

Original Research

The Stress, Mental Health Issues, and Mental Well-Being of COVID-19 Survivors: An Interpretative Phenomenological Analysis Study of Male University Students

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Abstract

Background: This study investigates the sources of stress and mental well-being based on the experiences and sense-making process of a group of COVID-19 survivors in South Korea. Currently, only a few studies have focused on the stress and mental and psychological well-being of COVID-19 survivors, particularly in undergraduate male university students in the East Asian region. Based on social stigma theory, this study was guided by the following research question: How would undergraduate male university students express and describe their sources of stress that may impact the mental and psychological well-being of COVID-19 survivors, particularly in the case of South Korea? **Methods:** Interpretative phenomenological analysis was employed. Two in-depth interview sessions, one focus group activity, and one member-checking interview session via the Zoom app were employed to collect lived experiences from eight COVID-19 survivors who are traditional-age (i.e., 18–25 years old) university students at South Korean universities. **Results:** Three themes were categorised: (1) Religious Practices and Churchgoers, (2) University Matters and Personnel, and (3) Challenges from Relatives, Neighbours, and Friends. All participants argued that their gender roles, behaviours, the individuals around them and their environment offer different sources of stress, which influence their mental health and well-being as COVID-19 survivors. Although they had already been discharged from hospital and were categorised as healthy people, the government and general public continued to offer pressure. **Conclusions:** The results of this study illustrated the issues of sources of stress and mental and psychological well-being of COVID-19 survivors, particularly in South Korea. Although the participants had recovered from the illness caused by COVID-19, they continued to face stress, challenges, and problems from the individuals around them and their environment. The results of this study may fill the gaps about the experiences between male university undergraduate students as COVID-19 survivors in South Korea.

Keywords: coronavirus; COVID-19 survivor; interpretative phenomenological analysis; South Korea; stigma; stress

1. Introduction

As of late 2021, the COVID-19 pandemic has impacted the international health environment and behaviours of global citizens for nearly two years [1–3]. However, it does not seem as though it will come to an end any time soon. According to a recent report [4], in 2021, the total number of COVID-19 patients worldwide had climbed to 272,514,490, while 244,907,647 individuals had recovered. Although some reports indicate that the death rates (i.e., fatality rates) of COVID-19 are not significant (around 1.96%), 5,346,333 patients had died. According to the latest statistics from the Central Disaster Management Headquarters of the South Korean Government [5], on 23 December 2021, a total of 589,978 cases had been confirmed, and 6919 new cases were reported in South Korea. As for the situation in South Korea, although the COVID-19 fatality rate tends to be most significant in the senior citizen population (i.e., 13.03% of those 80 years or older, 3.68% of those aged 70–79, and 0.91% of those aged 60–69), over 76% of confirmed cases have been found among individuals who are under 60 years old. The 20–29 age group has the highest number of confirmed adult cases (15.21%), while only

14.23% of confirmed cases have been found in the 60–69 age group [5].

Although the South Korean government has not published reports regarding the rate of recovery from COVID-19, most patients leave hospital after receiving the appropriate treatment [5] (as the average fatality rate is not significant). However, as of early 2022, the World Health Organisation (WHO) does not have long-term reports regarding approved vaccines and treatments (i.e., medication) and psychological care from each country and region [6]. In other words, although different types of vaccines and treatments have been approved by the WHO based on recommendations from each country [7], no standardised measurements and reports can be compiled for each form of treatment [8], particularly for the psychological care and treatment for COVID-19 patients and survivors.

1.1 The Stress and Mental Health Problems of COVID-19 Survivors

Existing studies [7] have gradually filled the gaps in potential treatments for COVID-19 patients [9–11]. However, treatments and care after recovery from COVID-19 have not been widely studied by as many researchers, par-



ticularly for psychological help, as labs tend to focus on the immediate situations and problems (e.g., infection care) across global communities [12]. According to a study [13], public health crises impact the health, safety, and well-being of both individuals and communities. Patients, their families, and members of the general public suffer from stress and pressure due to the unforeseen situations that arise as a result of public health crises. Another study [14] also argued that the fear of being infected, panic, and discrimination have driven social pressure among both individuals and groups across global communities. One of the previous massive infections would be SARS. From their experience of the SARS in 2005, SARS survivors [15] experienced stress and pressure from their communities due to stigma and misunderstanding. Therefore, some [15] have further advocated and argued that long-term psychological problems will gradually impact the well-being and mental health of both patients and their family members following recovery. In other words, survivors of illness face challenges from many different sources, which public health professionals should pay special attention to [13].

How can we help COVID-19 survivors overcome their mental and psychological problems and disorders? This is one of the most important issues that public health and education researchers should address during and after the COVID-19 pandemic. In 2020, a study [16] indicated that social distancing recommendations, such as physical limitations and self-isolation, may impact many individuals and groups' behaviours and mental well-being. However, almost all patients understand self-isolation policies and isolated in-hospital treatments for COVID-19. Healthy individuals and recovered COVID-19 survivors continue to suffer from the government's impacts of social distancing recommendations [17]. A study [18] also indicated that male university students might suffer from isolation and social distancing policies due to the limitation of outdoor activities. Lockdown policies have also significantly impacted the mental health of individuals and groups. In 2021, a study [19] argued that members of the general public blame COVID-19 patients and survivors. Some studies also argued blaming is not uncommon for COVID-19 victims and survivors. Although COVID-19 survivors are the victims of the global health crisis, members of the general public, media reports, and social media platforms continue to blame the victims when expressing their anger about the global health issue [20–23]. Overall, the projects about undergraduate male university students in the South Korean environment are not located. Therefore, a gap in this area exists. Therefore, further studies in this area are needed.

