

The Meaning of Family Social Support For Covid-19 Survivor : A Phenomenological Study of Nomads who Affected by Covid-19

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Abstract

Family social support is a very valuable and significant social support in helping the process of recovering the health of a Covid-19 patient. This study aims to describe the perception of social support received by Covid-19 survivors who migrate. This study uses a qualitative approach with a phenomenological design. Participants involved in this study consisted of three participants who live in Indonesia, survivors of Covid-19, living far from family, and a minimum education level of high school. Samples were taken purposively, and the study was conducted in March 2021. This study found that two out of three participants hid the fact that they were positive for Covid-19 from their families. Therefore, the main source of social support for survivors who migrated came from their friends around them. Survivors receive various forms of social support during treatment, including instrumental support, emotional support, reward support, and social network support. This study concludes that each participant has felt sufficient social support even though they are far from their families.

Keywords: covid-19 survivor, family social support, nomads, phenomenological qualitative study, social support

Abstrak

Dukungan sosial keluarga merupakan dukungan sosial yang sangat berharga dan signifikan dalam membantu proses pemulihan kesehatan seorang pasien Covid-19. Penelitian ini bertujuan untuk mendeskripsikan persepsi dukungan sosial yang diterima oleh penyintas Covid-19 yang merantau. Penelitian ini menggunakan pendekatan kualitatif dengan desain fenomenologi. Partisipan yang terlibat dalam penelitian ini terdiri atas tiga partisipan yang bertempat tinggal di Indonesia, penyintas Covid-19, tinggal jauh dari keluarga, dan tingkat pendidikan akhir minimal SMA. Sampel diambil secara purposive dan penelitian dilaksanakan pada bulan Maret 2021. Penelitian ini menemukan bahwa dua dari tiga partisipan menyembunyikan kenyataan bahwa mereka positif Covid-19 dari keluarganya. Sumber dukungan sosial utama yang didapatkan oleh para penyintas yang merantau berasal dari teman-teman di sekitarnya. Terdapat berbagai bentuk dukungan sosial yang diterima penyintas selama perawatan, di antaranya dukungan instrumental, dukungan emosional, dukungan penghargaan, dan dukungan jaringan sosial. Kesimpulan dari penelitian ini adalah setiap partisipan telah merasakan dukungan sosial yang cukup meskipun berada jauh dari keluarganya.

Kata kunci: dukungan sosial, dukungan sosial keluarga, penyintas covid-19, perantau, studi kualitatif fenomenologi

Introduction

The world is facing the current covid-19 outbreak characterized as a pandemic since 2020. Transmission of the virus occurs through human contact, namely contact with people who have symptoms transmitted through fluids containing the virus, direct contact with infected people, or boxes with objects contaminated with the virus (Ong et al., 2020). The covid-19 pandemic has changed various aspects of normal's people lives. Changes in the way of life and the risk of disease faced by the community are challenges and pressure for the community to carry out their lives during the Covid-19 pandemic. The study results related to the psychological impact of the pandemic show that people tend to feel worried if infected, blame themselves, and feel helpless (Van Bortel et al., 2016). The results of a survey by the Association of Indonesian Psychiatrists (PSDKJI, 2020) on mental health-related to Covid-19 found that people tend to experience anxiety (68%), depression (67%), and psychological trauma (77%). Anxiety is caused by excessive worry, restlessness, irritability, and irritation. Symptoms of depression include fatigue, loss of interest, and lack of energy. The psychological trauma that is felt is related to the experience of individuals experiencing or witnessing unpleasant events due to Covid-19.

The nature of the virus that spreads easily causes Covid-19 patients to be isolated and stigmatized by their social environment. High morbidity and mortality rates caused families to fear stigma and discrimination from society feel anxious, depressed, and other negative risks that impact mental health (Brooks et al., 2020). The results of Matvienko-Matvienko-Sikar et al. (2020) revealed that one of the factors that cause families to get low social support is because they are prohibited by the need to maintain social and physical distance. The prohibition of physical contact and the imposition of social distancing restrictions can cause other people or the surrounding community to tend to stay away from Covid-19 patients. The isolation can lead to feelings of being uncared for and unloved, which affects the psychological health of families exposed to covid-19. The decline in the psychological well-being of Covid-19 patients hampers the patient's healing from the Covid-19 disease.

