharmacist to not get tested unless symptoms were shown, due to a shortage of test
- Never attempted because no symptoms were present/Does not know anyone COVID-19 positive

Never tested because does not want results on record

All interviewee's who reported receiving a test for COVID-19 indicated there were no challenges in receiving a test. Further information was shared about interviewee's experiences indicating appointments were easy to schedule, testing sites were in close proximity and were easy to access, and results were received in a timely manner.

COVID-19 Test Results and Outcomes. Out of the eight participants who received testing for COVID-19, half (four) of them received a positive test. All four interviewee's reported self-quarantine and over the counter medicines as their treatment. All 12 interviewees whether tested or not tested mentioned knowing



at least one person who had tested positive. Treatments for those individuals mentioned included quarantining at home, use of prescription medication, and hospitalization. There were two interviewees who shared that they believed to have had COVID-19 prior to the announcement of the virus. These two respondents mentioned that they experienced similar symptoms described by the Centers of Disease Control and Prevention.

Deaths Reported. Out of the 12 interviewees, half (six) reported experiencing a death of an individual from COVID-19. Out of the six who reported a death, four disclosed losing three or more individuals. The losses experienced by these interviewees was of both a personal and non-personal nature. The personal nature included close friends and family members while the non-personal included estranged family and acquaintances. This question was not asked but was offered by these participants during the course of the interview.

Mental Health. The data analysis reflects three categories of the impact of COVID-19 on mental health. These categories include a negative impact, no impact, and a positive impact. Out of 12 interviewees, two-thirds (eight) reported a negative change in their mental health status while one-quarter (three) reported COVID-19 having a positive impact. Only one-twelfth (one) reported having no impact to mental health. These findings can be seen represented in a chart located in Appendix E.

The discussion of results begins with the negative impact of the virus on the individuals interviewed. The researchers found that the majority have

experienced negative mental health symptoms. The mental health symptoms reported are anxiety, depression, loneliness/isolation, anti-social behavior, and stress. Among the reasons that contributed to these symptoms include:

- Being stuck at home
- Unable to focus on important work
- Not being able to see friends and family
- Lack of motivation
- Fear of acquiring or transmitting COVID-19
- Experiencing a death of someone

Prior to the pandemic, one-sixth (two) respondents were experiencing mental health symptoms that increased with the onset of COVID-19. Along with one-twelfth (one) interviewee reporting a previously resolved depression that re-emerged. Interestingly, it was reported by one-sixth (two) respondents that they no longer had access to their school counselors because of the pandemic.

Under improved mental health the respondents reported feeling mentally stronger for a variety of reasons. One reported being in a leadership position at the church and had to get creative in order to still provide the needed services to the youth. It was mentioned that through the obstacles encountered and successfully accomplishing these tasks the participant resulted in feeling empowered. Another reported improvement in mental health because of being pregnant and able to work from home. That individual reported being able to be

around her family and keep the family income intact. It was also mentioned that spiritually this respondent viewed the pandemic as a result of others mistreating people and the earth. Additionally, a respondent identified a greater appreciation for life and recognition of blessings.

### Educational Changes

Within the education section, the 12 interviewees were asked the first question, “did anyone in your household make changes to how they traditionally attend school?” All twelve interviewees reported a change to how they or family member(s) traditionally attend school. The major theme found was that there was a change from in-person education to virtual learning (online). Half of the interviewees reported that their siblings and themselves were affected by that change. The other half of the interviewees reported that they either had a granddaughter, children, or sibling(s) that went through the change of in-person to virtual learning. With that question, interviewees were asked if the change had a direct impact on themselves or another member of the household and all interviewees reported that either themselves or other members of the household were impacted. The interviewees reported three major themes in which they or other members were impacted

- The interviewees reported that for many of them there was an increase level of stress and frustration within their household, due to having to assist others and themselves with teaching and it interfering with their own responsibilities.

- Many of the interviewees' composition and personal space of their household was affected due to siblings or themselves needing their own space for virtual learning.
- A few of the interviewees reported that their siblings and/or themselves were impacted with the following problems: not retaining information taught, lack of motivation, having to cancel a nursing career due to labs being closed, and struggling with staying on top of grades and attending classes.