1.2 The Relationship between Stress and University Students

University students face challenges and difficulties from multiple sources and directions, including illness, disabilities, and health conditions. During the COVID-19

pandemic, university students suffered from negative perspectives and economic downfalls, which may increase their physical and mental stress and pressure. Many studies [18,24,25] indicated that university students suffered from different types of mental health problems, such as stress, anxiety, and fear. Some university students may misuse drugs and substances for their mental disorders [24]. In 2020, based on a recent study [18] about university students' mental health conditions during the COVID-19 pandemic, the researchers collected 195 interview surveys about their (i.e., university students) mental health and well-being. The results indicated that 71% experienced stress and anxiety, 91% were concerned about their loved ones, 89% suffered from difficulty in concentration, 86% had sleeping disorder, 86% worried about social distancing, and 82% believed that the COVID-19 pandemic might negatively impact their academic performance [18]. Although treatments and counselling sessions about stigma and mental health conditions of university students are not uncommon in many university environments [26], male university students may also suffer mental health conditions and disorders due to their gender.

1.2.1 Male University Students' Stress and Mental Health Well Being

Although many university counselling centres and non-profit organisations have established plans for mental health counselling for university students [26], these sessions may have unisex schemes which could not cover some problems for male university students. In 2021, a recent study [27] argued that male and female university students might face different stress and mental health problems due to their gender perspectives, particularly during the COVID-19 pandemic. The results indicated that female university students tended to use social media to express their stress and mental problems online. However, male university students usually do not express their concerns to others. Rather, many may use drugs and substances to release their mental disorder [28]. Another study [29] also argued that male and female university students used different coping strategies to handle their stress and mental health problems during the COVID-19 pandemic. Nevertheless, most of the studies usually investigated both female and male university students as a whole team for the study. Therefore, there is a gap about stress and mental health problems for male university students.

1.2.2 The Relationship between Church and COVID-19 in South Korea

Religious practice plays a significant role in the South Korean environment. A report [30] indicated that nearly one-third of the South Korean population claim themselves as Christians and Catholics. Although the population has slightly gone down from the past decade, religious practices have become one of the important practices [31]. In

February 2020, some Protestant churches were categorised as the main tools for the COVID-19 infection. One of the well-known Christian churches was the Shin-cheon-ji (or New Heaven in English) [32]. The church was considered as the major cluster for the massive infection. Due to the COVID-19 outbreak and the number of COVID-19 patients (with some male university students) from the Shin-cheon-ji church, South Korean people offered stigma to churchgoers, regardless of their religious practices, facilities, and locations [33].

1.3 Theoretical Framework: Social Stigma

The social stigma is widely used in studies of patients and public health [34], particularly in cancer patients and survivors. The social stigma involves members of the general public's understanding, perspective, conception, and behaviours with the targeted individuals and groups as being different from the majorities. In many cases, the social stigma may further expand to the targeted individuals' family, family clan, and community [35].

A previous study [36] argued that in South Korea, Korean people often discriminate and challenge individuals and groups' backgrounds due to their differences (e.g., healthy people and patients). Traditionally, Korean people tried to exercise the ideas of homogeneity. In other words, people in the (same) community should follow the same rules and behaviours in order to show their sense of belonging [35]. As patients and people with disabilities may show the difference(s) between different individuals and groups in their targeted community, individuals and groups with illness, in this case, the COVID-19, may face challenges.

However, as the COVID-19 pandemic developed rapidly without effective treatments, social panic and discrimination often worked against the patients and survivors of the COVID-19 (crisis). The study of social stigma has relied on the work of Goffman [37], who advocated that social stigma is a form of discrimination based on biological, physical, mental, and intangible factors of the individuals and groups in question. For example, many of the social stigma literature and studies have focused on HIV/AIDS carriers and individuals with mental illnesses [38,39]. However, currently, COVID-19 patients have also experienced social stigma and discrimination based on their health condition and status [39]. Although COVID-19 can be prevented with the effective vaccine(s) and treatment(s), members of the general public blame patients, survivors, and their family members because of the consequences of rising cases (e.g., lockdown, economic downfall, etc.). Due to discrimination and social stigma from members of the general public, on social media platforms, and comments within their own communities, COVID-19 patients and survivors face stress and mental well-being problems after leaving hospital [40]. To address these social problems and this global health crisis, particularly for COVID-19 survivors, the social stigma is useful in regard to locating and

understanding the problems within a group—in this case, COVID-19 survivors.

1.4 Research Gaps and Significance of the Study

University students represent a group of COVID-19 victims (i.e., between 18–25 years old). With the unexpected suspension from the university, university students faced concerns of their academic achievements, internships, social connections, and face-to-face support from university professional staff [41]. A high level of stress and mental health problems has been reported from university students. Before the COVID-19 pandemic, nearly 35% of university students experienced mental health problems and disorders during their university voyage [42]. Some university students believed that alcohol and drugs were some of the options beyond psychological counselling from professional staff [43].