Maintaining the stability of the psychological health of Covid-19 patients can be done by providing the support they need. According to Sarafino and Smith (2011) define social support as a condition when people get comfort, are cared for, respected, and accepted by other individuals or groups (Harijanto & Setiawan, 2017). Support can be shown through social support, instrumental support, informational support, and appreciation support (Sarafino & Smith, 2011). One of the forms of support most needed by Covid-19 patients is social support. Social support provided by the social environment helps people strengthen their confidence to get through the difficult times they face. The results of previous studies show that social support has a positive effect on anxiety and stress in life, subjective well-being, self-acceptance, self-restraint, and improves physical and mental health (Rahmatina, Nugrahaningrum, Wijayaningsih, & Yuwono, 2021). Meanwhile, the research results by Yang et al. (2020) show that sufficient social support from family, close friends, co-workers, and health workers help reduce psychological symptoms such as anxiety, depression, and insomnia in Covid-19 patients.

The type of social support received by people who have an illness or are in a state of crisis may be different if the context is Covid-19. The social support people exposed to Covid-19 are more than unique from other people who have common illnesses other than Covid-19. The results which conducted by Lapor Covid-19 and The Social Intervention Study Group from Faculty of Psychology, University of Indonesia, show the

forms of support needed by Covid-19 survivors, including being asked for news (70.2%), returning to activities as before (70.2%), receive gifts or gift items (33.2%), were allowed to express feelings (33.2%), knew other survivors broke the hoax or stigma (29.8%), were allowed to give testimony (29.8 %), connected with other Covid-19 survivors (21%), and worried (3.3%) (Pusparisa, 2020).

The bad treatment and stigma received by Covid-19 survivors impact the healing process of Covid-19 patients and impact the general public. The possibility of discrimination that will be received if confirmed positive for Covid-19 makes people prefer to refuse to check themselves. This issue makes the spread of Covid-19 more difficult to prevent because everyone chooses not to be examined rather than being treated badly if it is true that he is exposed to Covid-19. The research conducted by Litbang Kompas (2020) found that 127 people refused to get rapid tests and swab tests because of fear of knowing that they were positive, quarantined, isolated from the community. They felt healthy, so they did not need to be examined (Rahmatina et al., 2021).

People's support mainly comes from the closest person or group, one of which is the family. Family is the safest and most comfortable place for family members. Hence, families play an important role in supporting Covid-19 patients through difficulties during their recovery. However, covid-19 patients undergoing recovery when far from their family or nomads have reduced social support availability. Previous research has found that people who live far from their families or as immigrants tend to decrease psychological well-being. According to Shafira (2015), immigrants feel afraid, uncomfortable, not ready to live independently, and lonely. Loneliness is caused by living far from home, separated from family or closest people (Dan & Supradewi, 2017). The loneliness allowed to continue can be a psychological burden that will lead to stress, depression, anxiety, unhappiness, dissatisfaction, feelings of helplessness, and shame (Baron, 2005 in Dan & Supradewi, 2017).

Covid-19 patients who live with their families may still receive sufficient support despite unpleasant treatment in the community. However, this issue is another challenge for Covid-19 patients far from their families. Covid-19 patients who live far from their families find it more difficult to get the support they need from their families. Support from the social environment becomes more needed during the Covid-19 recovery period. Thus, this study suspects that Covid-19 patients who live far from their families tend to receive low social support from their families and rely more on friends or those around them. Based on this, researchers feel it is important to examine the social support received by Covid-19 survivors who are far from their homes during the recovery process. This research is unique with the criteria for the research object for Covid-19 survivors who were away from home during their recovery time. Hence, this study aims to describe social support from Covid-19 survivors who are also nomads.

Methods

Participants

The design of this study is a qualitative phenomenological research design. The participants in this study were individuals who had recovered from covid-19. Research participants were selected using the purposive sampling technique. The criteria for participants are young adults with an age range of 20 to 40 years, Indonesian citizens living far from family due to work or college, and having undergone treatment in a

hospital or self-isolation due to Covid-19 infection. In addition, participants must be in good health and willing to participate in the study, as evidenced by filling out informed consent. Participants consisted of 2 men and one woman. The data collection process is conducted online by utilizing electronic devices and several applications to connect researchers and participants. The location of this research was carried out and the end of March 2021, when the interview took approximately 60 minutes for each participant.