Quality of Education. Interviewees were then asked to share ways in which they believe that the equality of education has been changed due to the pandemic, if any. Half of the interviewees reported that the quality of education has decreased in a variety of ways. There were three interviewees who reported that the quality of education has both increased and decreased in some ways. Whereas three interviewees reported that the quality of education has remained the same as the quality of education with in-person school. Those that believed that there was a decrease expressed the following concerns: some schools were not prepared for fully online classes, teachers are unable to be present and teach in an understandable manner, several teachers are just assigning assignments and not teaching, there is a lack of access to instructors, not receiving the same experience as they would on campus, and lots of students are failing. The three interviewees that reported there to be both an increase and decrease with the

quality stated that there are pros and cons to the quality of virtual learning. The themes found within the cons mentioned were that although virtual learning was easier, students were not able to build networks with teachers and fully engage and some teachers just read straight off the PowerPoints. Some of the pros reported consist of the following: “teachers show more empathy towards students and are lenient on assignments, improvement with one-on-one attention, and becoming independent.” The three interviewees that stated that the quality of education remained the same stated that there was no real change just how it was conducted.

Resources Needed for Education. Interviewees were then asked to share what resources their family and/or themselves needed to have a successful virtual education and if they were able to obtain those resources. Majority of the interviewees reported that either they or family members need resources and were able to receive the needed resources from their schools. The major resources needed and reported were laptops, hotspots, and meals. A few interviewees reported that they had everything needed for a successful virtual education.

### Recreation and Social Interaction Changes

Recreation and Physical Activities. Within the recreation section, interviewees were asked the following, “before COVID-19, what physical activities were you involved in? Have you seen a decline in those activities? If so, what have you substituted those activities with?” Majority of the interviewees,

eight of them, reported that they were involved in some form of physical activity pre-COVID and have noticed a decline within those activities. Majority of those interviewees reported that pre-COVID they would go to the gym anywhere between three to six days of the week and have now substituted that with one of the followings: going for walks, going for hikes, low-stress exercise, home workouts, treadmill, yoga, riding a bike, or going for runs. Interviewee #11 reported, "I used to go to the gym every night, three or four times a week before COVID and now I can't go to the gym. I try going on walks around my neighborhood, but it is not as enjoyable because the weather is either too hot or too cold." One of those interviewees reported that they have substituted activities with dropping off stuff to their grandmother's house to keep them from getting depressed and alone. One interviewee reported that the physical activities they were involved with pre-COVID were clubbing, parties, and dates, which have now been substituted with running several businesses and being occupied. Two of all interviewees reported that pre-COVID they were not involved in any physical activities.

Social Interaction Changes. During the course of the interview, interviewees were asked to share if and how COVID-19 impacted their interaction and relationships with friends and family members. Data showed that 92% of the interviewees reported that they COVID-19 impacted and changed their interaction with friends and family members, but relationships stayed strong. The respondents stated that interaction was limited. The same percentage

reported that birthday parties and holidays were affected and had to be celebrated in different ways, such as drive throughs or through Facetime. Interviewee #12 reported, “Definitely, my extended family and I are like very close and we had to stop and that affected us negatively and took a toll on a lot of us.”

It was reported that in-person gatherings converted to communication via Facetime, text messages, phone calls, or social media. Although majority of the respondents reported COVID-19 to have a negative impact with regards to social interactions, such as not seeing friends and family members in person, two respondents reported a positive impact. It was reported that one moved back one and was able to spend more time with their family and the other respondent stated the positive impact to be that they were able to still hang out with friends on a one-to-one basis. It was reported that communication between friends and family members continued. One respondent reported that they COVID-19 did not impact their interactions or relationships with family members and friends.

### Employment and Economic Impact

Loss of Income. Interviewee’s were asked to respond to questions representing the economic impact of COVID-19. A definite loss of income was reported by five respondents. Reasons that affected these respondents included a reduction of hours and/or loss of job(s). An additional five interviewees reported several reasons for no income losses. The reasons stated were being able to work from home, ability to continue work at the facility, and not working prior to

COVID-19 so no loss in income. The remaining two interviewees shared that they received an increase in income. It was disclosed by one interviewee that they received several raises during the pandemic. The other reported a successful business start-up resulting in financial growth.

Individual and Family Needs Unmet/Harder to Meet. Data shows that 58% of all interviewees reported unmet needs. There were three main areas of unmet/harder to meet needs identified. Difficulty in paying bills with emphasis on rent and utilities was identified as one area. Another is the reduction in social activity and entertainment satisfaction. Also indicated was trouble meeting food needs because of shortages, increased costs, and delivery expenses. One interviewee reported having a family member wait in line for a school-based food bank and was unable to receive food in the end because of supplies being exhausted. Another example is that of an individual reporting they had to return to the family home due to reduced income. Furthermore, one interviewee mentioned a decrease in income that resulted in this individual having to pick and choose which basic needs were most important to meet.