Although some previous studies have been conducted for the stress and mental problems for university students, only a few studies have focused on the stress and mental and psychological well-being of COVID-19 survivors, particularly in male university students in South Korea [44]. As mentioned, gender played an important role in university students' stress and mental health problems during the COVID-19 pandemic [27]. Therefore, the results of this study will fill the research gaps in this area, particularly in the context of South Korea.

1.5 Purpose of the Study

This study investigates the sources of stress and mental well-being among a group of COVID-19 survivors, particularly undergraduate male university students in the East Asian region, in this case, South Korea [44]. Many individuals believe that their behaviours and reactions may (either positively and negatively) impact their neighbours and surrounding communities, especially in the context of illness as COVID-19 patients and survivors [45]. In other words, they believe their behaviours and reactions may influence the content and context of their surrounding individuals (e.g., neighbours) and environments (e.g., communities). Therefore, many pay special attention to avoiding some behaviours that may negatively impact others in their society.

However, if some in the society conducted some behaviours which may negatively impact others in the society, the majority in the group may or may not offer some comments as the minorities went against the harmony in the society [46]. Based on this cultural background and understanding, COVID-19 patients, survivors, and their family members may face challenges due to the special background of the individuals (i.e., the survivors in this case).

Within this cultural background, based on social stigma theory, this study was guided by the following research question: How would undergraduate male university students express and describe their sources of stress that

may impact their mental and psychological well-being as COVID-19 survivors, particularly in the case of South Korea?

2. Materials and Methods

Interpretative phenomenological analysis [47] was employed. Unlike other qualitative research methods (e.g., case study), which tend to focus on a particular situation in a given site or location, the application of the interpretative phenomenological analysis offers the opportunities for the researcher to capture in-depth understanding and experiences from individuals who experienced the some challenges and situations in their community [48]. Interpretative phenomenological analysis is a qualitative method that focuses on the in-depth and intensive understanding and investigation of a small group of individuals [49–51]. Based on the psychological development with the idiographic philosophy, the interpretative phenomenological analysis [47] focuses on the subjective experiences, stories, sharing, and personal backgrounds of the individuals and groups. In other words, the application of the interpretative phenomenological analysis [47] is usually used as the tool to collect in-depth and rich experiences of the participants. The experiences and stories would be used to explain and describe the social situations and issues [49–51]. In this case, the researcher wanted to understand the lived experiences from a group of COVID-19 survivors who are male students currently enrolled in South Korean universities. The application of interpretative phenomenological analysis would be appropriate.

2.1 Participants and Recruitment

According to Smith and his co-workers [50], the interpretative phenomenological analysis study should recruit not more than ten participants with rich experiences and stories. In order to locate this group of participants, the purposive sampling strategy [52] was employed. The researcher contacted eight potential participants for the study. After some discussions, all participants were willing to join the study. The researcher recruited eight COVID-19 survivors ($N = 8$) who are currently enrolled traditional-age (i.e., 18–25 years old), undergraduate male university students, in one of the South Korean universities. The participants were recruited from eight different universities (at different locations) in order to capture a wider understanding across South Korea.

All participants were sent to hospital for treatment in isolation. During the data collection procedure, all participants were marked as COVID-19 survivors who had already returned to the community for normal activities, work, and study. The researcher sent the purpose of the study, research agreement form, risk statement, and protocol to the participants. All participants agreed with the arrangements. For the background of the participants, please refer to Appendix A section. The participants should meet

all the following criteria for the study:

- Traditional-age (i.e., 18–25 years old) undergraduate student.
- COVID-19 survivor.
- Completed the isolated treatment in the hospital for at least five months from the time of the study.
- Male individual.
- Non-vulnerable individual.
- Willing to share their experiences about their COVID-19 illness and problems.

2.2 Data Collection

Qualitative researchers [53,54] argued that in-depth and intensive data should be captured based on multiple tools. In line with interpretative phenomenological analysis [47,55], rich stories and experiences from participants could increase the understanding and depth of investigation of the results. In fact, the interpretative phenomenological analysis [47,55] studies tended to use personal experiences and stories to explain social situations and issues. Therefore, the current uses of data collection tools should be appropriate. Therefore, the researcher employed interview sessions, focus group activity, and member-checking interview sessions as research tools. However, due to the COVID-19 pandemic and social distancing recommendations, the data collection procedures were conducted via the online-based Zoom app.

First, two online-based interview sessions were employed for private and one-on-one data collection for each participant (i.e., a total of 16 individual interview sessions). In the first interview session, the researcher asked questions about the situation in the hospital and the first three weeks after discharge from medical isolation. In the second interview session, the researcher asked questions about their normal activities as COVID-19 survivors in the South Korean environment. For the details of the interview questions, please refer to Appendix B.

Second, after all participants completed their interview sessions, they were invited to join an online-based focus group activity. During this focus group, participants were encouraged to share their lived experiences, situations, and ideas as COVID-19 survivors. The researcher served as the coordinator of the focus group activity. All participants guided the focus group activity session for further and in-depth sharing and development. For the details of the focus group activity, please refer to Appendix B.

Third, after the completion of the interview sessions and focus group activity, the researcher sent the related materials (i.e., data and lived experiences) to each related participant for confirmation. Member-checking interview sessions were employed to check the validity of the experiences. During the member-checking interview sessions, all participants confirmed their materials and allowed their use for the study.