Measurement

This study aims to determine the meaning of family social support for nomads infected with the covid-19 virus. Definition of the nomad is someone who leaves one area of origin and occupies a new area searching for a livelihood, knowledge, and so on (Marta, 2014). Then, according to Sarafino and Smith (2011), we use a definition that explains family social support as support obtained by survivor covid-19 to feel comfortable, cared for, appreciated, and accepted specified from the family. The types of family social support in this study refer to consisting of (1) Emotional or esteem support conveys empathy, caring, concern, and positive regard for covid-19 survivors; (2) Instrumental support in the form of direct assistance given to covid-19 survivors; (3) Informational support includes giving advice, directions, suggestions, or feedback to covid-19 survivors; and (4) Companionship support refers to the willingness of others to spend time with covid-19 survivors.

Data of this study was obtained through in-depth interviews in the form of semi-structured interviews. The research procedure begins by asking participants' willingness to become research participants and explaining the research objectives. After the participants agree, the time for the interview is determined by taking into account the participants' readiness and availability. Interviews were conducted by asking participants directly to explore and obtain information about how they interpret family social support while undergoing treatment for contracting Covid-19 with their condition living far from family or nomads to make the data collection process easier, a voice recorder was used. This study used four main questions for in-depth interviews modified based on (Sarafino & Smith, 2011). Below is a list of the main questions researchers asked to obtain data regarding the meaning of family social support.

1. How did the environment around you respond when you found out you were infected with COVID-19 and when you took care of yourself?
2. How did your family respond to this condition? How is the support provided while you are far apart?
3. What form of support do you expect in this situation? Did the social support you receive meet your expectations?
4. How do you interpret each of the support received during the treatment period?

Analysis

Interview data that has been obtained first will go through a transcription process. This data will then be further processed using qualitative and interpretive phenomenological analysis (IPA) methods. This method is very appropriate for a phenomenological approach because the unit of analysis aims to find out in detail how the meaning of the personal and social world of the participants is through an emphasis on individual perceptions or personal opinions about objects or events. Science can be implemented by following the following stages, namely: 1) reading and re-reading; 2) initial notes; 3) developing emergent themes; 4) searching for connections across

emergent themes; 5) moving the next case; and 6) looking for patterns across cases (Alase, 2017).

The triangulation process is carried out to increase the validity of the data obtained. The type of triangulation used in this study is triangulation with investigators and triangulation with theory. Triangulation with investigators is by utilizing researchers or other professionals to re-check the degree of trustworthiness of data that has been categorized. In this case, lecturers and students of Family and Child Sciences, IPB University. Meanwhile, triangulation with theory is carried out by checking the degree of confidence of the data with one or more theories.

Findings

Characteristic of Participants

Participant 1 is a 26-year-old single man from Bone district, South Sulawesi, and is currently in Riau due to work needs. He works as a human resource assessor in a state-owned company with a monthly income of around IDR 7.500.000.00. The last education of the participants was S1. The participant was infected with the covid-19 virus on November 16, 2020, and it took 23 days to undergo self-isolation until he was tested negative for the virus. His parents are 51 years old, with the father's last education being elementary school and his mother's being junior high school. He has one younger brother in college, so the nuclear family of the participants is four people. Participant's father, as the head of the family, has a job as a farmer with an income that he cannot determine because it depends on the harvest season and weather.

Participant 2 is a 35 year old woman from Sinjai, South Sulawesi. However, she is domiciled in Jakarta due to work, so she has to undergo a long-distance relationship with her husband and extended family who live in Makassar. He is a Civil Servant (PNS) with a monthly income of > Rp. 7.500.000.00. The last education of the participants was university. She was one of the employees in her office who tested positive for covid-19 on August 26, 2020, from the results of a mass test and needed eight days before being declared negative. Before getting treatment at a health facility, he underwent self-isolation in an apartment for one day. Only after that did he receive treatment from the athlete's home. After that, he also returned to self-isolation for seven days in the apartment. Her father is 61 years old, and her mother is 53 years old. Her father's last education was in college, and she is now a retired civil servant. She has nine younger siblings, so his family is quite large. In addition, this participant was married to a man who was 37 years old and did not have a child. Her husband's last education was in college.