Gained Assistance from Community-Based Agencies or Government Programs. During the course of the interview respondents shared ways in which they gained assistance from Community-Based Agencies or Governmental Entities. The most common response was receiving financial assistance whether that be Stimulus Checks, Unemployment, Disability, and/or Cal Fresh. Another major assistance that benefited many of the interviewee's were food distributions



given by schools and churches. It was reported by a few respondents that they received internet access through hotspots loaned by the schools. One respondent reported having a family member in a union job. The benefit to the union member was assistance with necessities such as toilet paper and napkins when there was a shortage in these areas. There were seven respondents who received assistance in the forms noted above, while there were five respondents who reported no need for seeking assistance.

Support or Assistance that Interviewees Would Have Liked to Have Had During COVID-19. In the final section of employment and economic impact, respondents were asked to identify what supports would have been of benefit to them. Respondents gave answers that not only included themselves but also identified help that could have benefited others. Only 17% of all interviewees reported no extra support or assistance needed. While 83% confirmed there was additional supports that would have been useful. These recommendations/wants/needs can be found listed below:

- Increase of Financial Support from all levels of Government with no eligibility requirement
- Better enforcement of CDC Guidelines
- Reduced contradictions on information regarding COVID-19 from the Government and News outlets
- More focus on additional concerns such as racism, abduction of children, and government corruption

- Increased assistance with helping kids through the process of virtual learning
- Better coordination between State and County opening and closing plans along with transparency of these plans to the public
- Would have liked for the human race to follow the guidelines and be concerned for other
- Rental assistance and an increase of eviction protection
- Increased Social Support
- Access to Mental Health resources

When reflecting on the outcomes of each section above consideration of external forces should be taken into account. While only 5 interviewees reported a loss of income, 7 reported receiving assistance. The difference in numbers can reflect that some interviewees received unsolicited benefits, such as stimulus checks. There is a correlation seen between the sections of unmet/ harder to meet needs and the recommendations for additional support. While 58% of interviewees shared the difficulties in meeting their needs in the 3 areas, the answers to their continued struggles are addressed in the recommendations for added support. If these recommendations could become policy, there would be greater stability for those with the most need.

## Summary

A total of 12 interviewees from Southern California were involved in a structured interview assessing the impact of COVID-19 on their lifestyle and psychosocial. Interviewee's were recruited by the researchers from their internship sites and places of employment. The age for the participants ranged from 18-70 with the majority being female. Only one-fourth (three) of the interviewees reported being unemployed.

The themes evaluated were individual behaviors, healthcare/mental health, education, recreation/social interaction, and employment/economic impact. There were multiple significant findings within the identified themes. One finding is that there was overall compliance with CDC recommendations from all participants. In the area of education, all interviewees reported an impact on themselves or others in the household due to the transition to virtual learning. Of those interviewed two-thirds (eight) reported a negative change in mental health related to the effects of COVID-19 while one-fourth (three) reported a positive change, leaving the remaining one reporting no change at all. While these are not the only significant findings, they represent several of the most prominent themes discussed.

## CHAPTER FIVE

### DISCUSSIONS

#### Introduction

The researchers interviewed 12 participants about their COVID-19 era experiences. Upon analysis the findings included significant changes to lifestyle and psychosocial wellbeing. This discussion will highlight the findings, limitations of the study, implications and recommendations for social work practice, policy and research, followed by the conclusion.

#### Discussion

The significant findings of this research are in the areas of behavior changes, health care, mental health, educational changes, recreation/social interaction, and employment/economic impact related to the COVID-19 pandemic. As reported in Chapter 4, there was a significant change in specific behaviors in areas such as physical distancing, wearing masks, and isolating at home. There was an emergence of mental health symptoms among those who had never been symptomatic and for those who had pre-existing conditions, there was an increase in their reported symptoms. Additionally, one-fourth reported improvement in mental health which appeared to reflect a high level of resiliency. These respondents specifically reported strong spiritual/religious beliefs, overcoming barriers to services for others, and spending quality time at

home during a pregnancy. These respondents showed strong flexibility in adapting to change.

Initially health care concerns were limited but grew as the pandemic spread and the numbers of infections and deaths grew. The lack of transparency in early reporting seemed to contribute to the variations in level of concern and confusion over the purpose of adherence to CDC guidelines. The findings support the research question and the hypothesis that there would be substantial change reported when the data was analyzed.

The findings of the of the study support those found in the literature review process. COVID-19 is a new virus that reached pandemic proportions, the most effective comparison was with the 1918 Spanish Flu pandemic. COVID-19 and the Spanish Flu both reflect similar changes. The work of Menninger and others evaluated the mental health of the providers. What they found was a growth in mental health issues in several areas. What was lacking in that research was evaluation of the mental health needs of the local community members. It is clear from this limited study that the general population experienced mental health problems that are related to the severity of COVID-19.