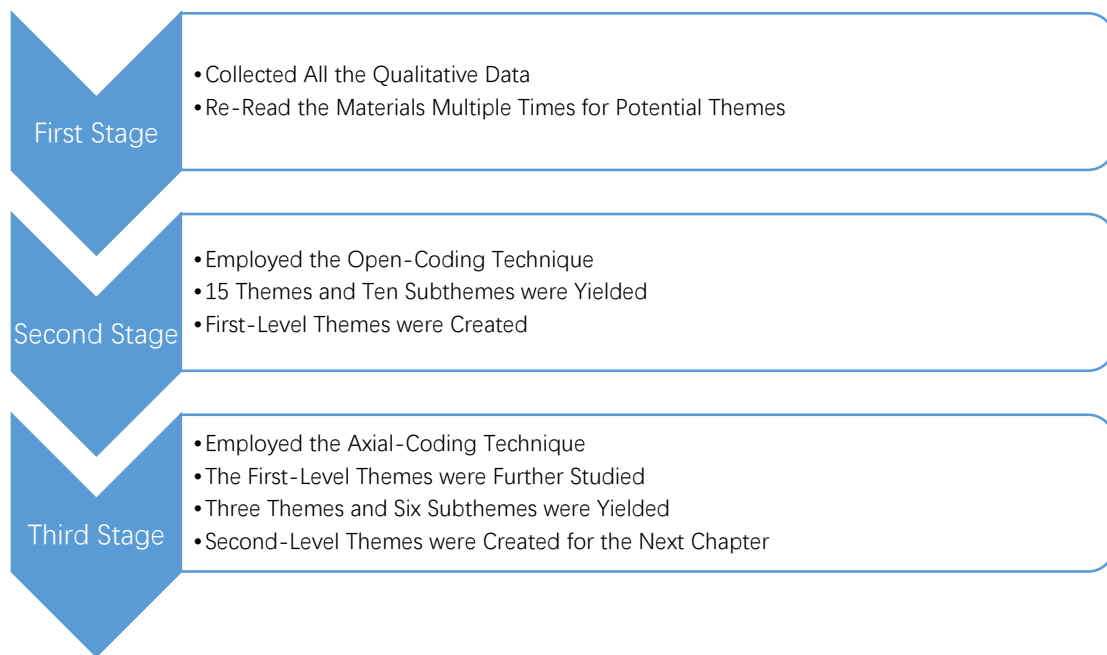


Fig. 1. Data Analysis Procedure.

Please note that during data collection, the researcher employed an electronic recorder to capture spoken responses. No images were captured. All participants consented to this. More importantly, the researcher used pseudonyms instead of participants' real names when logging responses, in order to mask participants' identity.

2.3 Data Analysis

Open-coding and axial-coding techniques were employed [56]. The open-coding technique allowed the researcher to narrow the massive data to the first-level themes. Once the first-level themes were merged, the axial-coding technique allowed the researcher to further study the data to the second-level themes for the report. First, the researcher re-read the materials multiple times to determine potential themes and groups. Based on the open-coding technique, the researcher categorised 15 themes and ten subthemes based on participants' lived experiences. However, qualitative researchers [52,56] advocated that further action should be taken; therefore, the axial-coding technique was employed. As a result, three themes and six subthemes were yielded for this study. Fig. 1 outlines the data analysis procedure.

2.4 Validity and Triangulation

One of the important concerns for qualitative studies would be validity and triangulation. In order to confirm the validity of the study, the researcher employed (1) multiple interview sessions, (2) focus group activity, (3) member checking interview sessions, (4) multiple theoretical frameworks, and (5) at least two data managers (i.e., both qual-

ified researcher in the field of social sciences and public health) for this study. As these procedures have been employed, the researcher may further confirm the validity of the data.

3. Results and Discussion

The COVID-19 pandemic is the latest global health crisis influencing almost all countries and regions around the world. Most of the existing literature has focused on treatments for the illness. Only a few have focused on the stress and mental well-being of COVID-19 survivors, particularly undergraduate male university students in the East Asian region. As shown in the results of this study, the participants (i.e., COVID-19 survivors) described the stress and mental health problems they had experienced, particularly in regard to discrimination arising from social stigma in their local communities—in this case, South Korea. Three themes and six subthemes were yielded. For the details of the themes and subthemes, please refer to Table 1. Please note, to illustrate the findings and compare the results with the literature, the current chapter combines the results and discussion in one chapter to provide a comprehensive outline.

3.1 Religious Practices and Churchgoers: Blaming the Churches and Communities

In this case, the participants indicated that they are churchgoers with their religious practices. Although not all South Korean people are churchgoers, their personal experiences may provide some reflection for these groups of community members. As a result, many churchgoers were

Table 1. Themes and subthemes.