Participant 3 is a 24-year-old single man from Bengkulu Province who is currently pursuing his master's degree at a University in West Java, funded by a scholarship. The participant tested positive for covid-19 on March 2, 2021, and underwent quarantine and treatment facilitated by the campus. Participants took 14 days of treatment until they were finally tested negative for covid-19. The participant's father is 60 years old, and the participant's mother is 55 years old. The participant is the second child of two siblings and has one older sister, so the nuclear family consists of 4 people.

Family Social Support

Based on interview transcript data conducted on three people, various answers were obtained in terms of the family support he received during the Covid-19 virus. Participant

1, for example, decided not to explain his condition at all until he recovered to his family who were out of town, as in the following:

"I limit my communication at that time. In the past, I used to call almost every day with my family, so I limited it to only two times a week. Then I just made a regular phone call, never made a video call for fear of being asked why I wasn't in my usual room. I reasoned that my work was busy, so I rarely called, and when I called, it only took a few minutes." (Participant 1)

As for participant 2, the family was not the first to find out that she was positively tested for covid-19, but her office friends. This can be seen in the following interview transcript:

"...Then the one who informed my husband was also my office mate. I was still panicking at that time because I got the information before midnight. So that friend called my husband. So I decided to ask my officemate first, then he asked my husband and then my parents. I told him the next day..." (Participant 2)

After finally telling her family, participant 2 got full support from them. This can be seen in the following quote:

"...the support from my family when I found out I was positive for Covid-19 was very supportive both financially and psychologically. For example, when my husband found out if my husband usually calls, he prefers voice calls. This time it was a video call. In the past, what was once a day became three times. Then in the past, I was the one who called him; first, this is him. Many of the conversations were happy. I'm the one who gets angry easily because sometimes I like to be stressed at work, so he just listens and doesn't serve. The point is he tries to always stand by in contacting me. I was so touched at that time. Also, my other families such as my siblings, parents, in-laws, even all my nephews take turns on my video calls every day, morning and night..." (Participant 2)

Meanwhile, participant 3 also told his family, but only to his older sister. Participant 3 hid his positive covid-19 condition from his extended family until he got a negative result for covid-19 testing. This can be seen in the following quote:

"...I just told my sister about this. As for my parents, I only informed them when I had recovered. Because I live in a boarding house, so only my friends who were living around me also know my condition..." (Participant 3)

The three participants seemed to have the same negative emotions, and there was a great fear that they would make their family at home anxious. They admit that they need great support from their families as the closest people to them, but on the other hand, because of their work and education conditions, they are very limited in getting the support they should. Therefore, they also try to limit themselves in communicating their condition to not drag on with this. This can be seen from participant 1, who reasons to hide this because he understands the nature of his mother, who is anxious when she finds out that she is sick, as the following quote:

"... My reason is I don't want to make my parents worry. I can't imagine if I tell them, especially my mother. I understand my mother's personality, who will definitely be very worried about it and so she doesn't stop calling every time..." (Participant 1)

Meanwhile, participant 2 has similar concerns, such as worrying that her family will panic because they are far and cannot do anything to help her. This can be seen in the following quote:

"... I didn't tell my family right away because I was worried that they would panic because they couldn't do anything to help me. Moreover, I'm in a long-distance relationship with my husband too..." (Participant 2)

Meanwhile, participant 3 had the same feelings as the two previous participants. It was just that he purposely didn't tell his parents because of the advice of his older sister. The participants expressed by the participants were worried about the impact of the information on the health of their elderly parents. This can be seen in the following quote:

"...I chose not to tell my parents about my condition for fear that they would worry. I don't really regret that decision because I know their health condition and got advice from my older sister. The one who helps talk to parents about this is also her..." (Participant 3)