### Limitations

One of the limitations of this study is the sample size. There were 12 interviewees who agreed to participate in this study. While there was a range of ages there was a clustering of participants within the 18-30 age group. The composition of those interviewed are not fully representative of the general

population. The majority of the respondents were females. The majority reported high income levels which do not necessarily reflect larger community statistics in Southern California. Further studies will be required to build on the findings of this research. Another limitation is that this was a rare event that impacted the worldwide population. Therefore, literature was limited, and the 1918 Spanish Flu was the event that most resembled the outbreak and spread of COVID-19. Due to COVID-19, interviews could not be conducted face-to-face. This may have depersonalized the interaction between the researcher and the interviewee. This research concludes while the pandemic continues. Therefore, there may be unidentified needs to be revealed and further researched.

#### Recommendations for Social Work Practice

The impact of COVID-19 will continue to be a serious area of research in the years ahead. Therefore, the results of this study may benefit social workers and other professionals. In the area of clinical services, the research may provide a better understanding of the impact of COVID-19 on clients. Understanding the interaction of multiple systems and impact on the individual caused by COVID-19 can improve service delivery by better understanding and improving awareness about COVID-19 experiences. By social workers becoming aware of the ways in which individuals were and are being affected by the pandemic, they will be able to better assist individuals, such as providing services in major life areas that were affected. This study can also provide information to social workers on what resources clients may need during a pandemic crisis. Social workers may be

able to focus more and prepare on providing services such as housing and rent assistance, educational assistance, and social support resources. Those involved in case management may also build on resources, such as preparing and forming a resource booklet for individuals during a pandemic and be better prepared for future pandemics and needs that come along with that. By social workers and case managers understanding the needs during a pandemic, they will be able to demonstrate professional growth with regards to better advocating for individuals.

#### Recommendations for Policy

The findings of this study demonstrated that there were a lot of systems that were not prepared for a pandemic, despite a previous pandemic occurring. It may be helpful for systems to be prepared and remain stable for this pandemic and future pandemics and/or outbreaks. Systems may be able to get prepared by managing and maintaining funding and training personnel well on how to work during the pandemic, such as how personnel can ensure safety for themselves and clients, how they communicate findings and treatment to clients, and how they can deescalate a situation or clients that are not managing the pandemic well.

#### Recommendations for Research

In the area of Social Work research this study can be seen as a steppingstone for expanded studies. Individuals would benefit from a wider range of data that collects data on a greater number of participants and examines ways

in which individuals were challenged during the pandemic and how they coped/dealt with their challenges. Further research can be completed on how individuals lived/continued their life after the COVID-19 threats diminished and the rates of COVID-19 remained low and consistent.

### Recommendations per Participants

Towards the end of each interview, participants had the opportunity to name any supports or assistance that they would have liked to have had during the pandemic. Majority of the participants mentioned the same assistance that would have been helpful. Participants provided the following recommendations:

- To be provided more financial assistance and supplemental income
- To be offered and/or provided rent protection and eviction protection
- For schools to provide study space for students
- For schools to provide more educational resources for students
- For schools to provide sufficient food resources for families to not be left out
- To be provided mental health resources
- For the government to enforce rules and regulations regarding the pandemic

### Conclusion

This study was conducted to assess the impact of COVID-19 on individuals' lifestyle and psychosocial well-being. The findings provided



information on changes that were made in the areas of behavior, health care, education, recreation/social interactions and employment/economic conditions. Majority of the participants or their family members were affected negatively by having educational changes which lead to personal space, home environment changes. Majority of the participants were also affected negatively by having limited or no social interaction with family members and friends. Despite the changes, majority if not all of the participants were resilient in that they found ways to keep the same behavior and interactions to their pre-COVID behavior and interactions.

Just as the Spanish Flu pandemic disrupted individual and community lives, this study on COVID-19 reflects a similar disruption at those levels. As this pandemic continues the disruption to current lifestyle continues to change and social work will and can continue to play a major role within this pandemic. Social workers can gain greater knowledge on the pandemic and increase resources for their clients. Social workers can continue to play a great role in advocating for their client's unmet needs. Systems are recommended to become more prepared. Participants also offered recommendations in order for individuals to have better experiences with a pandemic.

APPENDIX A  
INFORMED CONSENT FORM

The study in which you are asked to participate is designed to examine the impact of COVID-19 among adult's lifestyle and psychosocial issues living in the San Bernardino County. The study is being conducted by Ayana Smith and Bessie Hernandez, graduate students, under the supervision of Dr. Laurie Smith, Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB.