Themes and subthemes	
3.1	Religious Practices and Churchgoers: Blaming the Churches and Communities
3.2	University Matters and Personnel
3.2.1	Reactions of the University Management
3.2.2	Reactions of the University Classmates: Cyber Bullying
3.2.3	Reactions of the University Classmates: Physical and Mental Bullying
3.3	Challenges from Relatives, Neighbours, and Friends: Blaming and Bullying
3.3.1	Reactions of Families and Relatives
3.3.2	Reactions of Neighbours
3.3.3	Reactions of Friends

infected due to close proximity to others. The researcher captured some ideas (self-blaming) from the participants in this respect:

...I should not have gone to the church...I am selfish...my decision and religious practice caused trouble and inconvenience to our communities...I felt bad because of my decision...I don't know how I can repay the community for my stupid behaviours...(Participant #3)

...I believe in God...but God did not save us from danger...all my church peers were infected...our city was locked down because of us...children and workers could not go to work and school because of us...I don't know how I can face the residents in the city...(Participant #2)

Another group of participants argued that their religious institutions provided no recommendations or appropriate facilities for churchgoers. As a result, they were infected because of the misconduct of the church organisers (“blame others”):

...if the church managers could implement online religious practices...we would not need to go to the church...I hate the church manager and I hate them...why couldn't they organise a better place for us...should I go to that church anymore? Should I believe in God again?...God did not save us from the illness...(Participant #4)

...the church should be responsible for that...they could not provide us with a safe environment for religious practice...we were not there for the illness...the church made us ill and made us sinners and criminals because we caused the lockdown...many churches and churchgoers were blamed because of the church's terrible management...(Participant #5)

Some participants believed that the general public played an important role in the transmission of COVID-19 and associated consequences (“made them feel stressed and mentally unhealthy”). All respondents expressed their thoughts about punishment and social stress from different channels, such as social media and news reports. For example:

...all residents blamed us because we are religious...I am not responsible for that... foreign countries caused this...the coronavirus was not caused by the South Korean

people...foreign countries and foreigners brought it to the Korean peninsula...(Participant #6)

...if they need to punish...they should punish the social media and newspapers...we were the victims of the illness...why blame us?...we did not cause the coronavirus...we only practised our own faith...if they blame us...why shouldn't they blame foreign countries?...(Participant #1)

3.2 University Matters and Personnel

3.2.1 Reactions of the University Management

First of all, the management from the university played an important role. In this case, once the participants were confirmed as carriers, their university administrative departments immediately sent messages to all parties concerned, even parents, about emergency evacuations. These issues were described by respondents as follows:

...my university evacuated everyone from all buildings...my records of visits and other information was sent to almost everyone...which toilet, which restaurant, which rooms I was in, and which friends I met...the medical staff even examined used tissue from my bathroom...(Participant #1)

...I lived in my dormitory...the government staff took all my clothes, private items...and even took my roommate to the hospital for investigation...after I was discharged from hospital...how could I face my classmates, roommates...and any other student in the dorm building?...(Participant #2)

Besides the evaluation from the university management, the university administrative departments further sent a team to clean up all facilities where male students tended to use, such as male restroom, gym room, basketball playground etc. Although all individuals and groups can use these facilities, it was noted that gender perspectives played some roles in their experiences:

...I don't like gym and sports...but my school sent an external clearing company to clean up the gym room and all male restrooms...but they did not clean up girl's restroom in my understanding...it sounds like they are targeting some male students' activities and behaviours...(Participant #6)

...the school called all male classmates and all students in the male dormitory for some body checks...but they did not ask female students and check any things in the female's dormitory...yes, I usually have male classmates and friends...it doesn't mean...female students could not be infected...(Participant #3)

In short, gender roles played some roles in their case as many believed that the university handled the evaluation and management differently due to the gender of the participants. In line with the social stigma [37], discrimination and bias occurred due to gender differences.

3.2.2 Reactions of the University Classmates: Cyber Bullying

Second, the reactions from their classmates also played important roles. Respondents indicated that their names and information were not just shared by the university administration and with government officials; they were also posted on different social media platforms and chat groups (and discussed there). Many participants said different parties widely discussed their tragedies. Their parents also received calls from other parents, blaming them, said:

...one of my classmates said some chat records...my photos were...Photoshopped...as devils, as dictators...as monkeys...I was blamed as the creator of the coronavirus...I was the victim of the illness too...I did not plan to cause inconvenience to anyone...but my classmates and parents blamed me to death...(Participant #7)

...when I searched my name online...I could see my name was posted by many of my classmates...on some social media platforms...they photoshop my face as a female...a woman with some sexual images on my face...(Participant #8)

...my classmates posted my face with a female sexual organ...they called me as a bisexual or male prostitute...because I am the victim of the COVID-19...I did nothing wrong...but why...posted my picture with such ugly images...(Participant #4)

In short, some participants indicated that they were labelled as women, tagged with some sexual organs of women, and called as prostitutes. All these biases and discrimination were sexually-oriented with negative images. In line with the social stigma [37], the participants were discriminated by their gender and insulted by their gender (i.e., call as female).