Peer Social Support

Participants who live far from home and their families make it very limited for them to get support from their families when they face difficulties when they are infected with the Covid-19 virus. Social support from people in the environment where they live while away from family becomes the most valuable source of support. This support is also very possible for them to get when facing a crisis like that. This can be seen in participant 1, where most of the sources of social support they get are from their superiors and office colleagues, as shown in the following quote:

"... Friends in the office who are not isolated from those who have recovered often encourage me to get well soon. They offered what to eat and other offers. Every day the WhatsApp group is very active asking about our condition..." (Participant 1)

"... I am even more grateful for their existence, because if they don't exist, who else can I hope for? As nomads like this, they are the second family..." (Participant 1)

Participant 2 also felt the same way, although she was open about her condition with family. Because of her work, she lives alone in Jakarta and feels that her office colleagues and neighbors are very supportive. This can be seen from the quote below:

"...I think that my office mates are very supportive of me. So even though my family is far away, my closest friends who give attention and also people in the apartment are very open-minded, able to accept me, so I feel very supported by them..." (Participant 2)

As for participant 3, whose status is a college student, he received social support from his boarding friends and his college friends during his treatment period. It can be seen from the quote below:

"...Only one person I told the first time. He was surprised but still cheered. But I think he's also worried because we've been in contact. A few hours after that, I informed those who had contacted me one by one that I was positive for Covid. And thankfully they responded very well and encouraged me..." (Participant 3)

"...They supported me when I was quarantined. I love social media and send food and drinks that I didn't get from the hostel. Some visit every morning just to wave hand from the window because we are not allowed to meet in person ..." (Participant 3)

Another Social Support Gained

The participants have received various forms of social support related to their condition as covid-19 patients from the people around them, such as from work friends, college friends, and neighbors. Instrumental support, for example, was obtained by participant 1 in the form of assistance in a special self-isolation room, provided with a daily supply of nutritious food and vitamins from the office. Like the quote below:

"... My office directs all of its employees who have tested positive for COVID-19 to take complete rest and not to continue working at all. We must be diligent in taking vitamins, medicine, and nutritious food provided by the office because we are constantly monitored..." (Participant 1)

As for participant 2, she received assistance in meeting his needs both in the apartment and during treatment, such as free medical treatment and assistance in accessing other health facilities from her colleagues. This can be seen in the quote below.

"...All my needs while at Wisma Atlet were met because my work colleagues were very helpful. For example, I asked to take the electric stove in my room so I could cook there, and an office friend helped deliver it. They came to my room, after being disinfected by the apartment owner to pick up the stove in my room, then deliver it..." (Participant 2)

Then, participant 3 received support in the form of getting treatment, satisfactory dormitory facilities, and medical expenses borne in full by the university. These things can be seen from the following quote:

"...The dormitory facilities provided are single rooms with complete facilities. Eat three times a day. Self-health checking every morning. There is also a free consultation while we are there when we have complaints every day, if we need additional vitamins or antibiotics, we can immediately ask for it. I feel very comfortable, the atmosphere is quiet and suitable for patients who are sick. The doctors and paramedics are also very kind. The campus fully funds us..." (Participant 3)

Emotional support was obtained by participant 1 in the form of daily communication from office friends who were not infected with the virus by asking how they were and offered to find their favorite food. These things can be seen from the following quote:

"... My office colleagues always ask how we are doing while sending funny videos to boost our immunity... Well, my girlfriend is also regularly asking how I'm doing, and that makes me quite calm to face that condition..." (Participant 1)

As for participant 2, there is communication with a higher intensity than normal conditions from husband and extended family and office colleagues from superiors, colleagues including covid-19 survivors, and psychologists who entertain, listen to participants' complaints and ask about their condition.

"... I'm looking for a psychologist there. Because I never want to keep it to myself when I'm in that condition. It's very heavy..." (Participant 2)

Then participant 3 received emotional support in encouraging words, the availability of friends to listen to complaints, worries from those closest to them, concern for friends for health development, and entertainment from people around them so they don't think too much about their illness they feel. This can be seen from the following quote.

"...My sister always asks how am I doing? Are the symptoms still there? And other chats that I feel are more of unimportant chats, especially when I see my nephew who makes me laugh..." (Participant 3)

The participants obtained social support in the form of appreciation support in a similar form, which was intensely contacted by friends and family to be asked how they were encouraged. Participant 1, for example, received this support from his girlfriend and college friends whom he told because he had a history of being infected with this virus. In addition to enthusiasm, he also received information support from them.