**PURPOSE:** The purpose of the study is to examine the impact of COVID-19 among adult's lifestyle and psychosocial issues living in the San Bernardino County.

**DESCRIPTION:** Participants of this study will be asked questions on how COVID-19 has impacted their life in regard to everyday routine, considering behavior, education, healthcare, recreation and social interaction.

**PARTICIPATION:** Your participation in the study is totally voluntary. You can refuse to participate in the study or withdraw your participation at any time without any consequences.

**CONFIDENTIALITY:** Your responses will remain confidential and data will be reported in group form only.

**DURATION:** It will take 45 minutes to 1 hour to complete the interview.

**RISKS:** Although not anticipated, there may be some discomfort in answering some of the questions. You are not required to answer and can skip the question or withdraw your participation. To mitigate COVID-19 transmission, interviews and surveys will be completed virtually.

**BENEFITS:** There will not be any direct benefits to the participants. However, findings from the study will contribute to our knowledge in this area of research.

**CONTACT:** If you have any questions about this study, please feel free to contact Dr. Smith at (909) 537-3837.

**RESULTS:** Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2021.



I agree to have this interview be audio recorded: \_\_\_\_\_ YES \_\_\_\_\_ NO

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

\_\_\_\_\_  
Place an X mark here

\_\_\_\_\_  
Date

APPENDIX B  
INTERVIEW GUIDE

## Demographics

**Respondent #** \_\_\_\_\_

Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_

**City of Residence** \_\_\_\_\_

**Marital Status:** Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Life Partner \_\_\_\_\_

Separated \_\_\_\_\_

Widowed \_\_\_\_\_ Other \_\_\_\_\_

**Primary Language** English \_\_\_\_\_ Spanish \_\_\_\_\_

Other \_\_\_\_\_

**What is the race that you identify more with?**

Black-Non-Hispanic \_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_

Hispanic \_\_\_\_\_

Asian/Pacific Islander \_\_\_\_\_ White- Non-Hispanic \_\_\_\_\_

Other \_\_\_\_\_

**Employment Status:** Active Duty Military \_\_\_\_\_ Employed Full-Time \_\_\_\_\_ Employed

Part-time \_\_\_\_\_ Retired \_\_\_\_\_ Disabled \_\_\_\_\_ Stay at Home

Parent \_\_\_\_\_

Self-Employed \_\_\_\_\_

**Number of Adults in Your Home** \_\_\_\_\_

**Number of Children in Your Home** \_\_\_\_\_

**Family Composition:** Single-Parent Household \_\_\_\_\_ Multi-

Generational \_\_\_\_\_ Multi-Family \_\_\_\_\_

**Annual Household Income:**

0-20,000 \_\_\_\_\_

20,000-40,000 \_\_\_\_\_

40,000-60,000 \_\_\_\_\_

60,000-80,000 \_\_\_\_\_

80,000 and above \_\_\_\_\_

## Interview Questions

1. Please share when and how you became aware of COVID-19.
2. Please share the behaviors that you changed because of the pandemic.
3. Please share your thoughts of how you view COVID-19.
4. Please share if you have tested, or attempted to, testing for COVID-19?  
Did you have any challenges to receiving a test?
5. Please share if you and/or a family member became ill with COVID-19 and what type of treatment you received. Have you lost any friends/family to the pandemic?
6. How has COVID-19 impacted your overall physical and mental health?
7. Did anyone in your household make changes to how they traditionally attend school-(K-12 or college)? Did this have a direct impact on you or another member of the household?
8. In what ways do you believe that the quality of education has been changed due to the pandemic?
9. What resources did your family need to have a successful virtual education? Were you able to obtain those resources?
10. Before COVID-19, what physical activities were you involved in? Have you seen a decline in these activities? If so, what have you substituted those activities with?
11. Has COVID-19 impacted your interaction and relationships with friends and family members? If so, how?