3.2.3 Reactions of the University Classmates: Physical and Mental Bullying

Third, the behaviours of other classmates played significant roles for the participants. When one participant was discharged from the hospital and was allowed to return to classes, his classmates and even teachers gazed at him and blamed him for the quarantine and health checks they had undergone. Although all the participants were men, they

were ridiculed as being women and gay men in a derogatory way (i.e., as a way to look down on them and discriminate against sexual minorities):

...my classmates called me a woman and gay man...because they wanted to laugh at me...they even drew some graffiti on my locker and dropped some female items into my bag...when I used the restroom...they told me to go to the female restroom...because I was not a man...(Participant #1)

3.3 Challenges from Relatives, Neighbours, and Friends: Blaming and Bullying

3.3.1 Reactions of Families and Relatives

Firstly, as mentioned above, in South Korea, people believe that individuals and groups' behaviours should follow the social norm. More importantly, male university students and graduates are considered as the significant players in their families. The social stigma (against toward male university students) may happen if the individuals or groups show differences from the community [44]. Therefore, the respondents' special background (i.e., as male university students, COVID-19 patients and survivors) created the social stigma in their families, as male university students and graduates are considered as the main role in their families. As a result, their relatives did not want to contact them. More importantly, they believed their special background had polluted their family:

...my cousins...and other family members...used to call me the star of our family...because I am the only male university...goes to one of the best universities in South Korea...but because of my COVID and illness...they looked down me...and never contacted me...my mother told me that...my cousins called me the worst male member...and bad university student...(Participant #5)

...although I went to a good university...my parents always call me the star of my family clan...but as a COVID-19 patient...my family clan does not want to recognise me as a part of the clan...my close cousins and uncles did not even call me and visit me after all that...they even removed me and my parents from the family group chat on social media...(Participant #4)

Based on the experience from the participants, although they did great achievements for different aspects of their life (as university students at one of the top universities in South Korea), the COVID-19 destroyed their goals and reputations as others discriminated against them based on their illness.

3.3.2 Reactions of Neighbours

Secondly, participants' neighbours also displayed social stigma and discrimination due to their background as male university students, COVID-19 patients and survivors. Many were known in their communities and neighbourhood because of their university admission and enrolment (i.e., many attend one of the top universities in South

Korea). All respondents expressed that their house or apartment doors were graffitied with offensive slogans and sentences. For example:

...they [community members] called me the worst student at my university...they called me the worst boy in our community...because I brought the illness to my school and communities...respected Korean men and boys should not do that as they [community members] said...(Participant #1)

...some aggressive sentences were drawn on our doors...such as stupid boy and bad university student...our mailbox was packed with a lot of animal skins and trash...even the newspaper mailman terminated our request for the daily newspaper...almost all neighbours in the community bullied our family...(Participant #8)

...our apartment door was labelled...with a lot of dirty words and swearwords...they called me dirty dog...and my parents the dog's parents...they called me a gay sex worker who had sex with other gay men...they even laughed at my looks and sexual orientation...(Participant #7)

The behaviours and discrimination from their neighbours and other community members also played significant roles in their experiences, particularly their background as male university students, COVID-19 patients and survivors. For example, their community members categorised them (i.e., both the participants and their family members) because of the COVID-19. These ideas confirmed how social stigma might impact the experiences of both the individuals and their family members as a whole [37].

3.3.3 Reactions of Friends

Thirdly, their friends bullied them on social media because of their special background, particularly their background as male university students, COVID-19 patients and survivors. Besides the abovementioned discussion groups and sharing on social media platforms and in chatrooms, some respondents were called gay men and their personal details were posted on dating apps with their university enrolment details as a form of internet bullying. Two unique stories were captured in this respect:

...I am not gay...but some friends told me that my pictures and sensitive information were posted on some gay dating apps...these people even posted my home address and university information on the apps...I called the police...but they told me that foreign organisations handle the apps...and they could not search my information on the dating apps anymore...no action could be taken...(Participant #3)

...I received a lot of calls for sexual activities and dating things...I have a relationship...but I did not post anything on the dating apps...but not only me, my girlfriend also received some random cellphone calls with sexual content...the social media bullying from my friends and others was so annoying...(Participant #4)

Also, a participant's sexual orientation and university profile have been posted on the university cellphone chat groups and dating apps as a form of internet bullying, as said:

...my sexual orientation and university enrolment...details...should not be posted on my classmates' chat group...I called my teachers for help...the pictures and details were deleted...and students were sent to the administrative office for punishment...but my information and sexual orientation...university detail...were known...(Participant #2)

4. Discussions

In 2020, a study [57] argued that one major source of infection spread in South Korea was from churchgoers who exercised their religious practices despite social distancing recommendations. A scientific report [58] indicated that 1.83 meters is the minimum distance needed between two individuals to protect against COVID-19 infection. However, in many places of worship, this social distancing recommendation cannot be exercised due to the size of the facilities where worship occurred. Although not all South Korean people are churchgoers, the participants indicated that their religious practice played a significant role in their sources of stress that may impact their mental and psychological well-being as COVID-19 survivors.

To summarise, according to Kang and his colleagues [57], churchgoers became one of the biggest infectious groups in South Korea during the COVID-19 pandemic. The participants in this study explained that their sources of stress mainly came from social media platforms, newspapers, and surrounding environments and individuals due to their religious practice and churchgoing behaviours. In line with social stigma [37], members of the general public, social media platforms, and newspapers display different types of discrimination related to COVID-19 survivors' religious practices and behaviours [59]. Although these COVID-19 survivors were victims of the illness, local residents did not forgive them. Therefore, religious, philosophical, and social behaviours are important sources of participants' stress and mental health.

All eight participants were traditional-age South Korean undergraduate male university students. Therefore, university activities and reactions played significant roles in their experiences. In early 2020, although the South Korean government announced that most university courses should be taught via online platforms, some vocational-based and internship-based courses (e.g., culinary arts, physical therapy, nursing, etc.) could be taught on campus (in-person teaching) [60,61]. Although teachers and students were supposed to exercise social distancing recommendations in these instances, close contact with others could not be avoided [62]. In line with studies regarding social stigma and COVID-19 patients [39,40,63], bullying and social stigma directed at patients and victims are not uncommon.