"... Yes, there are some friends that I tell you, such as college friends who were also positive for Covid-19 and had experienced the same thing. I had several phone calls to ask what he did to get better so we didn't feel lonely, right?..." (Participant 1)

Participant 2 gets motivation and enthusiasm from their family, co-workers, and neighbors. He also received information support in the form of clarity about the facilities used for treatment.

"... I was given information about all the drugs that were given for what. I even went to a nutrition consultation because I have a history of digestive disease. I shared the info with friends who had the same problem until they finally followed it up, and they were able to recover quickly. At that time I was very happy..." (Participant 2)

Then, participant 3 received informational support in advice that supports health recovery efforts. For example, this can be seen from the following quote:

"... They're the ones who call first if I forget to tell them. Yes, this is the same person (reminding me of the schedule for taking medication, checking with the doctor, sunbathing in the morning). So as a patient, I enjoy the good service..." (Participant 3)

Finally, social support in the form of social network support was obtained by the participants through communication with their fellow covid-19 patients at the time. They have a new close relationship with other covid-19 positive patients even though they weren't that close before. Participant 1 who continues to communicate via social media with friends next to the isolation room who cannot interact directly to find out the progress of the news. He, whose status is asymptomatic, also often gives jokes in the form of testimonials of the taste of the food they consume for information and entertainment for his other friends.

"... Me being an asymptomatic patient makes my other friends wonder because it seems like I'm not sick. As a result, I am often asked for testimonials on the food taste given because they have all experienced such numbness. So there I tell you about the taste of the delicious food, it is spicy, savoury, sweet while laughing at them. The point is that we became close after that, even though I only knew their faces..." (Participant 1)

In addition to Participant 2, she received social networking support in the form of reactions from people around her residence and his work colleagues who were considered very good. Those who are very open to help and support recovering his health make him very grateful. This can be seen in the following quote:

"...while at there (Wisma Atlet), many of them came with help. That's not the point, but it's the attention that makes me touched. That makes me often say ... oh God thank you so I have a new family. So it's like having a new friend too from fellow patients..." (Participant 2)

Then, participant 3 received support in the form of acceptance shown by friends during the participant's treatment so that participants felt that their social environment still accepted them. This can be seen from the following quote:

"...They (my friends) even supported me when I was quarantined. Giving encouragement from social media as well as sending food and drinks. There are those who visit every morning even though they only say hello from a far. So they can only see from the police line provided by the hostel, but that makes me not feel lonely..." (Participant 3)

Discussion

This study aims to determine the meaning of social support for covid-19 survivors who are nomads or far from home/family. Based on the data obtained, it is known that all participants feel uncomfortable because they are not free to get support from their families during this situation. Family support is necessary to improve the health status of family members in the healing process (Husni, Romadoni, & Rukiyati, 2015). Especially in covid-19 infection cases, such social support is very useful for improving the quality of life and preventing long-term psychological problems for patients and health workers who work during the crisis (Alnazly, Khraisat, Al-Bashaireh, & Bryan, 2021; Yang et al., 2020). However, the three participants in our research did not get proper support from their families. So, it's not surprising that they were exposed to a lot of negative emotions such as worry, stress, and helplessness during treatment or self-isolation. This condition is following the research that someone who has low family support in a stressful situation, especially with a health problem will cause various pathological symptoms, ranging from anxiety depression to low emotional well-being and self-esteem problem also caused a low level in quality of life (Aprilianto, Lumadi, & Handian, 2021; Spence et al., 2014; Sulistyarini & Andriansyah, 2019).

The family as the closest system for individuals makes support from family members in times of crisis very important in adapting to these conditions (McCubbin & Patterson, 1983). But unfortunately, in this study, the participant's family was not the first to be informed regarding their condition of being infected with covid-19. Therefore, they do not want their families far apart to feel worried about the condition of the participants. Following the systemic view of illness, all family members will be affected if one member is sick (Ansari & Anjali, 2020). If family members need heavy care, the burden on other family members will be greater. So, they had to postpone conveying the information that aimed for the common good. When the family is powerless to provide adequate support in a situation like this, support from significant others such as close friends, neighbors, and work colleagues in the form of emotional, instrumental, and information, as also found by other studies (Rahmatina et al., 2021).