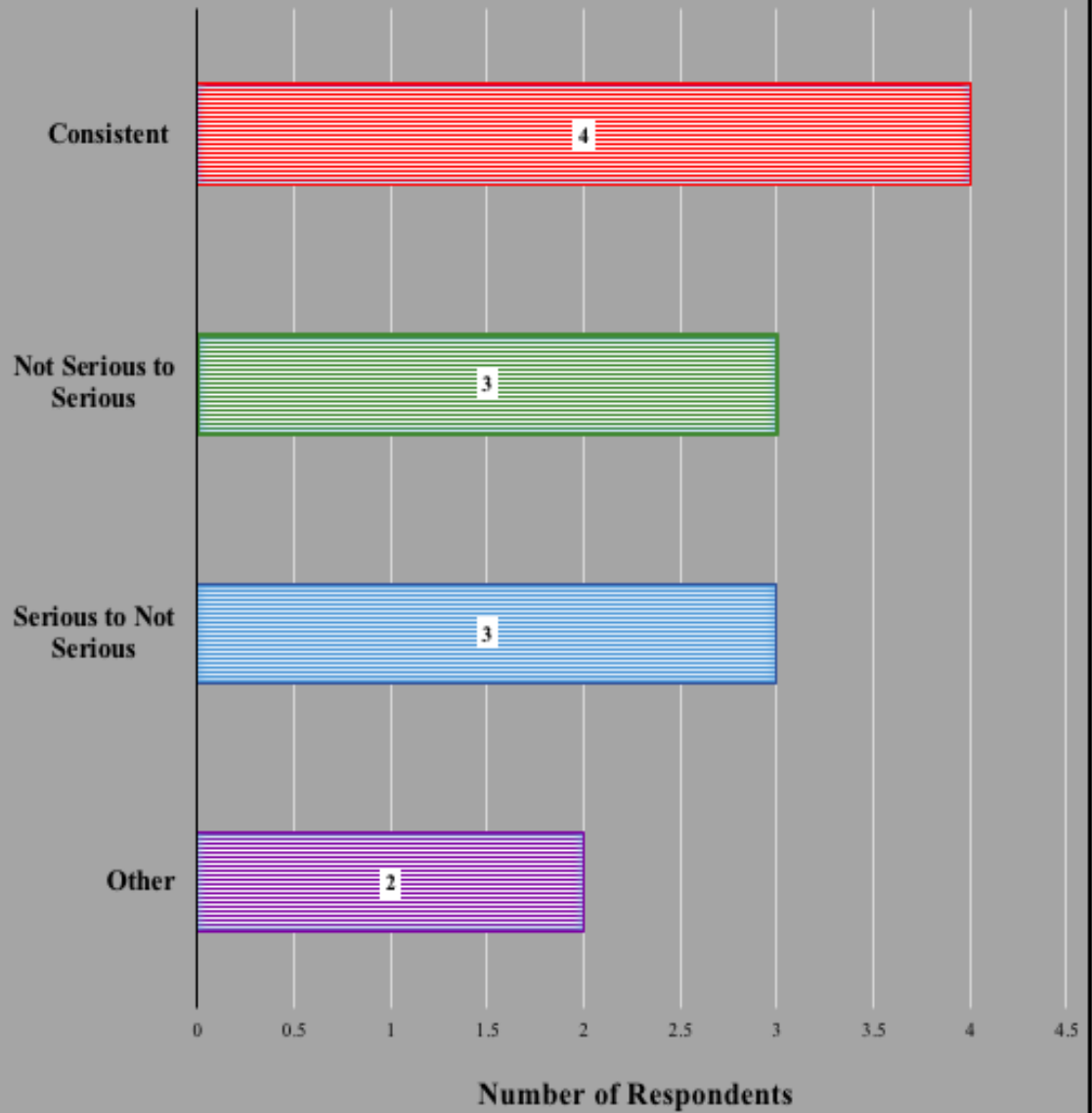
12. Please share what employment changes you have experienced as a result of the pandemic. Has there been a loss of income because of COVID-19?
13. What individual and family needs have been harder to meet because of the pandemic (food, rent, utilities, etc.)?
14. Where there has been unmet need, have you been able to gain assistance from community-based agencies or government programs? What agencies or programs have been the most accessible to you?
15. What supports or assistance would you like to have or have had during the pandemic?