Although the names of the participants were not displayed in the messages, their department, classroom, year of enrolment, and related information were made public, particularly their status as male university with COVID-19. Classmates, teachers, and administrative staff were sent to hospital to quarantine and for medical treatment, regardless of their symptoms.

The university's management and bullying from classmates and social media users were significant sources of respondents' stress and mental well-being problems [39, 40, 63]. Although all were victims, they were blamed for/because of their tragedies due to the emergency evacuations and lockdowns that followed their diagnoses. In line with social stigma [37], the participants expressed their concerns and source of stress because of their COVID-19 background (i.e., different from the majority groups). As mentioned by a previous study [36], Korean people often categorised people based on their characteristics, in this case, the status as male university students with COVID-19, the sources of stress came from the differences between these two groups of people. Also, social behaviours played important roles in this area (i.e., categorised the participants and the majority of community members from the external factors). As a result, the social behaviours and statuses of male university students and COVID-19 patients and survivors were categorised as factors and elements for stigma and discrimination.

When the participants left the hospital, they all returned home and resumed their normal daily activities since they did not have any further limitations as COVID-19 survivors. However, their relatives, neighbours, and friends did not miss the opportunity to blame them as a result of their uniqueness and special background [63]. Many have indicated that they were known in their community because of their university enrolment (they are studying at one of the top universities in South Korea). In line with recent studies [38, 39], patients were discriminated against because of their special background resulting from their illness and their role as male university students. In this case, the participants were blamed and bullied by different parties in their communities. For example, all stated that their relatives did not visit them and would not even call them (as family members) because of panic and social stigma (i.e., due to their COVID-19 problems).

In line with a previous study [36], in South Korea, being blamed and bullied are not uncommon among patients and people with special status or challenges [38, 63]. In this case, from the perspective of the social stigma [37], both physical and cyber blaming and bullying were exercised by relatives, neighbours, and friends alike due to their male university students' background with COVID-19. Although the participants accepted their special background as COVID-19 patients and survivors, their relatives would not accept their background due to the social stigma [37] in the family. More importantly, cyberbullying (e.g., through

dating apps) was mentioned by all participants. For example, the social, personal, and external factors may significantly impact the experiences of the participants (and potentially other COVID-19 patients in the South Korean environment). In this case, cultural characteristics, place of origin, and sexual orientation play important roles in categorisation.

5. Limitations and Future Research Directions

First, the COVID-19 pandemic is an international health crisis that impacts almost all global citizens' behaviours, mental problems, and normal activities. However, due to geographic location and sociocultural differences, the current study could only collect data from a (small) group of undergraduate male university students in South Korea. Although the sample size is limited, the rich experiences from each participant were useful to understand the situation. Future research studies may employ the structure and methodology from this study to investigate similar problems in other regions.

Second, only a small group of male individuals joined this study. However, female individuals and groups also face the same challenges and problems internationally. Therefore, future researchers and projects may expand their horizons to different groups of people, such as women, international students, homeless people etc., who may face challenges during the COVID-19 pandemic.

Third, due to the recruiting strategy (i.e., purposive sampling strategy) and limited sampling size (i.e., eight male traditional-age undergraduate male university students), some voices and comments might be missed. Although the interpretative phenomenological analysis overcame the challenges with rich information, larger and wider perspectives may become some beneficial points. Therefore, future research studies may employ the quantitative research method in order to collect data from a larger population.

Fourth, based on the statistics from the related departments, COVID-19 patients (often) are senior citizens, particularly in South Korea. Without a doubt, information and experiences from these groups of participants are also useful. Therefore, future research studies may expand the sample groups to senior citizens who are recovered COVID-19 survivors, based on the methodology of this study.

Fifth, the interpretative phenomenological analysis usually collects narratives, experiences, stories, and in-depth understanding from a small group of individuals. A general and wide picture cannot be captured. Therefore, the results of this study may not fit many other people and groups with similar backgrounds. Future research studies may also consider the application of a case study or phenomenological approach for wider development.

6. Conclusion and Contributions to the Practice

In conclusion, based on the results of this study, the researcher captured some interesting stories and opinions about how undergraduate male university students would express and describe their sources of stress that may impact their mental and psychological well-being [24,27] as COVID-19 survivors, particularly in case of South Korea. The results of this study filled the gaps in the current area between male undergraduate students and their experiences as COVID-19 survivors in the South Korean environment. Also, the results of this study illustrated the issues of sources of stress, mental and psychological well-being of COVID-19 survivors, particularly university students [44].

First of all, in South Korea and other East Asian regions, bias and discrimination against patients and survivors are not uncommon. Although the participants had recovered from COVID-19, they continued to face stress, challenges, and problems from the individuals around them and their environments [64]. The health department and social welfare organisations should take this study as a reference to create psychological counselling sessions, meetings, conferences, and support groups for COVID-19 survivors in their countries and regions, particularly for male individuals and male university students.