The pandemic and infection with the covid-19 virus, which is a very new situation for human life, creates a sense of insecurity so that every individual known to be positive needs to undergo isolation alone for an uncertain period. This is very vulnerable to making suspected covid-19 patients feel lonely. At the same time, physically, they cannot interact with their surroundings to get proper support (Xiao, Han, Yan Zhang, Desheng Kong, & Shiyue Li, 2020), even from a family member as the closest person who should provide care and assistance. The absence of direct support from family in that situation could allow their vulnerability, physically and mentally become even greater (Ennis & Bunting, 2013; Strom & Egede, 2012). It's like many cases found in China at the end of 2019 when

the spread of this virus began, many patients and health workers were found to be slumped due to the very low social support they received because there was still limited information about this condition at that time (Li et al., 2021).

Despite the rapid development of technology today, it is possible for patients to access social support through their devices and social media. As experienced by participant 1, who spends a lot of time communicating with office and college friends every day, he can release the anxiety that he can't do temporarily to his family. Likewise, participant 2 gets more communication intensity with her husband and extended family than in normal conditions. It comforts her and increases her immunity, and speeds up her recovery. Not only with family, but participants also communicate through gadgets and social media with friends and office colleagues. The benefits of this technological development also apply to participant 3. Participant 3 said he had an intense relationship with his older sister, who was away from him during the treatment period. Participant 3 also stated that one of his friend's forms of emotional support was enthusiasm sent through social media. Even though participant 3 is close to his friend, the covid-19 protocol forbids them from meeting physically. This shows that communication through devices is very helpful for participants to get the support they need during treatment. Thus, gadgets play an important role during the pandemic to treat the community (Ansari & Anjali, 2020).

In previous research, it was revealed that social and family support increased during the pandemic. People have many opportunities to connect and support each other, including sharing feelings (El-Zoghby, Soltan, & Salama, 2020). Sarafino and Smith (2011) revealed the importance of social support for individuals experiencing a crisis, especially healthy. Judging from his study of social support, participants received quite a lot of social support apart from the limited family they got. This support can be in the form of instrument support, namely easy access to treatment at adequate health facilities, assistance in meeting needs, medical expenses assistance, and adequate physical and psychological health services from professional staff (doctors and psychologists) free of charge. However, some patients get instrumental family support. Family instrumental support includes family support by taking the time to help serve and listen to family members (Quardona & Agustina, 2019).

Then, patients also get motivational support such as motivation from people around their homes to get well soon, and so on. Emotional support in the form of not panicking, not being afraid and not isolating patients with their illness, always listening to patient complaints, caring for health developments and always being there to strengthen and comfort patients, the availability of listening to patient complaints, showing concern or worrying about patients in this case, some patients get emotional support from the family. Family emotional support is one type of support the family provides by giving the patient attention, affection, and empathy (Quardona & Agustina, 2019).

In addition, participants received informational support such as clarity about the facilities that can be used while at the athlete's house and the effects of the drugs they take and advice during treatment. Someone who gets information to have good knowledge will carry out self-care in a higher proportion than those who do not get knowledge (Astutik & Kiptiyah, 2016). It is the same as social network social support that participants receive includes the reactions of people around their homes and co-workers who are very good, acceptance from the surrounding environment, and being open and very helpful and supports recovering their health.

This study also explores the response of participants when infected with covid-19. The participants' various responses at the beginning were positive emotions and negative emotions. However, positive emotions that consider relaxing turn into negative emotions because they feel bored and stressed with limited daily activities. Initially, some participants felt negative emotions, such as panic, sadness, disappointment, and fear of transmitting the disease to others. However, all covid-19 survivors believe that there are many lessons to be learned from the situations they have experienced and are grateful for the amount of social support they have received. They feel they have to value their health more by maintaining health protocols and being more empathetic to the conditions experienced by people in their social environment. This is consistent with previous research findings that covid-19 patients gradually change their emotional response to their illness. The psychological experiences of covid-19 patients, including fear, concern about the health of family members, stress during quarantine, rejection, and stigma during the early stages, gradually develop into acceptance at a later stage (Sun et al., 2021).