Developed by Ayana Smith and Bessie Hernandez

APPENDIX C  
RESPONDENTS THOUGHTS ON COVID-19

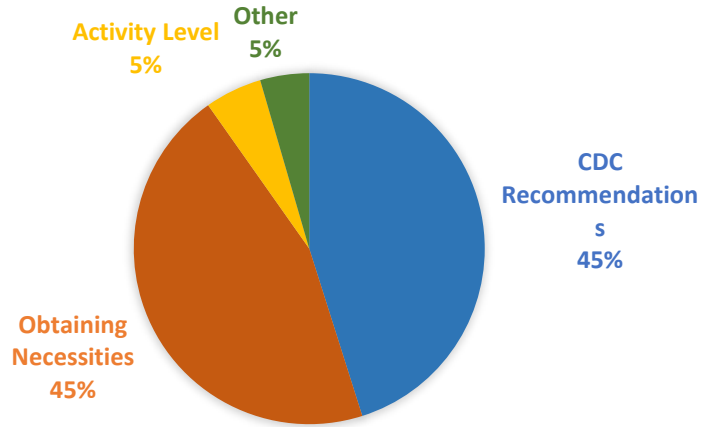


### Respondents Thoughts on COVID-19

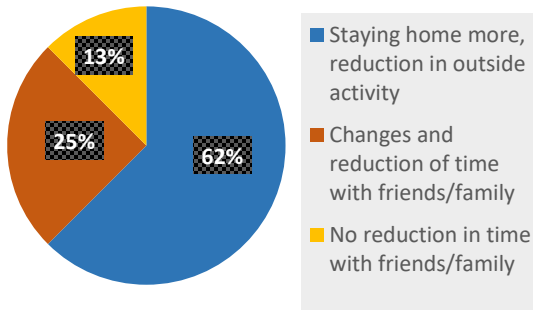


APPENDIX D  
BEHAVIOR CHANGE PIE CHARTS

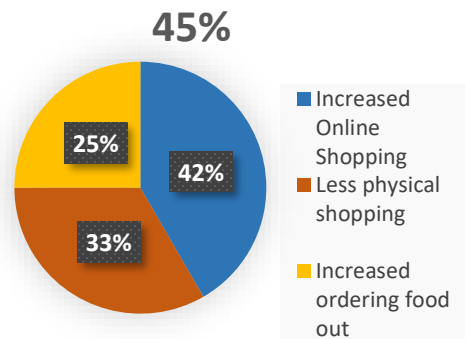
## CHANGED ACTION BEHAVIORS



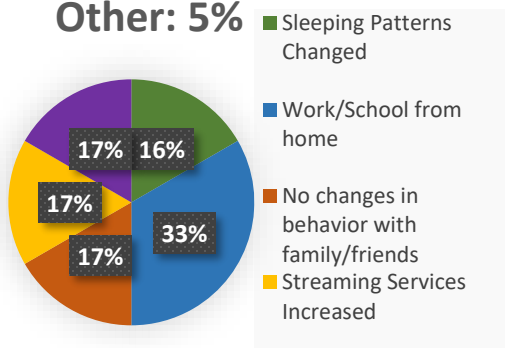
### Activity Level: 5%



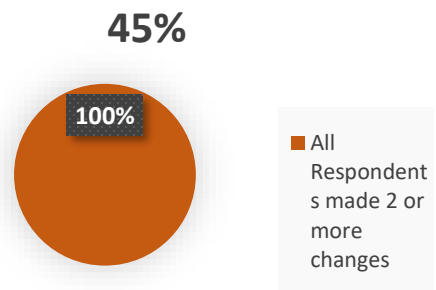
### Obtaining Necessities: 45%



### Other: 5%



### CDC Recommendations: 45%

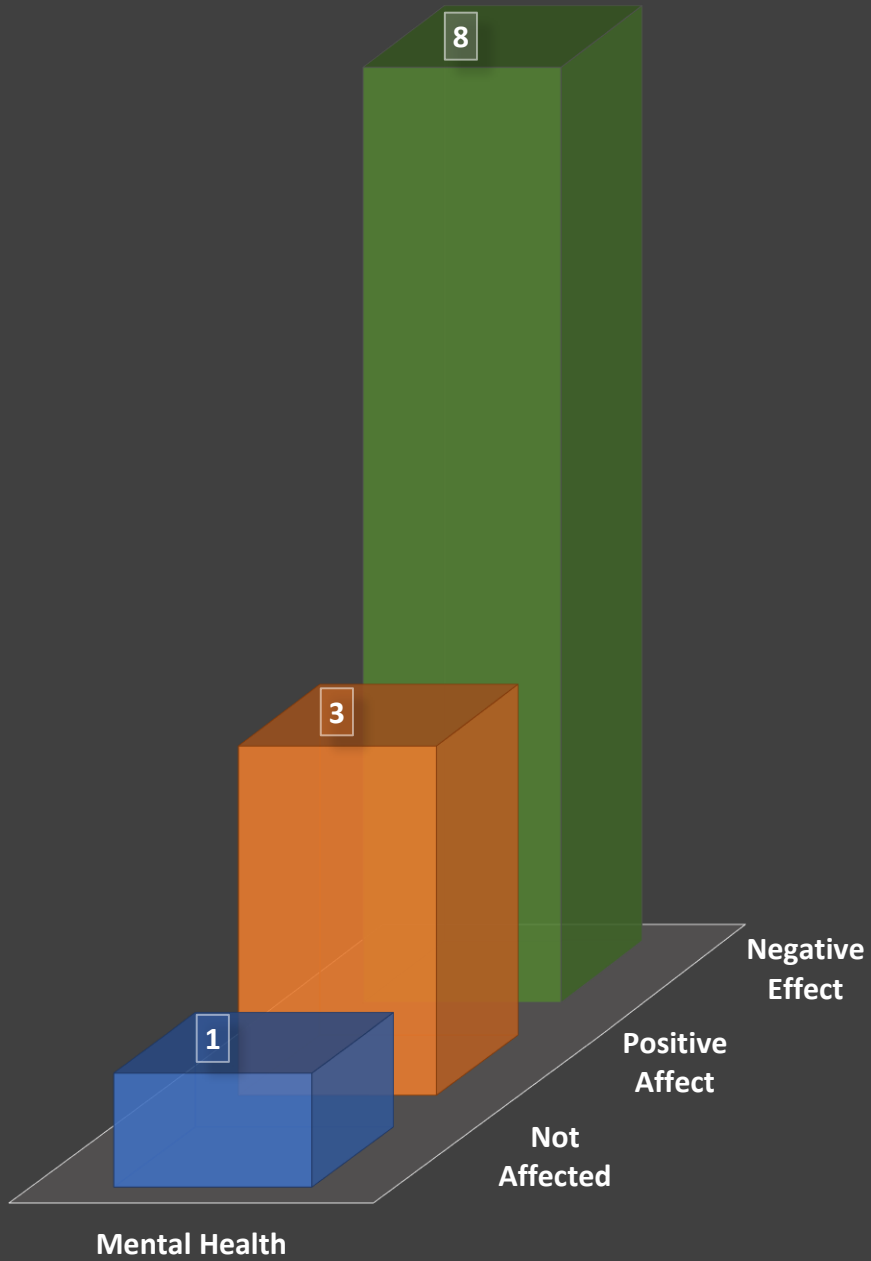


APPENDIX E

COVID-19 EFFECT ON MENTAL HEALTH CHART

# COVID-19 EFFECT ON MENTAL HEALTH

■ Not Affected ■ Positive Affect



APPENDIX F  
INSTITUTIONAL REVIEW BOARD APPROVAL LETTER

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**IRB-FY2021-72 - Initial: IRB Admin./Exempt Review Determination Letter**

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IRB@csusb.edu <IRB@csusb.edu>

Tue, Dec 22, 2020 at 6:49 PM

To: hernandezb1@coyote.csusb.edu, lasmith@csusb.edu, smita367@coyote.csusb.edu



December 22, 2020

**CSUSB INSTITUTIONAL REVIEW BOARD**  
Administrative/Exempt Review Determination  
Status: Determined Exempt  
IRB-FY2021-72

Laurie Smith Bessie Hernandez, Ayana Smith  
CSBS - Social Work  
California State University, San Bernardino  
5500 University Parkway  
San Bernardino, California 92407

Dear Laurie Smith Bessie Hernandez, Ayana Smith:

Your application to use human subjects, titled "COVID-19 Impact on Lifestyle and Psychosocial Issues" has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk and benefits of the study to ensure the protection of human participants. Important Note: This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses due to the COVID-19 pandemic. Visit the Office of Academic Research website for more information at <https://www.csusb.edu/academic-research>.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

- Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.
- Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.
- Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.
- Submit a study closure through the Cayuse IRB submission system once your study has ended.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at [mgillesp@csusb.edu](mailto:mgillesp@csusb.edu). Please include your application approval number IRB-FY2021-72 in all correspondence. Any

Nicole Dabbs, Ph.D., IRB Chair  
CSUSB Institutional Review Board

ND/MG



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## ASSIGNED RESPONSIBILITIES

This was a two-person project where authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

### 1. Data Collection:

Assigned leader \_\_\_\_\_

Assisted by \_\_\_\_\_

OR

Joint effort: Ayana Smith and Bessie Hernandez

### 2. Data Entry and Analysis:

Assigned leader \_\_\_\_\_

Assisted by \_\_\_\_\_

OR

Joint effort: Ayana Smith and Bessie Hernandez

### 3. Writing Report and Presentation of Findings:

#### a. Introduction and Literature

Assigned Leader Ayana Smith \_\_\_\_\_

Assisted by Bessie Hernandez \_\_\_\_\_

OR

Joint effort \_\_\_\_\_

#### b. Methods

Assigned Leader Bessie Hernandez

Assisted by Ayana Smith

OR

Joint effort \_\_\_\_\_

c. Results

Assigned Leader \_\_\_\_\_

Assisted by \_\_\_\_\_

OR

Joint effort: Ayana Smith and Bessie Hernandez

d. Discussion

Assigned Leader \_\_\_\_\_

Assisted by \_\_\_\_\_

OR

Joint effort: Ayana Smith and Bessie Hernandez