Secondly, psychologists, counsellors, and social workers may also learn some new ideas from this study as this study outlined some challenges from the COVID-19 survivors [65]. Although discrimination, stigma, and bias exist in all human societies, appropriate professionals in the public health sector should establish plans and schemes to narrow the gaps [24,27]. Therefore, this study may provide evidence and support for some new counselling sessions and schemes in this area, particularly for male university students. As the COVID-19 pandemic is a long-term health crisis for the health and social care profession, medical professionals should create treatments for COVID-19 survivors and their families after the COVID-19 pandemic.

Thirdly, the experiences from these groups of participants (i.e., undergraduate male university students who are COVID-19 survivors in South Korea) may fill the gaps in the areas of discrimination, social stigma, and experiences of COVID-19 survivors in the East Asian region. Although the participants' sample is not large, the application of interpretative phenomenological analysis overcame the challenges with rich information.

Fourth, university students, particularly male individuals, are considered as the breadwinners with the strong personal image in South Korean society. Many of these male university students may not want to seek help and counselling services from public health professionals. Based on the results of this study, although some male university students and COVID-19 survivors may have stressful experiences and challenges, they may not want to seek any counseling services. Therefore, public health professionals and social

workers may actively reach these groups of COVID-19 survivors, particularly male university students' populations, to upgrade mental health well-being.

Fifth, currently, many COVID-19 related studies focused on the treatments and infections, the mental health and well-being studies for COVID-19 survivors, particularly male university students, are missed. With the reference of this study, particularly results from a group of male university students who are COVID-19 survivors, policy-makers and government department heads should establish long-term public health plans and psychological services for COVID-19 survivors.

Author Contributions

This is a solo-authored study.

Ethics Approval and Consent to Participate

The researcher needed to protect the sensitive information of all parties in this study. Therefore, the researcher locked the signed agreement forms, voiced messages, written transcripts, personal information and contact, computer, and related materials in a password-protected cabinet. Only the researcher could read the information. After the study was completed, the researcher deleted and destroyed the related materials immediately for privacy. This study was supported by Woosong University (2021/01/01-2021/12/20).

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Conflict of Interest

The author declares no conflict of interest. LMDS is serving as one of the Guest editors of this journal. We declare that LMDS had no involvement in the peer review of this article and has no access to information regarding its peer review. Full responsibility for the editorial process for this article was delegated to Akira Tsujimura.

Appendix

Appendix A

See Table 2 for details.

Appendix B

First Interview Questions

- (1) How did you get the COVID-19? Any ideas?
- (2) How did you know about your infection? Can you share some details and stories?
- (3) How did you go to the hospital? Was it smooth? Can you share your story?

Table 2. Background of the participants.

Name	Location	Months after recovery	Churchgoers
Participants #1	Gyeonggi Province	Five	Yes
Participants #2	Daejeon Metropolitan City	Five	Yes
Participants #3	North Gyeongsang Province	Seven	Yes
Participants #4	Daegu Metropolitan City	Seven	Yes
Participants #5	South Gyeongsang Province	Seven	Yes
Participants #6	Seoul Special City	Nine	Yes
Participants #7	Incheon Metropolitan City	Six	Yes
Participants #8	South Chungcheong Province	Eight	Yes

(4) Did the government or the public health professionals provide you with any help? How?

(5) When you were in the hospital, how did the public health professional treat you? Any good stories and experiences to share?

(6) How would you describe your experiences in the hospital? Any stories?

(7) How long did you stay in the hospital for the treatment? Can you please tell me more about your experiences in the hospital?

(8) After you were recovered from the COVID-19, how did you go back home or your unit?

(9) Once you were back home, what were the reactions of your family members or members in your home?

(10) Were there any special arrangements (when you were at home)? If so, how? Can you share the stories?

(11) Were there any special arrangements or attitudes from your community members once you were back?

(12) May you please think about some significant stories during the first three weeks of your recovery? Any stories are welcome.

(13) Follow up questions.

Second Interview Questions

(1) About a month after you withdrew from the hospital, were there any special arrangements or management from the government agencies?

(2) As a COVID-19 survivor, did you experience any inconvenience from the community? Any stories?

(3) As a COVID-19 survivor, did you experience any special attitudes from your neighbours? Any stories?

(4) As a COVID-19 survivor, did you experience any special attitudes and comments from other relatives or family members? Any stories?

(5) As a COVID-19 survivor, did your family members experience stress and pressure from any parties and sources? Any stories?

(6) As a COVID-19 survivor, did you make any changes to your behaviours due to your special background? Any stories?

(7) As a COVID-19 survivor, did your family members make any changes due to your special background? Any stories?

(8) As a COVID-19 survivor, could you feel any stress, pressure, and difference due to your special background? Any stories?

(9) As a COVID-19 survivor and university student, did you think your background as a COVID-19 survivor made any difference? Any stories?

(10) Follow up questions.

Focus Group Questions

(1) Any stories and ideas about how did you get the COVID-19?

(2) How would you describe your experiences as COVID-19 survivors in the South Korean community? May all of you share some significant stories?

(3) Any significant and special stories when the government agency moves you from your unit to the hospital?

(4) Any significant and special stories during your treatment in the hospital?

(5) Once you returned home or your living unit, any special stories?

(6) Any special stories from your relatives, family members, neighbours, and community members?

(7) Did you have any changes (in any directions) after you are recovered from the COVID-19?

(8) Any stories from your university? All stories are welcome.

(9) Follow up questions.

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