Efforts to find social support in the midst of a crisis situation are also interesting to be discussed from a cultural perspective. We know that Indonesia has quite internalized the collectivism culture in everyday life in this case. When a crisis occurs, people seek social support to help them deal with the situation. Collective people find it easier to get support from their families and then perceive that they have more global support. Interdependence between communities makes them have a bigger dependence on social support than the individualist (Black et al., 2003; Goodwin & Plaza, 2000). This condition can be seen from the findings of our study that although it is difficult to access support from their families, they are very open to getting support from other people around them.

Meanwhile, individualistic people are more prone to being trapped by their own negative thoughts so that they have a greater chance of taking actions that are risky for their lives, such as the idea of committing suicide (Ariapooran et al., 2018). So, that will be a big advantage for the collective society's health condition. It is because those who receive adequate support in the midst of a crisis will be healthier physically and mentally. The finding supports this that the more collective a person or society is, the more easily avoid psychological disorders to more severe infections from the covid-19 virus. Furthermore, comparative evidence is that mortality rates in collective countries are lower, while more individualistic countries are found to report higher deaths (Maaravi et al., 2021; Xiao, 2021). However, this requires further study to provide a more detailed description of the possible differences.

This study certainly has some limitations, which are expected to be improved by future researchers. In terms of research topics, studies related to several variables related to these findings can be studied further, such as patient resilience when dealing with situations infected with covid-19 and how family coping strategies are when a family member is infected with the virus. Regarding participants, future researchers may increase the number of participants involved to further expand the study's conclusions. Several demographic variables such as gender, occupation, or marital status can also be controlled considerations so that future research can be more easily generalized. Considering that research related to the study of the impact of covid-19 on nomads and their families is still lacking, we hope this research can be a valuable study to start a more in-depth study on this topic. Further researchers can develop quantitative research or mixed methods to make this happen.

Conclusion and Recommendation

Conclusion

Social support is important for recovering the health of covid-19 patients who are nomads or are far from home/family. This social support is emotional support, appreciation support, instrumental support, information support, and social network support. These supports come from individuals or groups such as family, neighbors, friends, and co-workers. The results showed that participants tended to get social support from friends rather than family because they were busy, panicked, and didn't want to make their family worried. Although most of the participants' friends provided emotional support in encouragement, motivation, calming, and entertainment, none of them showed negative stigma towards the participants. In addition, participants from work and college obtain instrumental support. Although it is difficult to meet, participants still get support from their social networks through social media and remote meetings. However, for covid-19 patients who are nomads, the distance that separates them from their families makes instrumental support from the social environment very meaningful in dealing with the crisis. Furthermore, the social support received by the nomad's survivors when they were infected with covid-19 gave a lesson that they became more empathetic towards their surrounding environment. In addition, social support is also felt to improve the physical and mental health of covid-19 patients.

Recommendation

Based on the study results, someone dealing with patients and survivors of covid-19 should not give them a negative stigma. However, everyone is expected to provide social support such as emotional support, appreciation support, instrumental support and information support, social network support for covid-19 patients, especially Covid-19 patients nomads. So, for health practitioners, it is hoped that they can increase their activity in providing counseling regarding the importance of social support for covid-19 patients nomads. Suggestions for the authorities are to maintain or improve the quality of instrumental support through infrastructure to support the healing process of covid-19 patients. In addition, families should be able to control their reactions when they find out that their family members are infected with covid-19 to be more open about their situation and not worry about other people's reactions. Finally, the community should provide support in any form, even if only a little, because this support is very meaningful for Covid-19 patients undergoing the healing process.

Furthermore, the government is expected to issue policies and interventions more concerned with covid-19 patients far from their families. Covid-19 patients who nomads have specific conditions and needs that require more attention than patients in general. Then, more diverse collection methods can be added for further research, such as through documentation and more in-depth Focus Group Discussions (FGD) with the family and social environment as respondents. Thus, researchers will get perspectives from various points of view and produce more comprehensive research conclusions.

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